

GoWell is a collaborative partnership between the Glasgow Centre for Population Health, and Urban Studies and the MRC/CSO Social and Public Health Sciences Unit at the University of Glasgow, sponsored by Glasgow Housing Association, the Scottish Government, NHS Health Scotland and NHS Greater Glasgow and Clyde.

**Food bank use
among residents
of Glasgow's
deprived
neighbourhoods**

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GoWell is a planned ten-year research and learning programme that aims to investigate the impact of investment in housing, regeneration and neighbourhood renewal on the health and wellbeing of individuals, families and communities. It commenced in February 2006 and has several research components. This paper is part of a series of Briefing Papers which the GoWell team has developed in order to summarise key findings and policy and practice recommendations from the research. Further information on the GoWell Programme and the full series of Briefing Papers is available from the GoWell website at: www.gowellonline.com

Key findings

- 4% of GoWell respondents in deprived areas of Glasgow reported having used a food bank over the past year.
- A further 4% had not used a food bank for reasons other than not needing to (namely that they did not want to, or were not able to use one).
- Food insecurity is a much bigger issue than food bank use would suggest. While 4% of respondents had used a food bank, a group at least four times as large (around 18%) reported having difficulty paying for food.
- According to household type, the highest rate of food bank use or potential use (non-accessors) was found among single adults (15%) and single parents with dependent children (9.5%).
- Food bank use was strongly associated with the impacts of welfare reforms for some households. While 1-in-40 of those households not affected by welfare reforms were food bank users, this was true of more than 1-in-10 households impacted by one welfare reform, and more than 1-in-6 of those households impacted by two or more welfare reforms. The strongest association with food bank use or potential use (non-accessors) was in respect of benefit sanctions.
- Food bank use bore a strong association with health. 44% of food bank users reported a longstanding illness or disability, and two-thirds reported a mental health problem.
- Participants strongly identified feelings of shame and stigma with food bank use and this was often a reason why people did not use them.
- Individual choice and control over food was found to be very important for participants, something which food bank use limits.

The rapid growth of food banks in the UK over recent years has received considerable media attention and prompted much political debate as to its causes^{1,2}. There is, however, a lack of consistent, reliable data on the prevalence of food bank use in the UK, both in aggregate terms and among different social and client groups.

A number of recent qualitative studies have sought to better understand who is accessing food banks and why^{3,4}. Such evidence highlights that food banks are used by people with a wide range of backgrounds, yet also consistently points to issues of delays and errors in the administration of social security payments, as well as the imposition of benefit sanctions, as common triggers for food bank use. Recent research has also highlighted that food bank users commonly experience physical and mental health problems.

Existing quantitative evidence on the scale and drivers of food bank use in the UK is largely reliant on data published by the Trussell Trust, the biggest UK provider of food banks. Their most recent figures report that they provided over 1.1 million food parcels in 2015-16 across the UK. Of those 133,726 were in Scotland, 21,838 in Glasgow⁵. Yet the true scale of food aid use is likely to be much higher. For example, the most recent list of food aid providers in Glasgow identifies over 30 outlets, a significant number of which are not part of the Trussell Trust network⁶. It is also important to note that Trussell Trust figures reflect number of parcels provided, not number of individuals helped – according to their policy, someone can receive a maximum of three parcels in a six-month period. Clearly, therefore, Trussell Trust figures, while a good barometer of the growing issue of food bank use, are not a reliable source of information on the prevalence of food bank use in the population.

Further, in the absence of a systematic measurement of household levels of food insecurity in the UK, available data on food bank use is often used uncritically as an indicator of the scale of the problem of food poverty in this country. However, food bank use has been reported to be a strategy of last resort for people struggling to afford enough food, and the stigma associated with them is identified as a deterrent for potential users. Certainly in Canada, where measurement of food insecurity is routinely gathered, only 20-30% of those who are ‘food insecure’ use food banks⁷.

There is a clear need for a better understanding of the scale of food insecurity and of food bank use in the UK, and of their drivers, impacts, and the relationship between them. There is also a need for better understanding of the experiences and perspectives of those struggling to afford food, including, but not restricted to, those who have accessed a food bank.

The findings presented in this paper are part of a larger study – a mixed-methods, international comparative PhD project (funded by the Economic and Social Research Council (ESRC)) looking at household food insecurity, the growth of food banks, and their implications for the welfare state. The fourth wave of the GoWell Community Health and Wellbeing Survey conducted in 2015 provides a unique opportunity to examine the scale of food bank use in deprived neighbourhoods in Glasgow, and to consider the association between food bank use and a range of other variables in order to better understand who is using food banks. In addition, findings from qualitative interviews with survey respondents (including those who have and who have not used a food bank) help illuminate these quantitative results and provide deeper insights into experiences and perceptions of food banks among residents of the study neighbourhoods.

There is much current policy interest in food insecurity and food bank use in Scotland, particularly in the context of the recently published report by the Independent Short-Life Working Group on Food Poverty and the work of more local initiatives such as the Glasgow Food Policy Partnership^{8,9}. The evidence presented in this briefing paper makes an important contribution to the Group's call for better understanding of the problem and will be of use to local and national policy-makers looking to develop more effective responses.



RESEARCH OBJECTIVES

Our aim was to understand the extent of food bank use among residents of Glasgow's deprived communities.

We sought to answer the following questions:

- How many people have used a food bank?
- How many people report not having used a food bank for reasons other than not needing to?
- What are the characteristics of food bank users and how do these compare with non-users?
- What are the perceptions and experiences of food banks among those who struggle to afford food?
- How do those who struggle to afford food describe their reasons for not using a food bank?

We analysed data from interviews with householders conducted in 2015 as part of the fourth wave of the GoWell Community Health and Wellbeing Survey (n=3,614). The survey data were weighted by age, gender and housing tenure so as to reflect the composition of the 15 study communities in 2015. The total sample used for the tables presented below varies (from 3,502 to 3,322) due to missing values, including refusals, for some of the variables included in the analyses.

The fourth wave of the survey included for the first time a question on frequency of food bank use in the past year, and a follow-up question on reasons for not having used a food bank. We have grouped respondents into three categories depending on their answers to these two questions.

- **Food bank users** are those who said that they had used a food bank in the last year (weekly; once or twice a month; or less than once a month).
- **Non-accessors** are those who said that the reason they had not used a food bank was that they “had not wanted to use a food bank” or “had not been able to use or access a food bank”, (i.e. this group of non-users did not select the first response offered, namely that they “had not needed to use a food bank”).
- **Non-users** are those who reported that they had not used a food bank in the past year and that the reason for this was that they “had not needed to use a food bank”.

We looked at patterns of food bank use across a number of variables and have grouped these into four categories:

- Demographic variables: gender; age; household structure.
- Status and personal factors: citizenship; employment status; experience of life events.
- Health: long-standing illness or disability; mental health problems.
- Financial variables: impacted by welfare reforms; difficulties affording different items.

Where the probability of any differences in food bank use being a random occurrence are less than 5% ($p < 0.05$), we report those differences as statistically significant; for most of the differences reported here, $p < 0.01$.

Eleven semi-structured qualitative interviews were also carried out with a sample of wave 4 respondents who had reported difficulty affording food, in answer to another of the survey questions. Interviewees included those who had and those who had not used a food bank in the past year. Interviews covered a range of issues including experiences of financial difficulties and food shopping, budgeting and cooking. Findings presented in this paper focus specifically on participants' experiences and perceptions of food banks, and reasons for not using food banks. All interviewees are referred to by pseudonyms.

SURVEY FINDINGS

Number of food bank users

Table 1 shows that 4.2% of the 2015 survey respondents report having used a food bank in the past year. While most people do not use a food bank because they say they do not need to use one, 3.8% of respondents reported not having used a food bank in the past year because they either did not want to, or were not able to do so. It is important to note that only 0.5% of this group had not been able to use or access a food bank, suggesting that mostly the 'non-accessors' had elected not to do so.

Table 1. Rate of food bank use.

	Percentage	Frequency
Non-user	92.0	3,223
Non-accessor	3.8	133
User	4.2	146
Total	100.0	3,502

To put these numbers into context, 17.3% of the survey respondents said that they occasionally or frequently have difficulty meeting the cost of food. Therefore, the group of food bank users and non-accessors is approximately half the size of the group who report food insecurity on financial grounds.

The characteristics of food bank users, non-accessors and non-users

Demographic variables and food bank use

Gender had a significant relationship with food bank use ($p < 0.05$): 8.9% of men had used a food bank or were identified as non-accessors, compared with 6.9% of women.

Age also had a significant association with food bank use ($p < 0.01$). Almost 1-in-10 of 25-39 year olds and of 40-54 year olds were food bank users or non-accessors, compared with 2.4% of over 65s, the age group with the lowest rate of use or potential use (Table 2).

Table 2. Rate of food bank use by age (%).

	16-24 yr	25-39 yr	40-54 yr	55-64 yr	65+ yr
Non-user	92.5	90.5	90.1	92.5	97.5
Non-accessor	2.3	4.1	4.7	4.8	1.9
User	5.2	5.5	5.2	2.6	0.5
Total*	100.0	100.0	100.0	100.0	100.0
n	(441)	(1,036)	(999)	(456)	(570)

* Total may not add exactly to 100.0 due to rounding to one decimal place in numbers above.

Table 3 shows that household structure was significantly associated with food bank use ($p < 0.01$). The highest rate of food bank use or non-access was found among single adults (15%) and single parents with dependent children (9.6%), and the lowest rate among older, multi-adult households (1%).

Table 3. Rate of food bank use by household type (%).

	Single adult	Multiple adult	Single parent family	Multiple adult family	Single older person	Older multiple adult
Non-user	85.0	94.9	90.4	94.3	96.9	98.6
Non-accessor	6.9	2.5	4.3	2.5	2.8	1.0
User	8.1	2.7	5.2	3.2	0.3	0.5
Total*	100.0	100.0	100.0	100.0	100.0	100.0
n	932	1,018	439	527	360	216

* Total may not add exactly to 100.0 due to rounding to one decimal place in numbers above.

Status, personal factors and food bank use

Migrant status had a significant relationship with food bank use ($p < 0.01$). Of asylum seekers and refugees (14%) 1-in-7 were food bank users or non-accessors, compared with fewer than 1-in-10 (7.7%) British citizens and 1-in-20 (4.3%) other migrants.

Employment status was significantly associated with food bank use ($p < 0.01$). Those who were long-term sick or disabled without a job were most likely to have used a food bank or to be non-accessors (approximately 1-in-6, or 15.9%), followed by those who were otherwise not working^a (14.6%). Only 2-3% of those in work or retired were food bank users or potential users.

Table 4. Rate of food bank use by employment status (%).

	Working	Not-working	Sick/disabled	Retired
Non-user	98.2	85.4	84.1	96.5
Non-accessor	1.1	6.2	7.1	2.7
User	0.8	8.4	8.8	0.8
Total*	100.0	100.0	100.0	100.0
n	(1,301)	(1,041)	(477)	(657)

* Total may not add exactly to 100.0 due to rounding to one decimal place in numbers above.

Survey respondents were asked whether they had experienced nine different life events in the past four years. Those life events which had a significant association with food bank use are listed in Table 5 ($p < 0.01$). Life events found to be insignificant were: becoming a parent, and getting married/setting up home with a partner.

Food bank users were four times more likely to have been a victim of a crime than non-users, and three times more likely to have experienced a reduction in employment, including unemployment, redundancy or reduced working hours.

Approximately twice the proportion of food bank users (39.3%) as non-users (19.4%) had experienced a serious health event, illness or disability, and over twice as many food bank users as non-users had experienced relationship breakdown.

^a Those not working includes those in full-time education or training, temporarily sick, looking after the home or family, and the unemployed.

Almost half of food bank users (47.6%) had moved home in the previous year, many more than the number of non-users and non-accessors that had done so. This may be related to the fact that asylum seekers and refugees, who are concentrated in regeneration areas where house moves occur at a higher rate, are a group more likely to use food banks (see above).

Table 5. Experience of life events according to food bank use (%).

	Experience of life events (column %)		
	Non-user	Non-accessor	User
New job	15.5	3.8	9.0
Job loss	11.2	22.7	33.3
Serious health event	19.4	36.4	39.3
Bereavement	23.3	27.3	34.7
Victim of a crime	4.4	14.3	17.9
Moving home	25.8	28.0	47.6
Relationship break-up	6.7	13.6	18.8

Health and food bank use

Ill health and disability were found to be significantly associated with food bank use ($p < 0.01$). A total of 44.2% of food bank users reported a longstanding illness or disability, compared with 28.4% of non-users and 42.1% of non-accessors. We have already seen that food bank users were more likely to have experienced a serious health event in the past four years (above) which may have caused or contributed to their longstanding illness.

Mental health problems were also found to have a significant association with food bank use ($p < 0.01$). Two-thirds (66.4%) of those who had used a food bank reported a mental health problem^b, compared with 31.6% of non-users and 57.3% of non-accessors.

^b Those not working includes those in full-time education or training, temporarily sick, looking after the home or family, and the unemployed.

Financial factors and food bank use

Survey respondents were shown a response card and asked whether their income had been affected by a number of welfare reforms over the past four years (the bedroom tax; changes to housing benefit; changes to Employment Support Allowance (ESA); changes to Disability Living Allowance/Personal Independence Payments (DLA/PIP); changes to Working Tax Credits; benefit sanctions). Respondents could pick as many of the reforms listed that they deemed applicable.

Each of the welfare reforms affected between 3.8-5.4% of respondents. Each welfare reform had a significant relationship with food bank use ($p < 0.01$), as shown in Table 6. Food bank use is highest, at nearly a fifth of respondents, among those affected by changes to ESA, changes to housing benefit, and benefit sanctions. Those people affected by sanctions also included a large group (19.3%) of non-accessors, i.e. people who said they did not want to use a food bank or had not been able to do so.

Table 6. Rate of food bank use according to household experience of welfare reforms (column %).

	Bedroom tax	DLA/PIP changes	ESA changes	Housing benefit changes	Working Tax Credit changes	Sanctions
Non-user	80.6	72.9	70.4	69.7	85.5	62.1
Non-accessor	5.8	11.4	10.4	12.4	6.5	19.3
User	13.7	15.7	19.3	18.0	8.1	18.6
Total*	100.0	100.0	100.0	100.0	100.0	100.0
n	(140)	(139)	(138)	(138)	(139)	(137)

* Total may not add exactly to 100.0 due to rounding to one decimal place in numbers above.

Table 7 shows the rate of food bank use according to the number of welfare reforms respondents reported having been affected by. While 1-in-19 (5.3%) of those not affected by welfare reforms were either food bank users or non-accessors, this was true for nearly a fifth (18.2%) of those affected by one welfare reform, and for 3-in-10 (29.8%) of those affected by two or more welfare reforms. Therefore, where multiple welfare reforms affected a household, the impact on food insecurity was greater.

Table 7. Rate of food bank use by experience of welfare reforms (%).

	Number of welfare reforms		
	0	1	2 or more
Non-user	94.7	81.8	70.2
Non-accessor	2.7	6.9	12.1
User	2.5	11.3	17.7
Total*	100.0 (2,893)	100.0 (231)	100.0 (198)

* Total may not add exactly to 100.0 due to rounding to one decimal place in numbers above.

Respondents were asked how frequently they experienced difficulty affording a number of household items and bills (food, fuel, clothes, rent, repairs, council tax, internet, and repaying credit and purchase agreements).

All items, with the exception of repairs, had a significant relationship with food bank use ($p < 0.01$). Among food bank users, affording clothes was the most common financial difficulty (reported by 67.4% of users), followed by fuel (61.8%) and food (61.4%).

Only 15.3% of those reporting difficulty affording food had used a food bank. Among those who report frequent difficulty^c affording food (7% of respondents), 22.6% had used a food bank and 13% had not used one because they had not wanted to, or had not been able to do so.

^c Those who said they ‘very often’ or ‘quite often’ have difficulty meeting the cost of food.

FINDINGS FROM IN-DEPTH INTERVIEWS

Qualitative interviewees were recruited from a sub-sample of survey respondents, namely those who had reported food affordability difficulties. Initial analysis of emerging themes from this data provides important insights into the experiences and perceptions of food banks among residents who struggle to afford food. Interviewees included three people with experience of using a food bank, and eight people without.

What are people's perceptions and experiences of food banks?

Food bank use as shameful: Consistent with existing food bank research which speaks a lot about the shame and stigma associated with such services^{4,10}, these themes emerged in interviews with both users and non-users of food banks in this study. Shame was felt particularly strongly by those for whom food bank use represented a recent or sudden change in their circumstances:

"I force myself go there, but when I get there, sometime I feel, what name is, shame myself honestly, it's honestly shame myself, get every Friday go in the queue waiting for food, I wasn't expecting that kind of things happen for me honestly. A couple of years ago I wouldn't think that things, but now times changed honestly."

Makeen, 30s, married, one child, working part time.

The prospect of food bank use appeared to be emotionally distressing for some participants; one even suggested it would make him feel suicidal.

Food banks as charity: Both those who had and those who had not used a food bank very strongly considered them to be charity. Notions of charity in this context were described in very negative, dehumanising terms – begging, queueing and hand-outs were associated with accessing food banks. Residents would very often identify themselves as supporters of charity and wanted to distance themselves from the role of charity recipient which they associated with accessing a food bank. This is illustrated in the quotation from Walter below who contrasted his experience of using a food bank with his previous status in society as someone who supported local and international charities. Food banks were perceived by participants to be for the most needy, rather than for them:

"Oh you feel degraded doing things like that, especially never being used to doing things like that... we used tae gie stuff tae like food banks and old toys we'd put into the charity shops and I used tae put money into the Red Cross, the Marie Curie – direct debit – but I've had to stop all them. No danger can I afford to keep somebody in Africa if I can't afford to keep myself here."

Walter, 50s, married, recent ESA claimant

Why do people who struggle to afford food not use food banks?

Building on the quantitative findings of this study, initial analysis of the interview data suggests a number of reasons why people who struggle to afford food might not use a food bank.

Pride and self-respect: As described above, themes of stigma and shame related to food banks emerged strongly from the qualitative data in this study. As this extract from the interview with Arthur illustrates, ideas of pride and self-respect were often mentioned as reasons why people wouldn't consider going to a food bank:

"No I wouldnae dae it. I wouldnae dae it at all. A wee bit pride – stonidin' in a queue for grub, naw – stonidin' in a queue and paying for your food that's it. What's the difference do you think? A wee bit mair respect. I'd rather pay for it and whatever."

Arthur, 50s, widowed, ESA claimant

Choice and control: A number of respondents mentioned the quality or type of food they thought they would be given as a reason why they had not used a food bank:

"What you get in food bank? You get all tin cans, I don't want canned foods, we don't eat canned foods. It's not healthy. Better be starving than eating canned foods. What I feel."

Tahir, 40s, married, three children, refugee

This perhaps highlights the importance of individual choice and control over food and the importance of food for individual identity. Such themes also came through when discussing food shopping and cooking habits with participants more generally.

Perceived ineligibility/un-deservingness: A number of interviewees said they had not used a food bank because they did not consider themselves to be eligible or deserving recipients of such help. Two men with addictions who were interviewed both expressed a sense that they were undeserving and if they were to use a food bank they would be denying help for other people, particularly families with children, who were considered to be deserving food bank users.

By contrast, Moira was open to the possibility of using a food bank, having struggled to afford food in the past, but felt that she would not be eligible to access one as both she and her partner were in work. Both perspectives suggest a sense of individual responsibility for food and food budgeting, and feelings of failure and shame at being unable to manage:

“Cos I just think they’ll just think, ‘oh yous are working you should be able to’, that’s just, ‘you should be able to afford things cos the two of yous are working’.”

Moira, 40s, married, two children, working part time

Implications of the findings

This study provides analysis of the first self-reported measure of food bank use in Glasgow. We found that around 4% of households in deprived neighbourhoods in Glasgow were food bank users and that a similarly sized group identified as non-accessors, being either not willing or not able to use a food bank. It was also established that for every food bank user, there were nearly four other households who experienced frequent difficulty paying for food, but who had not used a food bank. This confirms the fact that current food bank use is the ‘tip of the iceberg’ with regard to prevailing household food insecurity.

We found rates of food bank use to be highest among single people compared with other household types. This finding is consistent with evidence from Citizens Advice Bureau, where 60% of those clients given advice about food banks are single adults and 26% are families with dependent children¹¹. The large proportion of single adults among food bank users is potentially due to the lack of variety of income sources available to someone living alone, who is therefore more vulnerable to changes to income resulting in acute income crisis.

There are strong links between food bank use and health. According to employment status we found that people who were long-term sick or disabled were far more likely than other groups to have used a food bank. Long-term illness and mental health problems were also far more common among food bank users than those who have never used a food bank. This finding echoes other research which has suggested a relationship between poor health and food bank use⁴. This is also concerning given questions raised by other research as to the ability of food banks to provide appropriate food for people with particular health conditions¹². Further, given the emotional and psychological impacts of the stigma of food banks on interview participants in this and other studies, the appropriateness of food banks as a response to food insecurity, particularly for those with mental health and other conditions, is called into question. The extent to which food bank use might exacerbate existing health conditions requires further research.

As stated, our findings suggest that there is a similar sized group to food bank users who have not used a food bank for some reason other than a lack of need for help with food. Our qualitative data builds on this finding to emphasise the roles of stigma and shame as significant barriers to food bank use. These data also demonstrate the importance of choice and control over food for individual agency, which is denied by having to use a food bank. These findings also highlight the extent to which narratives of the ‘undeserving poor’ have been internalised by individuals, particularly

by already stigmatised groups such as those with addictions. Such evidence also builds on wider debates about the stigma of poverty and how this is played out within the social security system.

The findings suggest that policy-makers and providers should consider further ways of assisting people who struggle to afford food, which preserve people's dignity and self-respect. The fact that most of the households in the study who experienced food affordability difficulties did not identify themselves as users or non-accessors of food banks (possibly for some of the reasons suggested by the qualitative research reported here) suggests that food banks are not suitable as a main response to food insecurity.

The next stage of this study will include further quantitative analysis of the relationships between food bank use and the variables presented in this paper. Further qualitative data from interviews with GoWell residents, service providers and policy-makers will also be gathered and analysed.

LIMITATIONS OF THE ANALYSIS

The survey findings presented here are based on self-reported food bank use. There is clearly potential for inaccuracy in this, for example due to inadequate recall. However, given what we have also found about feelings of shame and stigma attached to food bank use, the figures shown for rates of food bank use are more likely to be an under- rather than an over-estimate.

We have classified respondents as non-accessors on the basis of their own self-identification. Obviously, and given what we have also reported about the experience of food affordability difficulties, there are other ways of identifying potential food bank clients, which we shall examine in further analysis.

We have reported bi-variate associations between respondent characteristics and food bank use. Many of the independent variables we have examined may themselves be associated with each other. In future work, a multivariate statistical model of food bank use will be developed which takes the many independent factors into account simultaneously.

The GoWell study takes place only in deprived areas in Glasgow and so the results are not representative of the whole city, but rather describe the situation in the two-fifths of the city's neighbourhoods that lie within the most deprived 15% of areas in Scotland¹³.

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The graphic consists of two overlapping abstract shapes. The larger one is teal and has a circular cutout at the top containing text. The smaller one is grey and is positioned in front of the teal one. The teal shape is on the left, and the grey shape is on the right and slightly lower.

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