

Autumn Budget 2024 Representation: Alexandra Rose Charity

About Alexandra Rose Charity

Founded in 1912 in honour of Queen Alexandra, Alexandra Rose Charity has a long history of supporting people experiencing poverty in the UK. Our vision is for everyone to have access to healthy and affordable food and our current mission is to give families on low incomes access to fresh fruit and vegetables in their local communities. We do this by providing financial incentives known as 'Rose Vouchers' via two models:

1. The 'Rose Vouchers for Fruit and Veg Project', our **early years model** works with community centres and children's centres to provide Rose Vouchers to families with children under 5 years of age, as well as pregnant women, to buy fresh fruit and vegetables at local markets or independent shops. We run this project in Hackney, Hammersmith and Fulham, Lambeth, Southwark, Tower Hamlets, Liverpool, Barnsley and Glasgow.

Families with children under 5 years of age receive £4 in Rose Vouchers per child per week. £2 per week is provided for children aged 0-12 months and £4 per week for pregnant women. A family is eligible for Rose Vouchers until their last child under primary school age goes to school. On average across our project areas, eligible families receive £7.60 a week (£32.93 a month) in Rose Vouchers. Eligibility is based upon the Government's Healthy Start scheme criteria, but we also encourage local partners to make their own judgments of need. People with no recourse to public funds are eligible for Rose Vouchers.

2. Our '**Fruit and Veg on Prescription**' model, works with healthcare professionals and social prescribers to prescribe fresh fruit and vegetables, via weekly collections of Rose Vouchers, to adults with long-term health conditions that could be improved or reversed with better diet. We run this project in Lambeth and Tower Hamlets.

Each person receives up to £8 per week in Rose Vouchers, plus £2 per week for each household member. On average across the two project areas, eligible individuals receive £11.90 a week (£51.57 a month) in Rose Vouchers. In Lambeth, people who have or are at risk of high blood pressure are eligible for Rose Vouchers. In Tower Hamlets, people who have food-related ill health are eligible (e.g. Obesity, type 2 diabetes and hypertension). In both project areas, people with no recourse to public funds are eligible for Rose Vouchers.

To date, we have supported **41,747 people**, including **10,772 families** and **19,757 children**, to access fresh fruit and vegetables with Rose Vouchers. Over the last decade, **£3,073,490** of Rose Vouchers have been spent at local markets and independent shops. We estimate that our projects have generated a total economic value added of almost **£6 million** for the local economy.

Summary of response and recommendations

The food we eat plays a vital role in our health. Where we live, and what we earn, shape the options available to us to be healthy, including our access to affordable, nutritious food. Healthy food is currently more than double the price per calorie than less healthy foods, making it a far less accessible and affordable option for those on lower incomes, leading to more families struggling with food insecurity and food-related ill health, such as obesity. Poor population health is increasingly damaging our economy, reducing our participation in the workforce and our productivity, and increasing the need for medical attention, social care and welfare support.

To address these issues and meet the Government's ambitions of a fairer Britain, where everyone lives well for longer, raising the healthiest generation of children and ending mass dependence of food banks, it is crucial that all families have sufficient income to afford a healthy diet and an effective nutritional safety net scheme that specifically support low-income children. We therefore recommend that the Government:

1. Leverage existing funding mechanisms to enable local authorities to pilot financial incentives for fresh fruit and vegetables using Alexandra Rose Charity's Rose Voucher for Fruit & Veg and Fruit & Veg on Prescription projects as a blueprint for success.
2. Maximises the impact of the Healthy Start Scheme by increasing the uptake and value and expanding eligibility.
3. Ensures that the cost of healthy diet is taken into account when setting benefits levels and the minimum wage.
4. Introduces a protected minimum floor in Universal Credit, at 15% below the standard allowance, so that debt deductions and the benefit cap no longer push people into hardship and hunger.

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A healthy population is the foundation of a strong economy, but a healthy population requires a healthy food system

The UK's food system is broken – unhealthy options are easier, cheaper and more convenient than healthier ones.¹ Consequently, our diet is one of the leading causes of ill health in the UK.² The UK has one of the highest rates of obesity in Europe with over 2 in 3 adults in England above a healthy weight, and of these, half are living with obesity.^{3 4} Living with overweight and obesity increases the risk of type 2 diabetes, cardiovascular disease, dementia, musculoskeletal conditions, liver disease and many common cancers.⁵

One in five children (21.4%) have overweight or obesity when they start primary school. This rises to over one in four children in the most deprived fifth of the population.⁶ These children will have a higher risk of obesity, ill health and early death in adulthood, as well as experiencing poor psychological and social effects during childhood.^{7 8 9} Modelling by the Institute for Public Policy Research estimated that obesity levels among the current cohort of children over the course of their lifetime will cost the wider society an estimated £405 billion overall.¹⁰

In 2023, Frontier Economics estimated that the total economic impact of obesity in the UK is £98 billion, accounting for the costs to the NHS and social care, lost productivity, workforce inactivity and welfare payments.¹¹ This analysis estimates that £19 billion of these costs were shouldered by the NHS through increased prevalence of conditions such as type 2 diabetes, cardiovascular disease and cancer, whilst £16 billion were economic costs as a result of lower productivity. Without Government action, these figures are estimated to rise to £109.4 billion and 10% of GDP annually by 2040.¹²

Fruit and vegetables are the cornerstone of a healthy diet and planet, but we are not eating enough and the amounts we do eat have barely changed in over a decade

A diet rich in a variety of fruit and vegetables has been found to support healthy weight maintenance and reduce the risk of food-related ill health such as heart disease, stroke, diabetes, and cancer.^{13 14} Eating a variety of fruit and vegetables has been shown to give children the healthiest possible start, establishing positive eating behaviours, supporting healthy growth and development and protecting against food-related ill health in adulthood.^{16 17 18}

In the UK, the Government's dietary guidelines, also known as the Eatwell Guide, recommends we eat five portions of a variety fruit and vegetables a day (400g). The Scientific Advisory Committee on Nutrition (SACN) recommends this for children from the age of 2 years.¹⁹ SACN recommends that young children (1-2 years) should be introduced to a range of foods, flavours and textures and from 1-5 years, should be exposed to unfamiliar vegetables on multiple occasions (as many as 8 to 10 times or more) to help develop their palate and support regular consumption.

Despite the known health benefits, almost all of us eat too little fruit and vegetables and our consumption in the UK has remained stubbornly below Government recommendations for over a decade. Recent evidence has shown that only 31% of adults (16+) in England eat five portions of fruit and vegetables a day.²⁰ Furthermore, SACN estimates that on average, children aged 1-4 years only eat two portions of fruit and vegetables a day.²¹ Consequently, in 2019 diets low in fruit and vegetables accounted for 16,000 premature deaths and 308,000 disability-adjusted life years (DALYs) in the UK.²² SACN estimate that as a nation, we need to increase our fruit and vegetable consumption by 30% by 2032 to meet our health, climate and nature commitments.²³

Where we live, and what we earn, shape the options available to us to be healthy

Affordability is one of the biggest barriers to meeting the Government's '5 a day' recommendation. The Food Foundation's latest Food Insecurity Tracker revealed that 7.2 million adults and 2.7 million children experienced food poverty in 2024.²⁴ Households with young children are particularly at risk of food insecurity. A quarter of households (24%) with pre-school children (4 years and under) are food insecure compared to 19% of households with school-aged children. Only 13% of households without children are food insecure.²⁵

Fruit and vegetables are the most expensive food group of the Eatwell Guide, costing twice as much per 1000kcal than foods high in fat and/or sugar.²⁶ Individuals living on the lowest incomes would need to spend as much as 51% of their weekly food budget to eat their '5-a day'.²⁷ New analysis has found that 60% of households experiencing food insecurity reported buying less fruit and 44% less vegetables.²⁸ Consequently, the consumption of fruit and vegetables is where the widest dietary inequalities are seen. The most deprived fifth of adults eat 37% less fruit and vegetables than the least deprived fifth, with children in these families eating a third (29%) less fruit and vegetables than their least deprived friends.²⁹

Where we live, also impacts our ability to access fresh fruit and vegetables. Unhealthy food is easier to access, particularly in the most deprived areas where one in three food outlets are fast-food outlets.³⁰ These areas are also more likely to be classified as "food deserts" - areas where it is harder to purchase healthy food conveniently at a reasonable price.³¹ It is estimated that 3.3 million people in England cannot reach any food stores selling raw ingredients within 15 minutes by public transport.³² Contrary to popular belief, knowledge is not a primary barrier to eating more fruit and vegetables - 99% of the public know that eating fruit and vegetables is important for a healthy lifestyle.³³

Fixing our food system will require bold action, Government commitment and local innovation

To address these issues and meet the Government's ambitions of a fairer Britain, where everyone lives well for longer, raising the healthiest generation of children and ending mass dependence of food banks, it is crucial that all families have sufficient income to afford a healthy diet and an effective nutritional safety net scheme that specifically support low-income children. The following recommendations summarise the key actions for consideration in the 2024 Autumn Budget.

Recommendation 1: Leverage existing funding mechanisms to enable local authorities to pilot financial incentives for fresh fruit and vegetables using Alexandra Rose Charity's Rose Voucher for Fruit & Veg and Fruit & Veg on Prescription projects as a blueprint for success

The USA have led the way in developing financial incentive programmes that increase access and availability of fruit and vegetables for families in low incomes. Since 2019 the USDA's Gus Schumacher Nutrition Incentive Program (GusNip)³⁴ has provided over \$270 million in grants for projects that provide incentives to increase the purchase of fruits and vegetables by households on low incomes, namely through two approaches: Nutrition Incentive Programmes and Produce Prescription Programmes.

Nutrition Incentive Programmes target SNAP³⁵ and WIC³⁶ recipients with financial incentives for every dollar they spend of their entitlement towards fruit and vegetables at participating retailers. Evaluations have found that these programmes significantly increase fruit and vegetable consumption, improve household food insecurity and incentivise recipients to shop at local farmers

markets.³⁷ For example, Utah's Double Up Food Bucks program, which matches SNAP dollars spent on fresh fruit and vegetables at local markets up to \$60 a month, saw the number of SNAP and WIC recipients who were defined as food secure increase by 15%.³⁸ San Diego's Fresh Fund Incentive Programme, which provided SNAP and WIC recipients up to a \$20 uplift on fruit and vegetable purchases found that recipients who reported their diet to be "healthy" or "very healthy" increased from 4% to 63% with nearly all (93%) stating that Fresh Fund was "important" or "very important" in their decision to shop at the farmers market. Vendors reported that 48% of all market revenue they received was received through the Fresh Fund program.³⁹ Finally a randomised control trial revealed that SNAP and WIC recipients who received a 30% top-up on purchases of fruit and vegetables purchased at participating markets consumed 26% more fruit and vegetables compared to SNAP and WIC recipients who did not receive this top up.⁴⁰

Produce Prescription Programmes enable health care professionals to prescribe fruit and vegetables to patients who meet specific criteria such as having a diet-related health risks or conditions and experiencing food insecurity. Evaluations have found that these programmes reduce body mass index (BMI) in both adults and children, hypertension and diabetes in adults.^{41 42 43} For example, of 120 patients who received prescription for fruit and vegetables in Washington D.C between 2012 and 2017, half lost weight while receiving the prescription.⁴⁴ A produce prescription programme aimed at Navajo children found that the proportion of households reporting food insecurity decreased from 82% to 65%, with 38% of children classified as overweight or obese at the start of the project achieving a healthy weight on programme completion.⁴⁵ Finally, a recent study concluded that over 25 years, providing fruit and vegetables on prescription to the 6.5 million US adults experiencing both diabetes and food insecurity would prevent 292,000 cardiovascular disease events and save \$39.6 billion in health care costs and \$4.8 billion in productivity costs.⁴⁶

Evaluations of Alexandra Rose Charity's Rose Voucher projects show promising results

Our impact evaluations have found that financial incentives have great potential to transform the diets of adults and children, bringing them in line with the Government's Eatwell guidelines. On average, fruit and vegetable intakes increase by three portions a day for adults and children on both our projects. After six months of our Rose Voucher for Fruit & Veg project, 64% children met their '5 a day' target, compared to just 7% at the start of the project, building healthy eating patterns and a long-lasting love of fruit and vegetables during this critical period.⁴⁷ After eight months of our Fruit & Veg on Prescription project 80% of participants reported meeting their '5 a day' target, compared to 28% at the start of the project.⁴⁸

The health impacts of these diet changes are striking. Parents on our Rose Voucher for Fruit & Veg project report improvements in healthy weight and weight maintenance, digestion, sleep, and mental wellbeing for themselves and their children. A social impact evaluation has found that this project could save the NHS £265 for every child and £115 for every adult enrolled on the project. Over half (57%) of participants on our Fruit & Veg on Prescription project reported that their mental health had improved. On our Lambeth Fruit & Veg on Prescription project, 7 in 10 people with high blood pressure saw an improvement as recorded by doctors and nurses. GP appointments for adults who were prescribed Rose Vouchers decreased by 40%, significantly reducing pressure on the NHS.

Our Rose Voucher projects are an innovative retail response to addressing food poverty and couple provide an alternative solution to the surplus redistribution model of food aid provision in the UK. £1 in of every £5 cashed by local traders in our project areas is a Rose Voucher. This has proved vital to the survival of participating fruit and vegetable market stalls during the COVID-19 pandemic and the subsequent cost-of-living crisis, helping to ensure their survival. An economic impact assessment

found that for every £1 Rose Voucher spent, a further £2.12 is invested into the local economy via trader spend at local food suppliers, additional cash spent by participants at other market stalls and savings to the state via income from markets and avoided unemployment.

Using our Rose Voucher for Fruit & Veg projects as a blueprint for best practice, we estimate that an investment of £2 million a year over three years would benefit 7,000 families including approximately 14,000 adults and over 12,700 children, whilst injecting a total of £12.7 million into the local food economy and saving the NHS £7million.

A similar investment of £2 million a year over three years to pilot Fruit & Veg on Prescription using our projects in Lambeth and Tower Hamlets as a blueprint for success, would support almost 8,000 people access more fruit and vegetables in their local community.

HM Treasury has several existing funding mechanisms that would enable local authorities to pilot financial incentives programmes

Community Eatwell commitment

The 2021 National Food Strategy recommended that the Government invest £2 million a year for three years to trial a “Community Eatwell” programme to provide targeted healthy eating support for people living on low incomes suffering from food-related ill health.⁴⁹ The proposed programme would give GPs the option to prescribe fruit and vegetables, along with food-related education and social support, to patients suffering the effects of poor diet or food poverty.

The Department for Levelling Up, Housing and Communities and the Department for Health and Social care committed to this pilot in the *2022 Levelling Up the United Kingdom White Paper*.⁵⁰ However, this commitment has yet to be implemented.

The Government should press forward with their existing commitment to pilot a three-year ‘Community Eatwell’ Programme, which enables GPs and social prescribers to prescribe fruit and vegetables to adults living on low incomes with food-related ill health.

Family Hubs and Start for Life Programme funding

In 2021, the Government committed £300 million to roll out the Family Hubs and Start for Life programme across 75 local authorities in England, aimed at supporting children in the first two years of life. As part of this funding, £50 million was committed to establish infant feeding services, however the guidance to local authorities focuses specifically on supporting mothers to breastfeed and does not include efforts to support complementary feeding.⁵¹ Local authority partners have been denied requests to use Family Hub and Start for Life funding to pilot or scale up Rose Voucher for Fruit & Veg projects, despite our evidence demonstrating that the projects support parents build healthy eating patterns during this critical period of their child’s growth and development.

It should be made possible for local authorities to use their Family Hubs and Start for Life infant feeding funding to replicate and scale Rose Voucher for Fruit & Veg projects to ensure children have the healthiest possible start and develop a long-lasting love of fruit and vegetables.

Family hub fundings comes to an end in March 2025. We are deeply concerned that without this dedicated funding from central government, many of the positive changes underway in these 75 local authority areas will go into reverse. For many families, services that they only began to access 12 months ago may be withdrawn. For local authorities, a crucial plank in their children and families strategies may become unsustainable.

The Government should signal a multi-year spending commitment that continues to fund existing Family Hubs and Start for Life programmes and extends this funding to cover all local authorities.

The Public Health Grant

Local authority public health interventions funded by the Public Health Grant provide excellent value for money, with each additional year of good health achieved in the population by public health interventions costing £3,800. This is three to four times lower than the cost resulting from NHS interventions of £13,500.⁵²

However, because the level of funding provided to local authorities in this grant is not tied to inflation, its value is being cut in real terms every year. Since 2015/16 the value of the grant has been cut by 28% on a real-term per person basis, the equivalent of £1.4 billion.⁵³ Miscellaneous public health services, which some local authorities use to fund our Rose Voucher projects have been cut by 12% since 2015/2016.

Failure to invest in vital preventive services will mean health worsening further, widening health inequalities, and the costs of dealing with poor health will continue to be felt across society and the economy.

The 28% real-term cuts to public health grant should be immediately reversed, currently valued at a £1.4 billion uplift, and indexed to inflation in future. A wider review should also be launched by national government into the adequacy of public health funding.

Fiscal incentives

The Soft Drinks Industry Levy (SDIL), which came into force in April 2018, has been highly effective in incentivising the soft drinks industry to reduce sugar from soft drinks, which contribute significantly to children's sugar consumption. Since its introduction, the SDIL has raised over £1.5 billion for the UK Exchequer, with the latest (provisional) receipts from 2022/23 increasing to £355 million from £334 million in 2021/22. The Office for Budget Responsibility forecasts that the SDIL will generate a further £1.6 billion by 2026/27.⁵⁴

The intervention has also triggered a 46% reduction in sugar levels of soft drinks from 2015-2020.⁵⁵ This compares to just 3.5% lowering of sugar in other product categories covered by the voluntary sugar reduction programme. This change is estimated to have prevented over 5000 cases of obesity per year amongst Year 6 girls alone⁵⁶ as well as being associated with a 12% reduction in admissions for carious tooth extractions amongst children aged 0-18 years.⁵⁷ By contrast, the voluntary sugar reduction programme has only achieved a 3.5% overall reduction, and mixed results across different categories.⁵⁸

Whilst incentivising the reformulation of drinks was the primary objective, the introduction of the levy was also accompanied by a commitment to use the revenue raised to increase investment in children's health. Government ministers have confirmed that the existence of the SDIL has enabled them to invest in programmes including doubling the Primary PE and Sport Premium, establishing a National School Breakfast Programme and the Holidays Food and Activities Programme.

The detailed submission by the Recipe for Change coalition presents evidence that an industry wide levy on salt and sugar as recommended in the 2021 National Food Strategy could help prevent up to two million cases of disease over 25 years, with potential gains of around 3.7 million quality-adjusted

life years (QALYs), worth £77.9 billion in overall economic value over 25 yearsⁱ. Even a targeted application of this model to biscuits, cakes, confectionery and desserts could prevent up to 800,000 cases of food-related ill health, with overall gains of up to 1 million QALYs, with an economic value of £23 billion over 25 yearsⁱⁱ.

The 2021 National Food Strategy recommended using some of the revenue from the levy to help families living on low incomes access fresh fruit and vegetables. This policy is well supported by the public, with a recent poll from the Health Foundation and IPSOS revealing that 59% support introducing a levy on organisations that produce foods high in sugar or salt, with some of the revenue being used to fund fresh fruit and vegetables for families living on low incomes. Only 20% of the public opposed.⁵⁹

Revenues from the SIDL and future healthy food and drink levies should be used to fund financial incentives projects to support households living on low incomes to purchase fruit and vegetables in their local community.

We also support the recommendations made in the detailed submission from the Recipe for change coalition, which include:

1. Issue an HM Treasury and Department for Health and Social Care joint call for evidence on measures to incentivise healthier food and drink production beyond the Soft Drinks Industry Levy, including use of further financial levers.
2. Announce the extension of SDIL to include sugary milk- and alternative milk-based drinks, and also to open cup drinks across the whole soft drinks category, to be implemented in April 2025.
3. Strengthen the Soft Drinks Industry Levy to incentivise further product reformulation and increase revenues for investment in children's health:
 - 3.1 Announce an intention to uprate the liability under the Levy starting no later than April 2025.
 - 3.2 Initiate a review of the current tiered approach to the Soft Drinks Industry Levy, and options for incentivising further sugar reduction and/or maximising its revenue potential.
 - 3.3 Maintain a stated commitment to ensuring revenues from SDIL and any further healthy food and drink levies support government investment in programmes to support children's health.

Recommendation 2: Maximise the impact of the Healthy Start Scheme by increasing the uptake and value and expanding eligibility

Healthy Start is the Government's benefits scheme targeted at families living on low incomes with children under the age of four, breastfeeding and pregnant women, as well as all pregnant teenagers below 18 years of age. It provides a safety net for families who are nutritionally vulnerable. Eligible families get £4.25 per week per eligible individual (£8.50 for infants under one) to spend on buy milk, fruit, vegetables, pulses and, where needed, first infant formula, and access free vitamins. The scheme operates in England, Wales and Northern Ireland. Scotland has an equivalent 'Best Start Foods' scheme.⁶⁰

ⁱ Recipe for Change (2023), Evidence Briefing 1: Health and economic benefits of an upstream sugar and salt levy <https://www.recipeforchange.org.uk/policy-and-evidence/sep23-recipe-for-change-evidencebriefing/>

ⁱⁱ Recipe for Change (2023), Evidence Briefing 2: Health and economic benefits of an upstream sugar and salt levy on select categories of food <https://www.recipeforchange.org.uk/policy-and-evidence/sep23-recipe-for-change-evidence-briefing-2/>

The current Healthy Start voucher scheme has been shown to increase spending on fruit and vegetables by 15%. This amounts to an additional 1.8kg of fruit and vegetables per month, or 22 portions.⁶¹ Women receiving Healthy Start vouchers ate more fruit and vegetables and were more likely to get enough iron, folate, calcium and vitamin C than women who received vouchers for an earlier scheme that just provided milk.⁶² Studies on the effects of Healthy Start have shown that it plays an important role in helping pregnant women and their children access healthier foods. It has increased the quantity and range of fruit and vegetables consumed, as well as establishing good habits.⁶³

Healthy Start has also been shown to have an impact beyond financial support.⁶⁴ Women registered for the scheme report that Healthy Start made them think more about their health and diet, and this led to better dietary choices.⁶⁵

However, the scheme is not currently meeting its full potential with persistently low uptake rates, and too many families experiencing food insecurity, including those with no recourse to public funds, remain excluded. The value of the support has not kept pace with inflation, and the latest uptake rate for April 2024 - at just 62.4% - is falling far below the Government target of 75%, leaving an estimated £57,914,354 of local support unclaimed.⁶⁶

In April 2021, the Government increased the value of Healthy Start allowances from £3.10 to £4.25 a week. However, the value of payments is not keeping up with high levels of inflation and rising food prices. According to analysis by First Steps Nutrition Trust, between August 2021 and November 2022, the cost of infant formula has increased by as much as 23% - more than double the average increase in food prices. The current Healthy Start allowance is now not enough to cover the full cost of any infant formulas on the market.⁶⁷ Scotland's Best Start scheme is at £5.30 per week for pregnant people and children aged 1 to 3, and at £10.60 per week for infants under the age of one.

The Healthy Start allowance should be raised in line with food price inflation alongside other government benefits. Thereafter, the Government should review the value every six months.

The 2021 National Food Strategy recommended that the Government should expand the Healthy Start voucher scheme to all households earning under £20,000 with pregnant women or children under five. Expanding the eligibility to any family earning less than £20,000 would reach 73% of food insecure families, whilst extending the age eligibility to children under five would fill an existing nutritional gap where poorer children have stopped benefiting from Healthy Start but are not yet in school and receiving free school meals.⁶⁸ The National Food Strategy estimated that the expansion of eligibility would cost an additional £82m–132m a year, depending on take up and could be paid for by revenues from the SIDL and future healthy food and drink levies.

The Government should expand eligibility to all families on Universal Credit and equivalent benefits with children under five years old, as recommended in the National Food Strategy.

In September 2022 the Government announced an overall target to reach a 75% uptake by March 2023.⁶⁹ Nevertheless, uptake continues to be low, currently at just 62.4% across England, Wales and Northern Ireland (as of April 2024), especially when compared to the high uptake of Best Start in Scotland (92% as of 2023).^{70 71} For this reason, the National Food Strategy recommended the Government invest in a £5 million communications campaign to promote the scheme.

The Government should commit a £5 million communications campaign to promote the scheme, paid for with underspend from previous years.

Recommendation 3: Ensure that the cost of healthy diet is taken into account when setting benefits levels and the minimum wage.

Too many people across the UK are unable to afford the essentials, with many having to use a food bank to survive. Analysis from the Food Foundation reveals that the most deprived fifth of the population need to spend 50% of their disposable income on food to meet the cost of the Government recommended healthy diet.⁷² Their Food Insecurity Tracker has found that 42% of households on Universal Credit experience food insecurity in June 2024.⁷³ A recent survey from the Trussel Trust found that almost half of people (48%) claiming Universal Credit ran out of food in the last month and did not have enough money to buy more.⁷⁴

What's more, according to the Living Wage Foundation, the Government's National Living Wage falls short by £1,092 a year, and by £3,334 a year for workers in London when compared to the real Living Wage, which accurately reflects the cost of living.⁷⁵ Unsurprisingly, over 3.1 million emergency food parcels were distributed by food banks in the Trussell Trust network between April 2023 and March 2024 — the most parcels ever distributed by the network in a year.⁷⁶

Recommendation 4: The UK Government should introduce a protected minimum floor in Universal Credit, at 15% below the standard allowance, so that debt deductions and the benefit cap no longer push people into hardship and hunger

Urgent action is needed to buffer some of the sharpest edges of our social security system, namely the reductions driven by the benefit cap and debt repayments, both of which are strong drivers of deep hardship. Almost half of all households receiving Universal Credit have one or more of these reductions applied to their payment and they are significant factors in people experiencing destitution or needing to use a food bank.^{77 78} One in two people (53%) with debt deductions experience hunger and do not have enough money to buy food, compared to 32% of people receiving Universal Credit without debt deductions.⁷⁹

A protected minimum floor, set at 15% below Universal Credit's standard allowance, would limit the amount of reductions that could be applied to a household's Universal Credit, ensuring that the amount of standard allowance, net of these reductions, could not fall below the floor level, and in doing so would provide support to households both in and out of work. This proposal would support approximately 1.9 million families, with an additional £48 a month on average. It would have an annual cost of around £150 million and is estimated to increase public sector net debt by around £2.7 billion cumulatively over the next five years.⁸⁰

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