

Foodbank Provision in the East Riding Yorkshire

Executive Summary

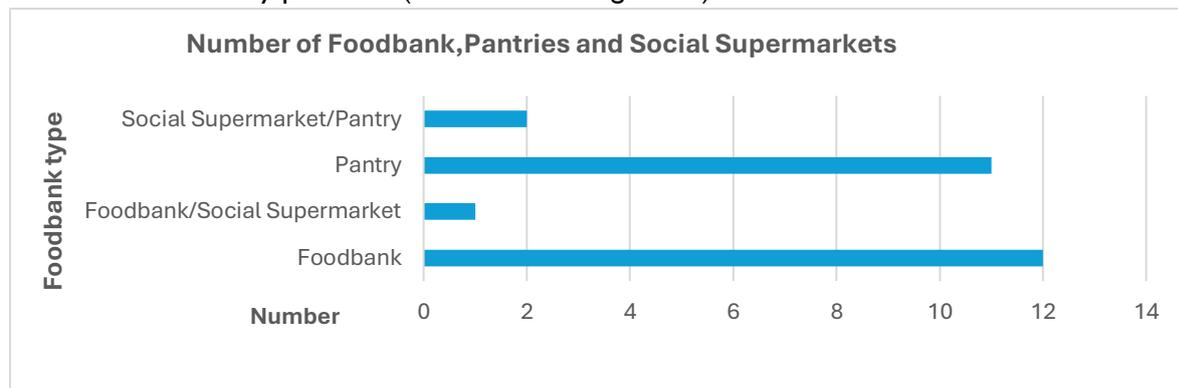
This interim report presents an overview of foodbank and related provision across the East Riding of Yorkshire, based on VCSE sector data mapping and engagement tracking. A total of 28 unique provisions have been identified, including foodbanks, pantries, and social supermarkets. The East Area emerges as the best served locality, while the West has fewer mapped services. The North shows moderate provision but with gaps in diversity.

Alongside the mapping, the Connecting Communities, Community Development, Green & Blue Health, and Inclusion Health teams have logged nearly 400 engagement activities over the last nine months, with 40 direct foodbank-related engagements and a wider set of community and system-level activities. This demonstrates both strong local-level collaboration and a broader strategic effort to embed food poverty work into health and community development agendas.

I. Different Types of Provision

Across the East Riding, the mapped food provision includes:

- Foodbanks: 12
- Pantries: 11
- Social Supermarket/Pantry: 2
- Foodbank/Social Supermarket hybrid: 1
- Other community provision (non-food/meeting-based): 2



Foodbanks remain the dominant model, often associated with emergency parcels and referrals. Pantries are emerging as a sustainable alternative, operating on a membership or low-cost basis to reduce stigma and increase access. Social supermarkets provide a hybrid model, supporting dignity of choice and affordability.

2. Geographical Breakdown

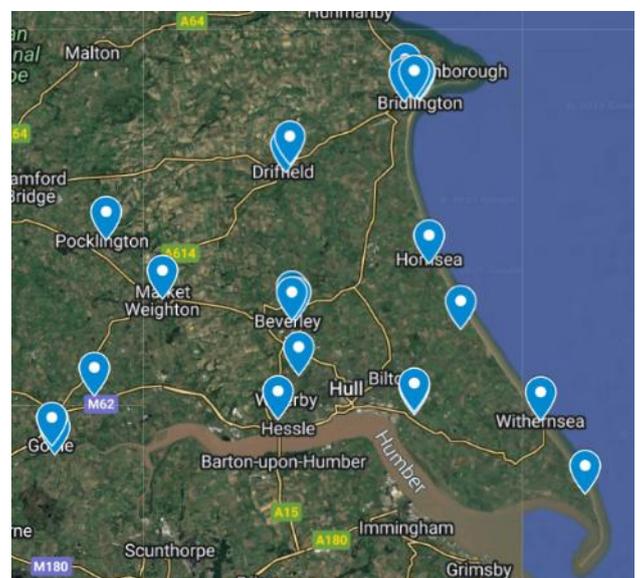
The East Riding of Yorkshire covers a vast geographical area, stretching from coastal towns like Bridlington and Withernsea, across rural Holderness and the Wolds, to larger towns such as Beverley, Goole, and Cottingham. This large and diverse geography presents particular challenges for equitable access to food support services, with some communities being many miles from their nearest foodbank or pantry.

Foodbank provision, when mapped, shows concentration around larger towns and transport hubs, but with notable gaps in isolated rural and coastal communities. The size of the area also makes coordination and outreach more resource intensive. An interactive map of current foodbank locations can be viewed [here](#).

East Area The East shows the strongest overall coverage, with a mix of foodbanks and pantries. Areas such as Beverley and Holderness benefit from multiple points of provision. However, rural access remains a concern.

North Area Bridlington and Driffield have established foodbanks, but the diversity of provision is limited. Some services have very restricted opening times, limiting accessibility. Outlying rural and coastal villages are underserved.

West Area The West has the lowest mapped provision despite higher population centres such as Cottingham, Hessle, and Brough. This suggests a potential gap and a reliance on fewer providers.



All Area A small number of services states they cover the whole East Riding, but in practice their reach is limited by logistics and resources.



3. Opening Times Analysis

- **Most common opening day:** Wednesday (12 providers open)
- **Least common opening day:** Tuesday (6 providers open)
- **Most common time of day:** Morning (27 providers open before 12pm)
- **Afternoon openings:** Only 5 providers open from 12pm onwards
- **Most common time slot:** 10am–2pm (5 occurrences)

Provision is heavily weighted toward weekday mornings. This creates accessibility challenges for working households, carers, and others who cannot attend in the morning. Limited afternoon and evening options mean that flexibility is lacking, and some residents may struggle to reach support when they most need it.

4. Themes in Provision

Locality	Number in the ERFPA
Beverley	4
Bridlington and Driffield	4
Goole	2
Haltemprice	1
Holderness	5
Wolds and Dale	2
Total	19

ERFPA Membership: 19 providers are ERFPA members, indicating strong collaboration. However, 8 are independent, suggesting opportunities for further networking and support.

Accessibility & Opening Hours: Several foodbanks are restricted to one or two days a week, which may not meet ongoing need. Pantries and social supermarkets tend to offer more regular access.

Rural & Coastal Gaps: Areas such as Holderness, Pocklington, and coastal villages show fewer accessible services, reflecting transport and infrastructure challenges.

Emerging Models: The growth of pantries and social supermarkets reflects a shift toward more sustainable, choice-based support that reduces reliance on emergency parcels.

Our KUMU mapping exercise of food banks which can be found here <https://kumu.io/ER-Mapping/foodbank-connections> shows multiple food banks linked via shared resources, for example, supply lines, donor pools, logistics (transport/warehousing). Some food banks act as hubs, receiving more inputs (donations, excess stock) and then distributing to smaller satellite food banks. It also highlights where there are weaker or fewer connections, those food banks potentially have more reliance on direct donors or individual support rather than shared support structures.

5. HEY Smile Foodbank Engagement Overview (Dec 2024 – Aug 2025)

Over the last nine months, the Connecting Communities, Community Development, Green & Blue Health, and Inclusion Health teams have undertaken 400 engagement activities. These break down as follows:

Direct foodbank-related engagements

Connecting Communities: 33 instances of direct support, including community conversations in Bridlington and Holderness, and follow-ups with providers like Christ Church Pantry and Driffield Foodbank.

- Community Development: 5 examples of hands-on support with food pantries, such as Easington and Hornsea, including volunteering promotion and partner collaboration.
- Inclusion Health: 2 instances, notably around community conversations in Goole and Beverley linking health inequalities and food access.
- Green & Blue Health: No direct foodbank contacts, but significant strategic networking relevant to food poverty.

Indirect engagement (c. 360):

- Strategic networking with health and VCSE partners through Green & Blue Health, embedding food insecurity issues into wider system discussions.
- Inclusion Health conversations that raised issues of poverty, access, and social prescribing links in areas like Goole and Anlaby.
- Wider Connecting Communities work to build capacity and link residents into local support, often adjacent to foodbank provision.

What this shows is that direct engagement has built strong operational relationships with foodbanks and pantries, while indirect engagement ensures food insecurity is recognised across broader health, wellbeing, and community agendas. Together, they create both depth and breadth of support.

6. National Trends in Food Poverty

National insights from Citizens Advice data show that foodbank referrals are not evenly spread across society but are concentrated among groups already experiencing significant social and economic risk factors:

Household Type

Single people in social housing are most likely to need foodbank support. Living alone often means fewer financial buffers, no second income, and greater vulnerability to sudden costs. Social housing tenants may also face higher exposure to poverty due to existing structural inequalities.

Income

The majority of foodbank users report earning less than £600 per month. Low income is the most direct driver of food poverty. Such levels leave little room for essentials beyond rent and utilities, pushing households into food insecurity quickly when faced with debt, bills, or emergencies.

Age

Adults aged 35–44 are the most frequent users, followed by those 45–54. These are often people in the “sandwich generation,” balancing childcare, work instability, and sometimes caring for older relatives. They may face unstable employment or be more likely to rely on insecure work.

Health

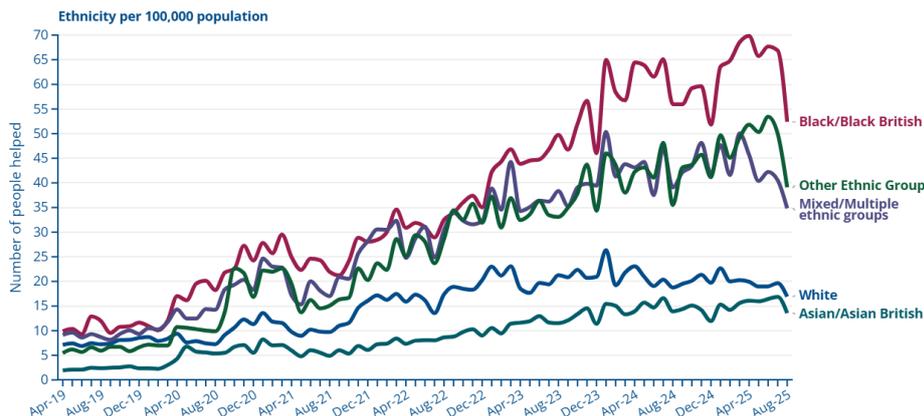
The majority of those referred have multiple impairments. Disability and long-term health conditions are strongly correlated with food poverty due to barriers to work, higher living costs (e.g., specialist diets, transport, heating needs), and reduced earning potential.

Ethnicity

Black British households are disproportionately referred to foodbanks, followed by other ethnic minority groups, while British Asians are least likely to be referred. Structural inequalities, discrimination in the labour and housing markets, and unequal access to services increase the vulnerability of some ethnic groups to poverty. Cultural and community support networks may explain variations between groups.

The number of people we're helping with food bank referrals each month

Ethnicity per 100,000 population



You can access this visualisation directly here. Part of the decrease in some months (e.g. December) is caused by fewer working days as a result of bank holidays. Note: Totals may vary across these charts as the same demographic information is not disclosed for all people we help. Data for England and Wales.



It is important to note that these figures reflect national Citizens Advice referrals of the people we know about, meaning the true number of people in need is likely to be significantly higher. Local demographics in the East Riding will differ, particularly in terms of ethnicity, where the population profile is less diverse than the national picture. The age demographic may also be different, as the East Riding has a significantly large ageing population. This underlines the importance of interpreting national trends within the local population context.

Just as the cost-of-living crisis affects people in different demographic groups differently, local populations face distinct challenges. For example, in East Riding, the top cause of debt is council tax arrears, directly impacting households' ability to manage basic living costs and increasing reliance on foodbanks.

7. Local Food Poverty Data: East Riding

In late 2020, council tax arrears in the East Riding exceeded £2 million, and approximately 42% of residents were living below the poverty line. Since 2020, these figures are likely to be significantly higher due to the ongoing cost of living crisis, increased rent, food, and fuel costs.

The East Riding Food Poverty Alliance (ERFPA) redistributed 29,169 food parcels, supporting approximately 3,766 adults across the East Riding. This figure was reported on 7 March 2025, illustrating the significant scale of local need.

The East Riding, at a county level, has overall similar or lower levels of deprivation compared with much of England, which suggests that food poverty is concentrated in pockets rather than spread evenly across the region.

8. Survey Findings and Insights (Sept 2025)

A short survey was completed by five foodbanks and pantries across the East Riding. The small number of responses means these results should be treated as indicative only, not a full picture of the sector.

Workforce & Organisation

- Provision ranges from no paid staff to 16 staff and 24 volunteers, but most rely heavily on unpaid volunteers. One foodbank reported 70 volunteers with only 2 part-time staff.
- Governance models vary (independent charities, church-based projects, grassroots groups), with different levels of resilience.

Development Needs & Barriers

- The most common development needs are volunteer recruitment & retention and fundraising/income diversification.
- Some also highlighted partnership working as a priority.
- Barriers include: lack of storage/freezer space, shortage of grants for core costs (especially rising fuel), sheer demand pressures, and the wish of some organisations to maintain independence.

Demand & Drivers

- Four of five reported increased demand (two significantly). None reported a decrease.
- Main driver: cost-of-living pressures (energy, rent, bills, food inflation) alongside low wages, insecure work, benefits delays/changes, homelessness, and disability/health issues.
- Beyond food, other pressing needs include: mental health support, debt advice, digital inclusion, housing advice, employment/training support, and tackling isolation.

Collaboration & Partnerships

- Most respondents (4 of 6) are open to working more closely with others, while one preferred independence and another felt they already had strong partnerships. Some already work with ERFPA and see value in partnerships with local businesses and supermarkets.
- Current or desired partnerships include: local businesses and supermarkets, Neighbourly, Age UK, Red Cross, Fit Mums, and support for emergency situations.

Demand is rising, driven by cost-of-living and wider socio-economic pressures. Foodbanks face mounting strain around volunteers, funding, and infrastructure. Needs extend well beyond food into health, debt, and isolation. While many welcome collaborations, some value independence or feel existing partnerships are sufficient.

9. Why Foodbank Provision Matters

Foodbanks and related services are essential to community wellbeing. They:

- Provide immediate relief from food insecurity and poverty.
- Act as referral points for wider services (debt advice, mental health, social prescribing).
- Reduce stress on families, improving resilience and wellbeing.
- Build community connections and reduce isolation.

They are also a critical part of the VCSE sector contribution to public health outcomes, directly linking to the Better Care Fund objectives by improving access to community-led support, strengthening VCSE capacity, and addressing population health needs.

10. Summary

The mapping and engagement exercises highlight both strengths and gaps:

- Strengths: strong ERFPA network, good coverage in East and North areas, diverse models emerging, and high levels of operational and strategic engagement.
- Gaps: West Area under-served, rural and coastal access limited, over-reliance on short opening hours.

11. Next Steps:

- Strengthen outreach and partnership work in the West and rural areas.
- Support independent providers to link into ERFPA and NHPs.
- Explore expansion of pantry/social supermarket models for sustainability.
- Share findings with NHP meetings to integrate foodbanks into wider community health strategies.