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Seminar report -

Exploring the health challenges and inequalities of the new food aid system: a half-day symposium on working with and within foodbanks

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Background

The escalating problem of UK food poverty is a significant contributing factor to health inequalities and has been described as a 'public health emergency' (1). Poverty forces people into dangerously poor diets that have been linked to a variety of health problems including malnutrition, obesity, and diabetes (2,3,4). The stark combination of falling incomes and rising living costs has resulted in ever more of those already living on restricted incomes turning to charities for food, with access to these services embedded in primary care via a referral system. That is, vouchers for food aid from food banks can be obtained from frontline care professionals. Those tasked with referring to food aid providers are required to engage with this process and act as food aid gatekeepers for their communities. The localised and sometimes chaotic ways in which potential clients, referring healthcare professionals and foodbanks intersect is poorly understood, which has health implications for the vulnerable populations that have come to rely on this system.

The seminar aimed to address this challenging set of relationships by exploring the perspectives of various stakeholders in the emerging food aid system and facilitating discussion with a social science and public health audience. The overall goal of the event was to help develop a public health research agenda around the food aid system by bringing together interested parties with a view to forming new networks and potential collaborations.

The presenters covered a range of topics including the drivers of rising food poverty, possible methods for measuring and estimating the extent of food poverty, the challenges faced by foodbanks, and the intricacies of the referral process. From these presentations, four key areas of critical focus emerged:

- Food aid as a growing and changing sector
- New responsibilities for healthcare professionals
- The need for a consistent and robust measure of food poverty
- Directions for further research

A growing and changing sector

Third sector emergency food provision is a rapidly growing sector and foodbanks are perhaps the most symbolic and easily recognisable form in which it is delivered. Austerity measures and policy shifts have impacted upon the structural determinants of health and food poverty and the growth in food aid has grown in parallel to the social security and austerity programme. Hannah Lambie-Mumford (5) pointed out, in her presentation, that this has had two major impacts on charitable emergency food provision.

Firstly, 'demand' for these services is increasing. Reduced entitlement to benefits, increased conditionality and evermore stringent social security administration mean that frontline service

providers are increasingly referring onto foodbanks to try and alleviate the growing gap between incomes and the cost of living for the most vulnerable. Secondly, the shape of the sector is changing and becoming more professionalised. Local welfare landscapes are now a complex and situated mix of state and third sector providers. Additionally, charities are offering more structured and innovative responses. These factors combined are serving to further embed food aid in local systems.

Gary Nash (6) pointed out that alongside the professionalization and embedding of food aid, rising 'demand' is also fuelling a growth in unofficial networks of food aid within local authority services and community settings. Anecdotal accounts of food being collected and redistributed in schools, children's centres and other unexpected sites was a key part of the discussion. As Hannah Lambie-Mumford stated (5), these developments have implications for social justice. A focus on crisis relief detracts attention from addressing and understanding the structural determinants of food insecurity.

New responsibilities for healthcare professionals

Jens Foell (7) explained that this establishment and professionalization of food aid serves to highlight the worsening plight of those on low incomes. From his perspective as a GP, he observed that in times of extreme need, vulnerable people are much more likely to seek out healthcare. Food poverty is part of a whole suite of stressors, including benefit sanctions, low pay, insecure work and housing problems, that bring people into contact with healthcare professionals when these difficulties begin to impact on their health and wellbeing. Even though individuals may present with a physical complaint, it is then up to the healthcare professional to try and probe and unpick constellations of social and personal stressors to see how they can help. Referring to foodbanks is just one way in which healthcare professionals can intervene. GPs especially are also assisting people by aiding appeals to benefit changes and validating 'inability to work' statuses. In this way, healthcare professionals are taking on new roles and responsibilities. They are becoming increasingly involved in the processes of social administration and third sector provision. However, this development is uneven and adhoc. It requires a good deal of effort, time and local information on the part of the healthcare professional. As a result, the relationship between food aid providers and referrers can be a difficult and fragile one. Gary Nash pointed out that fostering personal relationships with foodbank referrers is a key part of successfully running a foodbank. Finding new and trusted professionals who are willing to take the time to engage and refer is a constant challenge (5).

The need for a consistent and robust measure

Another pressing challenge highlighted by the speakers was the lack of a consistent and robust measure of UK food poverty. The paper presented by Dianna Smith outlined one option to address this lack of information (8). The Food Poverty Risk Index (FPRI) is an area-based estimate of population food poverty, drawing on qualitative research conducted by Professor Elizabeth Dowler

and colleagues to identify at-risk populations based on household structure. The FPRI uses two separate indicators to estimate risk based on data from the 2011 Census (household type) and quarterly datasets on counts of benefits claimants by local areas from the Department for Work and Pensions (DWP) (benefits claimants). The dataset is unique in that is able to be updated as more data is released from DWP, and the choice of how the benefits data is used can influence the result. For example, users can look at changes in the proportion of a population claiming benefits over time (currently 2008-2013), or focus on only the more recent data. Given the heavy influence of austerity related welfare reform identified by both Hannah Lambie-Mumford and Jens Foell (5,7) in their presentations, such a measure could help inform how we conceptualise the relationship between food poverty and welfare reform and the claims we can make about it.

Gary Nash reported that changes to benefits was a major issue for the community his foodbank serves, and he believes in to be a driving factor behind the sharp rise in referrals to the eatorheat foobank. In June 2013 the foodbank processed around 20 referrals a month. By June 2015 this had risen to 120 per month (6). This observation is validated by recent work showing the relationship between welfare reform and the growth of food banks in local areas (9); local authorities with greater welfare cuts or benefit sanctions were more likely to see a food bank open locally. However, the presence of a food bank is not the most robust indicator of food poverty. Analysis of locations of one franchise of food banks, Trussell Trust, from 2013 shows no correlation with a crude estimate of food poverty, the Index of Multiple Deprivation score for 2010.

Directions for further research

The presentations and discussions identified some interesting potential areas for future research. Some of the most pressing questions and topics that arose were:

- What happens to people after they are use food aid and receive their food parcel? Do people have to keep coming back? Anecdotally, we know that some people start as clients and return as volunteers. It would be interesting to follow this up.

- The role of healthcare professionals in this system is under researched and needs to be explored. Similarly, understanding the relationships and connections between food aid providers and referrers is key documenting how this system is growing and changing (the authors have secured some funding to look at these topics next year and would welcome any comments on this)

- Work needs to be done to conceptualise and measure the whole scale of experience for those navigating food poverty and the food aid system – from relatively mild and occasional to acute and chronic

- The role of the state as opposed to the role of charities in this emerging system poses important normative questions that need to be explored.

Food poverty is neither created nor solved by foodbanks, but looking more closely at how they operate and what they represent can serve as a barometer, and a means of generating knowledge around this phenomena.

The authors would like to thank all the presenters and attendees for their thoughtful contributions. We are pursuing a range of projects in this area and are very keen to continue to discussion if you would like to get in touch.

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