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Title: Rising food bank use in the UK: Sign of a new public health emergency?

Short title: Rising food bank use in the UK

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Abstract

The provision of food aid through food banks has recently expanded in the UK. By providing free bags of food to people experiencing financial shortfalls, food banks aim to prevent individuals and families from going without food. A growing body of research has sought to understand this type of provisioning, from what it indicates about social security in the UK, to what it indicates about the problem of food insecurity. Here, recent research on the characteristics of people receiving help from food banks is reviewed, highlighting that they serve the most financially vulnerable groups in the UK: people with disabilities, people receiving out-of-work benefits, and lone parents. The severity and chronicity of food insecurity observed in this population is a public health concern, as is evidence of high rates of poor mental health. Food banks have largely gone unevaluated for how well they do at meeting the needs of people using them, but focusing on building better food banks may also serve to further entrench voluntary and charitable food assistance as part of the social safety net in the UK. Given evidence that policy interventions such as pensions and income transfers reduce food insecurity, the importance of restoring strong social safety nets for reducing the need for food banks and food insecurity is discussed.

Keywords: food security, food banks, UK, social security, diet quality

Introduction

In a time where overweight and obesity and associated diseases are critical public health nutrition challenges, it is easy to overlook food insecurity - people experiencing not having enough food to eat. But with the rapid rise of food bank use in The Trussell Trust Foodbank Network in the UK, from just 61 000 instances of people receiving food in 2010/11 to over 1.18 million in 2016/17 (The Trussell Trust 2017), there has been growing attention on the problem of food insecurity and food bank use (Lambie-Mumford 2017). In response to these figures and concern about rising food prices in the face of stagnant wages, in a public letter to the Prime Minister published in *The Lancet*, the UK's Faculty of Public Health raised a warning about the number of people not having enough money to enable them to meet their nutritional needs (Ashton *et al.* 2014).

In light of the rapid rise of food bank use and concerns about the extent of food insecurity, this review draws from recent research to highlight what is currently known about food bank users in the UK and seeks to identify priorities for food insecurity, nutrition and health research going forward.

What are food banks in the UK?

Critical for interpreting the numbers of people receiving help from food banks, and their characteristics, is understanding of how food banks operate. In short, food banks are places where people can go to receive free groceries, usually just enough for a couple of days and that can be carried home. While the UK has a long history of different forms of food aid, such as soup kitchens and free meals offered to people in shelters, there is little evidence of food banks operating before the 2000s (Lambie-Mumford 2017). Even then, it was not until 2010 that food banks started rapidly expanding across the country (Lambie-Mumford 2013; Loopstra *et al.* 2015b). The type of provision is distinct from other forms of food aid, in that they offer individuals and households groceries to take home (supplementing basic necessities of daily living) as opposed to charitable meal programmes, which typically offer warm, prepared or takeaway meals for high-risk groups - primarily people who are homeless, living with mental illness, and/or substance addiction. Food banks tend to reach a wider population as they offer a grocery supplement (Power *et al.* 2017).

Headline figures on the number of food banks operating and numbers of people receiving food come from The Trussell Trust Foodbank Network. The Trust runs a social franchise, offering churches and Christian organisations membership into their network for a joining fee and a small annual fee. Membership provides access to their operational manual, central and regional support, coordinated food collection activities, funding, and their brand (The Trussell Trust 2016). The Trust started the Foodbank Network in 2004, and experienced slow growth until 2009. After this year, the number of food banks operating increased rapidly, from around only 50 in 2009 to 424 in 2015-16. A study of their geographical spread documented that they were operating in only 29 local authorities in 2009, but this had increased to 251 in 2013 (Loopstra *et al.* 2015b). More recently, The Trust has reported that they have over 1200 food distribution points - these are churches and centres that operate under one food bank catchment area (Butler 2017).

The Trussell Trust Foodbank model uses a referral system. Food banks provide local frontline agencies with referral vouchers, who in turn provide referrals to clients identified as being in

financial crisis. Referring agencies include Citizen's Advice Bureaux, Jobcentre Plus offices, GP offices, schools, housing associations, and social services, but vary across food banks. Once someone receives a referral, they can go to the food bank to receive food.

While some food banks may be able to receive donations of perishable foods from local food retailers, most distribute only non-perishable foods. Clients can choose between basic types of items (*e.g.* rice or pasta) but, in general, receive a pre-determined list of tinned vegetables, fruit, baked beans, meat, rice or pasta, soup, UHT milk, tea or coffee, and extra treat items, when available (Caplan 2016). As has been observed in food banks operating across high-income countries (Simmet *et al.* 2017), the reliance on donated and non-perishable foods means the quality and quantity of foods distributed are likely not sufficient to meet daily dietary requirements, and concerns have been raised about the nutritional quality of food distributed in food banks (Caplan 2016; Morris 2015). In response to this critique, food banks emphasise that they provide a source of emergency food, which is not intended to be relied upon in the long-term (Morris 2015; Caplan 2016). Standard practice within The Trussell Trust is to advise referral agencies to not refer an individual more than three times in 6 months, unless their financial crisis is expected to last for a longer period of time. This is because referring agencies are expected to be able to provide help to resolve the reason for food bank use. As reviewed below, recent evidence of severe and chronic food insecurity among food bank users, and of chronic reliance on food bank use, challenges these notions.

There are also many food banks that operate outside of The Trussell Trust's network in the UK (Butler 2017). Recently, the Independent Food Aid Network attempted to enumerate the number of organisations distributing food parcels and, based on web searches supplemented by phone calls to local agencies and snowball sampling, found that over 650 additional agencies were distributing food parcels on a weekly basis. Though data on how these independent food banks operate was not collected systematically, studies in other independent food banks have found some use a referral voucher system, while others do not (Caplan 2016).

How many people are receiving help from food banks in the UK?

Referral vouchers used by Trussell Trust food banks record how many people live in the household receiving the referral. This allows the numbers receiving help from food banks to be estimated, which rose from about 61 000 in 2010/11 to 1.18 million in 2016/17. These numbers do not identify individuals and therefore reflect the volume of demand by counting both the number of people and number of times people receive food (The Trussell Trust 2017). The volume of usage in independent food banks is not known.

A recent case study examining administrative data collected in one Trussell Trust food bank involved using identifying information to link food bank usage over time (Garratt 2017), thereby providing insight into how many individuals use food banks for one local area. The number of individuals who went to the food bank in 2015 was 2382, while the number of occasions food was distributed was 5662. In the period 2013-2015, over half of households received food parcels on just one occasion, 18% twice, 11% three times, and 16% four or more times. It was observed that frequent food bank use (*i.e.* four or more visits) rose significantly over 2013-2015, thus the rise in food bank usage over this period was partly explained by heightened repeat need of help among some individuals or households. On an

annual basis, the estimated number of unique people using this one food bank was about 1% of the population in the food bank's local catchment area (Garratt 2017).

From a public health perspective, studying prevalence of food bank use offers insight into often hidden health problems in the community, including experiences of food insecurity, poor dietary intakes and mental health issues, and the potential lack of access to resources to address these issues. Across high-income countries, an increase in numbers of people seeking help from food banks has often been an early warning of economic downturn and gaps in the social security system and, in the UK, the rapid expansion of food banks and their use has been linked to welfare reforms and austerity (Lambie-Mumford 2017; Loopstra *et al.* 2015b; Perry *et al.* 2014).

Food banks, in their current form - professionalised and networked into local services - are a new form of food assistance in communities, and this means that they could be reaching the long-term food insecure for the first time, who may have been unseen until recently. Thus, it is important to be clear about what food bank numbers represent. They cannot be used as a substitute for regular monitoring of prevalence of food insecurity (Loopstra & Tarasuk 2015), as the dynamics of how many people are served are, in part, a function of how available food banks are in communities and how people experiencing food insecurity are able, and choose, to use them. An analysis of operational characteristics of food banks in The Trussell Trust network has recently found that the number of hours they operated and the number of distribution centres giving out food were both associated with volume of food bank usage. These relationships interacted with indicators of need, suggesting that where food bank distribution centres are less available, there is lower use for a given level of need (Loopstra *et al.* Under review). Other factors, such as the use of referrals, religious affiliation, and poor transportation, may also limit access to food banks (Power *et al.* 2017; Williams *et al.* 2016).

Importantly, receiving food charity may not be tenable to people experiencing food insecurity. Qualitative studies within food banks in the UK documented feelings of shame about having to use food banks and stories of people resisting receiving this type of help until their circumstances were so desperate that they had no other choice (Garthwaite 2016; Perry *et al.* 2014; Purdam *et al.* 2016). Thus, as has been observed in other countries (Loopstra & Tarasuk 2012), many people experiencing food insecurity may be resistant to using food banks.

In Canada, where food banks are widely available, the number of people using food banks is only about one-fifth of the number of people who experience food insecurity (Loopstra & Tarasuk 2015). Data from the UK suggest this discrepancy is wider. A recent survey conducted by the Food Standards Agency of adults in England, Wales, and Northern Ireland found that 8% of adults were moderately or severely food insecure in 2016 (Bates *et al.* 2017). Roughly extrapolating these data based on population size, this is an estimated 3.9 million adults, whereas in The Trussell Trust the estimated number of adults receiving food would be in the range of 400 000.

Who is receiving help from food banks in the UK?

Given the rapid rise of food bank use, a key question is who are food banks serving? Early analyses of the patterns of usage across the country using aggregated area statistics highlighted that food bank usage was higher in areas with higher unemployment, higher

numbers of sanctions applied to benefit claimants (these stop benefit payments for a minimum of 4 weeks), and deeper reductions in spending on benefit entitlements through the early period of welfare reforms introduced in the UK under the Coalition Government from 2010 (Loopstra *et al.* 2015b). Referral reasons documented on The Trussell Trust referral vouchers also point to benefit problems being a key driver of food bank use (The Trussell Trust 2017), as does an early survey of people using Trussell Trust food banks in three areas (Perry *et al.* 2014). Although these studies suggest that people and households affected by welfare reforms might make up a large proportion of the population using food banks, they do not shed light into the longer-term circumstances and socio-demographic characteristics of people receiving help from food banks.

Qualitative studies provide some information on the characteristics of people using food banks. For example, in in-depth interviews with 40 people using food banks in the UK, Perry *et al.* (2014) captured the wider context in which benefit problems and financial crises occurred, learning that food bank users often had a long history of low incomes, ill health, bereavement, job loss and/or relationship breakdown. Garthwaite and colleagues (2015) conducted an ethnographic study of food banks in the North-East of England from November 2013 to March 2015. This study also included interviews with 42 men and women using food banks. All people interviewed were of working age, either with or without children, and most were not working. Ethnographic observations of the food bank and information shared in interviews suggested mental health problems affected many of the people receiving help. In some cases, interviewees described poor mental health as the cause of their job loss and in others, a cause of failing to meet conditions for benefit receipt (*e.g.* Claimant Commitment), resulting in a benefit sanction. Experiences of food insecurity seemed to further exacerbate mental health issues. The inability of incomes to cover basic food costs was evident from reports of going without food, having to seek out the cheapest foods and offers, not being able to afford meat, fruit or vegetables, and not being able to afford foods recommended for their health conditions (Garthwaite *et al.* 2015).

Motivated, in part, by a need to test the generalisability of findings from these qualitative studies, over October to December 2016, a survey of households receiving help from food banks in a clustered stratified sample of Trussell Trust food banks in nine regions across England, Wales, and Scotland was conducted (Loopstra & Lalor 2017). About 50% of food banks selected to participate did so, resulting in a sample of 18 food banks. A further six food banks and 185 participants took part in February-April 2017 but were not included in the first analysis of these survey data. Food bank volunteers were trained in research ethics and recruitment, and provided tablets so that questionnaires could be self-completed by clients, with data securely uploaded remotely. A total of 413 households took part in the survey, reflecting a recruitment rate of 71% of people eligible to participate. For full methodological details, see Lalor and Loopstra (2017).

Almost all respondents were working-age adults (Loopstra & Lalor 2017). The most common household type was single adults, followed by lone parents and their children. Compared to people living in low-income households in the UK, lone parents and their children were over-represented in food banks, whereas pensioners were under-represented. This may be because pensioners are less likely to be food insecure and have been protected from welfare reforms, but may also reflect resistance to using food banks or trouble accessing them in this particular demographic.

Almost 70% of households received out-of-work benefits, with disability benefits being most common. Compared to data on claimant characteristics in the UK, disability claimants deemed fit for work and Jobseeker's Allowance claimants were over-represented in food banks. About a third of the sample had no education qualifications and an additional third had only attained GCSE/O level qualifications. About 15% of respondents were not born in the UK, generally matching the population of the UK, and <5% were asylum seekers. A recent study of people using food banks in inner London reported similar socio-demographic and financial characteristics (Prayogo *et al.* 2017).

Importantly, in contrast to those who meal programmes have traditionally served (*e.g.* people sleeping rough), the food bank clients were predominantly living in rented accommodation - either social housing or private rental (Loopstra & Lalor 2017). Just over 6% were currently sleeping rough or staying in a night shelter, though an additional 7.5% were living in temporary homelessness accommodation provided by a council. These findings are generally consistent with the idea that, through food banks, food aid has expanded to reach a new demographic in the UK (Power *et al.* 2017).

Households in the sample were vulnerable financially and also with respect to health and nutrition. Household incomes in the past month were well below low-income thresholds for the UK (60% of median income) and 16% of households reported receiving no source of income in the past month (Loopstra & Lalor 2017). Many households had experienced an income shock in the past month, receiving less income than they had previously because of a change in their welfare entitlements or sanctions. Low incomes also meant that over 25% reported recent expenditure shocks related to rising food, housing and heating costs, which they were unable to buffer. About 38% of the sample was currently waiting on a payment or application for a benefit payment, underlining the lack of financial resiliency to periods without income. These findings are consistent with national survey data about households unable to make regular savings to buffer an unexpected expense or income shortfall (Lansley & Mack 2015).

Over 75% of respondents reported having a health condition and/or living with a household member who did (Loopstra & Lalor 2017). The most common conditions reported were depression and anxiety, or an unspecified mental health condition. Asthma and other respiratory conditions, back and neck pain, heart and circulation problems were also common. As a proportion of the total sample, 35% of households included someone with a mental health condition; however, data on health conditions were missing for about 20% of the sample, which means this is likely an underestimation. Due to the nature of the questionnaire, the study participants self-reported their conditions, which also means that undiagnosed/unknown health conditions would have gone unreported. In a new pilot study, mental health assessment tools to better capture risk of mental health conditions in this population are being trialed (Loopstra, unpublished data).

Food insecurity was also very prevalent in the sample (Loopstra & Lalor 2017); 78% of households were classed as severely food insecure, according to their responses on the USDA Adult Food Security Module (United States Department of Agriculture 2017). This means they answered affirmatively to questions querying whether they had skipped meals, gone without eating, lost weight, or gone whole days without eating, due to a lack of money for food. For most respondents, these types of experiences were recurrent, being reported to have

occurred most months during the past 12 months. Only about 17% of households in the sample reported that they had not experienced recurrent food insecurity issues in the past 12 months. The high prevalence of mental health conditions and severe food insecurity in this sample is consistent with findings from other countries, which have found a high degree of intersection between poor mental health and severe food insecurity (Muldoon *et al.* 2013; Tarasuk *et al.* 2013).

Studies of food bank use in other high-income countries have raised concerns that the availability of food banks in communities does not prevent people from experiencing hunger (Bazerghi *et al.* 2016). Similarly, Loopstra and Lalor (2017) observed, amongst households using food banks in the UK, that many people experienced severe forms of food insecurity for several months before they received help from a food bank for the first time, and many were chronically severely food insecure, even when using food banks on a regular basis. Evaluation of the ability of food banks in the UK to prevent and alleviate food insecurity is a priority area for future research, especially given how widespread their use is becoming.

While a detailed dietary assessment was out of the scope for the study by Loopstra and Lalor (2017), two questions assessed weekly frequency of fruit and vegetable consumption. About 32% of respondents reported no regular fruit consumption and this figure was 19% for vegetables. Only about 10% of the sample reported eating fruit and vegetables every day. While these data come as no surprise, given the consistent evidence for relationships between food insecurity and poor nutritional intakes (Kirkpatrick & Tarasuk 2008; Tarasuk *et al.* 2007; Nelson *et al.* 2007), they highlight the potential nutritional vulnerability of this population. Though fruit and vegetable consumption is too low across the UK in general, and especially in the lowest income groups (Maguire & Monsivais 2015), people using food banks are likely to be at the most extreme end of this distribution.

The significance of food banks for public health and nutrition in the UK

From a public health perspective, there are several reasons to be concerned about the rapid rise in numbers of people receiving help from food banks in the UK. People using food banks reflect groups who have been identified as most vulnerable to deep poverty, namely lone parents and their children, people with disabilities, and people out-of-work. These groups have seen their benefit entitlements reduced in recent years, in concert with reductions in spending on local services by local authorities (Loopstra & Lalor 2017). Taken together with other studies of destitution (Fitzpatrick *et al.* 2016) and studies following people going through welfare reforms (Dwyer *et al.* 2016; Patrick 2014), there is real concern that the social security system in the UK is not sufficient for low income households to meet their basic food needs (Padley & Hirsch 2017).

Food bank use is also often a sign of a much more widespread problem of food insecurity in the population. As described, a recent UK household survey suggests that 8% of adults are moderately or severely food insecure. An additional 13% are classed as marginally food insecure (Bates *et al.* 2017). Regular nationwide monitoring of household food insecurity, as done in the US (Coleman-Jensen *et al.* 2017) and Canada (Tarasuk *et al.* 2016), does not take place in the UK, but this is urgently needed to identify risk factors for food insecurity in the population. Incorporating food insecurity modules into regular UK government surveys (*e.g.* *Health Survey for England*, *National Diet and Nutrition Survey*) would also enable identification of health and nutrition outcomes associated with food insecurity in the UK.

This was last done in the 2003-2005 *Low Income Diet and Nutrition Survey* (Nelson *et al.* 2007), but has not been repeated since.

Since food banks are now established frontline services for vulnerable people in the UK, there is also need for scrutiny. As highlighted, evidence suggests that nutritional inadequacies are probable in this population and that many people go without sufficient food on a chronic basis (Loopstra & Lalor 2017; Prayogo *et al.* 2017). Based on their income and education characteristics, people receiving help from food banks are at the lowest end of the socio-economic gradient. Although detailed data are needed to better understand the specific nutritional shortfalls in people using food banks, based on current understanding of socio-economic gradients in nutritional intakes in the UK, they are likely at risk of inadequate intakes of iron (women), folate, and calcium, and low fruit and vegetable and fibre intakes (Public Health England 2014). Given the likely nutritional vulnerability of this population, food banks should be able to provide food in sufficient quantity, quality and variety to meet dietary recommendations. Studies of the quality and quantity of food distributed by food banks in the UK are lacking, but reports from other high income countries have raised concerns in this area (Bazerghi *et al.* 2016; Simmet *et al.* 2017). As many households receive food from food banks on a regular basis and are chronically food insecure (Garratt 2017; Loopstra & Lalor 2017), it should be acknowledged that food banks are no longer just an emergency source of food and have become a regular supplement for some people experiencing severe food insecurity.

Research on UK food banks and the people receiving help from them suggests a significant shift toward deeper poverty and food insecurity among the most financially vulnerable groups in the UK: people with disabilities, people receiving out-of-work benefits, and lone parents. The severity and chronicity of food insecurity observed in this population is a concern for malnutrition and poor diet quality, which may be compounded by poor mental health, and/or lead to further declines in physical and mental health. The absence of evaluation of how well food banks meet the needs of people using them is concerning, but the focus should be on long-term solutions to food insecurity and improving food banks may inadvertently serve to further entrench voluntary and charitable food assistance as part of the social safety net in the UK. Given a growing body of evidence showing income transfers and social protection as critical in reducing food insecurity (Ionescu-Ittu *et al.* 2015; Li *et al.* 2016; Loopstra *et al.* 2015a; Loopstra *et al.* 2016; McIntyre *et al.* 2016; Schmidt *et al.* 2016), government decisions to reverse reductions in benefit entitlements, end short-term income shocks, such as benefits sanctions and delays in benefit receipt, and lift the freeze on benefits, would likely go a long way to reduce the need for food banks in the UK and improve the diets of the most financially vulnerable groups in society.

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