

Food poverty, welfare reform and health inequalities

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Introduction

Emergency food banks have become an increasingly prominent and controversial feature of austerity in the UK. Food poverty and insecurity has reached epidemic proportions with an estimated 4.7 million people in the UK now living in food poverty. This has led to warnings over food poverty as becoming 'the next public health emergency'. Food banks are filling the void created by austerity and welfare cuts where many people are now only 'one bill away from hunger'.

Food banks

In 2013, almost a million people in the UK received emergency food from a Trussell Trust food bank (Trussell Trust, 2014). The Trussell Trust is a large, national, Christian food bank franchise in the UK. It operates a voucher system for those seeking emergency food provisions. Vouchers are provided by referring care agencies such as General Practitioners (GPs) or social workers. Food bank users bring their 'red voucher' to a food bank where it can be redeemed for three days, emergency food provision, up to three times within one period of crisis (deemed by Trussell Trust to be a period of six months). The food parcel contains 'a minimum of three days, nutritionally balanced, non-perishable food' such as cereal, tinned soup, tinned vegetables, pasta sauce, long life milk, tea or coffee, pasta, rice, juice, and other basic staple items.

In the UK, there are currently 423 Trussell Trust food banks. In its most recent press release in April 2014, the Trust say that there has been an incredible 263% increase in people using food banks over the past year, from 346,922 people in 2012-13 to 913,138 people in 2013/14. This equates to over 20 million meals provided for people in food poverty. Increases in food bank use were even higher in more deprived areas such as the North East of England where food

parcel receipt in 2013/14 was a staggering five times the 2012/13 level. Data from the Trussell Trust (2014) indicate that the main reasons why people are referred to food banks are a result of benefit delays, sanctions, and financial difficulties relating to the bedroom tax and abolition of council tax relief, highlighting the central role of welfare reform in growing food bank use.

Welfare reform v lifestyle choice

Food banks have proved to be politically controversial. There have been suggestions by Conservative MPs and commentators that food bank use is rising as there is a greater availability of food banks – however, the data does not support this, with the Trust reporting that despite the 263% rise in food bank use between 2012/13 and 2013/14, there has only been a 46% increase in food bank creation (Trussell Trust, 2014). The increase in food bank use also correlates strongly with increases in hospital admissions for malnutrition (Taylor Robinson et al., 2013). Initially the Coalition government appeared relaxed, even encouraging, about the growth of the food bank network. In 2012, David Cameron suggested food banks were 'part of what I call the Big Society' (UK Government House of Commons Hansard, 2012). This appeared to change when the Trussell Trust began to cite welfare reform as a key factor in rising food bank use. As a response, Work and Pensions Secretary Iain Duncan Smith accused the Trussell Trust of publicity-seeking and 'scaremongering'. Duncan Smith, having refused to meet the leaders of the Trussell Trust, denied claims that the controversial benefit reforms imposed by the Coalition government were responsible for the soaring number of people who rely weekly on emergency food delivered by food banks.

Yet the government has struggled to explain why food bank use has risen, and continue to dismiss the links between welfare reform and

food bank use. The recent report from the All-Party Parliamentary Group (APPG) warns that many poor families are 'one bill away from hunger' (APPG, 2014: 10), and urges the government to ensure faster payment of benefits, to revisit the harsh sanctions regime, and to implement a living wage to tackle food bank use. The report asks: 'do we blame those who have little or nothing or do we find ways to help them?' (APPG, 2014: 6). This question relates to how the lifestyle choices of food bank users have frequently been called into question by the government, harking back to the now all too familiar 'shirker and scrounger' rhetoric so tirelessly used when discussing benefits recipients. Education secretary Michael Gove suggested that food bank users were themselves to blame, guilty of making decisions that showed they were 'not best able to manage their finances', while Lord Freud, Conservative minister for welfare reform, said food banks were 'a free good, and by definition there is an almost infinite demand for a free good'. Using social media as a platform, West Oxfordshire Conservative Future chairman Liam Walker said on Twitter: 'I have seen some 'food bank users' in the pubs of Witney ... priorities.' Conservative councillor Julia Lepoidevin labelled some food bank users as 'selfish', suggesting they 'make a conscious decision not to pay their rent, their utilities or to provide food for their children because they choose alcohol, drugs and their own selfish needs?'

Similar arguments were put forward about food poverty, soup kitchens and malnutrition by the 1930s Coalition government during the Great Depression (M'Gonigle, 1936). It is itself depressing that the idea that food banks are a crutch for those squandering their money on non-food luxuries such as alcohol, cigarettes and other poor lifestyle choices still lingers within government rhetoric around food bank use today. However, empirical evidence from the front-line and from academic research shows a strong and convincing consensus – that it is *need*, not lifestyle *choice*, that is driving food bank use as food poverty continues to increase in the UK. People are using food banks following problems with benefit sanctions, chronic ill health (especially mental health), poor housing, low waged, inse-

cure work, fuel poverty, and job loss, highlighting the stark inequality present in the UK.

Food poverty and health inequality

Health inequalities in the UK persist despite various attempts at tackling them. Data from Office for National Statistics (ONS) in March 2014 show males in the most advantaged areas can expect to live 19.3 years longer in 'good' health than those in the least advantaged areas. For females this was 20.1 years. The most deprived households in the UK spent almost a quarter of their income (23.8%) on food in 2012 compared with an annual spend of around 4% by the most affluent households (Centre for Economic and Business Research, 2013). Healthy eating costs three times as much as junk food – in 2012, the average price for 1,000 calories of healthy food was £7.49, whilst the same amount of unhealthy food was just £2.50 (Jones et al., 2014). The rising inflation of food, fuel and living costs – much higher in the UK than in other parts of Europe – has therefore translated into people cutting back on fresh fruit and vegetables and instead buying cheap, sweet, fatty, salty, processed foods, leading to people living in poverty often having worse diets and contributing to the rising rates of obesity, diabetes, and other dietary-related diseases, thus worsening pre-existing inequalities.

Poverty leading to inadequate nutrition is one of the oldest and most serious global health problems. Dangerously poor diets are leading to the shocking return of rickets and gout – diseases of the Victorian age that affect bones and joints – according to the UK Faculty of Public Health. One in six family doctors has been asked to refer a patient to a food bank in the past year, with GPs reporting that benefits delays are leaving people without money for food for lengthy periods of time. There are even rare reported cases of people visiting their GP with 'sicknesses caused by not eating'. This dismal situation has been described as a 'public health emergency' by academics and evidence from GP surgeries is matched by hospital diagnoses of malnutrition, which have nearly doubled in the past five years (Taylor-Robinson et al., 2013).

Conclusions

There is a distinct danger that the normalisation of charitable food banks as an everyday response to austerity can mean there is scant motivation for policymakers to seek alternatives – such as developing a welfare state that actually combats ‘want’ which is one of Beveridge’s famous five ‘Giant Evils’ in his 1942 report. We agree that ‘we should not allow food poverty in the UK to be the next public health emergency’. Food banks should not become an acceptable alternative to a proper social security system. Whilst food bank provision can provide short term relief in terms of alleviating hunger, for people experiencing complex and often long-term factors for accessing a food bank, this support is not enough.

Food bank provision can be unsuitable even in the short term for people with certain health conditions. This relates to the supply-driven nature of food banking in terms of what kind of, and how much food, people can and cannot obtain. Insofar as food banks give the illusion of effectively responding to hunger, they unwittingly facilitate the further erosion of the social right to state support for those at the sharp end of austerity, leading to a cycle of increased poverty, income inequality and a continued need for charitable emergency food provision.

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