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Food for thought: An ethnographic study of negotiating ill health and food insecurity in a UK foodbank

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ABSTRACT

Emergency foodbanks have become an increasingly prominent and controversial feature of austerity in Europe and the USA. In the UK, foodbanks have been called a 'public health emergency'. Despite this, there has been no UK research examining the health of foodbank users. Through an ethnographic study, this paper is the first to explore the health and health perceptions of foodbank users via a case study of Stockton-on-Tees in the North East of England, UK during a period of welfare reform and austerity. Participant observation, field notes and interviews with foodbank users and volunteers were conducted over a seventeen month period (November 2013 to March 2015) inside a Trussell Trust foodbank. Foodbank users were almost exclusively of working age, both men and women, with and without dependent children. All were on very low incomes – from welfare benefits or insecure, poorly paid employment. Many had pre-existing health problems which were exacerbated by their poverty and food insecurity. The latter meant although foodbank users were well aware of the importance and constitution of a healthy diet, they were usually unable to achieve this for financial reasons – constantly having to negotiate their food insecurity. More typically they had to access poor quality, readily available, filling, processed foods. Foodbank users are facing the everyday reality of health inequalities at a time of ongoing austerity in the UK.

1. Introduction

Emergency food banking has become an increasingly prominent – and politically controversial – feature of austerity measures in the UK as well as internationally in Europe and the USA. In the USA and Canada there are lengthy histories of charitable emergency food provision and a range of research literature around its origins, development and effectiveness (Poppendieck, 1998; Riches, 2002; Tarasuk, 2001). Some countries reacted to the financial crisis of 2008 by implementing austerity measures – reducing budget deficits in economic downturns by decreasing public expenditure and/or increasing taxes. In the UK, as with some other European countries, this has led to large scale cuts to central and local government budgets, freezes to healthcare funding and service privatisation as well as cuts in welfare services (such as social care) and benefits (including tighter eligibility criteria and caps to the duration and value of claims). Unemployment rates have also increased since the crisis, wages and welfare benefits have fallen substantially in relation to prices, and poverty rates – including food poverty – have increased rapidly.

Food poverty – the inability to acquire or eat an adequate quality or sufficient quantity of food in socially acceptable ways, or the uncertainty of being able to do so (Dowler and O'Connor, 2012) – has reached epidemic proportions with an estimated 4.7 million people in the UK now living in food poverty (defined as spending ten per cent or more of their household income on food) (Centre for Economic and Business Research, 2013). The most deprived households in the UK spent almost a quarter of their income (23.8 per cent) on food in 2012 compared with an annual spend of around four per cent by the most affluent households. Cooper and Dumpleton (2013) estimated that at least 500,000 people in the UK are now food-insecure (defined as the lack of economic and physical access to sufficient, acceptable food for a healthy life Department for Environment, Food & Rural Affairs [Defra], 2014; Dowler et al., 2001). Further, there was a 19% increase in people hospitalised in England and Wales for malnutrition in 2013 (UK

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Faculty of Public Health, 2014). UK food prices have risen by twelve percent in real terms since 2007 (Defra, 2013: 8). Taylor-Robinson et al. (2013: 1) maintain that '*access to an adequate food supply is the most basic of human needs and rights*', and they conclude by arguing that '*We should not allow food poverty in the UK to be the next public health emergency*' (ibid). Together with high fuel prices, rising inflation of food (Defra, 2013), fuel and living costs (Davis et al., 2014) has translated into families cutting back on fresh fruit and vegetables and buying cheap, sweet, fatty, salty, or processed foods that require little cooking (Ashton et al., 2014) leading to people living in poverty often having worse diets and contributing to the rising rates of obesity, diabetes, and other dietary-related diseases. Figures from Defra (2006: v) also indicate a widening consumption gap between rich and poor. In 2001/2, there was little difference, with the richest 10th consuming a total of 2420 calories daily, about 4 per cent more than the poorest. In 2013, the richest group consumed 2294 calories, about 15 per cent more than the poorest. People in the lowest income decile spent 22 per cent more on food in 2013 than in 2007 but received 6.7 per cent less.

In this context, emergency foodbanks have emerged in the UK, across Europe and the USA as a reaction by the charitable sector to rising food insecurity amongst individuals and families. The Trussell Trust is a large, national, Christian foodbank franchise in the UK which 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. Foodbank users bring their 'red voucher' to a foodbank centre where it can be redeemed for three days emergency food provision, up to three consecutive times within a period of crisis. The food parcel contains 'a minimum of three days nutritionally balanced, non-perishable food' (Trussell Trust, 2014a) such as cereal, tinned soup, tinned vegetables, pasta sauce, long life milk, tea or coffee, pasta, rice, juice, and other basic staple items. In 2013, almost a million people in the UK received emergency food from a Trussell Trust foodbank, a three-fold increase on 2012. In the North East of England, food parcel receipt in 2013 was five times the 2012 level (Trussell Trust, 2014b). Whilst the Trussell Trust are the only national network currently in operation, it is difficult to quantify the number of food banks in existence as there are many organisations and independent groups running local food banks in the UK.

The lifestyle choices of foodbank users have been called into question by the government and the mass media (UK Government House of Commons Hansard, 2013), reinforcing the neoliberal narrative of 'deserving' and 'undeserving' poor which is often associated with benefits recipients (Garthwaite, 2011; Shildrick et al., 2012). Hansen et al. (2013) draw attention to the historical nature of these cycles of blame and stigma surrounding the 'undeserving poor' in which the 16th century spectre of the "unworthy poor" is resurrected and reinforced by such neoliberal ideologies. In a UK context, Wells and Caraher (2014) highlight media stories of food bank users making use of a system where no real need exists; instead, the 'undeserving poor' are seeking out bargains so they can spend their money on luxury items such as alcohol, cigarettes and large televisions. Despite assertions relating to the lifestyle choice of people accessing foodbanks, the empirical evidence shows that it is need driving use as food poverty is increasing in the UK (Taylor-Robinson et al., 2013). In their study of foodbanks, Dowler and Lambie-Mumford (2014) identified two key sets of triggers for food aid uptake – people with precarious housing circumstances, and people experiencing financial difficulty as a result of changes to their social security benefits, which involved either their experiencing a complete absence of income (because of sanctions or errors), or a sudden increase in outgoings as a result of changes to housing and/or council tax benefit. They note that: *"rising costs of living, not least in increased food and fuel prices, and static or falling incomes from wages and/or social security have meant that for more and more households stark food insecurity is becoming the norm, however skilfully people budget, shop and prepare food"* (Dowler and Lambie-Mumford, 2014: 17). Such food insecurity is not a public health crisis facing the UK alone. There is evidence to suggest that the general growth trends in the UK, particularly in relation to the Trussell Trust foodbank network and amount of food redistributed, are being experienced elsewhere in Europe. Similar to the UK, foodbanks have become much more common across continental Europe since the crisis that began in 2008, and especially since austerity began to take effect from late 2010. The foodbank model operated by the Trussell Trust is distinct from soup kitchens and food redistribution that can be found in countries such as Canada, USA and elsewhere in Europe. In Spain, for instance, food banks can operate on the warehouse model, supplying a network of surrounding soup kitchens and other food relief agencies. In Germany increasing numbers of people have been seen accessing food aid (Tinnemann et al., 2012). This is supported by evidence from Pfeiffer et al. (2011) who point to existing circumstantial evidence of the increase of food banks in Germany, and go on to explore the range of mechanisms German households employ to manage experiences of food insecurity (including reducing the quantity or quality of food purchased and eaten, food bank use and turning to friends and family).

Despite the escalating research interest in emergency food provision in the UK and elsewhere (e.g. Dowler and Lambie-Mumford, 2014; Lambie-Mumford et al., 2014; Lambie-Mumford, 2013; Tarasuk et al., 2014), as well as the ill health effects of austerity (Stuckler and Basu, 2013), the relationships between foodbank use, health and austerity remain relatively unexplored. This paper is the first to examine the relationship between ill health and food insecurity among foodbank users in the UK in detail by drawing on data from an ethnographic study of health inequalities and austerity in Stockton-on-Tees, North East England. It focuses specifically on the mental health of people who accessed the foodbank, how people using the foodbank experience ill health and food insecurity, and the costs and constitution of negotiating a healthy diet on a severely limited budget.

2. Methods

2.1. Study context

The research reported here is situated within a wider five year, mixed method project examining localised health inequalities in an era of austerity in the town of Stockton-on-Tees, North East England. As part of the 'urban ethnography' section of the project, this paper focuses specifically on the collection and analysis of observational and interview data on the operation of a Trussell Trust foodbank. The foodbank operates out of an Evangelical church in the Town Centre and was chosen for the high levels of deprivation in the surrounding area. To date, since the foodbank opened in June 2013 to December 2014, there have been 2324 food parcels distributed.

Originally, Stockton-on-Tees was a market borough serving a largely rural and agricultural population. In the nineteenth century, the shipping and railway industries developed alongside manufacturing and engineering and, to a lesser extent, the chemical industry and iron and steel production. Throughout the 20th century, the borough experienced cyclical economic upheaval and since the 1970s, large-scale deindustrialisation has radically reshaped the character of the area (Beynon et al., 1994). The shift to a post-industrial service economy in this area has only been partially successful as whilst most current employment is in the service sector, this is accompanied by above average levels of long-