

Austerity, sanctions, and the rise of food banks in the UK

Doctors are witnessing increasing numbers of patients seeking referrals to food banks in the United Kingdom. **Rachel Loopstra and colleagues** ask, is this due to supply or demand?

In the spring of 2014 the Trussell Trust, a non-governmental organisation that coordinates food banks in the United Kingdom, reported that it had distributed emergency food parcels to 913 138 children and adults across the UK in the previous year—seven times more than in 2011-12.¹ In 2009-10 Trussell Trust food banks were operating in 29 local authorities across the UK; by 2013-14, the number had jumped to 251 (fig 1). Although soup kitchens have long operated in the UK,² this rapid spread of food banks is a new phenomenon, raising concerns from the UK's Faculty of Public Health that "the welfare system is increasingly failing to provide a robust last line of defence against hunger."³ General practitioners have also raised concerns about patients seeking referrals to food banks.⁴ One recent survey of 522 GPs found that 16% had been asked for such referrals.⁵

What has caused the sudden rise in food banks is a topic of considerable debate.⁶ Some commentators argue that it has little to do with food insecurity but results from food charities expanding their operations.⁷ They argue that people are taking advantage of food made freely available.⁸ By contrast, UK food charities claim that they provide emergency food aid in response to economic hardship and food insecurity.⁹ ¹⁰ A joint report

from the Trussell Trust, the Church of England, and the charities Oxfam and Child Poverty Action Group found that food bank users were more likely to live in rented accommodation, be single adults or lone parents, be unemployed, and have experienced a "sanction," where their unemployment benefits were cut for at least one month.¹¹

These contrasting views, alongside a review from the Department for Environment, Food, and Rural Affairs that voiced concerns about food insecurity,² prompted the establishment of the All Party Parliamentary Inquiry into Hunger and Food Poverty.¹² Its final report, released in December 2014, highlighted the lack of conceptual clarity on what food insecurity is and called for the development of a systematic monitoring system.¹³ ¹⁴ It also echoed concerns that economic hardship, austerity measures, and

government sanctions could underlie the rise in emergency food aid. However, the inquiry's final report drew heavily on submissions from food charities, predominantly consisting of anecdotal evidence, some of which had been previously critiqued as self selected data¹⁵ and unrepresentative of the UK population.¹¹ These food charities may also have potential competing interests to raise funds and expand operations.

We ask whether the rise in emergency food assistance is linked to economic hardship, austerity measures, and sanctioning or whether it is a result of food charities creating their own demand. To test these competing hypotheses we created a new dataset that links information on the Trussell Trust's food bank operations to budgetary and socioeconomic data from 375 UK local authorities from 2006-07 to 2013-14.

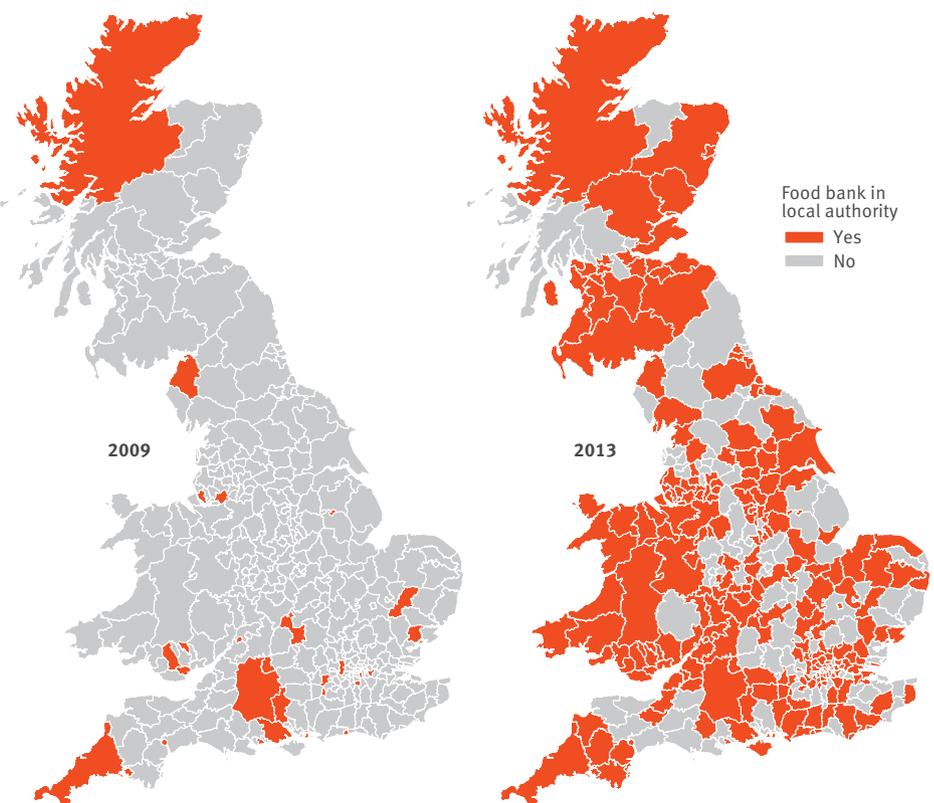
KEY MESSAGES

Expansion of food banks across the United Kingdom is unprecedented—the number of local authorities with food banks operated by the Trussell Trust has risen from 29 in 2009-10 to 251 in 2013-14

This rise is associated with cuts to local authority spending and central welfare spending

Highest levels of food bank use have occurred where there have been the highest rates of sanctioning, unemployment, and cuts in central welfare spending

There is a need for strategic approach to address food insecurity in the UK, which should include monitoring and addressing the root social and economic drivers of this problem



Trussell Trust food banks in local authorities in England, Scotland, and Wales in 2009 and 2013. Source: The Trussell Trust.

Table 1 | Determinants of first Trussell Trust food bank opening after 2009 in 346 local authorities (1071 local authority years)

Socioeconomic factors	Odds ratio for food bank opening	95% CI
Each one percentage point higher unemployment rate		
One year prior	1.08*	1.02 to 1.14
Each 1% cut in central government welfare spending		
One year prior	1.16	0.95 to 1.41
Two years prior	1.59†	1.25 to 2.03
Each 1% cut in local authority welfare spending in the prior year		
One year prior	1.07†	1.03 to 1.11
Two years prior	1.06*	1.02 to 1.11
Each one percentage point higher rate of adverse sanction decisions per claimant		
One year prior	1.08	0.95 to 1.22
Each £1000 higher gross value added per capita		
Current year	1.02	0.74 to 1.39
One year prior	0.99	0.73 to 1.36
Each one percentage point higher rate of Christian population		
2011 census year	1.00	0.98 to 1.02

95% confidence intervals based on standard errors clustered by local authority to reflect non-independence of sample units. Authorities were censored for years after first food bank initiated.

*P<0.01, †P<0.001

The Trussell Trust does not represent the total of charitable food provisioning in the UK, but it is the largest supplier.¹³ Although the trust's surveys on reasons for food bank use have considerable limitations, its data on food parcel distribution have been collected from all member food banks since 2006, making it, to our knowledge, the only data source that can represent and track the state of UK charitable food aid over time. We evaluate where food banks are opening and why emergency food distribution is rising.

Where are food banks opening?

The Trussell Trust operates on a "bottom-up" basis, whereby local Christian churches and community groups apply to the trust to open a

More food banks are opening in areas experiencing greater cuts in spending on local services and central welfare benefits and higher unemployment rates

food bank and then make a one-off donation for the purchase of the franchise and commit to nominal annual donations.¹⁶

We chose 2009 as the base year for our analysis, as the opening of new Trussell Trust food banks began to take off in this year, with 29 local authorities having food banks. From 2010 to 2013 food banks opened in 222 local authorities, leaving 124 local authorities without food banks.

First we tested whether the authorities in which food banks opened between 2010 and 2013 had greater economic hardship (unemployment rates),¹⁷ austerity measures (including both central and local government welfare cuts),¹⁸⁻²¹ or sanctioning rates²² than those in which food banks did not open. We used lagged logistic regression models, as it would take time for a food bank to open in response to a local population's economic difficulties. All models were adjusted for the proportion of people identifying as Christian,^{23 24} as Trussell Trust food banks are only initiated by Christian churches. The data supplements on thebmj.com provide the descriptive statistics and details of the statistical models and variables used in the analysis.

Food banks were more likely to open in local authorities with higher unemployment rates (table 1). A percentage point increase in unemployment increased the likelihood of a food bank opening in the subsequent year by 1.08-fold (odds ratio 1.08, 95% confidence interval 1.02 to 1.14). By contrast, the overall level of economic activity and share of the population reporting Christian faith were not associated with food banks opening.

Greater welfare cuts increased the likelihood of a food bank opening. Each 1% cut in

central government spending on welfare benefits in a local authority increased the odds of a food bank opening within two years by 1.6-fold (95% CI 1.25 to 2.03). Similar magnitude cuts in local authority spending increased odds of opening in the next year by 1.07-fold (95% CI 1.03 to 1.11) and by a further 1.06-fold in the year after that (95% CI 1.02 to 1.11). To put the magnitude of these associations in perspective, the estimated likelihood of a food bank opening in an area that did not experience a spending cut in either of the past two years was 14.5% (95% CI 12.3% to 17.4%). This figure tripled to 52.0% for a local authority that experienced a mean budget cut of 3% in welfare spending in both years (95% CI 32.6% to 72.1%).

Why are food banks distributing more food?

Next we evaluated why food banks are providing more food. To access a Trussell Trust food bank people must obtain a referral voucher from a frontline care professional who is a "voucher holder." Each food bank establishes its own links with potential voucher holders, which can vary but typically include doctors, health visitors, social workers, Citizen's Advice Bureau workers, and police, who are asked to identify people in crisis and issue vouchers where appropriate.²⁵ People take their voucher to a food bank during opening hours and are provided with a parcel intended to contain enough food for the household to last three days.²⁶

Between 2010 and 2013 the rate of food parcel distribution tripled, from about 0.6 to 2.2 per 100 population (Web Appendix A: table A1 in data supplement on thebmj.com). There was stark variation across local areas, ranging from <0.1 food parcels per 100 population in Torbay, Lichfield, and Wychavon to as high as eight parcels per 100 population in Eastbourne and Newcastle upon Tyne.

The increase in the number of people fed by the Trussell Trust has been attributed to greater availability of food banks within communities rather than an increased demand for food from food insecurity.⁸ To account for this possibility, we compared food parcel distribution between 2010 and 2013 in 251 local authorities with operating food banks using linear regression models. We adjusted for an authority's capacity to provide food by accounting for the number of banks and years of food bank operation.

We found that significantly more people were using food banks in local authorities that had

Table 2 | Determinants of food parcel distribution in 2010-13 in 251 local authorities with operating food banks (575 local authority years)

	Percentage point change in food bank use per capita	95% CI
Food bank characteristics		
Each additional year of food bank operating in local authority	0.38‡	0.29 to 0.48
Each additional food bank operating in the local authority per 100 000 persons	0.66‡	0.37 to 0.94
Socioeconomic factors		
Each one percentage point higher rate of adverse sanction decisions per claimant	0.09*	0.01 to 0.17
Each one percentage point higher unemployment rate	0.06†	0.02 to 0.09
Each one percentage point cut in central government welfare spending	0.16‡	0.10 to 0.22
Each one percentage point cut in local authority welfare spending	-0.021	-0.05 to 0.01
Each £1000 higher gross value added per capita	-0.01	-0.01 to 0.002
Each one percentage point higher rate of Christian population	0.01	-0.003 to 0.03

Confidence intervals based on standard errors clustered by local authority to reflect non-independence of sample units.

*P<0.05, †P<0.01, ‡P<0.001.

Future research is needed to investigate other factors that may influence emergency food aid, including rising food prices, energy costs and other costs of living, as well as further characteristics of food bank operations, such as operating hours

greater numbers of food banks and in those that had food banks which had been operating for longer periods of time (table 2). One possible explanation is that it takes time for food banks to build relationships with the local care professionals who provide referrals.

Importantly, when controlling for the association with the capacity of food banks to provide food we still observed that greater central government welfare cuts, sanctioning, and unemployment rates were significantly associated with higher rates of food parcel distribution. Each 1% cut in spending on central welfare benefits was associated with a 0.16 percentage point rise in food parcel distribution (95% CI 0.10 to 0.22). Similarly, each 1% increase in the rate of benefit sanctions was associated with a significant increase of 0.09 percentage points (95% CI 0.01 to 0.17) in the prevalence of food parcel distribution. In some of the most deprived areas, such as Derby, where sanction rates rose to 13% of benefit claimants in 2013, this equates to a substantial rise in food parcel distribution, to an additional one parcel for every 100 persons living in the area.

Implications of rising food bank use

More food banks are opening in areas experiencing greater cuts in spending on local services and central welfare benefits and higher unemployment rates. The rise in food bank use is also concentrated in communities where

more people are experiencing benefit sanctions. Food parcel distribution is higher in areas where food banks are more common and better established, but our data also show that the local authorities with greater rates of sanctions and austerity are experiencing greater rates of people seeking emergency food assistance.

Utilisation data, such as the number of parcels distributed, are an imperfect measure of need.²⁷ Food bank referrals are not always easy to obtain and, even now, provision is patchy. Our data also exclude families unwilling to use these food banks or those using food banks run by other agencies.¹⁰ Although Trussell Trust food banks constitute over half of food banks in the UK, total food bank usage is not consistently monitored.¹⁴ Thus, we have likely underestimated the true burden of food insecurity in the UK.

There is a clear need to develop better measures of food insecurity and the provision of emergency food that will capture the full extent of the problem in the UK. Although several nations use standardised survey instruments to monitor food insecurity, there is currently no national surveillance system in the UK. To our knowledge, the most recent epidemiological study of food insecurity for the whole of the UK was the 2004 *Low Income Diet and Nutrition* study.²⁸ This found that 29% of low income households had experienced food insecurity in the past month, defined as “the state of being without reliable access to a sufficient quantity

of affordable, nutritious food.” Future research is needed to investigate other factors that may influence emergency food aid, including rising food prices, energy costs and other costs of living, as well as further characteristics of food bank operations, such as operating hours, number of distribution sites, and the average distance to reach a food bank.

Physicians have key roles as advocates. In the current food bank system physicians are having to take on gatekeeper roles.⁵ According to statistics from the Trussell Trust, an estimated 27 000 frontline care professionals provided referrals in 2013-14.¹ Rather than accept this situation, an alternative is to call for action on the root social and economic factors that trigger reliance on food banks.

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ANSWERS TO ENDGAMES, p 41 [For long answers go to the Education channel on thebmj.com](#)

ANATOMY QUIZ

Anteroposterior radiograph of a barium examination of the stomach

- A: Descending duodenum
- B: Duodenal bulb
- C: Pylorus
- D: Gastric notch
- E: Gastric antrum
- F: Gastric mucosal folds

STATISTICAL QUESTION

Evaluating the performance of a screening test for depression in primary care

Statements *b*, *c*, and *d* are true; *a* is false.

CASE REPORT A vomiting baby

- 1 Although sepsis should always be considered in an unwell infant, bilious vomiting is a sign of intestinal obstruction until proved otherwise. The most common cause of obstruction in infants and children aged 3 months to 6 years is intussusception, but other causes include obstruction secondary to an inguinal hernia and volvulus due to malrotation.
- 2 Blood tests (including full blood count, urea and electrolytes, C reactive protein, and a sample for blood grouping in case a transfusion is needed), and cultures (particularly blood and urine). It is important to measure pH (acidosis is seen in conditions such as sepsis, whereas alkalosis may point towards pyloric stenosis), lactate, and glucose. Plain abdominal radiography and gastrointestinal contrast studies may be performed, but the investigation of choice for intussusception is abdominal ultrasound. None of these should delay referral to a surgical specialist, which should be undertaken immediately after review.
- 3 Fluid resuscitation, placement of a nasogastric tube, antibiotics according to local policy, and urgent surgical review. Reduction using air enema is generally the initial treatment for intussusception, but laparotomy may be needed.
- 4 Possibly. There is some evidence to suggest a very small increased risk of intussusception with live rotavirus vaccine, about one case for every 51 000 to 68 000 vaccinated infants, particularly in the first week after vaccination.