A qualitative study of food banks, food poverty, referrals, and health in London:

methodological and ethical reflections

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Food poverty

- Affording a healthy diet is increasingly difficult in the context of rising living costs, falling incomes, austerity, insecure and low paid work, and widening inequality.

- One fifth of parents in London have skipped meals so that their children could eat and three in ten have reported that they have bought less fruit and vegetables due to the expense.

- Socio-economic differences in diet contribute to health inequalities.

- There are socio-economic differences in rates of obesity, chronic diseases (type 2 diabetes, CVD), malnutrition and (increasingly) rickets.

- Food poverty paradox: a rise in **both** malnutrition and obesity. High energy, low nutrient diets can contribute towards hypertension, iron deficiency and impaired liver function

Food banks, referral and social prescribing

In times of extreme need, vulnerable people are much more likely to seek out healthcare

Food banks – non-profit, charitable organisations that distribute food in the form of 'emergency' food parcels that contain the component parts for meals and snacks for a set period of days (varies by foodbank)

Access is largely mediated and organised though a **referral system.** Sanctioned support agencies and health and social care professionals care refer. Support and the number of food parcels individuals receive is limited.

Social prescribing enables primary care professionals to refer people to a range of local, non-clinical services. Increasingly about 'basic needs'.

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One in six GPs asked to refer a patient to a food bank in the past year

18 February 2014 | By Alex Matthews-King

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Exclusive GPs are facing increasing pressure from patients hit by the recession, with one in six saying they have been asked to refer a patient to a food bank in the past 12 months.

A Pulse survey of 522 GPs found that 16% had been asked to refer patients to food banks, with 84% saying they had not.

The survey comes after Pulse reported concern among GP leaders that practices were being placed in an 'impossible position' by charities who require them to refer patients to food banks before agreeing to offer help.

Food bank charities increasingly require a referral from a sanctioned support agency, which can include schools, GPs or the job centre, to ensure that support reaches the most needy.

Help a hungry child

Help a Hungry Child: NHS doctors to pilot food prescriptions as poverty soars

'We should be making sure people are properly fed, safe and have houses that aren't damp'

Lucy Pasha-Robinson | @lucypasha , Alex Matthews-King | Sunday 24 December 2017 23:04 | 300 comments

Three GP practices in Lambeth, south London, will launch the scheme next year (PA)

NHS doctors are to begin prescribing food to patients as part of a drive to tackle the hunger and malnutrition suffered by people living in poverty.

Vouchers for fruit and vegetables will be offered by GPs in a number of practices as part of a drive to increase "social prescribing".

Research Questions

1) What are the practical and methodological challenges of researching food poverty?

2) What are the ethical challenges of researching food poverty?

Methods

Three year qualitative study comprising two main elements:

1) Ethnographic study of food practices
2) Interviews with referring healthcare professionals

1) Ethnographic study:

- Eight food aid workers - semi structured interviews
- 14 foodbanks clients

* Interviews
* Video diaries
* Go-along (shopping) interviews

2) Healthcare interviews:

- 20 health and social care professionals – semi structured interview
- Observations at local authority strategy meetings

Context: academic findings

Experiences of food poverty exacerbate existing health conditions and can trigger new ones.

It deprioritises self-care and health care seeking behaviours in the longer terms.

While food banks were positively regarded, there were numerous difficulties in terms of both referral procedures and the wider socio-political context.

Maintaining relationships between primary care and changeable local third sector landscapes is challenging.

Treating those experiencing extreme hardship requires unpicking a sensitive array of entangled health, social and financial problems during a time-limited interaction.

1) Further research: practical challenges?

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Summary

Food poverty is a challenging area of research. In the UK, **an absence of national-level food poverty measurements** and an over reliance on estimates based on data collected by the third sector serve to undermine calls for a national-level response to this emergent public health crisis.

Qualitative research in this area is made difficult by the stigma experienced by those suffering food poverty and the problems associated with recruiting participants from vulnerable and marginalised groups.

Recruitment and access

- **Messy:** not discrete 'groups' – food banks volunteers, organisers, users and referring health and social professionals are overlapping categories.

- Vulnerable participants that are often experiencing **crisis** and hardship: difficult to maintain contact, do not always get back to you or turn up, intermittent access to phone and email.

- Volunteers and health and social care professionals are very, very busy. The ones doing the most in this area are often the most difficult to contact.

- **Precarity:** Sector overall, funding, access to food banks, employment. Really difficult to follow-up.

If you're marginalised, you are unreliable, you have loads and loads and loads and loads of problems, so in 10 minutes it's impossible, it's stupid, impossible. So either the doctor gets really defensive or offensive and fobs the person off, or you do something which fizzles out in nowhere.

David, GP.

Can you separate 'food poverty' from 'poverty'?

So for example, one of the prerequisites if we apply for a priority nursery place for a child because the parent had a special need or the child has a special need and that could be an illness or condition ***but it could just be poverty****. I have it (foodbank referral) as an extra service, more than a tool … so I know that most of the families I see are on low income, so I will offer it to most of them … Some parents … they just live hand to mouth …* ***I will offer her (client) the food voucher and she will ask me for more*** *… I probably gave her about, I don't know, 12, 13 in a period of 6, 8 months or something.*

Pam, family support worker

2) Ethical challenges and dilemmas

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Summary

All research with vulnerable and marginalised groups poses ethical consideration. Those experiencing food poverty are highly likely to be experiencing multiple difficulties and crises. So much has already gone wrong for them before they get to the food bank. In which case these ethical considerations are amplified.

Experiencing food poverty means (amongst other things) not being able to access a sufficiently nutritious and appropriate diet in a consistent and socially acceptable way. The poverty that causes this *also* impacts negatively on **people's ability engage in everyday activities that most of us take for granted** – including meeting in a café, returning a phone call, and chatting about their lives in general – all things that participating in a study might involve.

Transactional interactions?

- In order to counter the difficulties of recruiting and attrition – incentives and refreshments? It is only fair
- But …. the value of these is amplified for vulnerable participants. The danger of exploitation?
- Alleviating a personal desire to ‘give something’?

Transactional volunteering

I go, say, "Look, you was out of work when you come out here, when you first came here, you are on the other side of the counter now, you volunteered here and you always, anything you want just help yourself," so I said, "Alright then," but when I go there now, if I can help myself, I get something there, ask Ruby, "I've got a couple of bits in a bag, I ain't told Ben" 'cos Ben would go right embarrassed, yeah.

Steve, food bank volunteer and user.

Dangerous poles: pity and judgement

Hard choices?

- Treatment of pets
- Anger at children

- Religious conversion

Conclusion: broader research learning points

- Using a mixture of participant produced video, go-along interviews and impromptu group interviews generated rich data but also required a great deal of time and flexibility and resulted in some data collection failures

- Attempting longitudinal research (following up participants 12-16 months after the first wave of data collection) was valuable but problematic. Responses to food poverty are multi-sector, localised and precariously funded, with those experiencing food poverty often dealing with ongoing precarity and marginalisation.

- Food bank clients reported strategies for 'getting by' and surviving on low incomes that could be open to harsh judgements by those not familiar with the topic. Reporting this sensitively is a challenge.

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