

## Written evidence submitted by Miss Katie Amelia Morris (PHS0084)

### Summary

1. The Health and Social Care Committee is invited to consider exploring **food access and nutritional inequalities** in its inquiry into prevention.
2. This report is submitted by Katie Morris, a PhD candidate at Durham University researching the right to food in the UK. Her research is particularly concerned with disparities in wealth and health across race, income, ability and family size.

### Background

3. As a party to the International Covenant on Economic, Social and Cultural Rights, the UK is legally obligated to ensure its citizens are free from hunger at all times.<sup>1</sup> The UK must also take steps to ensure have access to adequate food, defined by the Committee on Economic, Social and Cultural Rights as food which is economically and physically accessible, meets dietary needs and, as far as possible, respects non-nutrient based values.<sup>2</sup>

### The issue

4. Access to adequate food is becoming increasingly difficult for many households across the UK. A combination of factors, most notably the aftermath of the COVID-19 pandemic, Russia's invasion of Ukraine, and the UK's departure from the EU, has seen food prices rise by 16.9% from January to December 2022.<sup>3</sup>
5. Economic barriers to the enjoyment of nutritious foods experienced by low-income families had been widely reported prior to the COVID-19 and cost-of-living crises on account of the perceived value for money of cheap, energy dense foods such as crisps, biscuits and chocolate, in comparison to the price of perishable fresh produce.<sup>4</sup> Nevertheless, financial impediments to balanced diets have become more apparent in recent months, with 58% of those experiencing food insecurity in September 2022 buying less fruit and 48% reported buying less vegetables.
6. The absence of fruit and vegetables in the diets of children is particularly worrisome, for deficiencies of essential nutrients may give rise to an array of diseases including anaemia and bone and tooth decay, as well as anxiety, depression and low-life satisfaction later in life.<sup>5</sup>

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<sup>1</sup> Art 11(2).

<sup>2</sup> Committee on Economic, Social and Cultural Rights, 'CESCR General Comment No. 12: The Right to Adequate Food (Art 11)' (1999) UN Doc E/C.12/1999/5 3.

<https://digitallibrary.un.org/record/277522?ln=en> accessed 6 February 2023.

<sup>3</sup> 'Cost of living latest insights' (ONS, 3 February 2023)

[www.ons.gov.uk/economy/inflationandpriceindices/articles/costofliving/latestinsights](http://www.ons.gov.uk/economy/inflationandpriceindices/articles/costofliving/latestinsights) accessed 6 February 2023.

<sup>4</sup> Shona Goudie, 'Levelling Up on Regional Dietary Inequalities: A Data Story' (*Food Foundation*, 31 January 2022) <<https://foodfoundation.org.uk/publication/levelling-regional-dietary-inequalities-data-story>> accessed 6 February 2023; Scott Corfe, *What are the barriers to eating healthily in the UK?* (Social Market Foundation 2018) [www.smf.co.uk/wp-content/uploads/2018/10/What-are-the-barriers-to-eating-healthy-in-the-UK.pdf](http://www.smf.co.uk/wp-content/uploads/2018/10/What-are-the-barriers-to-eating-healthy-in-the-UK.pdf) accessed 6 February 2023; Rebecca O'Connell, Abigail Knight and Julia Brannen, *Living hand to mouth: Children and food in low-income families* (Child Poverty Action Group 2019) 10, 56.

<sup>5</sup> CW Thane and others, 'Risk factors for poor iron status in British toddlers: further analysis of data from the National Diet and Nutrition Survey of children aged 1,5-4.5 years' (2000) 3 *Public Health Nutrition* 433, 439; Michal Molcho and others, 'Food poverty and health among schoolchildren in Ireland: findings from the Health Behaviour in School-aged Children (HSBC) study' (2007) 10 *Public Health Nutrition* 364, 366-369; Theodore D Wachs, 'Poverty, Child Risk and Resilience' in Jo Boyden and Michael Bourdillon (eds), *Childhood Poverty: Multidisciplinary Approaches* (Palgrave Macmillan

7. The current cost-of-living crisis has forced many households to make even more extreme changes their food purchase and consumption behaviours. In contrast to non-payment of rent or utility bills, reducing food intake is an aspect individuals have greater control over and is frequently reasoned by those facing hardship as producing less immediate consequences. Hence, it is often the first area where cutbacks to spending are made.
8. In September 2022, approximately 18.4% of households had smaller meals or skipped meals due to being unable to food or access food, which is double the number of households affected in January of the same year.<sup>6</sup> 6% of households surveyed reported not eating for at least a whole day in September 2022, which is two times the number reported in the first two weeks of lockdown.<sup>7</sup>

### **Income inequalities and charitable provision of food**

9. Of particular concern for the Government is the manifest inequalities in food access between those in receipt of state benefit and those not. In September 2022, 53.8% of households receiving Universal Credit experienced food insecurity – rising from 42.1% in April.<sup>8</sup> This is significantly larger than the number of households not in receipt of Universal Credit, which stood at 12.1% in April and 15.6% in September.<sup>9</sup>
10. Insufficient income support was identified as a key driver of food insecurity by the Trussell Trust in 2019, alongside other deficiencies with the Universal Credit system including the benefit cap, the five week wait new claimants must endure to receive their first payment and sanctions.<sup>10</sup> A strong positive relationship can be observed between the introduction of austerity and the rise in demand for charitable provision of food, with families with more than two children, lone parents, people with disabilities and people of Black ethnic background inordinately affected.<sup>11</sup>
11. Food parcels are designed as emergency provisions for short term use and thus there are serious concerns regarding the health impacts of prolonged reliance upon these services. Nutritional analysis of food parcels in the UK have found the that the average contents do not adhere to the UK government dietary recommendations, exceeding in carbohydrate and sugar whilst lacking in Vitamins A and D.<sup>12</sup>

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2012) 149; Pushpa Iranna Koppal and others, 'Iron Deficiency in Young Children: A Risk Marker for Early Childhood Caries' (2013) 6 Int J Clinical Practice 1, 5;

<sup>6</sup> 'Alarming increase in food insecurity now affecting four million children' (*Food Foundation*, 18 October 2022)

<https://foodfoundation.org.uk/press-release/alarming-increase-food-insecurity-now-affecting-four-million-children> accessed 6 February 2023.

<sup>7</sup> 'Food Insecurity Tracking' (*Food Foundation*, 2023)

<https://foodfoundation.org.uk/initiatives/food-insecurity-tracking#tabs/Round-11-> accessed 6 February 2023.

<sup>8</sup> *ibid.*

<sup>9</sup> *ibid.*

<sup>10</sup> Filip Sosenko and others, 'State of Hunger: A study of poverty and food insecurity in the UK' (Trussell Trust, 2019) 12

<https://www.stateofhunger.org/wp-content/uploads/2019/11/State-of-Hunger-Report-November2019-Digital.pdf> accessed 6 February 2023.

<sup>11</sup> 'End of Year Stats' (*Food Foundation*, 2023)

<https://www.trusselltrust.org/news-and-blog/latest-stats/end-year-stats/> accessed 6 February 2023.

<sup>12</sup> R Fallaize and others, 'Nutritional adequacy and content of food bank parcels in Oxfordshire, UK: a comparative analysis of independent and organisational provision' (2020) 33(4) J of Human Nutrition and Dietetics 477-486.

**Conclusion**

12. This submission has illustrated the urgent need for food access and nutritional inequalities to be examined by the Health and Social Care Committee to prevent these issues from escalating further. Most pressing is an investigation into the experiences of welfare recipients, identified as a group at greatest risk of food insecurity.

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