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Medact Submission to the Children's Future Food Inquiry

About us

Medact are a global health charity who support a wide range of health professionals from all disciplines to work together towards a world in which everyone can truly achieve and exercise their human right to health.

Medact recognises that health and well-being throughout our lives aren't just about individual bodies, diseases, and conditions; rather, they are shaped by the social, economic and physical conditions in which we are born, grow, live, work and age. We know these social determinants of health are driven by political and economic systems that dictate how power and resources are distributed; and which have the capacity to create and exacerbate not only deepening social inequality but wider threats to health such as climate change, violent conflict, and human rights abuses.

Methodology

Medact surveyed 56 healthcare professionals to investigate their experiences of the impact of economic deprivation on patients physical and mental health, with specific question around experiences of food poverty for adults and children. A wide range of health professionals answered this survey including nurses, junior doctors, consultants, dieticians, health students, sociologists researchers, clinical psychologist, physiotherapists, NHS admin, and Citizens Advice Bureau staff working within hospitals. The majority of respondents were GPs (20) and junior doctors (12). While 21 of the respondents are from London, the rest are distributed across England, North Wales and Scotland. The majority of questions were optional - respondents did not necessarily answer every question.

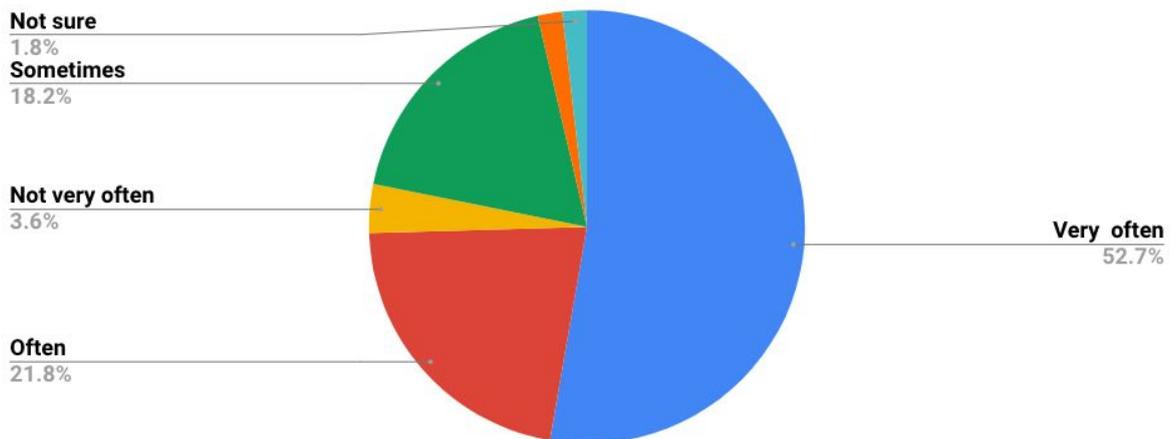
Findings

Across England and Scotland health professionals regularly see patients whose health is severely impacted by deprivation. Benefit delays and sanctions deemed cruel or unnecessary, alongside the high cost of living and rent, and lack of access to social housing and decent affordable private rented accommodation are consistently highlighted as influencing factors across the country. Austerity policies, welfare cuts, wealth inequality, and a reduction in funding to vital services are all blamed for ill health - overall this points to our unjust economic system that leaves many working families unable to afford healthy food for themselves or their children. Our survey concludes that the majority of people who face economic deprivation related illness due to economic issues are not supported by the social welfare net. Low wages and a lack of affordable housing were regularly singled out as reasons that influences people's experiences of food poverty, alongside an insufficient welfare support system.

Survey Responses

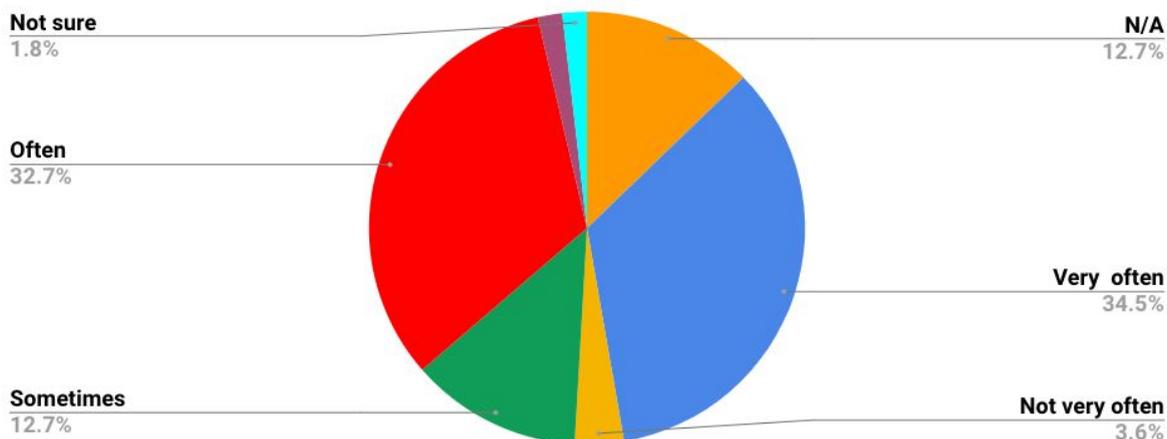
When asked *do you see patients whose health is affected by their ability to access and prepare healthy affordable food*. Over 70% responded very often or often.

As a healthcare worker, how often do you see patients whose health is affected by their ability to access and prepare healthy, affordable food?



When asked *do you see children whose health is affected by their ability to access healthy food* over 67% said yes or very often.

As a healthcare worker, how often do you see children whose health is affected by their ability to access healthy food?



Health Professionals Experiences on food poverty

Please find below quotes from health professionals who took part in Medact's survey on economic deprivation and health, that are relevant to food poverty.

*Professional people with educated degrees and professions such as nursing are needing to use food banks. Diabetic patients are suffering and skipping meals or eating poor quality food and suffering the consequences on their health. Elderly patients are losing weight as they are unable to eat. People are raising their children on "junk" food not out of choice but due prices and children are suffering from obesity. **GP, London***

*Poor, overcrowded housing and lack of money for food and bills have a significant impact on the health of many of my patients. Stress related to trying to raise children in these conditions (without adequate food or safe accommodation) effects my patients mental health and ability to care for themselves and their families.... I see children in food poverty most frequently, because their parents (usually single mums) are not given adequate social support to care for them, or childcare support so they can work full-time. They are in low paid jobs (pay seems to have become lower and lower over the last 5 years relative to living and food costs)...Patients have to decide between paying their bills and buying food for their children - they tell me they cannot afford healthy foods. **Speech and Language Therapist, Devon***

*Children are dependent on adults to provide food for them. With less money from earnings, higher private rents and a higher proportion of social housing rents coming out of dwindling benefits, it's hardly surprising that children are eating cheaper and less nutritious food. There is also the fact that people have less internal resource to take charge of their situation, to plan the week's menus and to research what a balanced diet is. **GP, London***

(What do you feel helps or hinders your children patients from receiving enough healthy food to meet their nutritional needs?) Failure of both health and social support, benefits changes and failure of support for those on low pay. I feel all of these are rooted in neoliberal policies, particularly

austerity.... I have been told recently by parents that they are living on "black tea and bread" in order that their children can have nutritious food. **Researcher, Sheffield**

I have come across a case where a mother came to A&E because she literally had no milk to feed her baby: because of having very little money, she had tried to economise by bulk buying a high calorie formula milk, but her baby wouldn't take it (a high calorie milk like this was inappropriate for a infant so young, but this wasn't clear on the packaging). She had no money left for an alternative milk, and no social support to help her. We were fortunately able to provide her with some milk and some charity cash until her next benefits, but without this, it seemed she had no recourse to any other support - this is a direct consequence of forcing people to live on knife edge levels of money (not to mention the dire lack of breastfeeding support services which perhaps could have prevented this issue in the first place)... I worry that this is actually quite a hidden problem - outside of the relatively rarer cases of absolute nutrient deficiencies, food poverty's effects are mostly long term and we won't see the health consequences for years to come. If parents have poor nutritional knowledge then the impact of diet is not something they will know to raise with health professionals, and even when they are aware of it, things like having to use food banks etc is stigmatised, so not necessarily something people will mention (which is different from housing poverty, where there is still a perception that health professionals may be able to influence housing decisions so therefore families do mention it). **Junior Doctor, Paediatric SHO, London**

(Ability to purchase healthy, affordable food) This causes enormous stress, worry and stigma. Attending the GP for food vouchers is something that my profession is happy to do to support our patients but is an outrage in this day and age. I had never used the word 'destitute' until the recent dismantling of UK welfare system. **Scotland, GP**

Cheap food is often not healthy - high in salt and saturated fats. Parents are often busy working multiple jobs to earn money and so lack time to prepare healthy food. The pattern of society and less family support structures mean less people know how to cook healthy food. Abundance of unhealthy food present. This leads to childhood and adult obesity, hypertension and increased cardiovascular risks....Children need to be taught the long term health benefits of healthy eating and cooking, and taught how to cook, as I do not think this is happening in the home. This needs to be focused in public health measures but also in schools and community programs. It arguably should form part of management of chronic conditions such as diabetes, hypertension and weight management. I am not sure whether children or adults experience more food poverty however. **Junior Doctor, GP trainee ST1, London**

(Many people) cannot afford to buy the foods to cook healthily. Or they live somewhere where the cooking facilities are too basic or non-existent (e.g. hostel or B&B). Many of my patients have poor health literacy with significant lack of awareness around healthy eating so even if they know they should be healthier they do not know how to go about it. Poor mental health often means that physical health and healthy eating/lifestyle is very low down the list of priorities or doesn't even factor at all. In order to access a food bank patients have to have a voucher, sometimes even finding the right place or person to provide the voucher can be a challenge for our patients, especially those who don't have English as a first language, are new to the area, don't have a mobile phone or credit & don't really know how the system works. **GP, Sheffield**

*A combination of low incomes, poor understanding and skills in cooking and healthy diets. Often people in marginal communities (e.g. migrants) will suffer most and get the least help. People will prioritise calorific intake over healthy choices. Poor people will also often use food as a comfort and overeat high calorie foods contributing to their obesity and ill health. We have very little services targeted at these groups. **GP, East London***

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*In London more than in North Wales. Disruption of food security, shame to seek help, often GP visits for something else. In North Wales more fear of social discreditation, food bank protagonists could so far not break the shame barrier in a tight community. **Gp, North Wales***

*I've seen a mother who felt too ashamed to ask for food bank vouchers; a heavily pregnant mother living in a hostel who went without food so that her son could eat. **GP, London***

*Food and shelter are usually the last things to be given up as folk become poorer. Under-feeding and use of food banks are measures of the poverty that current policies have driven people into. **Retired Academic GP, Leeds***

*(Food poverty) This causes enormous stress, worry and stigma. Attending the GP for food vouchers is something that my profession is happy to do to support our patients but is an outrage in this day and age. I had never used the word 'destitute' until the recent dismantling of UK welfare system... This causes enormous stress, worry and stigma. **GP, Scotland***

*Children seem to experience food poverty in a different way - adults often appear hungry (sometimes we've lied and put a mother down as breastfeeding so she gets a hospital meal too), while children only sometimes appear hungry BUT show impacts of malnutrition through having more unhealthy food. What is difficult to measure is how much this is influencing their underlying health until they present with signs of rickets or developmental stunting - we have had a couple of children more formally diagnosed with anaemia thought to be due to poor diet, and one with severe hypocalcaemia. **Junior Doctor, London***

*Parents generally go hungry to try to feed their children. **Clinical Psychologist, Newcastle Upon Tyne***

*Bring back school meals with healthy balance of a third of the child's daily requirement as were served in 1905!! **Retired Consultant, Sussex***

*Inadequate parental education (leaves children) more vulnerable to effects of malnourishment. **Junior Doctor, GPST1, Milton Keynes***

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In order to access a food bank patients have to have a voucher, sometimes even finding the right place or person to provide the voucher can be a challenge for our patients, especially those who don't have English as a first language, are new to the area, don't have a mobile phone or credit & don't really know how the system works. Parents will usually prioritise their children over themselves when it comes to food, although this may still mean the child has a poor diet & not enough food.

*Many of the local schools work hard to ensure the children (especially primary-age) get breakfast & a glass of milk at the start of the day as children recently come to school having not eaten. **Sheffield, GP***

*Children are vulnerable to malnutrition related to ready access to low price of sugary drinks and fast foods. Recent legislation is in place to support these problems so hopefully we will see reduced rates of childhood obesity in years to come. School dinner programmes support children to make healthy food choices, however outside of term-time children are susceptible to malnutrition related to low income and attitude to eating of parents and carers. **Dietician, London***

*Our patients are often unable to afford simple healthy foods like fruit & veg..more filling carbohydrate and fat filled foods are cheaper in supermarkets + many people are not educated on what is healthy and what's not-particularly the older generation. **Junior Doctor, Liverpool***