



Food Insecurity as a Public Health Priority: Framing the Solutions with Food Ladders

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A close-up photograph of a person's hands holding a bright blue plate. On the plate is a single taco, which is a soft, light-colored tortilla filled with ground meat, topped with a generous amount of shredded white onions, green herbs, and a small amount of melted cheese. The background is blurred, showing other people in a crowd, suggesting an outdoor market or festival setting.

My research shows:

- Food insecurity is not a static state; people enter and exit different levels of food insecurity.
- Food security is more than economic and has mental and physical health implications, and it settles into places.
- Vulnerability is increased or decreased depending on the local and individual resources people have available to them.
- To repair the damage caused by the experience and presence of food insecurity, a range of structured solutions are needed.

Resources needed to be food secure



Financial resources—Market Engagement



Social resources—Reciprocity, collaboration, and mutual aid; Acceptability



Health—Mental and physical ability to get things done



Knowledge—Know-how, know-what



Time—Temporal engagement with an activity or set of interlinked activities

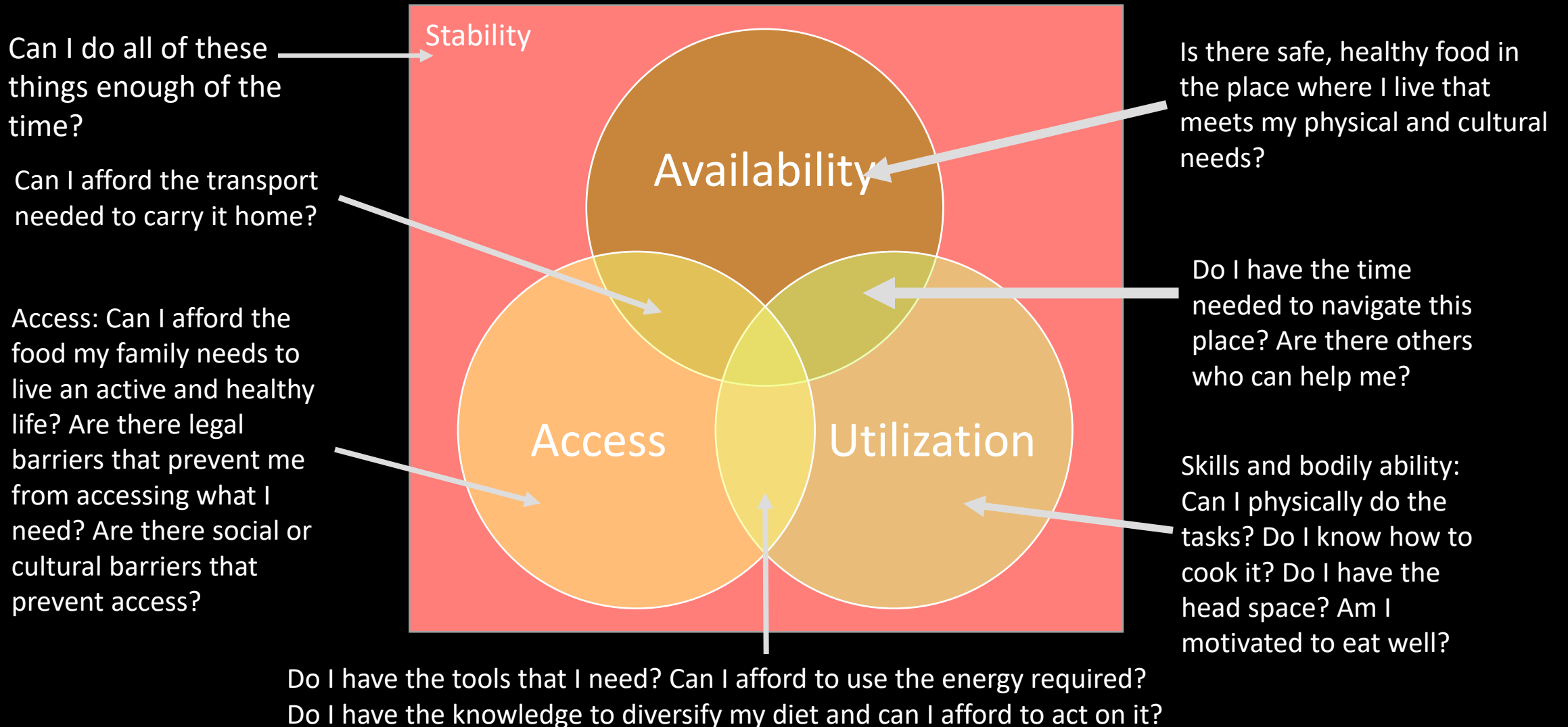


Place-based—physical infrastructures and materials where people can access them

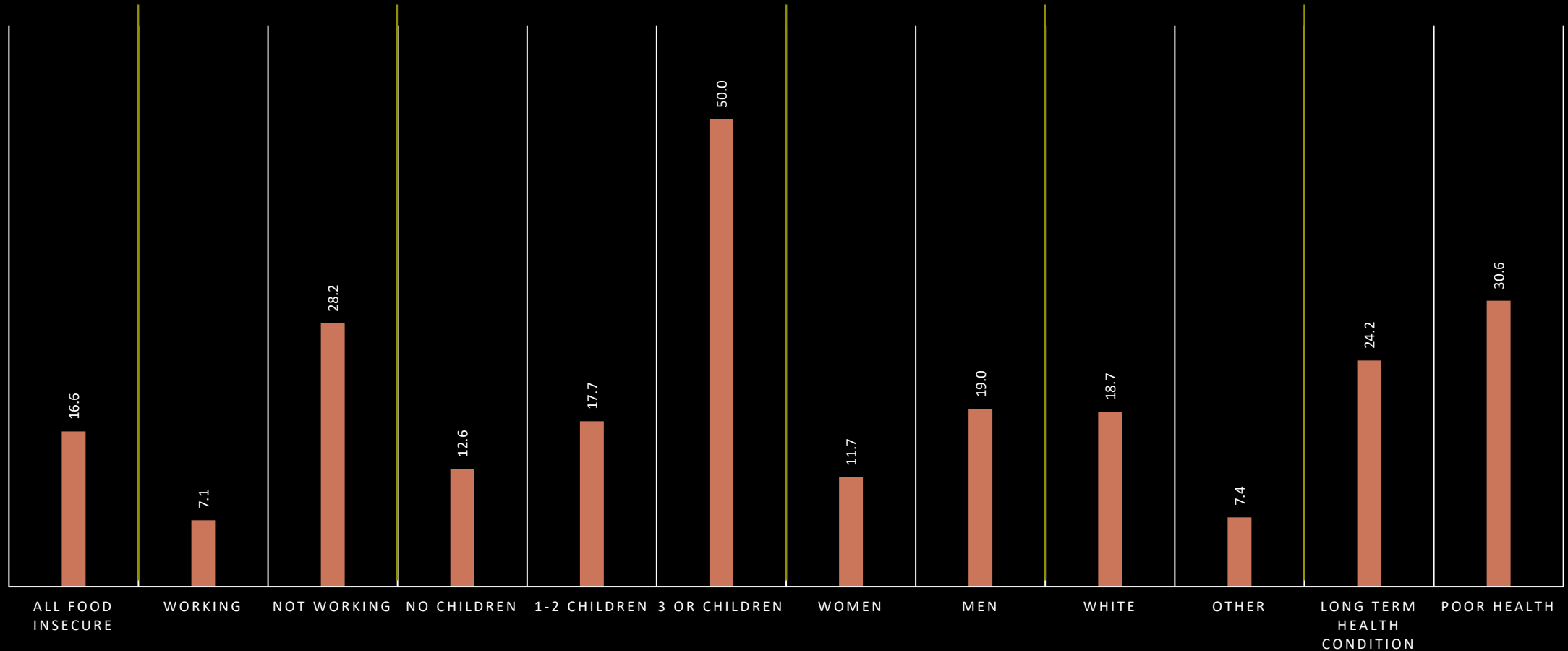
Structural—When legal, policy, and power relationships are not systematically disadvantaging certain groups from utilising their resources to achieve food security

Socially just food security enables all people in all places to have the food they need to live their best life and does so without shame, stigma, and stress.

UN Pillars of Food Security



Rates of food bank use by people with low or very low food security by group (Food and You 2, wave 3)



Research evidence of intervention success

• Rigorous Intervention Studies

- Few control trial studies—tend to be health-focused
- Some evidence that **the basic food bank model does not prevent food insecurity** in the long or short term (people who use food banks remain food insecure), diets suffer, and they are stigmatizing.
- Some evidence that specific support that builds nutritional awareness alongside food option improves health outcomes; research on US food bank plus model.
- Some evidence that “choice” is important, but unclear how much choice is enough.

• Evidence from provider studies

- pantries and social eating activities increase the enjoyment of food, improve well-being, increase healthy eating and access to healthy foods, increase community connections, and have less stigma than food banks.
- area-based approaches are more socially acceptable than group-specific schemes (From voucher studies).
- Cookery skills help increase the ability to utilize food and improve self-confidence and enjoyment of food. Build community cohesion and provide avenues for reciprocity
- Framing of the intervention makes a huge difference to the acceptability and take-up.

- No evidence that there is one “magic bullet”—a range of options that are responsive to local needs and involve the community in their delivery is more acceptable, and can help repair the social, individual and dietary causes and effects of food insecurity.

Cash First?

- May be better than a bag of tins.
- Users indicate preferable to foodbank support.
- Increases spending power and sense of autonomy compared to the foodbank.
- May reach a larger number of people

But other things to consider

- Other dimensions, resource needs and effects are not addressed (health, knowledge, local scale, time, etc).
- Does not challenge the structural inequalities that create social disadvantages (e.g., labour market disadvantage, access to education, different forms of discrimination, health, and spatial inequalities). Cash first is not a “root cause” solution; poverty is a symptom of social and spatial inequalities and power dynamics.
- Does not redress food system failure b/c money is spent with the producers of that failure.
- May not achieve economies of scale—e.g., £100k divided among 10k people is only £10 pp. £100K can set up food hubs that reach many over a long period in sustainable and acceptable ways and that build up other resources.
- Not preventative of emergency b/c focus on emergency need.

Food Ladders:

Local-scale interventions that can work alongside national policy shifts

- Rung 1: Catching—Crisis support enables ability to cope (does for).
- Rung 2: Capacity building—Vulnerable to crisis, enables adapting through education, and sharing. Lower stigma (doing with), accessible choices.
- Rung 3: Self-organising for community change—Transformation from a recipient or content user to a content provider (doing by). Can be a commercial product or a social good.



Where activity sits on the Food Ladders

- Note that an organisation may be at different spaces on each ladder depending on the activities
- Key here is to map the framework onto local activity and then assemble across organisations to identify collective in-place provision.
- Environment a further ladder?
- Many Local governments utilise the food ladders framework. Waltham Forrest, Sheffield, Barnsley, Kirklees, North Yorkshire (Combined Authority), Hull, Bucks Council/NHS Trust, Liverpool. There may be others I am not aware of.

	Catching	Capacity building	Transforming
Food	Emergency support: Food parcel, soup kitchen	Activities that expand food literacy. E.g., cooking lessons, pantry schemes that expose people to new food items, and children's food literacy.	Activities that diversify the foodscape to meet all local food needs and/or create positive relationships with food.
Social	Mental health support, befriending groups, resilience networks	Regular activities that bring people together to develop meaningful social networks. Breakfast clubs, afterschool clubs, craft sessions, social eating, and pantry schemes.	Self-organized activity, Social ties that look out for each other.
Economic	Free food to meet basic needs, crisis support. Signposting to services e.g., housing, welfare	Interventions that: stretch budgets, enable the practice of thrift, build financial literacy, improve credit (e.g., micro-loans), and increase employability and business skills development. Subsidy to help markets get established. Business incubators and start-up grants. Micro-enterprise incubators.	Local procurement and community agriculture, managed marketplaces markets, living wage jobs, reinvestment in place.
Health	Medication/Medical intervention. Vouchers for fruit and vegetables. Prescription fruit and veg.	Interventions that provide health information, exercise and or movement, and social prescribing activities, such as gardening. Nutritional literacy. Interventions with retailers to shift toward healthier food.	School food procurement to achieve health and welfare standards. Use of planning and council tax levers to enhance foodscapes.



Local area implementation: Ensuring diversity of support in place



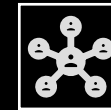
Map activity that exists



See where activity fits on the ladders— not all will be active on every ladder or rung. This is ok.



Do asset mapping (volunteers, local knowledge, procedural knowledge, physical assets, local influence, resource networks).



Create networks—to foster sharing and referrals



Identify gaps and consider changes that could be made or partnerships that could be built.



Only then invite external providers to partner in filling these gaps.

To learn more:

- Please get in touch: Twitter: @geoFoodieOrg. Email: M.blake@Sheffield.ac.uk
- Film: https://timeforgeography.co.uk/videos_list/resource-management/food-surplus-security/
- Blog and links to publications, recorded presentations, and media appearances: <http://Geofoodie.org>
- Link to Food and You 2 research on food insecurity Autumn 2021: <http://dx.doi.org/10.13140/RG.2.2.25425.81766>

