

Feature Appeal

***The BMJ* appeal 2020-21: “Without good nutrition, children’s health outcomes worsen, as do their life chances”**

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The BMJ’s appeal this year supports the Independent Food Aid Network, a charity that has helped independent food banks and other community meal providers throughout the covid-19 pandemic, writes **Jane Feinmann**

Food poverty didn’t start with covid-19, but the pandemic has exacerbated the problem—putting children’s health at risk and dramatically increasing demand for food banks, including those represented by the Independent Food Aid Network (IFAN), the charity being supported by *The BMJ*’s appeal 2020-21.

Kirkcaldy, a town 11 miles north of Edinburgh where one in four children lives in food poverty, saw a 70% increase in the number of families attending the local food bank on a regular basis between May and June 2020. “It shows how close to the cliff so many families live from day to day,” says Joyce Leggate, chair of Kirkcaldy Food Bank, a member of IFAN. The Black Country Food Bank in the West Midlands has seen a similar rise in demand from families during the pandemic. “We see so many people who are so embarrassed to have to use a food bank but say ‘My kids are hungry, I don’t know what else to do’” explains Jen Coleman, the charity’s office manager.

In October, an open letter signed by over 2000 members of the Royal College of Paediatrics and Child Health warned about the impact of nutritional deficits on the health of children and young people.¹ “Good nutrition is at the heart of health, wellbeing, and development for children and young people,” the letter said. “Without it, children’s health outcomes worsen, and with that, so do their life chances.” Commenting in response to the letter’s publication, the college’s president Russell Viner said, “We see far too many children who don’t have enough to eat. It is heartbreaking that it has become a normal part of our jobs and that hunger is all too common for millions of families in the UK.”

Evidence shows that reductions in the severity of food insecurity are likely to be associated with profound health gains for children as well as adults and people with long term health conditions.² Food banks are doing their best to step up to the challenge, with estimates that they will give out six food parcels every minute this winter—300 000 more than last year.³

Yet this massive voluntary activity can’t be expected to tackle the issue of nutritional adequacy, research from the University of Reading shows.⁴ The study looked at whether

food parcels met the daily nutrient and energy requirements of an adult user, finding that they “exceeded energy requirements and provided disproportionately high sugar and carbohydrate and inadequate vitamin A and vitamin D compared to the UK guidelines.”

IFAN supports its network with nutritional guidelines developed by a dietitian with feedback from member organisations. One option is to find ways to expand the provision of fresh food at food banks, which are too often overloaded with stocks of dried pasta and baked beans. Some IFAN members have bought fridges, although, as the charity’s coordinator Sabine Goodwin explains, “ideally members forge partnerships with local hospitality industry groups to support cold storage rather than build infrastructure.”

Victoria Williams, director of the charity Food Matters, says that one concern is that well equipped food banks could become “institutionalised as long term providers of second rate food rather than a short term emergency response.” IFAN is clear that the solution to food poverty, and the inevitable impact on child health, will come through income. The charity has been running a “cash first” project in several local authorities in Scotland since June. Chelsea Marshall, the charity’s senior project officer, says that the aim is to “improve access to cash based options for those experiencing food insecurity—enabling those in food insecurity to shop with choice and dignity.”

Food aid organisations that are members of IFAN as well as other stakeholders in a particular area, so far in Scotland, are supported to develop a local “Worrying about Money” leaflet.⁵ This provides a step-by-step guide to existing financial entitlements, as well as temporary lifelines and assistance to reduce the need for food banks. “We’re now extending this work into England so that more people can be reaching financial entitlements rather a food bank referral,” says Goodwin. “Just £250 would help support the development and publication of one of these leaflets.”

A further option being explored by IFAN’s cash first project is the use of shopping vouchers instead of or alongside food parcels. “A £500 donation would allow an IFAN member organisation to purchase shopping vouchers for local shops like greengrocers that enable not just choice and dignity but healthier food options too,” says Goodwin.

Covid-19 has exposed the desperate need for, as well as fragility within, the food banking system. A donation to IFAN can support independent food banks and a vision of a fairer system.

How to donate

The Independent Food Aid Network needs your support: please give generously.

You can donate to the campaign here: <https://www.foodaidnetwork.org.uk/bmj>.

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Plus rapid response:

Re: The BMJ appeal 2020-21: “Without good nutrition, children’s health outcomes worsen, as do their life chances”

18 December 2020

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Dear Editor

Donating our ‘Christmas bonus’

Introducing the Spending Review 2020 (SR20) to Parliament on 25th November, Chancellor Rishi Sunak confirmed that the UK government will honour its commitments to above-inflation pay increases for NHS workers ‘despite the challenging economic context (of COVID-19)’. Doctors’ pay will rise by 2.8% in 2020-21, equivalent to £2,200-£3,000 for consultants and £1,100-£2,100 for specialty doctors.

This is welcome recognition of the contribution doctors have made in responding to the clinical challenges of COVID-19. However, SR20 also forecasts that unemployment is expected to reach 7.5% in early 2021, with 2.6 million people out of work, and economic output is not expected to return to pre-COVID-19 levels until late 2022. Pay freezes in the rest of the public and private sectors, together with predicted future tax rises/spending cuts to offset increased government borrowing during the current crisis, are likely to compound the financial hardship experienced by many people over the last year, and coarsen the socioeconomic consequences of the pandemic. Little mention was made of how a disorderly 'Brexit' might further complicate a generally gloomy economic outlook towards 2025.

These figures present an uncomfortable moral challenge for doctors. Whilst acknowledging that a minority of doctors may well be experiencing relative financial hardship through losses in private income, we remain in the enviable position of having a secure job and relatively high income that is about to increase, at a time when many other people are facing significant financial hardship. Consultants' disposable income, for example, is roughly 3 times the national median of £30,000, and 6 times the mean income of the poorest 20% of UK households. Furthermore, we remember the overwhelming moral and financial generosity shown to NHS staff by the public during the first pandemic wave, often from sources with the least capacity to donate. Other people need our pay increase more than us.

So should we collectively refuse the 2020-21 pay rise, and allow the government to redistribute the estimated ~£300 million saving? Perhaps by restoring 7.5% of the £4bn cut to the overseas aid budget announced in SR20, to help poorer countries combat COVID-19?

Perhaps instead our confirmed pay increase provides us with an ideal opportunity to redistribute wealth directly towards other people who genuinely need financial help at present, and with gratitude for the kindness and support shown us by the public during the pandemic.

Who and how (much)? Although UK charity donations increased by £800 million between January-July 2019-20, much of this was donated into hospitals, leaving 17,000 charities facing bankruptcy due to a predicted £6.4 billion shortfall in income to the end of December 2020, compounded by rising costs, limited financial reserves and increased need for services. Approximately 2 million people accessed a food bank in 2019/20 in the UK (the world's eighth largest economy), and 14% of adults living with children have experienced moderate or severe food insecurity in 2020 (equivalent to 4 million people, 2.3 million children), up 20% compared to pre-COVID-19 levels. Women, 18-29 year olds and low earners have been disproportionately affected by job closures in the retail, service, transport, leisure and entertainment sectors during lockdowns, undoubtedly leading to measurable declines in their mental health and homelessness.

How could doctors go about reaching this target? Existing organisations, such as NHS Charities Together for example, could consider reversing their cash flow, collecting donations from doctors and redirecting them towards charities, organisations or individuals in need, but this could take time to achieve. Instead, we could personally commit to donating our pay increases, and as soon as possible. The financial effect of donations can be multiplied through donees' reclamation of Gift Aid or Payroll Giving

(which enables doctors to make gross salary charitable donations for a net salary equivalent cost through their employer). For many, this is money we wouldn't miss if we redirected it before we received it. Or simply make regular direct debit or single-payment donations to charities and organisations needing help in your local area.

It would be some collective achievement for doctors to match the £135 million (to date) collected by the NHS Charities Together COVID-19 appeal, but this would be possible even if fewer than half of us committed to redistributing our 2020/1 gross pay increase, or if all of us donated just £72 a month.

It's a big ask to give away what many doctors will feel to be their reward for helping to manage the pandemic in the UK. As professionals, though, we're used to performing our duties without the expectation of reward. Perhaps what doctors need instead is a way of easing the moral injuries we have sustained during the pandemic, and committing donations that would make a real difference to people's lives could help the process of moral repair.

Competing interests: No competing interests