



Healthy Food for All
access | availability | affordability

Healthy Food for All Initiative Response to Consultation on

**“Future of the European Programme of Food Distribution to the
Most Deprived Persons in the Community”**

30th May 2008

1. Introduction

Healthy Food for All (HFfA) is a multi-agency initiative seeking to promote access, availability and affordability of healthy food for low-income groups on the island of Ireland.¹ The initiative sets out to demonstrate the relationship between food poverty and other policy concerns such as health inequalities, welfare adequacy, education disadvantage, food production and distribution, retail planning and food safety. It seeks to identify and galvanise interest in, and commitment to, eliminating food poverty through raising public awareness, policy advocacy, promotion of best practice models and networking local initiatives with national structures.

In response to the invitation issued by the European Commission to contribute to this consultation process, HFfA held a round-table event with a number of stakeholders on 22nd May 2008 (a list of attendees is contained in Appendix 1). The event was attended by representatives from government departments, statutory agencies, and non-governmental organisations. While the content of this submission was informed by the discussions at this event, the document represents the position of HFfA only.

In Ireland, the Department of Agriculture and Food undertakes the distribution of aid from the Programme to charitable organisations. Normally the Programme is limited to voluntary organisations providing emergency and short-term accommodation for people who are homeless, day-care centres that provide meals for people who are homeless or food banks.

To date there has been little consultation and dialogue at a national level in Ireland between the key stakeholders involved in the management and implementation of the scheme and the distribution agencies. This event served to address this vacuum by raising awareness about the public consultation process and promoting discussion and dialogue with key stakeholders around potential policy options for the Programme's future.

2. Social rationale for food distribution scheme

Food poverty

There are clear links between income status and quality of diet in Ireland. People in the lower income deciles eat less fruit and vegetables; more processed foods

¹ Partnership Agencies: Armagh & Dungannon Health Action Zone, An Bord Bia, Combat Poverty Agency, Community Dietitian Service, Clondalkin Health Initiative, Crosscare, Department of Health & Children, Dublin City Council, Family Support Agency, Focus Ireland, Food Safety Authority Ireland, Limerick Food Partnership, Northern Ireland Public Health Alliance, Population Health (Health Services Executive), SafeFood, Society of St. Vincent de Paul, Tallaght Partnership, University College Dublin. HFfA is funded by Department of Social & Family Affairs, Population Health (Health Services Executive), Combat Poverty Agency, SafeFood, Food Safety Authority Ireland.

and consume more saturated fats. This same cohort is less likely to meet healthy eating guidelines even though they spend more on food as a proportion of their income. The 290,000 people living in consistent poverty in Ireland (7% of the population) can be seen to be at risk of food poverty. This means they are living on a low income and are deprived of one or more basic necessities, including various food-related items.

Among those who were income poor in 2005²:

- 11% went without a substantial meal on at least one day in the past two weeks
- 11% were unable to afford a roast once a week
- 9% were unable to afford a meal with meat, chicken or fish every 2nd day.
- 30% were unable to afford to have family or friends around for a meal or drink once a month

Rising food costs

Ireland has the second highest food costs in Europe³ and there is evidence that food costs will rise in the future. Global factors such as climate change policies, sustained rises in energy prices, biofuel production, serious droughts, growing demands for meat and dairy in Asia, high grain prices have affected, and will continue to affect the cost of food.

Obesity

Research clearly demonstrates that people from disadvantaged backgrounds eat a less healthy diet and are less likely to participate in daily physical activity and therefore more prone to becoming overweight and obese. The prevalence of overweight and obesity among children in the EU population is estimated at 30% in 2006.⁴ In Ireland, the National Task Force on Obesity published in 2005⁵, reported that 300,000 children in Ireland were overweight or obese and projected an annual increase of 10,000 per year on this figure.

Market failure

Infrastructural deficits impact disproportionately on poorer people who are living in poorly resourced locations where the type of food outlet available determines the availability and cost of food. It has been observed in research conducted in Ireland,⁶ that the larger multiples that have a greater choice of healthy affordable

² http://www.cso.ie/releasespublications/documents/eu_silc/current/eusilc.pdf

³ http://epp.eurostat.ec.europa.eu/cache/ITY_OFFPUB/KS-SF-07-090/EN/KS-SF-07-090-EN.PDF

⁴ http://ec.europa.eu/health/ph_determinants/life_style/nutrition/documents/nutrition_wp_en.pdf

⁵ http://www.dohc.ie/publications/pdf/report_taskforce_on_obesity.pdf?direct=1

⁶ Friel, S, Walsh, O & McCarthy, D. (2004) [The Financial Cost of Healthy Eating in Ireland](#). (Combat Poverty Agency)

food, tend not to enter many regional or other similarly undesirable areas where the catchment market in the surrounding areas is deemed insufficient to justify their entry. In such areas, the 'symbol' category and independent retailer category cater for both 'one stop' and 'convenience' shoppers alike. For households in areas that are considered undesirable to enter by larger multiples, transport to and from supermarket/multiples – often located in out-of town sites with poor or no public transport – is often not feasible. They are forced by their circumstances to shop close to their homes, usually in the aforementioned 'symbol' category of retail outlets or the garage forecourt type of outlet where healthy food is more expensive and less available.

3. Issues, opportunities and proposals

The Most Deprived Programme has played a very important role in securing food provision for Europe's most deprived citizens for over 20 years and must remain in place. However, it is necessary to consider options for the future of the Programme given the disappearance of surplus interventions stocks.

The afore-mentioned round-table event organised by HFfA represented the first opportunity for many of the stakeholders to debate issues relevant to the proposed Programme. Some of the key discussion points were as follows:

Disappearance of surplus food

Surplus food distribution is a rational response to saving waste and providing food to those most in need, thereby producing a 'win-win' situation. However, while surplus food distribution is valuable for the part it plays in alleviating food poverty, among vulnerable groups it has the potential to institutionalise food poverty. In addition the Irish and European policy context within which surplus food distribution operates is lacking.

Direct role for NGOs in Implementation of programme

There is a need for consistent dialogue and consultation between the Member State Governments and the NGOs responsible for distributing the aid. In addition, NGOs should have a key role in decisions related to the implementation of the Programme and the distribution of the aid⁷.

HFfA would like to suggest that the Department of Agriculture and Food in Ireland establish an advisory group consisting of NGOs, Health Authorities and welfare agencies to oversee the administration of the Programme and the distribution of funds. Should the future of the Programme rely solely on market

⁷ In Ireland, the scheme is run at a basic level where only a portion of Ireland's designated aid is drawn down yearly.

purchases, HFfA proposes that the funding be administered by the Commission to the Department of Agriculture and Food for direct distribution to charitable organisations who will have ultimate responsibility for purchasing the food for distribution. This type of administrative approach could also be applied to the proposed option of directing the money towards the establishment of Community Food Initiatives and ensures fair and effective consultation with NGOs. HFfA is not in favour of a voucher system as proposed in the Internet Consultation document.

Support for Community Food Initiatives

Given that surplus intervention stocks no longer exist and the future of the Programme is under review HFfA believes this is an opportune time to review the Programme in terms of the wider food poverty context and consider other potential policy options for improving access to and affordability of food for low-income households. Community Food Initiatives are a means by which local barriers to healthy eating can be addressed in a practical manner. They provide an excellent opportunity to combat food poverty in a local area, giving the power of choice and change back to local communities. They are also identified in Irish government policy as a means of addressing food access issues⁸.

Community Food Initiatives:

- stimulate collective community action on food issues
- prioritise local issues
- involve people affected by poverty in identifying their own needs and developing responses
- increase awareness and knowledge of food issues within the local community
- support local social economy by training local people
- highlight inequalities with regard to access, affordability and availability of healthy food
- contribute to the health and well-being of people in the local area
- provide an alternative route to market for local producers and suppliers.

Examples of Community Food Initiatives include: Food growing projects, community cafes, food co-ops, and local food markets.

HFfA supports the funding of Community Food Initiatives as a proposed option for the future of the Programme in conjunction with market purchases. Responsibility for the dissemination of finances to fund the Programmes should

⁸ Nutritional Advisory Group (1996), Cardiovascular Health Strategy (1999), National Health Promotion Strategy 2000-2005 (2000), Report of the National Taskforce on Obesity (2005) Forthcoming National Food and Nutrition policy, National Action Plan for Social Inclusion 2007-2016 (2007), Towards 2016

be the responsibility of the NGOs which will minimize any administrative burdens on the Commission and Member States.

Programme embedded in broader social inclusion context

HFfA proposes that the future of the Programme is embedded in a broader social inclusion context. The prevention and amelioration of food poverty requires attention to be directed to alleviating both socio-economic inequality and the reasons for socioeconomic variations in dietary behaviour. Different approaches are necessary for different situations. Hungry people require immediate material and practical assistance in order to avoid harm to their health and survival. Social inequality on the other hand relates to the gradients observed in dietary behaviour which, whilst not requiring immediate action for survival purposes, if left long term will lead to continuing social inequality in related health and social outcomes. Addressing these issues require the assembly of appropriate partnerships involving relevant DGs such as Health, Economic and Financial Affairs, Employment, Social Affairs and Equal Opportunities, Regional Policy as well as representatives from European NGOs and Member States.

Please note: HFfA also submitted a response to the online Consultation questionnaire.

Appendix 1: Participants at HFfA Roundtable Consultation on Future of European Programme for Most Deprived Persons

Name	Organisation
Ursula O' Dwyer	Department of Health and Children
Jack Dunphy	Crosscare
Jim Walsh	Combat Poverty Agency
Marjo Moonen	Tallaght Partnership
Orla Walsh	Healthy Food for All
Olive Carolan	Community Dietitian (Health Services Executive)
Sonja Kleeman	Community Dietitian (Health Services Executive)
Marie Branigan	Community Dietitian (Health Services Executive)