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RIGHTS BASED APPROACHES TO ADDRESSING FOOD POVERTY AND FOOD INSECURITY IN IRELAND AND UK

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ABSTRACT

Food poverty is an important contributing factor to health inequalities in industrialized countries; it refers to the inability to acquire or eat an adequate quality or sufficient quantity of food in socially acceptable ways (or the uncertainty of being able to do so). Synonymous with household food insecurity, the issue needs to be located within a social justice framework. Recognising the clear interdependence between the right to food and the right to health, this paper explores how international human rights obligations could inform approaches to addressing food poverty and insecurity with specific reference to Ireland and the UK. Little attention has been paid to how countries should meet their obligations to respect, protect and fulfil the right to food in developed countries. The paper contributes by examining the social and policy circumstances which inhibit poor households from obtaining sufficient food to eat healthily, along with strategies and interventions from State and civil society actors in the two countries. In practice, problems and potential solutions have largely been directed towards the individual rather than at social determinants, particularly as research on environmental factors such as distance to shops has produced equivocal results. Other key structural aspects such as income sufficiency for food are broadly ignored by the State, and anti-poverty strategies are often implemented without monitoring for effects on food outcomes. Thus scant evidence exists for either Ireland or the UK meeting its rights to food obligations to date, in terms of roles and responsibilities in ensuring access to affordable, available and appropriate food for all.

Keywords

Ireland; UK; right to food; right to health; food poverty; food insecurity

Introduction

Food and nutrition have long been recognised as critical to health; in recent years their contribution to health inequalities in richer, industrialized countries has been more widely acknowledged and better characterised (Robertson et al, 2004; CSDH, 2008). Nevertheless, in terms of understanding and policy response, the relationship between social and economic circumstances and food and nutrition experiences is contested. Different framings, reflecting differences in meaning and problem formulation, further compounded by different disciplinary perspectives, lead to different understandings of the nature and causes of problems and thus to the formulation of appropriate response. So, for instance, research demonstrating inequalities in nutrient intakes and food patterns by socio-economic indicators (e.g. Irala-Estévez et al, 2000; Dowler, 2001, among many) can generate assumptions about poor nutritional or household management, or social and cultural capital, with responses which seek to address those perceived deficits. Work which looks at foods and nutrient intakes consumed by those living in low income households (Anderson, 2007; Nelson et al, 2007), potentially points towards more social welfare responses, although the ‘information deficit’ model is often invoked too.

The ways in which these framings generate policy responses are discussed in detail elsewhere (see Dowler et al, 2007; Lang et al, 2009, especially chs 3 and 8). Broadly speaking, policy responses within neoliberal states draw on a consumerist model which supports ‘informed choice’; provision of appropriate dietary guidelines and product labelling are key responses whatever the households’ social and economic circumstances. The default position is to question individual-level competencies within low income households, and focus on sufficiency of nutritional knowledge, and capacity to budget, shop and cook or make appropriate choice in institutions (canteens etc). That people should be able to get to shops stocking appropriate food, with sufficient money to buy it, is largely left to the market to secure, and the cost of food in relation to wages is not regulated. This is despite calls for focus on structural components of food and nutrition policy intervention (Prättälä et al, 2002; Robertson et al, 2004; Lang et al, 2009). Food policy is dominated by the individual choice model, where trade and financial rights govern entitlement, and the State’s role is largely regulation of the food supply and retail sectors. There is scant recognition of food as a serious

component of public health, or as citizens' rights (Drèze and Sen, 1989; Dowler and Caraher, 2003) and little attention to the food component of welfare. By contrast, recent work drawing on ideas from the majority world of household 'food security', which particularly stress food availability, affordability and access (Maxwell, 1996), highlights the potential of parallel discourses which frame 'food poverty' within entitlement and rights (Dowler et al, 2001).

Within work on 'poverty', by contrast, whether in academia, advocacy or policy, there is usually recognition that the ability to buy or otherwise obtain enough food is an important component, however the condition be defined (Spicker, 2007), with some emphasising the need to meet nutritional requirements and others, social norms of food behaviour (Dowler, 2002). State responses, addressing income through welfare or wages or neighbourhood regeneration, are usually driven by parsimonious definitions of adequacy, which ignore real demands on household expenditure; area regeneration seldom monitors impact on food experience (Dowler, 2002). Furthermore, where State welfare has retreated, there is tacit reliance on the growing charitable sector to fill the gap; those challenging such responses in the US and Canada increasingly draw on rights based approaches (Poppendieck, 1999; Riches, 2002, 2011).

This paper seeks to contribute to understanding the implications of a human rights agenda to address 'food poverty /insecurity' and resultant health inequalities. It emerges from ongoing work by both authors in their respective countries, engaging with the question of what it would mean for governments to meet their obligations to protect, respect and fulfil people's right to food, drawing on experiences in England/UK and Ireland as comparative case studies. The purpose is both to contribute potential advocacy material for social movements working on food insecurity and poverty in rich, industrialised countries, and to demonstrate where authorities in the case study countries could and should be taking better account of their obligations under the right to food.

Methods

We take an exploratory approach, drawing on secondary data and our own experience to examine the UN Statements on the Right to Food in the light of conditions and circumstances of two rich, industrialised countries. Notwithstanding work in North America mentioned

above, literature on rights to food has largely been elaborated in relation to circumstances in the majority world, where conditions and state structures are often quite different. We draw on several years of academic experience in the respective case study countries, working with households who live on low incomes and/or in areas of multiple deprivation, to examine and analyse their food experiences and, in some instances, give voice to people's own accounts. Some of this work was to inform the practices of social policy research groups, some for specific government departments. This empirical research is supplemented by experience of working as members of teams carrying out large national surveys of diet and low income/poverty (we contributed to survey instrument design, sampling, implementation and interpretation); we harness some empirical results in our analysis here. Thirdly, we interrogate the academic, practitioner and policy literatures to characterise those whose rights to food are being/likely to be infringed, to examine the means by which this occurs and implications for the future. Our experiences in committees, or as policy advisors, has offered opportunity to reflect on the possibilities for change. Finally, we benefit from discussions and output of a day-long workshop in Dublin, 2008, held under the auspices of the UCD Egalitarian World Initiative, with practitioners, policy makers and community activists, on using rights based approaches to 'food poverty' (O'Connor et al, 2008).

The paper opens with a review of how rich country conceptualisations of food poverty and insecurity have evolved in a manner consistent with the use of rights-based approaches to health; we identify key components of the relevant UN Covenants and other parallel instruments. We then briefly set out the conditions and circumstances of the two case study countries: their commonalities and significant differences, in relation to food poverty and insecurity and health, including current shifts in responses to recession and economic crises. The framing of welfare and public health responses is then briefly examined, comparing and contrasting the approaches taken in the two countries. The difference that rights-based approaches would make to these interventions is then explored in terms of addressing food insecurity and poverty.

Framing Food Poverty/Insecurity and the Human Right to Health

‘Food poverty’ and ‘food insecurity’ signify “the inability to consume an adequate quality or sufficient quantity of food in socially acceptable ways, or the uncertainty that one will be able to do so” (Dowler et al, 2001: 12, see also Caraher & Coveney, 2004). In the US and Canada, food insecurity analysis has been critical for monitoring and welfare response; quantitative indicators were developed from original qualitative work with women experiencing hunger by Radimer (2002; see also Tarasuk and Beaton, 1999). The converse, ‘food security’, a much debated and shifting term, is broadly recognised as the situation where “all people, at all times, have physical, economic and social access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life.” (Riches, 2002: 92). It is used at global, national and household levels, and it is with the latter that we are concerned here. For industrialised countries, ‘food security’ implies that people have sufficient money to purchase the food they want to eat, to meet social as well as health and nutritional norms; that this money is not absorbed in other expenditure demands (rent, fuel, debt repayment, etc); that people can reach shops or markets which stock appropriate food at affordable prices, or they can grow or otherwise obtain food in ways which are dignified and in keeping with social norms. We should note that, even in rich countries, concern over household food security is emerging because of the increasing volatility of food prices since 2008, at global and national levels, although knock-on implications for wages and social welfare are not yet reflected in policy. Thus, ‘food poverty and insecurity’ are not the result of supply failures; they are caused by diminished or failed entitlements to access food (Drèze and Sen, 1989). (Broader issues concerning sustainable global and national supply, also re-emerging on policy agendas, are outside the scope of this paper.)

Furthermore, there is growing recognition that the food system is creating new health problems, which exacerbate those faced by low income or marginalised populations (Hawkes, 2008; Lang et al, 2009). Caraher (2003) is not alone in arguing that academic and civil society discourse on ‘food poverty’ has begun to shift from notions of household insufficiency (of foods and/or [micro]nutrients) to recognition that widespread promotion and availability of cheap, processed food, high in fat, sugar and salt, contributes to a normative culture of unhealthy diets, and thus are major contributing factors to poor nutritional outcomes. Such practices in a food system which increasingly polarises high value foods for

richer and low value foods for poorer consumers are seldom addressed in health or food policy (Lang et al, 2009; Lobstein, 2009).

The international human rights approach then has critical potential to highlight ‘food poverty /insecurity’ as symptoms of a system which fails both to ensure individuals and households have adequate income, and to ensure that what is available to purchase or consume, at affordable cost (i.e. physically and economically accessible for all), is appropriate for health. There is a clear interdependence and indivisibility between the right to food and the right to health, as articulated throughout United Nations General Comment 14 on the right to the highest attainable standard of health. This embraces a wide range of socio-economic factors promoting conditions under which people can lead a healthy life, as well as the underlying determinants of health – including food and nutrition. Specifically, regarding the obligation on State parties to *fulfil* the right to health, it notes that such parties must ensure equal access to the underlying determinants of health, such as nutritious safe food (CESCR, 2000). In a similar vein, General Comment 12, on the right to food, states that national strategies on the right to food need to be developed in coordination with the development of health measures, among others, and that “[t]he human right to adequate food is of crucial importance for the enjoyment of all rights” (CESCR, 1999). Both General Comment 12 and 14 respectively identify factors which affect *availability*, *accessibility* (*physical* and *economic*) and *acceptability* as essential elements of the right to food and health.

Under the International Covenant on Economic, Social and Cultural Rights (ICESCR), the right to food is housed within Article 11, which deals with the right to an adequate standard of living (Eide, 1996, 2001; Künnemann, 2002). According to the Committee on Economic, Social and Cultural Rights (CESCR), the broader right to adequate food is realised “when every man, woman and child, alone or in community with others, has physical and economic access at all times to adequate food or means for its procurement” (CESCR, 1999). This concept of “accessibility” is of central importance in understanding the parameters of the right, including both maintenance of human dignity and sustainability across generations (Künnemann, 2002, especially: 168-170). *Physical accessibility* refers to locational access to adequate food sufficient in quantity and quality to satisfy dietary and social needs (CESCR, 1999). *Economic accessibility* implies that the financial costs associated with the acquisition

of food should not constrain the attainment and satisfaction of other basic needs (Florencio, 2001).

As with other socio-economic rights, the obligations imposed on States under the right to food follow the standard tri-partite typology. The obligation to *respect* existing access to adequate food requires State parties not to take any measures that result in preventing such access. Such activities might include eviction or displacement of people from their land; removal of social security entitlements without the provision of alternative means by which people could feed themselves; or action to induce unemployment in the public or private sectors (Chilton and Rose, 2009). The obligation to *protect* requires measures by the State to ensure that enterprises or individuals do not deprive others of their access to adequate food; the State is primary duty bearer but the involvement of multiple public and private sector actors is recognised (Florencio, 2001). The UN Special Rapporteur on the right argues such obligations should be extended to cover particularly powerful non-State public actors (such as the World Trade Organisation and private transnational corporations), given their key role in the contemporary food system (Narula, 2006). The obligation to *fulfil (facilitate)* means the State must pro-actively engage in activities intended to strengthen people's access to, and utilisation of, resources and means to ensure their livelihood to enable food purchase. Finally, whenever an individual or group is unable, for reasons beyond their control, to enjoy the right to adequate food by the means at their disposal, States have the obligation to *fulfil (provide)* that right directly (CESCR, 1999). This, as Eide (1996: 33) notes, entails provision of direct food aid or sufficient social security “for example: when unemployment sets in (such as under recession); for the disadvantaged and the elderly; during sudden situations of crisis or disaster; and for those who are marginalized”.

Implementing these various obligations is always a complex process, given the multifaceted nature of the food system, the increasing dominance of global food industries in the private sector who are not under obligation to States, and the fact that nation States are increasingly bound by rulings of supranational entities such as the European Union and the World Trade Organisation (hence the UN Special Rapporteur intervention). Such non-state actors are changing food governance (Lang et al, 2009, especially ch 3) so that much policy is delegated to private or civil society sector organizations, which makes it harder both to establish State roles and responsibilities within the food system, and to monitor and enforce implementation of obligations outlined above. Of course, such complexities apply to many areas in which

rights based approaches apply (Jochnick, 1999; Schilpzand et al, 2010); an important lesson for ‘food poverty/ insecurity’ activists is that “the real potential of human rights lies in its ability to change the way people perceive themselves *vis-à-vis* the government and other actors. Rights rhetoric provides a mechanism for reanalysing and renaming ‘problems’ as ‘violations’, and, as such, something that need not and should not be tolerated” (Jochnick, 1999: 60, parentheses in original).

Nevertheless, despite such complexities, the Committee on ESC Rights argues for a co-ordinated, concerted approach by the State (CESCR, 1999), and the Voluntary Guidelines on the Right to Food developed by FAO (2004) provide practical guidance for States in realizing the right to adequate food. States are encouraged to entrust a specific institution with responsibility for overseeing and coordinating implementation, and to develop a national strategy to ensure food and nutrition security for all, with indicators and benchmarks to assess progress in realising it. They also recommend that a *food* poverty focus be built into national poverty reduction strategies (FAO, 2004, 2009). However, neither CESCR nor FAO (themselves non-State actors) encourages those experiencing food poverty or insecurity, and whose food rights are being violated, to use such a perspective to name their circumstance and challenge the practice of the State or non-State actors. The emerging grassroots civil society groupings which espouse a rights language, such as the Food Sovereignty movement (Patel, 2009), have tended, in richer countries, to involve producer perspectives, rather than engaging with marginalised consumers experiencing ‘food poverty’ or ‘food insecurity’.

Case Studies of Food Poverty and Insecurity: UK/England and Ireland

The UK/England and Ireland were chosen as case studies partly from expediency but also because the politics of food (Ó’Gráda, 1995) and the relationship with social policy, have historically played important roles in both jurisdictions (Dowler, 2002). Clearly there is a shared history, outside the scope of this paper, but there are commonalities of and differences in State roles, briefly outlined here. While the market mechanism is the predominant force through which food is mediated in both, Ireland’s high dependence on EU agricultural subsidies sets it apart: recent estimates suggest net receipt of over €30bn since the 1990s, of which 70% has been channeled through the agriculture sector (Department of Agriculture,

Fisheries and Food, 2011). In terms of social policy, both have been located in the ‘liberal’ regime of Esping-Andersen’s typology, though Ireland’s position is contested and, because of the importance of the Roman Catholic Church, also seen more typical of the ‘corporatist-statist’ regime (Arts and Gelissen, 2002). Indeed, the Church has played a key role in social service provision, including food, and policy influence since the foundation of the Irish State in 1922; the relationship, one of “peaceful co-existence”, sees each maintaining, but not challenging, the power of the other. More recently, Catholic social service provision has declined in the face of dwindling vocations, and its moral authority severely damaged by revelations of abuse perpetrated by Catholic clergy in Ireland. At the same time, as Fahey (2007) observes, it has become more involved in socio-economic critique and issues of social justice. In the UK, the Church of England has played little significant role in social policy or service provision since the advent of the welfare state, although it engages with urban and rural poverty and disadvantage, as do many civil society organisations. (Note, boundaries of the case study are fluid: the UK government retains policy responsibility for non-devolved matters, including social security, macro-economic management and trade; other policies and public services are now devolved to Scotland, Wales and Northern Ireland.) There are similarities between the countries in public health history and current practice, including food welfare, as well as important distinctions in terms of delivery and responsibilities; space precludes further discussion.

However, both countries are facing an economic crisis which is widening inequalities, and, as in other European countries, both have an emerging ‘new poor’ among those with insecure employment and low wages, and migrants with uncertain work and welfare entitlements, as well as longstanding poverty in households of lone parents, older people, those with disabilities, the unemployed or the homeless (Dowler, 2001; FAO, 2010). Numbers are hard to establish for all categories, but in the UK, 22% of the population were in households with income <60% median in 2008-9, which is 13m people, more than a third of whom were very poor (income at least one-third below the poverty line); by mid-2010, nearly 2.5m were unemployed, and almost twice times as many were wanting work (Parekh et al, 2010). Health inequalities have widened in the UK over the last 20 years, with variation in life expectancy between local authorities 11 years for men and 10 for women, despite considerable effort to reduce them (see Davis, 2011, for recent summary; also <http://marmot-review.blogspot.com/>), and food and diet contributions are well recognised (Marmot, 2010

[for England] especially policy objective E). In Ireland, the EU Survey on Income and Living Conditions (SILC), the source of estimates of the proportion of Irish households living in poverty, showed 14.1% of the population at risk of poverty in 2009, and 5.0% of the population in consistent poverty (up from 4.2% in 2008) (CSO, 2010). The consistent poverty rate is one of the key indicators used to monitor poverty in Ireland and combines a relative income poverty measure with eleven material deprivation indicators. Analysis of national surveys of health and lifestyles show a clear social gradient in terms of self-reported health, chronic illness, mental illness and health service use (Ward et al, 2009); the most recent SILC Survey for Ireland also shows that consistent poverty rates increased as health status decreased: 3.6% for those with 'very good' health and 9% for those who describe their health as 'bad/very bad' and a similar pattern among those experiencing chronic illness (CSO, 2010).

Turning to food and diet: in the UK, longstanding socio-economic differentials in household consumption patterns and individual nutrient intakes are recognised (Dowler et al, 2007). Those in receipt of means tested benefits, unemployed, or in lone-parent households (all more likely to be low income) had worse micronutrient intake and dietary patterns than those not in these circumstances. A national purposive survey of low income households showed that a considerable proportion of those in the bottom 15% of the total population in terms of material deprivation failed to meet dietary reference standards and were overweight or obese (Nelson et al, 2007). This survey also employed a modified food security questionnaire, similar to that used by the United States Department of Agriculture, to quantify people's perceptions of their circumstances. Almost a third of respondents said that, during the previous year, lack of money or other resources had limited their access to enough varied and appropriate food to sustain an active and healthy life, and almost 40% reported having been worried their food would run out before money for more was obtained (Holmes, 2007). In Ireland, by contrast, although similar social gradients exist in nutritional status (Kelleher et al, 2002), 'food poverty' is rather seen as a central dimension to people's experience of poverty (Friel et al, 2006). Further, gendered within-household food poverty is recognised, whereby mothers are both expected to, and actually do, go without food to enable children and fathers to eat (Cantillon et al, 2001).

Secondly, in both countries there has been systematic work using normative and/or consensual budget standards, which costs typical weekly food baskets to meet health needs, for different household types. These show the inadequacy of income from wages or welfare benefits to meet basic needs for healthy living, including food. In the UK this has been demonstrated for different household types, including young single men paid at or below the minimum wage (Morris et al, 2000), and those living on state pensions (Morris et al, 2007). Hirsch (2011) shows how recent cuts in social welfare have had disproportionate effect on different low income households' budgetary capacity; since food expenditure is what many with insufficient money to manage have to cut, it is extremely unlikely that such householders could purchase sufficient, appropriate food for health (Dowler, 2010). In Ireland, research with low-income households in Dublin concluded that rates of social welfare or minimum wage were such as to make purchasing a healthy diet almost impossible (Vincentian Partnership for Social Justice, 2000; Friel et al, 2006). Recent work shows the cost of healthy eating for different types of low-income households to range from 13% (elderly lone adult) to 58% (2 adults, 2 children) of the weekly Social Welfare Allowance, depending which retail outlet can be accessed; local convenience stores can be twice as expensive as discount stores. Expenditures for families of two adults, or lone parents with one child, range between 22% and 49% of welfare income (Ross et al, 2009).

National surveys of poverty and exclusion in both countries, using systematic consensual indicators of deprivation including food, also show differentials in food and poverty. In the UK, such work has been done by academic units (e.g. Gordon et al, 2000), whereas in Ireland, the SILC dataset includes food-related deprivation indicators. Many low-income households in Ireland (<60% of median incomes) also experience food deprivation (almost 39% in 2009, up from 34% in 2008, and almost 50% lone-parent households) (CSO, 2010). The previous UK government discussed using such indicators of deprivation, but did not implement the initiative. In terms of environmental determinants of food access – how far people have to travel, to which shops, and the range and price of commodities available in them – research in both countries has examined the challenges posed (e.g. Furey et al, 2001; Wrigley et al, 2002; Dawson et al, 2008); the part physical access to food contributes to poorer people's dietary choices is subject to debate (see White, 2007; Dowler et al, 2007; Beaulac et al, 2009; among others).

Finally, in terms of institutional or sectoral responsibility for food, health and inequalities, the countries share some similarities. In England, the Department of Health, leading on health inequalities, enabled a review of structural and material aspects of food in the 1990s through its Nutrition Unit, which contributed to the 1998 Acheson Inquiry and subsequent work (Dowler et al, 2007). However, latterly its focus on food has shifted to anti-obesity initiatives with much less explicit work on inequalities; Health also houses *Healthy Start*, a means tested intervention targeted at mothers and infants. The Food Standards Agency had a nutrition brief which included inequalities and the role of social determinants in both its Research Programme and national survey (Nelson et al, 2007), but under the Coalition Government the nutrition brief has shifted to Department of Health. The Department for Environment, Food and Rural Affairs monitors annual household food expenditure; they commissioned a review of food poverty and exclusion under their new Food Policy Unit in 2010. The Department of Work and Pensions has traditionally relied on nutrition colleagues in other departments for scientific insights. There is no explicit institutional responsibility for ‘food poverty’ or ‘insecurity’. In Ireland, the Department of Health and Children carries out regular surveys which include socio-economic aspects of food consumption. A ten-year National Anti-Poverty Strategy (NAPS), introduced in 1997 (superseded by the National Action Plan for Social Inclusion 2007-2016), is the main vehicle by which specific targets for the reduction of health inequalities have been identified and addressed (Farrell et al, 2008).

Challenges in UK/England and Ireland posed by Human Rights Perspectives

In this section we examine the difference that rights-based approaches would make to understanding, responsibility and intervention in each country. The FAO Guidelines (2004) suggest drawing on a national anti-poverty infrastructure in tackling ‘food poverty’. In the UK, the State has resisted UN pressure to incorporate the ICESCR into law to address poverty (Killeen, 2008), despite a recommendation by the Joint Committee on Human Rights of the Houses of Lords and Commons, as a means to assist Government in addressing poverty, and Parliament and civil society in scrutinising their performance (JCHR, 2004). There has been no move to address food poverty by this means. In Ireland, similarly, the State has been implacable in the face of repeated requests to give economic, social and cultural rights full legal effect, and successive calls for Ireland’s National Anti-Poverty

Strategy to be revised and built around a human rights framework (CESCR, 2002). The Irish Human Rights Commission (IHRC), established in 2001 as a consequence of the Good Friday Agreement, has both a mandate and considerable statutory powers to be a key partner in promoting and protecting the right to food (O'Connor et al, 2008). In neither country, therefore, is there explicit recognition of food or nutritional needs within anti-poverty strategies, and there remains considerable resistance to using a rights-based framing for activities.

UK anti-poverty strategies have largely been directed to enabling those identified as poor to obtain paid employment as their route out, with strategies to 'make work pay' such as the minimum wage and (under the previous government) working family tax credit, with little systematic effort towards those unable to work. A commitment by the previous and present UK Governments to end child poverty, with investment in health, education and preschool children's services such as Sure Start (Roff, 2003) has seen little coordinated or sustained implementation of policies to address 'food poverty' or 'insecurity'. Some local health and civic authorities have shown leadership with partnership working (e.g. Kyle & Blair, 2007); the lack of clear evidence over problems with physical access to shops seems largely to have sidelined the issue, so that there has been very limited policy on siting of shops with reasonable prices for healthy food as component of an anti-poverty strategy (e.g. Reisig & Hobbiss, 2000). In Ireland, too, consistent evidence on the negative effects of variability of food costs by retail outlet on household capacity to budget for food, has had no discernable effect on policy. Further, in neither country is there systematic policy response to food price monitoring in relation to minimum wages or welfare levels. In Ireland, demonstration of the inadequacy of Social Welfare Allowances referred to above is ignored. In the UK, the introduction of a national minimum wage in 1999 had potential to address a key material aspect of food poverty, but the levels have consistently been shown to be too low for healthy living needs. Those campaigning for a 'living wage' (i.e. sufficient to meet consensually defined minimum income standards) have met with some successes, for instance in London (Grover, 2008), but no central body takes such evidence into account – indeed, rather to the contrary, as Hirsch (2011) shows. Thus economic access to sufficient food for health has never been overtly considered by either State; it has been left to civil society, trades unions and academic research units to make the case that neither welfare benefits nor statutory minimum wages are sufficient to enable people to purchase enough food for health,

particularly in families with dependent children. As both Ireland and the UK face considerable economic and fiscal stress at the time of writing, the likelihood of the State taking on the responsibility to respect or protect people's rights to food seem more remote than ever.

The systematic failure in obligation to fulfil people's rights to sufficient food for a healthy life is perpetuated by State reliance on voluntary sector responses, to feed people who are hungry or without the means to purchase food in the short or longer term. Civil society intervention which redistributes so-called 'surplus' foods to people in need, sourced either from the retail sector or from generous citizens, is growing and implicitly encouraged (e.g. CrossCare in Ireland; Trussell Trust in England). This is not just for those traditionally in receipt of charitable foods in richer countries (roofless or refugees) but increasingly, for people with jobs and housing but facing sudden or ongoing uncertainties in either or both. Such practices legitimate the bureaucratic and substantive inadequacies of the welfare systems and insecure employment for insufficient wage, and institutionalise demeaning distribution systems which create and sustain dependency (Riches, 2002, 2011; Rideout et al, 2007).

Furthermore, the State in both countries seems to assume what Riches (1996) describes as fractured responsibility for 'food poverty and insecurity', encouraging local level responsables or non-State actors to deal with local problems on a piecemeal basis. In both countries civil society is increasingly involved in local level food interventions which act 'downstream' on issues such as skills and budgeting or access to affordable healthy foods through volunteer-run cooperatives or small shops, rather than 'upstream' in improving wages, job security or neighbourhoods (Caraher & Coveney, 2004; O'Connor et al, 2008). Such local food projects, though sometimes initiated by the health sector or local authorities, are often small-scale and partial, and may in fact rely on support networks run by civil society organisations, whose responsibilities are not statutory. Their organisational capacity to work simultaneously across different fronts, fragmentation within and between sectors, and dependence on a mosaic of intermittent funding sources, continue to act as major constraints to lasting effectiveness (Dowler & Caraher, 2003; O'Connor et al, 2008). There is of course a critical potential role for civil society actors in strengthening the realisation of the right to food (FAO, 2004), through the creation of participative mechanisms for those living in the

everyday realities of food poverty and insecurity, and through offering potential for what Dreze and Sen (1989) call ‘adversarial’ public participation in social change processes. However, there has been little explicit espousal of food rights based approaches by community or voluntary sectors in most English or Irish intervention (for a recent exception see Brighton and Hove food partnership <http://www.bhfood.org.uk/>), despite longstanding calls for issues to be framed in terms of social justice. In Scotland, the long history of pioneering community-based food interventions has acted as a gateway for addressing fundamental issues of poverty and social exclusion, and more recently in England, some local food initiatives under the Big Lottery programme *Making Local Food Work*, have contributed to raising political and media interest in food issues, if not inequalities. Civil society does have an important role in enabling access to affordable food in dignified ways, and in the engendering of participation by the most excluded and marginalised, particularly those with insecure housing or citizenship status. But because many community-based food projects emerge as solutions to the negative impacts of the food system on low-income households and neighbourhoods, they could in fact be seen as proxy service deliverers for the State (Dowler & Caraher 2003), and regarded as a means for meeting its obligations to protect or fulfil rights to food. As Riches (1996) and others stress, such civil society interventions therefore also contribute to depoliticizing food poverty and food insecurity, relegating response to charity and chance.

In such circumstances, Donald and Mottershaw (2009) argue that rights-based campaigning approaches, which demonstrate the State’s failure to fulfil its obligations, can be used to attract new constituencies to anti-poverty work, and to build alliances between disparate groups to galvanise coordination in activities and advocacy. The downside is some wariness among anti-poverty activists who see rights-based approaches as inaccessible or potentially adversarial, despite the possibilities of reframing familiar issues towards social justice and entitlement (O’Connor et al, 2008). Relatively few examples of food rights-based approaches used in anti-poverty settings exist as models, with the notable exception of FIAN (*FoodFirst Information and Action Network*), an international body whose practice of compiling ‘shadow reports’ for fora such as the UN CESCR to monitor realisation of the right to food, is recommended. Closer to home, but not food related, the Participation and Practice of Rights (PPR) project in Northern Ireland has been active with local communities in developing

indicators and benchmarks to track progress on the realisation of rights to health and housing (O'Connor et al, 2008; PPR Project, 2009).

Discussion

We have drawn on a variety of sources – empirical, secondary and experience based – to examine the difference rights based approaches would make in conceptualising and addressing food poverty and food insecurity in the UK/England and Ireland, as examples of rich countries with welfare states to protect citizens' entitlements. Specifically, we have tried to look at what it would mean for the UK and Irish States to meet their obligations to protect, respect and fulfil people's right to food. What is clear is that, although the right to food has a long history within the infrastructure of the UN, with food poverty and insecurity recognised as impediments to its realisation, neither country explicitly accepts or systematically fulfils its obligations, despite sustained pressure from civil society and some in the academic community to address anti-poverty measures, and anti-food poverty and insecurity within rights-based framings. Response in both countries remains primarily downstream, driven by community and voluntary sectors with minimal State involvement. While local level food initiatives can address some problems faced by poorer communities and households, they are inadequate in practice to solve major inequalities because the problems are too great for piecemeal activity to cope or scale up, and also in principle, in that poorer community members inevitably carry out, without pay, responsibilities which richer community members would expect the private sector or paid professionals to fulfil under State obligation.

The distancing by Government from direct policy activity in 'food poverty/insecurity' is arguably typical of the food arena; as Lang and colleagues elegantly demonstrate (2009), in the UK and, to a lesser extent, Ireland, the State has engendered a series of increasingly remote bodies or non-State actors to effect policy (such as the UK School Food Trust, which regulates nutritional standards for school meals, Golley & Clark, 2007) and regulation (by civil society [e.g. for Fair Trade, organic production] and the private sector). One area where the UK Government has taken a more proactive role is in attempts to change cultural food norms through legislation to reduce children's exposure to unhealthy branded goods

advertising on TV and other media (Lobstein, 2009). This intervention is not framed as addressing inequalities in diet or health, nor human rights, although it has potential to do so under a protect-bound obligation.

Despite academic research into structural dimensions of ‘food poverty/insecurity’ (costs of obtaining healthy food, mapping food access and limited work on socio-economic differentials in food culture), few policy initiatives have drawn on the findings, which have to some extent been equivocal in the latter two areas. Food issues remain a largely private consumption matter, unlike health, with informed consumer choice the basis of policy. While the State in both UK and Ireland express some concern for needs of low income consumers, there are few explicit policy initiatives to address them and none is within a rights-based framing. At the time of writing, both countries are facing considerable economic challenges, with major cuts in public and private sectors being initiated and rising prices for food and basic utilities as well as transport and local taxes, with cuts in social welfare cuts likely to widen health inequalities (Stuckler et al, 2010). Indeed, while likely stress for households in buying food is recognised by the media in the UK and Ireland, neither State has acknowledged the role that unstable working conditions, ever lower wages, or reductions in social welfare provision, alongside rising costs, will have in people’s capacity to feed themselves and their families decently. Rising hunger and misery, alluded to by TV and newspapers, largely remain hidden, private griefs undocumented and unmonitored by the State. There is scant attention to the implications of the cuts for people’s rights to access sufficient healthy food, or the security of knowing this right will be maintained, other than to continue endorsing voluntary sector food aid, often sourced from the private sector or general public.

There has previously been little research in either country on the implications of employing a rights-based approach to food poverty and insecurity. In Ireland, stakeholder feedback on the plausibility of framing such responses in a rights-based setting noted both unfamiliarity with the concept and a perception that it might be an alienating and divisive approach. In neither country has systematic research on people’s views of rights to food yet been carried out, although recent research on people’s understanding of ‘food security’ in the UK has shown people’s ready engagement with ideas about availability, affordability and accessibility (Dowler et al, forthcoming). There is an emerging body of work internationally offering

practical guidance on how to operationalize such an approach and emphasizing its added value, from the recent FAO 'toolbox' (FAO, 2009) to the Participation and Practice of Rights Initiative mentioned earlier. Thus the contribution of rights-based approaches to food poverty and food insecurity both coincide and overlap with discourses and experiences of those working in the right to health, of which the right to food is both constituent and partner.

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