

“Would you like a payment card or food parcel?” A randomised controlled trial of offering a choice of food parcels or supermarket payment cards in a North London food bank.

Study protocol

This document provides a detailed description of a trial in the community food sector that is part of a group of trials being conducted as part of the SALIENT consortium (<https://www.salientfoodtrials.uk/>) .

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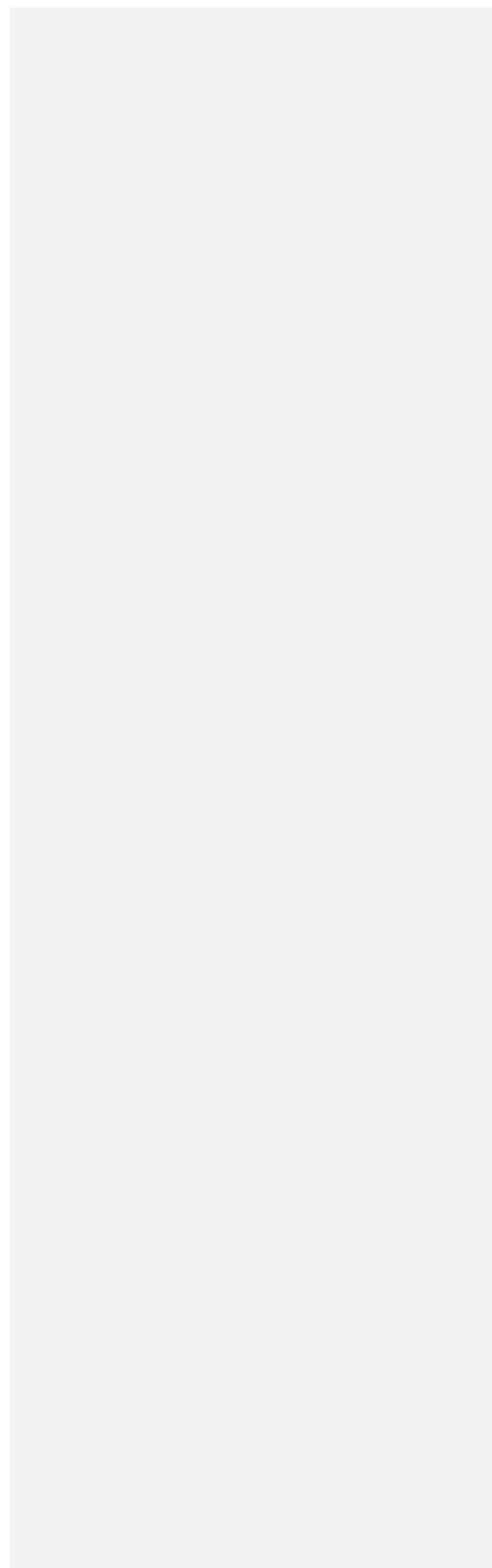
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Summary

What is already known?

Food insecurity is a growing problem in the UK, and in 2022-23, 4% of households used food banks. Food banks are struggling to meet demand, yet data suggest the number of people experiencing food insecurity is at least four times higher than the number of people who use food banks. Against this backdrop, food banks and other frontline services, such as Citizens Advice Bureaux, are increasingly looking to use “cash-first” responses, providing supermarket payment cards or cash to people using food banks. Anecdotal evidence and small pilot studies suggest these are a more dignified, effective and efficient way to respond to people’s needs and preferences. This model of support is also potentially less resource-intensive compared to the work required to assemble and distribute emergency food parcels. Yet, some evidence suggests providing payment cards may not work for everyone, especially where access to food retailers is limited by location or disability.

What does this study add?

This will be the first randomised controlled trial that will test outcomes associated with offering people a choice to receive standard food parcels or receive supermarket payment cards to purchase their own food in comparison to providing food parcels with no choice. It will add robust quantitative evidence on outcomes associated with offering people a choice of what emergency support they receive, as well as qualitative insights into how and why different forms of support may or may not work for different people.

How will we do this?

We will conduct a 6-week randomised controlled trial in a food bank based in north-west London. Standard practice in the food bank is to provide people referred to their food bank with an entitlement to receive six pre-packed food parcels, which are available to collect once a week from the food bank. During the fieldwork period, people newly referred to the food bank will be invited to participate in the trial. After receiving their first food parcel, they will be randomised to: (1) Group Red: continue to receive their entitlement of 5 remaining food parcels, or (2) Group Blue: a choice to either continue to receive their entitlement of 5 remaining food parcels or instead 5 weekly supermarket payment cards of equivalent value to enable them to make their own food purchases.

The two primary outcomes are (a) food insecurity (comparing Groups Red and Blue); and (b) the proportion of Group Blue selecting supermarket payment cards.

Secondary outcomes: self-rated health, mental health and well-being, frequency of fruit and vegetable consumption, and self-rated ability to acquire preferred foods. Food and non-food items acquired by the treatment and control groups during the study will also be described. A qualitative study will be embedded to explore participants’ self-perceptions of outcomes and experiences of receiving food parcels or supermarket payment cards. A process evaluation and cost-benefit analysis will also be embedded in the trial.

Introduction

Household food insecurity, that is, insufficient and insecure access to food due to financial constraints, has been steadily rising in the UK population. Recent data from the Food Standards Agency's Food and You 2 survey, which includes the USDA Adult Food Security module, carried out over October 2022 to early January 2023, found that 38% of households in England experienced food insecurity over the past 12 months: 14% were marginally food insecure, and an additional 24% were moderately or severely food insecure (1). At minimum, these experiences are characterised by anxiety about not having enough food; at most extreme levels, individuals report experiences of hunger but being unable to eat and going whole days without eating. These levels of food insecurity are higher than before the pandemic, when surveys suggested about 20% of households were food insecure (2).

In response to rising levels of food insecurity, there has been steady expansion in the number and types of community food projects operating across England. Most prominent has been the expansion of food banks, charitable food aid projects that distribute free bags of groceries (usually referred to as "food parcels" which are often pre-packed by the food bank staff and volunteers before their distribution) to people experiencing food insecurity (3). The Trussell Trust has the largest network of food banks in the UK, operating about 1400 distribution sites in 2022-23. But outside of this network, almost as many independent food banks operate (4). Surveys conducted amongst food bank users show high levels of food insecurity, with a predominance of people in receipt of social security or experiencing problems with benefits, and low levels of income. A majority of people using food banks also have chronic health conditions and/or disabilities (3).

There have been year-on-year increases in the numbers of people seeking help from food banks from 2010. The Trussell Trust has consistently tracked volume of usage across their network, counting the number of times that adults and children are helped by food parcels.¹ Over 2022-23, people were helped by their food parcels 2,986,203 times; this was more than double the number provided five years earlier in 2017-18 (5). Survey data from the FSA's Food and You 2 survey suggested about 4% of households used a food bank in year ending January 2023 (1).

With ever increasing demand, food banks have been facing challenges acquiring sufficient amounts and types of food for the people they serve (6). Their reliance on surplus food can mean an unreliable quantity and quality of food for distribution each week, and food supplies are often supplemented with purchased staples as a result. Many food banks have struggled to source enough food for the large numbers of people seeking their assistance. In Autumn 2022, two-thirds of members of the Independent Food Aid Network (IFAN) reported having food supply issues (7), and the Trussell Trust reported having already used up its reserve food stocks which would have normally lasted through the winter. They issued an emergency appeal to enable them to purchase food (8). Going into winter 2023, food bank organisations were again anticipating another increase in demand for their help as costs of living continue to impact on households' ability to afford food (6).

¹ You can see detail about how The Trussell Trust counts "food parcels" [here](#). Whilst they are reported as a number of food parcels, they are actually counting the number of instances people receive help from their food parcels.

In addition to the challenges of sourcing enough food, there are many questions about whether the food parcels provided from food banks are able to meet the needs of people using food banks (3). To enable efficient distribution, food parcels are often pre-packed bags of food, but this may be at the expense of recipients' food preferences, cultural and dietary needs. Further, acute shortage of food is also likely to be only one manifestation of the financial crisis clients are facing and many people using food banks face chronic food shortages, thus many have emphasised that the provision of food from food banks may not adequately address the food and financial needs of people using food banks (3). Further, qualitative studies have also highlighted that people are often embarrassed about having to use food banks and that there is significant stigma around their use (9, 10). National level data from the Department for Work and Pensions suggest that among households experiencing severe food insecurity in the month prior, only 14% reported using a food bank in the same period (11). Shame and stigma may be one barrier to food bank use, among others (3).

Concerns about the sustainability of food banks and ethical questions around their appropriateness as a response to people facing economic hardship and food insecurity resulted in a recent All-Party Parliamentary Group Inquiry into Ending the Need for Food Banks (12). This gathered oral and written evidence from a range of stakeholders on the benefits and limitations of different responses to people facing immediate food need. It considered offering people money, supermarket payment cards, access to food through social supermarket or food pantry models, and food parcels provided by food banks. The stakeholder evidence revealed different views on the strengths and limitations of these responses, but an absence of robust evaluation evidence.

Importantly, it is also recognised that many resources go into operating a food bank. These include: volunteer and staff time for food banks' food acquisition, storage, packing, and distribution; the money needed to purchase staple foods or pay a membership to receive surplus food from FareShare and other surplus food distributors; the transport resources needed to collect surplus food from local food retailers and food collection donations; and space required to store, pack and distribute food parcels. In light of these costs, there is also a need to weigh the cost of providing alternatives to food parcels, providing a cost-benefit analysis of different forms of support, whilst considering the nutritional and sustainability benefits of food parcels, including their use of surplus food.

It is against this backdrop that we have been working with an independent food bank in London to design a randomised controlled trial to test the impact on food security of offering a choice of the type of support to the people referred to their food bank. Rather than providing standard pre-packed food parcels automatically, in this trial, participants will be randomised to either receive standard pre-packed food parcels (Group Red) or to the choice of food parcels or equivalently valued supermarket payment cards (Group Blue). Food insecurity and other outcomes will be compared between Groups Red and Blue. Sub-group analyses will be conducted in Group Blue to describe the proportion selecting payment cards.

We begin by providing a review of academic literature and UK-based grey literature that has explored effects of different interventions in food banks and interventions providing cash or supermarket payment cards targeting low-income households. We then outline evidence gaps and go on to outline our trial protocol.

Literature review

Trials and evaluations in food bank settings

There have been relatively few studies that have explored the outcomes associated with different forms of support in food banks, though there is a clear interest in understanding how food banks impact the food security, dietary quality, and general wellbeing of their users (13-16). Studies have explored the contents of food parcels distributed by food banks, evaluating their nutrient composition and ability to meet recommended nutrient intakes for hypothetical or modelled levels of consumption (17-22). These studies have used quantitative methods, relying on photographs and content analysis in order to assess the quality of food contained in food parcels. Additionally, studies have incorporated qualitative analyses to explore users' perspectives on the contents of food parcels and their potential impact on food security and dietary habits (13, 23-26). Others have considered how factors such as stigma and social embarrassment shape patterns of food bank utilization (9, 10, 27, 28). The collective findings have underscored that food parcels provided by food banks often are lacking in nutritional quality, with the potential to have adverse effects on dietary intake, and that using food banks may also negatively impact the mental health and wellbeing of food bank users.

Some studies have tested strategies to enhance the nutritional intakes of people using food banks. A systematic review in the USA examined the effectiveness of interventions aimed at improving food bank users' diet-related outcomes (29). Most studies in this systematic review were modest in scale and typically short in follow-up duration and used a pre-post design, however, there were also examples of randomised controlled trials. Most targeted adult populations and used subjective outcome measures such as questionnaires, interviews and observations, though there were examples of trials involving taking HBA1c measures (a measure of glucose control) (30-32). The most common interventions identified in the review are nutrition education, followed by client-choice interventions and diabetes management interventions (29). Tailored interventions specifically for individuals with diabetes have involved the introduction of diabetes-specific food boxes, accompanied by educational initiatives, healthcare referrals, and glucose monitoring services not conventionally associated with food banks. However, the review also underscores challenges facing these interventions. These include the limited resources available in food banks to provide additional services to clients, shortages in personnel, and various barriers to engagement such as language, culture, and social stigma (29).

One notable randomised controlled trial highlighted in this systematic review which used food security as a primary endpoint was conducted by Martin et al. (33). It tested the effects of randomising people using food banks to either continue to use a food bank as is standard, providing pre-packed bags of food (control), or to use a new food bank model, which involved allowing people to choose the items they could put in their food parcel, motivational interviewing and also provided additional wraparound support and services (treatment). Food insecurity was measured using the validated US Department of Agriculture (USDA) Food Security Module, comprising 18 questions concerning households' experiences in the previous year (34). Food security status was categorised as high, marginal (some concerns in obtaining enough food), low (having problems with food access and reduced food quality), and very low (multiple indications of disrupted eating patterns and reduced food intake). After 3 months and 9 months, there was a significantly reduced risk of very low food security in the intervention group

compared to the control group, after controlling for participants' age, gender, household size, household income, number of children in their household and food security status at baseline. Fruit and vegetable consumption was also significantly improved in the treatment group compared to the control over the 3, 6 and 9 months even after controlling for other covariates. Very low food security and fruit and vegetable consumption, albeit non-significant, remained improved from baseline at 12 months. Authors suggested that additional research was needed to disentangle the multiple components of this intervention and assess their effectiveness.

Another example to highlight is a randomised cross-over trial where Dutch food bank users were randomised to receive food parcels with varying quality of snacks and additional fruits and vegetables in food parcels (35). Participants were randomised to receive different types of food parcels: standard parcels, parcels with unhealthy snacks replaced by staple foods, parcels with additional fruits and vegetables, and parcels with both unhealthy snacks replaced and increased fruits and vegetables. Dietary intake data were collected via 24-hour recalls, with primary outcomes focused on daily fruit and vegetable intake, while secondary outcomes included dietary intake of various food groups and nutrients. The findings indicated that adding fruits and vegetables to food parcels increased their daily consumption among food bank recipients. Replacing unhealthy snacks with staple foods did not impact on dietary intakes alone, only when combined with an addition of fruits and vegetables as well (35). Another 18-month prospective observational study, performed by Rizvi and colleagues, indicated significant reduction in food insecurity among the food bank users using food banks where they were given a choice of food items compared to those using food banks providing standard food parcels (36). This study therefore also suggests that offering a choice to select food items may positively impact participants' levels of food insecurity.

Other interventions that have been trialled in food banks have involved the use of behavioural nudges in food bank settings with a primary goal of improving selection of healthier food choices among users (37-39). These strategies have encompassed various approaches such as traffic light nutrition labels, packaging modifications, and colour coding. Lastly, studies have included perspectives from various stakeholders, evaluating the readiness and capacity of food banks to introduce interventions influencing healthy dietary practices (40).

Interventions providing cash or vouchers for low-income groups in high-income country settings

A limited number of studies have investigated the feasibility of providing cash payments or supermarket vouchers to tackle food insecurity in low-income population groups in high-income countries. A pre-post randomised controlled trial, carried out in France, revealed that food insecurity, as measured by the Food Insecurity Indicator (FSI), significantly reduced in low-income families with children receiving vouchers to buy fruits and vegetables alongside nutritional education compared with those receiving only nutritional education after 1-year follow-up (41). In line with this, another parallel randomised controlled trial carried out in New Zealand reported that the provision of supermarket vouchers for 4 weeks to low-income households with children experiencing food insecurity increased the overall expenditure on food (42). However, in contrast to the prior study which only provided vouchers for fruits and vegetables, there was no increase in expenditure on fruit and vegetables specifically in this latter trial. Basu et al. (43), using a randomised 2X2 factorial open-label trial, specifically focused on comparing outcomes when households were provided vouchers only for fruit and vegetables to when they were

provided with unrestricted vouchers for food. They reported that restricting the vouchers to allow only fruits and vegetables purchases did not show significant difference compared to unrestricted vouchers in fruit and vegetable consumption or healthy food intake, as measured by Healthy Eating Index (HEI) score, in USA-based adults, within 6 months of the study. Food insecurity also improved in all arms of the trial, with no differences between different treatment groups. Additionally, the authors found that providing vouchers either weekly or monthly made no difference to outcomes.

The effects of vouchers on food insecurity or fruit and vegetable consumption have also been tested in farmers' markets settings. For example, Aktary et al. (44) observed sustained reductions in severe household food insecurity 16 weeks after the provision of farmers' markets vouchers were provided to low-income households in comparison to a group that did not receive an intervention, though no differences were observed in mental well-being.

Benefits of monetary versus in-kind or restricted assistance

It is also important to situate this study within a wider debate (45, 46) and body of evidence that has explored the relative benefits of in-kind or restricted assistance versus unrestricted cash transfers (47-51). Whilst much of the evidence comes from low- or middle- income country contexts, studies have suggested that households receiving unrestricted cash transfers do not spend less on food than households provided with vouchers that only allow them to purchase food, and also do the same or even better on food security outcomes (48, 49). Unrestricted cash assistance also appears to be better for mental well-being and mental health (48, 51, 52) and other outcomes such as empowerment. Notably one study found that there were differences in outcomes by household indebtedness, where households could make better use of the cash payments when they were not in debt (48). Another found that monthly transfers as opposed to lump-sum transfers results in better improvements in food insecurity, where lump-sum transfers were more likely to be spent on durable items (51). In general, both the theory and evidence suggest that restricted in-kind food provision or vouchers restricted to the purchase of food can lead to a mismatch between what recipients want or need and what providers provide, and that unrestricted cash transfers may have positive benefits on mental health. However, other studies have emphasised how different contexts may lead to instances where in-kind provision is optimal, for example, where there is restricted access to retailers (53). Importantly, however, studies examining these issues have mainly been done in low- and middle-income country contexts. In high-income contexts and especially among people using food banks, complex social issues are often intertwined with poverty, which might impact on the effectiveness of cash versus in-kind support. For example, surveys of people using food banks have documented high levels of disability, high levels of debt, and common experiences of adverse life events such as relationship breakdown, bereavement, addiction, and eviction among others (54, 55).

UK-based grey literature trialling cash or voucher interventions for people referred to food banks

As reflected in the aforementioned APPG on Ending the Need for Food Bank's "Cash or food" (12), there has been growing interest in trialling alternate forms of support to people who are or would be referred to food banks. However, although this inquiry report highlighted examples of food banks and other frontline social services providing alternate forms of support, the evidence

cited that suggested effectiveness was primarily based on case studies, anecdotal evidence, or self-reported benefits amongst people who received cash or supermarket payment cards.

In partnership with the Trussell Trust food banks in Leeds, Leeds City Council piloted a cash grant programme over October 2021 to April 2022, where selected food bank clients and people contacting the Council's Local Welfare Support Scheme were referred into the pilot programme to receive cash payments through a third-party provider, Cash Perks (56). Cash awards and the frequency of provision varied. Eligibility for referral into the pilot from food banks was "people in most need", though it was unclear from the report how this was assessed. Key outcomes were emotional wellbeing, dignity and personal experience of referral process, ability to manage finances and ability to save since being in receipt of grant (56). Self-reports of what recipients used the cash payments to purchase were also recorded. Qualitative interviews were held with 15 recipients and 79 recipients completed a web-based survey at the end of the scheme (of a total of 160 household recipients). Routine data from the Trussell Trust were used to examine levels of food bank use over the period of cash support and after the end of the scheme, which suggested low levels of usage during the scheme but rising levels after the cash-grant scheme ended.

Over 2022, Citizen's Advice in Scotland trialed the offer of pre-paid supermarket payment cards to clients receiving support from money and debt advisors in seven Citizen's Advice Bureaux across Scotland (57). In this descriptive pilot study, the primary outcome reported on was the extent to which people opted to receive the supermarket payment cards and differences in rates of uptake across different areas. The study was not a controlled trial, as any individual accessing a pilot bureau during the study was eligible for a card and no comparisons were made between Bureaux offering the cards and not offering the cards. There were also no quantitative measures captured at baseline or at follow-up, other than the reporting of how many cards were issued and engagement with wider services and support. Case studies were used to explore client views about the cards and reasons why people chose this option or not. A key finding was that in urban areas, the majority of people offered the choice of supermarket payment cards or referral to a food bank preferred the former option (90%); however, in rural locations, only 30% of people offered supermarket vouchers selected these (57).

Research gaps

It is clear from the aforementioned APPG on Ending the Need for Food Bank's "Cash or food" report that many UK food banks are grappling with questions about how best to offer emergency short-term aid. There is significant interest in providing monetary support to people seeking assistance from food banks, and many examples of food banks trialling provision of cash or supermarket payment cards alongside or instead of their usual food parcels. However, to our knowledge, there is a lack of studies that have used robust study designs to examine food security or mental health and well-being outcomes, or secondary outcomes such as dietary quality or personal sense of dignity. In particular, we did not identify any randomised controlled trials based in food bank settings that have compared outcomes between groups where one was offered a choice of a food parcel or payment card to purchase their own food compared to a second group provided standard food parcel without a choice. This element of choice is a key feature, recognizing the importance of individual preferences and that in some cases, food parcels may be the preferred option. This study will uniquely enable exploration whether better outcomes result from offering people a choice compared to offering food parcels as the standard form of provision.

Policy relevance

Central Government policy relevance

Starting in 2020 during the COVID-19 pandemic, the UK Government has given County Councils and Unitary Authorities in England funds to respond to financial hardship in their communities, particularly related to fuel poverty and food insecurity. Funding first offered during the COVID-19 pandemic and then later, through the Household Support Fund from October 2021, has been intended for local authorities to use to support households struggling in the face of rising costs of living. Local authorities have a degree of discretion over how to spend these funds, but guidance is issued by the Department for Work and Pensions (58). This has specified that local authorities can choose to spend funds on cash grants or vouchers to help people with food or fund the voluntary sector, such as food banks, to deliver support (among other uses, such as issuing Energy Vouchers).

Though the future of Household Support Funding to local authorities is unknown beyond September 2024, there are calls for Government to commit to this funding for local authorities in the longer term (59). Considering the likelihood of funding of this nature continuing, there is a need for research to inform decision making around what guidance should be issued with this type of funding. For example, if the research suggests that people facing crisis prefer the means to purchase their own food and that food insecurity reduces among people offered a choice of support relative to people who are provided with food parcel support from food banks, there would be reason for the Department for Work and Pensions to issue stronger guidance in favour of allowing people to choose a payment card option compared to offering in-kind food support as the default.

These findings are also relevant to the Government because of examples of where they have provided funding to food aid organisations directly or provided funding to FareShare, a surplus food distributor which supports food banks to provide in-kind food assistance. Additionally, there have been calls to for Government to amend the corporate tax regime to reward businesses for donating surplus food (60). This trial will provide important evidence to support decision making around such asks. If the evidence suggests that in-kind food assistance is not the preferred form of short-term emergency assistance for people referred to food banks, then providing subsidies for or tax breaks for companies donating food may not be a good use of public funds.

Local Government policy relevance

Providing signposting and referrals to food banks is a key element of local authorities' and other frontline agencies' responses to people facing financial hardship and an inability to afford sufficient amounts of food. Whilst other services may be offered alongside a referral to a food bank, a referral is often the most tangible form of support provided. However, some local authorities also offer emergency financial payments or supermarket payment cards in support, as part of a local welfare support scheme. In addition to making use of their core funding for these schemes, the short-term funds provided by the Household Support Fund have also enabled local authorities to support households facing financial difficulties through financial payments or supermarket payment cards. However, it is clear from the different schemes that

have been implemented, local authorities are using these funds in a variety of ways, including providing funding directly to food charities to boost their ability to purchase food for in-kind provision. Given the role that many local authorities are playing in either supporting people directly with financial assistance, providing referrals to food banks, or supporting food banks with funding, there is a need for robust research that will help guide decision making on how best to support people facing food insecurity.

Research questions

Our primary research questions are:

- Does providing people who are referred to a food bank **a choice** to receive either standard food parcels or supermarket payment cards of equivalent value to purchase their own food **reduce household food insecurity** after six weeks compared with people who are referred to a food bank who are given no choice and provided food parcels as standard treatment?
- Among people who are given a choice between receiving standard food parcels or supermarket payment cards of equivalent value, **what proportion of people choose supermarket payment cards over food parcels?**

In addition, this trial will allow us to explore a set of secondary research questions:

- Does providing people who are referred to a food bank **a choice** to receive either standard food parcels or supermarket payment cards of equivalent value to purchase their own food **improve mental health and wellbeing** or **self-rated health** after six weeks compared with people who are referred to a food bank who are given no choice and provided food parcels as standard treatment?
- Does providing people who are referred to a food bank a choice to receive either standard food parcels or supermarket payment cards of equivalent value to purchase their own food result in **better self-reported ability to meet their dietary preferences** after six weeks compared to people who are referred to a food bank who are given no choice and provided food parcels as standard treatment?
- Does providing people who are referred to a food bank a choice to receive either standard food parcels or supermarket payment cards of equivalent value result in **any difference in frequency of fruit and vegetable consumption** after six weeks compared to people who are referred to a food bank who are given no choice and provided food parcels as standard treatment?

- How much do people spend from supermarket payment cards, and what is purchased when given the option of using supermarket payment cards rather than receiving food parcels? How do purchases differ from what people receive in food parcels?
- Are there differences in the use of the Food Bank's services during the study period or frequency of subsequent referrals and/or food parcel or supermarket payment card collection in the 12-18 weeks following the 6-week trial period (i.e., 18-24 weeks from baseline) between treatment and control groups?

Stating the power we have for each of these comparisons, we will also examine if outcomes differ by:

- Participant gender, age, ethnicity, or immigration status;
- Presence of children in the household;
- Disability status of participant and household members;
- Self-reported non-financial barriers to accessing food; or
- Self-reported problematic debt at baseline.

In addition to the above quantitative research questions, an embedded qualitative study with a subset of participants will explore the following questions to enable a more in-depth understanding of outcomes and what did or didn't work for participants.

- Among people who are referred to a food bank and given a choice to receive either food parcels or supermarket payment cards, **what are their explanations for making one choice or another and how did they feel about being given a choice?**
- Comparing people who are referred to a food bank who (1) choose supermarket payment cards to purchase their own food, (2) choose to receive food parcels; (3) are given no choice and receive food parcels, **how did they:**
 - **experience the support provided or chosen?**
 - **use the food and non-food items they acquired?**
 - **feel they were impacted** by interventions in terms of ability to meet their needs, mental health and well-being and personal sense of dignity?
 - describe their decision-making around **how often to collect food parcels or supermarket payment cards** over the 6 week trial period?

Lastly, an economic evaluation will also be embedded in the study, addressing the following research question:

- Based on the findings for the primary outcome, food insecurity, what is the cost-effectiveness of offering people a choice to receive either food parcels or a payment method when compared to standard pre-packed food parcels from a food bank?

Theory of Change

Our Theory of Change is outlined in a Causal Loop Diagram (CLD):

<https://embed.kumu.io/a1b81cbd597f66294de303457c5dbef1>.

It outlines how the intervention – i.e. the choice of the food parcels or a payment method (i.e., supermarket payment cards) as a means to purchase their own food -- is expected to lead to optimal outcomes for people in terms of food insecurity and mental health and well-being. For some people, receiving a food parcel may be their preferred form of support when facing a shortage of food. This may provide enough basic foods to meet their needs and potentially free up finances for other essentials, reducing financial hardships in other domains. It also offers them the security of food provision over the six-week period, which should reduce the severity of food insecurity they are experiencing.

For others, a payment card will be preferred, as it is a flexible form of support that allows them to spend on what they need from supermarkets. This includes foods that meet their food preferences and needs, as well as other essentials. Supermarket payment cards will not necessarily lead to an improvement in the quantity and quality of foods acquired because in the current retail food environment and when households have low incomes and other financial pressures, healthier foods are often not the affordable or practical choice. However, the flexibility of offering the means to purchase their own food may mean that for some, they are able to purchase foods that offer them more dietary diversity and that meet their cultural food preferences in comparison to what they would have obtained from a food parcel. It is recognised that people with food-related allergies often find it difficult to find suitable food items in food banks (12). Offering the means to purchase one's own food may enable individuals to obtain food that suits their dietary necessities and therefore will improve their dietary quality. Irrespective of the types of foods purchased, we expect to see reductions in severe food insecurity over the 6-week intervention period. Lastly, for the treatment group, regardless of the choice made, we expect improvements in mental health and well-being because giving people a choice of support may give individuals a greater personal sense of dignity, thereby positively influencing their mental health.

The potential benefits to food banks are also outlined in the CLD. These include reducing the food bank's need for volunteers, staff, and storage premises for food, and also for donated and purchased food. However, potential negative consequences for the food bank are the need to acquire more financial donations to fund the purchase of supermarket payment cards. The use of supermarket payment cards may also mean that less surplus food is distributed by the food bank, potentially leading to more surplus food waste, but this could also be made available for other uses. It is also not clear that all surplus food taken home in food parcels is used, therefore the overall impacts on surplus food waste are not clear.

We expect benefits of this intervention are most likely to be in the short-term, and the focus of this study is on understanding the differences in outcomes between different forms of support over the period where support is available weekly for 6 weeks.

We acknowledge that providing the means for people to purchase their own food also comes with risks. Participants who choose the payment method will not be restricted to purchasing food, and it is possible for it to be spent on non-essential items. Where this is the case, we may not see positive benefits of the intervention on food insecurity but may still see positive benefits on mental health or well-being. Further, by offering people a choice of support, we may also see that people who know they struggle with money management or who have family members who may use the money for non-essential items, choose a food parcel rather than a payment card. Similarly, for people who face barriers to food shopping due to being homebound, a choice of food parcel may be their preferred form of support.

Methods

Study Design

The study is a parallel, randomised, controlled trial with embedded qualitative and cost-effectiveness studies.

It is not possible to blind the participants or researchers to group allocations.

Study Population

Target participants are adults (aged 18+) who have been referred to the Food Bank's, an independent food bank operating in the London Borough of Brent. To be referred, they must be assessed by one of the Food Bank's Registered Referral Agencies and deemed as not having "sufficient funds to pay for a balanced, healthy diet after all other essential household expenditure including rent, utilities, basic clothing and travel costs", the Food Bank's Voucher Policy.

Participants will either be the named individual on the referral form or an adult household member who comes to collect a food parcel on behalf of the household that received the referral. To be eligible to participate, individuals or households must have newly received a referral (i.e. never received one before or not in the last 12 months), entitling them to receive up to six standard food parcels from the Food Bank that can be collected any time but no more frequently than once a week.

Sample size

The minimum target number of participants is 260 participants (130 per control and per treatment group). This provides 80% power at a 95% confidence level to detect a minimum effect size of a 7.5 percentage point difference in moderate and severe food insecurity between the treatment and control group.

We will aim to recruit a total of 364 participants, assuming that as many as 20-30% may drop-out over the 6-week study period. This should allow for outcome measures on 260 participants at the end of the 6-week period even with this high dropout rate.

With this sample size, we will also have enough power to estimate a proportion of 0.90 choosing a payment method over receiving food parcels in the treatment arm (see Statistical Analysis section below).

Inclusion criteria

To be eligible to participate in this trial, individuals must be 18 years of age or older, be from a household referred to the Food Bank (either the person named on the referral form or the person collecting their first food parcel) and be eligible to receive six food parcels. For households to be eligible to receive six food parcels, they will be receiving a referral from the Food Bank for the first time or have not received a food parcel from the Food Bank for 12 months or more. All participants must be able to provide their informed consent to participate in the study.

Effort will be made to ensure that people with low levels of literacy or unable to speak English or read or write English will be able to participate. Study materials and questionnaires will be made available in Arabic and if required, other languages commonly spoken among people referred to the Food Bank.

Exclusion criteria

Due to the nature of the intervention, people who are seeking asylum in the UK and either applying to receive Section 95 support or already in receipt of this support are not eligible to participate in this study. This is because being in regular receipt of food or payments for a period of 6 weeks may compromise their eligibility for Section 95 support or may require them to declare this support to the Home Office. Doing so may compromise their eligibility for Section 95 support or reduce their entitlements.

Individuals who are unable to provide informed consent will also not be eligible to participate.

Study Intervention

When people are referred to the Food Bank and come to collect their first of six food parcels, those in the intervention group will be offered a choice to either continue to receive their remaining allocation of food parcels (five in total) or instead, to receive a payment method in the form of a supermarket payment card² loaded with an equivalent monetary amount to food parcels, to enable them to make their own weekly purchases of food and essentials (Table 1). Participants will be able to choose a payment card from either of the two major supermarkets located close to the Food Bank, however, a selection of payment cards for other supermarket brands will also be on hand should participants have another preferred supermarket option. Some supermarkets also allow payment cards to be used for online purchasing. No restrictions

² Co-design and PPI work guided the decision to offer specific supermarket cards, as more flexible options such as pre-paid credit cards had additional fees and had to be in the name of a named recipient. Options requiring use of a voucher code to access supermarket payment cards were deemed too complex for people to use and preference was given for physical cards to distribute. Please see PPI section for further information on this intervention choice.

will be placed on what participants can obtain from supermarkets and participants can choose to spend the amount as they wish.

Participants who choose supermarket payment cards will also have to come to collect these from the Food Bank to ensure they are also offered the signposting to advice and wraparound services offered from the Food Bank, though where people have been referred for delivery of food parcels, supermarket payment cards will also be delivered. The monetary value of the supermarket payment cards will be relative to household size and intended to enable the purchase of a quantity of food equivalent to what is provided in the Food Bank's food parcels (see Table 1 below). The value of the payments has been set based on the estimated weekly retail value of food parcel contents.

When choice of payment card is made, participants will be entitled to receive supermarket payment cards five times, equivalent to the remaining number of food parcels they are entitled to receive. However, should anyone who chooses the supermarket payment cards no longer want to receive this option, they can instead revert to receiving food parcels from the Food Bank, but they will not be able to change again. Participants who at first choose to continue to receive a food parcel may also, at a later time, choose to receive a supermarket payment card. Changes in choice will be monitored as part of monitoring the primary outcome of what choice is made.

The control group will not be offered a choice of what they will receive. They will be able to collect a total of six standard food parcels (including one parcel collected during their first visit), provided by the Food Bank, available to collect anytime but no more frequently than once a week, as is standard practice.

Of note is that the trial length is six weeks after the participant collects their first food parcel. In this time period, both control and intervention group are entitled to come weekly to collect food parcels or supermarket payment cards, respectively. Thus, this endpoint represents the maximum dose of treatment, even if it is not taken up. However, participants *do not have to* collect every week in this period, as the Food Bank does not place an expiry date on food parcels. They will remain entitled to receive their remaining form of support beyond the trial period. Indeed, some people may strategically delay picking up food parcels or supermarket payment cards to times of greater need. We consider this below in our discussion of outcome measures.

Table 1 Weekly value provided in supermarket payment cards in comparison to estimated weekly value of food parcel contents typically provided by the Food Bank.

Household size	Weekly value of supermarket payment cards	Estimated weekly retail value of food parcel contents, based on prices at local shops
1	£40	£25.97 non-perishables + £15.41 perishables = £41.38
2-3	£55	£38.74 non-perishables + £15.41 perishables = £54.15
4-5	£65	£49.91 non-perishables + £15.41 perishables = £64.82
6-8	£90	1 person parcel + 4-5 person parcel (with just 1 perishable bag) = £91.29

9+ people	£105	2-3 person parcel + 4-5 person parcel (with just 1 perishable bag) = £104.06
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Note: The largest parcel given out is the 9+ people parcel.

Outcomes measures

Primary outcome measures

The primary outcome measures are moderate and severe food insecurity and severe food insecurity alone, as measured by the FAO Food Insecurity Experience Scale (61) but adapted for a recall period of 14 days, measured in the study questionnaire. This 8-item scale has been chosen over the United States Department of Agriculture (USDA) Household Food Security Survey Module (HFSSM) because of its applicability to households both with and without children, testing and validation in countries around the world, availability of translations in a multitude of languages, and because of the simple response pattern (yes or no) (62). It could also be easily adapted for a short recall period of 14 days suitable for the short duration of this trial, whereas the USDA HFSSM contains some questions that ask respondents to answer how often experiences occur in the past month or year. Consistent with use in other studies (62, 63), responses to the 8 items on this scale will be scored as 0 for “no” and 1 for “yes” and summed to give a total score out of eight. A total of more than three or more affirmatives is considered the threshold for moderate food insecurity and seven or more affirmatives is consider the threshold for severe food insecurity.

To address research question 2, we will report the proportion of people choosing the payment card option over the food parcel option in the intervention group (Group Blue) at baseline. This will be a simple proportion of the total number of participants allocated to the intervention group. Given that participants can opt to change their mind during the 6 week period, we will also report the proportion of participants choosing the payment card option at the end of the 6 week study period.

Secondary outcome measures

In addition to primary outcomes, there are number of secondary outcomes that are of interest, relating to our theory of change outlining the theorised outcomes arising from offering people a choice and means to acquire their own food rather than receive a food parcel a food bank. Secondary outcome measures that will be measured in the study questionnaire include:

- Mental health and well-being score, as measured by the Short Warwick-Edinburgh Mental Health and Wellbeing Scale (62).
- Proportion reporting good or very good health as measured by a self-rated general health question used in UK-based surveys (e.g. Family Resources Survey).
- Proportion reporting ability to meet their dietary preferences. This is a novel survey question capturing respondents self-reported ability to eat the kinds of food they want to eat in the past two weeks.

- Weekly frequency of fruit consumption and weekly frequency of vegetable consumption using questions from the UK Household Longitudinal Survey; and
- Self-reported engagement with additional services at the Food Bank (at 6 weeks only)

For all of the above outcomes, we will aim to explore if outcomes differ by baseline socio-demographic and hardship data collected in the questionnaire. Variables of interest include:

- Gender, age, ethnicity, or immigration status of the study participant;
- Presence of children in the household;
- Disability of the participant or household members;
- Baseline report of difficulties in accessing food for non-financial reasons (e.g. disability, distance to shops); and
- Baseline report of problematic debt.

Data from the Food Bank's database will also be used to examine the frequency of subsequent referrals and food parcel or supermarket payment card collection in the 12-18 weeks following the 6 week trial period (i.e., 18-24 weeks from baseline).

The type, quality and quantity of food and non-food items acquired from food parcels versus supermarket payment cards will also be described. Data will be collected by asking participants to submit a photo or written description of what they purchase or acquire in food parcels (described later in Data Collection section). All product names and amounts of food items acquired from the food bank and through the payment card will be entered into an Excel spreadsheet, which will in turn be linked to FoodDB³ for analyses of nutritional quality and quantity as well as sustainability ratings.

Internal pilot study

An internal pilot study will be conducted to check the feasibility of the study methods. Following the first 30 participants' completion of the trial or after 9 weeks of being in the field, whichever comes first, data will be reviewed to provide an assessment of trial viability and whether adjustments are needed. The completeness of questionnaires will be assessed as well as quality of photo and receipt data received. Where there is an indication of poor data quality, there will be an assessment of whether questionnaire content should be reduced or the request for photos of purchases should be removed from the protocol. Recruitment rates will also be examined. An independent team will review these data and provide a view as to whether the trial should be continued in its current form, amended, or discontinued.

³ Harrington RA, Adhikari V, Rayner M, Scarborough P. Nutrient composition databases in the age of big data: foodDB, a comprehensive, real-time database infrastructure. *BMJ Open*. 2019 Jun 27;9(6):e026652. doi: 10.1136/bmjopen-2018-026652. PMID: 31253615; PMCID: PMC6609072.

Timeframe

Recruitment for this study will begin in late September 2024. Recruitment will continue until the target sample size is achieved. It is estimated that that we will need a minimum of 36 weeks in the field to recruit a target sample size of 364 participants.⁴

Ethics approval

Ethical approval for this study has been obtained from the Central Ethics Committee at the University of Liverpool, University of Liverpool Research Ethics Approval Number: 14004.

Study Procedures

Study setting

The Food Bank is an independent food bank operating in the London Borough of Brent. It has two client-facing food parcel distribution hubs. Its main site is a multi-purpose food hub offering also an advice service team, a community garden and prepared meal service for people referred to the food bank who cannot collect or prepare food for themselves. Food parcel collection services run twice a week from its main hub. The study will take place at the main site, as this is where there is space to accommodate the study. Over the fieldwork period, all referrals the Food Bank will be directed to the main site in the first instance to maximise recruitment.

The Food Bank operates a referral-based model of food bank. Referrals come from a range of about 15-20 core community service referral partners. Once referred, clients are entitled to receive six food parcels; they have an indefinite amount of time to receive these. Whilst they can come every week for a total of 6 weeks, many people do not come every week in the six weeks following their referral, so they may receive less than their 6-food parcel entitlement over the 6 weeks of the trial. Some people are also referred to have food parcels delivered (about 20% of referrals referred over January to April 2024) or, as above, are referred to receive the prepared meal service rather than bags of groceries. Once Food Bank users have collected their six food parcel entitlement, they can seek another referral from one of the Food Bank's referral partners, however, a second or any subsequent referral then only entitles them to receipt of one food parcel a month.

At each session, anywhere from 40-90 people come to collect food parcels for their household. Formerly, guest numbers were low enough to enable people to come into the building to choose items they would like in their food parcel from a selected list. The COVID pandemic resulted in an increase in the numbers using their services and necessitated a move to pre-packed

⁴ In the 52 weeks to 15 June 2024, a total of 1,177 new referrals to [Name of Food Bank] food bank were received. This was an average of 22.6 referrals per week, with the number fluctuating between a minimum of 10 and 38. However, about 24% of these did not collect a food parcel. Based on these data and excluding people who do not come to receive a food parcel, if there are 17 people eligible to be recruited on average each week, if we recruit 60% take part in the study (i.e. n=10 recruited each week), we will need 36 weeks to reach our target sample size.

standardised food parcels (see photo of example parcel in Appendix A). Their numbers have remained high. There are about 22 new referrals/week. They don't have enough space to enable people to come into the building, and they continue to provide pre-packed parcels so that people receive these efficiently during the sessions they are open every week. In addition to the basic food items provided in pre-packed parcels, there is a selection of surplus fresh food items available to add to food parcels each week, but the nature and quantity of these food items vary (see Appendix A for photos).

Staffing

To conduct this study, a dedicated member of the Food Bank's staff will be given the role of a Research Champion. Their job will be to ensure awareness of the study amongst staff and volunteers, to facilitate recruitment and to ensure the smooth operation of the trial alongside regular ways of working. They will also be responsible for administering the supermarket payment cards to participants in the trial who select this. This ensures that the payment cards are delivered by the food bank, in the same way that the control group is delivered their food parcels by the food bank.

In addition, a dedicated member of the research team will be on-site on food bank parcel collection days. They will be there to provide information about the trial, recruit interested people into the trial, carry out randomisation procedures, facilitate questionnaire completion for people unable to do this remotely, and deliver participant compensation at the end of the trial. The researcher will primarily work in a space away from the main food bank activities to ensure privacy for participants and also not to disrupt or lead to unwarranted interest among people ineligible to participate in the study.

Recruitment

Study participants will be recruited from a list of people referred to the Food Bank each week over the fieldwork period. The Food Bank receives referral forms from their community partners. These provide information on name of the person referred, the number of people in their household, the referring agency, and contact information. Approximately 98% of people referred have a mobile phone number included on their referral form. It is standard practice for staff at the Food Bank to contact people referred with information about picking up their first food parcel, which provides the time and place they can pick this up.

As per the Food Bank's Data Protection Policy, contact details for people referred cannot be shared outside of the Food Bank, however, staff can contact people who are referred to them with information that is in their legitimate interests. Thus, at the time of a referral being received to the Food Bank, the Research Champion staff member will check for eligibility criteria and where an individual appears eligible to participate, a text message will be sent in addition to the standard message about food parcel collection, sharing information about the opportunity to be involved in the study and asking their permission to share contact details with the research team. The Research Champion will track responses to these messages, noting who indicates interest, where messages are not received (i.e. not delivered), or where no reply is received.

In addition, and particularly when initial text messages sent have not been received or responded to, potential participants will be informed about the opportunity to take part in the study by phone or when they come to collect their first food parcel. The Research Champion will follow up text messages with a phone call or be present at food parcel collection and able to

provide a flyer about the study and direct people who are interested to the dedicated member of the research team.

Once contact is made between potential participants and the research team, either on site at the food bank at first food parcel collection, or prior to this by text message, WhatsApp, phone call or email, details of the study will be provided by the research team (on site or via same communication method). A written Participant Information Sheet and a video version of the Participant Information will be provided. In these, it will be emphasised that individuals are under no obligation to participate in the study and that the non-participation will not affect their ability to receive support from the Food Bank. In an effort to widen the participation in this research, this information will be provided in English and in languages commonly spoken at the food bank (e.g. Arabic). See Appendix B for draft Participant Information Sheet.

Informed consent

After receiving complete information about the study and taking the time needed to consider their participation (up to 1 week), potential participants will be asked to let the research team know whether or not they would like to participate in the study. At this time, they will be provided with an online link to the consent form. For participants unable to access this online form, they will have the option of completing it over the phone with a researcher or on-site with a researcher, on a tablet device.

On completion of the consent form, participants will be sent a link to the baseline questionnaire. Participants will not be able to proceed with the questionnaire without completing the consent form.

Randomisation process

As our target sample size is greater than 100, a simple randomisation approach will be used and trusted to generate similar numbers of people allocated to the treatment and control group (64). Once a participant has completed the informed consent process and baseline questionnaire, a participatory randomisation process will be used (33) but one that still ensures the allocation sequence is random. This will happen on site at the food bank with the research team after participants have collected their first food parcel or over the phone where it has to happen remotely. Participants will be randomly allocated to either the control group (Group Red) or treatment group (Group Blue) by reaching into a bag and blindly selecting one of the two balls that are identical, other than in colour. The balls will also be concealed within smaller bags to ensure that colours cannot be seen. If this is done remotely, this will be done by video call, with the researcher showing the participant what they are doing. Those who pull out a red ball will be put in Group Red. Those who pull out a blue ball will be put in Group Blue. A participatory approach has been chosen so that participants witness and participate in their random allocation to a group. One concern raised through our PPI work was that the participants may question why they were allocated to one group or another; this participatory process is intended to minimise any questions and concerns about their group assignment.

Receipt of the intervention

Once allocated to Group Red or Group Blue, study participants will receive instructions regarding further data collection and study procedures tailored to their allocation group. Group Red will be instructed to come to collect their remaining food parcels as usual from the Food

Bank. Over the course of the study (i.e. the subsequent five weeks), they will be told they can collect up to five food parcels, however, any food parcels not collected during this period will remain available to them beyond the study period.

Participants allocated to Group Blue will be informed of the choice they have to make: to receive up to five supermarket payment cards or to continue with their entitlement of five food parcels. The differences between the choices will be explained (see Appendix B for instruction sheet). They will be told that they don't have to decide then, but can let the research team know their choice in the next week. They will be told that if they'd like a food parcel, they will collect it as usual from the Food Bank, but that if they'd like a payment method, they will collect this from a different desk. They will also be provided details on how payment method works.

Opting out of choice made in Group Blue or opting out of the study

In the event that an individual who has opted for the payment method no longer wishes to receive this type of support, they will revert to the usual food parcel service.

Any participants who decide to withdraw from the study will be able to receive food parcels from [Name of Food Bank] for the usual allocation of six food parcels.

Participants requiring delivery

For clients who are referred for a food parcel delivery from the Food Bank, the above procedures will be adapted to enable their remote participation. This will include delivery of the payment method by the Food Bank's delivery team, and a requirement to be able to complete data procedures remotely, either online or over the phone with a researcher, unless they are able to come into the Food Bank for these procedures. Some supermarkets allow their payment cards can be used for online deliveries but delivery costs will have to be covered by the value loaded onto the card.

Data collection

During recruitment, records will be kept on the numbers invited into the study, number that agree to participate and numbers that refuse. Among those in the treatment group, their choice of payment card or food parcel will be tracked on being offered this choice.

All study participants will receive a unique ID number. Questionnaires will be administered to individuals at baseline, and at 21 and 42 days after they collected their first food parcel, respectively (Figure 1). As above, the baseline questionnaire will be provided via an online link to study participants, however, they will also be offered the opportunity to complete the questionnaire in person with researcher onsite at the Food Bank when they come to collect their first food parcel. They will also be offered the opportunity to complete the questionnaire over the phone.

The baseline questionnaire will collect more information than subsequent waves, as it will include fixed characteristics such as socio-demographic information and disability status. Please see Appendix B copies of questions in the questionnaires.

In addition to completing questionnaires, both control and treatment groups will be asked to take photographs of all food items and non-food items acquired via the food bank or through payment with the supermarket payment card following receipt of their second food parcel or first instalment of their payment method (note: they will have already received a first food parcel).

Anyone unable to complete this task after receipt of their food parcel or first payment card will be invited to do this again another week. Receipts will also be encouraged to be photographed or kept and submitted as paper copies. Photographs will be submitted to the Research Team via WhatsApp or email. If a lack of access to mobile phone data or access to Wi-Fi is an issue, it will be suggested that participants take photos and then send them using the Food Bank's Wi-Fi during food parcel or payment card collection. If participants lack access to a mobile phone camera, they are also provided with instructions for recording product names and quantity instead. They will also be provided with a SIM card if needed.

Researchers will log each purchased item's product names and quantity in a database and where possible, verify these purchases against the receipt. Price will be entered where available. If there are any discrepancies or unclear items in the photos participants send, researchers will contact participants to check details. Researchers based in the food bank will also take photos of food parcel contents over the weeks the study is running, which may provide more precise product detail than obtained from study participants' photos.

These data will be complemented by transaction data from supermarket payment cards. Whilst details on what is purchased is not possible to view, the number of transactions and amounts spent can be obtained using the "Check balance" feature offered by supermarkets. Patterns of usage will be described. These will be compared with patterns of food parcel collection in the control group and among those who chose a food parcel in the treatment group which are routinely collected by the Food Bank.

Figure 1 Study procedures and data collection timing for study participants.

	Pre-trial period	Trial data collection period (primary/secondard quantitative outcomes)																																												Post-trial										
	Days -0	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44+										
Referral received to Sufra's Food Bank	*																																																							
Text message sent to inform about study	*																																																							
Information about study provided	*																																																							
Complete consent procedure	*																																																							
Complete baseline questionnaire	*																																																							
Collect first food parcel		*																																																		*				
Randomised to treatment or control		*																																																		*				
Trial period begins		*																																																		*				
Entitled to receive weekly food parcel or payment																																																								
Possible food parcel or payment method collection (of 5)							*								*														*																											
Submit photos of food acquired following 2 nd collection																																																								
Complete midpoint questionnaire																																																								
Complete endpoint questionnaire																																																								
Receive compensation																																																								
Subset: complete qualitative interview																																																								

Compensation

Participation in the study will be compensated with shopping vouchers at the end of the six-week trial period. Participants will accumulate “reward points” over the six weeks for participation in data collection, namely for each questionnaire they complete and for providing photos and receipts showing items acquired from the food bank or purchased with the payment card.

Table 2 Reward points and value of shopping vouchers for participating in main trial.

Study item	Points	Value of Shopping Vouchers
Baseline questionnaire	10	£10
Midpoint questionnaire	10	£10
Endpoint questionnaire	10	£10
Completion of all three questionnaires in allocated window	10	£10
Photos of food items/receipts submitted	15	£15
Total /points vouchers that can be earned	55	£55

Integrated qualitative study

Alongside quantitative data collection, a sample of study trial participants will be invited to take part in interviews at the end of the study. Purposive sampling to ensure inclusion of a mix of genders, age, and ethnicity will be used to select a group of 40 participants, with a target sample size of 30. In addition to taking socio-demographic characteristics into account, purposive sampling will also be used to ensure representation from the control group, and from the treatment group including representation of people from among those who chose the payment card and who chose the food parcel. Some participants who receive home delivery of the food parcel or payment card will also be included. Lastly, participants will be split into a group who we will aim to interview in the week immediately at the end of the trial period, and a second group, where interviewing will deliberately take place 10-12 weeks after the end of the trial period. This is to enable exploration of how participants may take up their remaining food parcels or supermarket payment cards outside of the trial period if they haven't claimed all six during the trial period.

Interviews will take place on site at the Food Bank, though where coming to the Food Bank is a barrier to participants, an option to take part by videocall will also be provided. Interviews will be used to explore in depth how people felt about receiving food parcels or supermarket payment cards and being offered a choice of these options, how both food parcels and payment cards were used, feelings about receiving help from the Food Bank and the form of support they received, and any negative outcomes that were not anticipated. Participants' personal sense of dignity and feelings of stigma encountered on receiving either form of support will also be explored. Participants will also be asked about their own perceptions of how effective the support they received was and what, if anything, could be done to make the support more effective. Please see Appendix B for the interview guide.

Participants will receive £25 in shopping vouchers for participating in a qualitative interview.

Data analysis plan and sample size calculations

Analysis plan

Descriptive statistics: Understanding who was in trial

First, we will examine if there are differences in who participated versus those who did not by making use of the Food Bank's routine data. We will use anonymised routine data from the Food Bank food bank's referral forms to test if there was a difference in characteristics recorded on the referral form between those who participated in the study and those who were eligible, but who did not participate. The following information from the referral form will be used to test for differences between participants and non-participants:

- Household composition
- Type of agency providing referral
- Age, ethnicity, religious affiliation, language spoken and gender of person referred
- Ability to collect food parcel from the Food Bank or whether requires delivery
- Whether or not person referred is living in temporary accommodation or currently homeless
- Whether the person referred has one or more disabilities.
- Whether the person referred has cooking facilities

Next, we will examine how the characteristics of study participants compare to usual patrons of the Food Bank in order to understand generalisability of our study participants to the wider group of people routinely served by the Food Bank. As the study is running for about 36 weeks, there may be differences in the characteristics between those reached and invited to participate during this time and the wider population served by the Food Bank. For example, there may be seasonal trends in referrals. Further, our eligibility criteria may limit the generalisability of our results. This analysis will be similar to the above, but it will compare the characteristics of those participating to the wider general population of people referred to the Food Bank in the past 12 months.

We will use data collected from the baseline questionnaire and complemented by the Food Bank's referral form data to understand if there were differences between control and treatment group in socio-demographic characteristics, asking, did randomisation achieve equal distribution of baseline characteristics? We will also examine this for our outcomes of interest.

Lastly, we will describe the number of food parcels or supermarket payment cards collected over the trial period for the treatment and control group.

Analytical strategy for quantitative outcomes

Outcomes will be compared between those who received standard food parcels (Group Red: control group) versus those given a choice to receive either standard food parcels or supermarket payment cards (Group Blue: treatment group), with the primary end point 6 weeks after the participant collects their first food parcel. A primary end point of 6 weeks has been chosen because in theory, participants can come weekly for a total of 6 times to collect either food parcels or payment cards over this period. Even if participants do not come every week to

collect this entitlement, we are interested in the short-term outcomes in the period following referral, when a maximum “dose” of support is available to be accessed. However, qualitative interviews will take place in the 6-12 weeks following the end of the trial, enabling a qualitative exploration of outcomes beyond the 6-week endpoint and also exploring reasons why participants may not have received all 6 food parcels or supermarket payment cards during the trial.

To address research question 1, we will examine difference in proportions of participants are food insecure (moderate and severe) and severely food secure at the study end point (6 weeks from baseline) in the control group (Group Red) compared to the treatment group (Group Blue). Trends in the above outcomes will also be assessed at an interim timepoint of three weeks. We will conduct a difference-in-means test between control and treatment group for the difference in proportion experiencing moderate and severe food insecurity and severe food insecurity alone. The analysis will include all randomised participants in accordance within the ‘intention to treat’ principle, where we use outcomes for their last measured value (i.e. either baseline or at midpoint).

To address research question 2, we will measure the proportion of people choosing the payment card option over the food parcel option in the intervention group (Group Blue).

As secondary/exploratory analyses, we apply the same analytical framework to examine:

- Difference in self-rated health
- Difference in short WEMWBS score
- Difference in NutriScore of food items acquired from food parcels in control group vs. food items acquired from food parcels or from purchases made with payment card in treatment group
- Difference in reported weekly frequency of fruit and vegetable
- Difference in reported ability to meet food preferences
- Difference in frequency of self-reported engagement with the Food Bank’s services during the trial period
- Difference in number of food parcels/supermarket cards collected during trial period and beyond trial period, as well as number of subsequent referrals received beyond the trial period.

For all the difference-in means tests listed above, we will also explore a difference-in-difference estimator, i.e. a difference-in-means test for the change from baseline to endpoint in the outcome. If the randomisation is successful, then the simple cross-sectional difference-in-means tests should not be biased. However, if there is a lot of heterogeneity across individuals that is unrelated to the treatment, then it is possible that a difference-in-difference estimator is more efficient (i.e. has smaller standard errors). The difference-in-means result will be reported as the primary outcome, but the difference-in-difference will also be reported for completeness and to inform future trials in future settings.

Sensitivity analyses will be carried out excluding outcomes for people who drop out of the study and excluding people who changed their mind about their choice (supermarket card or food parcel) in the treatment group (Group Blue).

Sample size calculations

Sample size calculation for proportion of people that chooses supermarket payment card in treatment group

- Proportion choosing payment card.
 - Expect 90% of treatment group to choose payment card.

If we expect $p = 0.90$, then the standard error of that estimate will be $\sqrt{p(1-p)/N} = 0.3/\sqrt{N}$.

Acceptable 95% CI	Standard error	Required sample size N
[0.80,1.00]	0.05	36
[0.85,0.95]	0.025	144
[0.88,0.92]	0.01	900
[0.89,0.91]	0.005	3600

We require a minimum sample size of 144 in the treatment group to obtain an estimate of the proportion of people who choose a supermarket payment card with a 95% CI of +/- 5%.

Sample size calculation for effect of choice on food insecurity and mental health and wellbeing

- Food insecurity:
 - Expected level of moderate and severe food insecurity at baseline:
 - 94% of people referred to the Food Bank are severely food insecure
 - Expected level of moderate and severe food insecurity after six weeks⁵:
 - 84% in control group
 - 69% in treatment group.

This is a (independent) difference-in-means test for a proportion with $p = 0.84$. Using the equation for the standard error of this difference, with $n_A = n_B$ (because in this trial the treatment and control groups will be equal size), we get a standard error of $0.52/\sqrt{N}$, which gives rise to the following sample size requirements in light of the expected effect size of $0.84 - 0.69 = 0.15$, based on 5% significance in a one-sided test.

Minimum detectable difference	Standard error	Required sample size per arm
0.15	0.09	33
0.10	0.06	73
0.075	0.046	130
0.05	0.03	293
0.03	0.018	813

⁵ The expected level of difference is based on Martin et al. (2013) where they examined the difference in outcomes between people using food banks standard pre-packed food parcels vs. using a new food bank design where people were offered a choice of foods, motivational interviewing and referrals to targeted services.

0.02	0.012	1829
0.01	0.006	7317

We will need a sample size of at least 260 to allow for a significant result if the effect size is smaller than expected.

- Mental health and well-being score

This is an independent difference-in-means test with equal sample size in the treatment and control groups. The 7-item SWEMWBS scale has a mean of about 23.5 and a standard deviation of 23.2 for both women and men (65). Using the relevant equation, the standard error of the difference-in-means will be $23.2 \cdot \sqrt{2/N} = 32.8/\sqrt{N}$, which gives rise to the following sample-size requirements for a one-sided test with 5% significance.

Minimum detectable difference	Standard error	Required sample sizes per arm
5	3.0	120
2.7	1.7	411
2	1.2	747
1	0.61	2,891
0.5	0.30	11,954

It is difficult to know what effect size to expect for the offer of a choice of payment card or food parcel because this question has not been studied before. To get an idea of orders of magnitude, we drew on findings from a meta-analysis of interventions aimed at improving well-being, which found that parenting programme interventions (the most similar type of intervention included in that survey) have a medium effect size of about 5.5 points on the 14-item scale, which translates to 2.7 points on the 7-item scale (66).

If we assume a similar effect size, then we would need a sample size of about 400 people per arm. This is not achievable given the numbers using the Food Bank each week and the length of the fieldwork period. Thus we have based our target sample on the sample-size calculation on the fraction of food-insecure households as above. For this reason, we have moved this outcome to a secondary outcome.

Process evaluation

Commented [RL1]: Section to be inserted by Process Evaluation team following meeting with Bea/Ollie

The process evaluation plan is being developed jointly with the London School of Hygiene and Tropical Medicine and will form a separate ethics submission. This evaluation will explore the effects of the intervention on SUFRA Food Bank guests' purchasing habits, assess the quality of implementation, and identify the barriers and facilitators of the intervention.

Semi-structured interviews will be conducted after the intervention period to understand stakeholders' experiences and perspectives of the intervention. The Process Evaluation team will purposively recruit approximately 20-30 *a priori* identified interview participants who will represent three groups of stakeholders:

- **SUFRA Food Bank guests:** Guests allocated to the intervention group will be asked about their choice between a food parcel or food voucher, their views on having this choice, and their experiences with any changes over time. They will also be asked about their perceptions of the intervention's goals, impact and effectiveness.
- **SUFRA Food Bank managers and customer-facing staff:** Managers and staff will be asked about their roles in the intervention's development and implementation, the barriers and facilitators to its implementation and maintenance, and their perceptions of its impact and effectiveness.
- **Key decision makers at SUFRA Food Bank:** Key decision makers, including the Executive Director, Food Aid Manager, and the SUFRA Trial Lead, will be asked about their roles in the intervention's development and implementation, the implementation process, associated costs, and any unintended consequences. They will also be asked about barriers and facilitators to effectiveness and their perceptions of its impact.

Findings will help to inform further research and the implementation of future interventions. All interviews will be audio-recorded, subject to participant consent.

Economic evaluation

Overview of economic evaluation

The economic evaluation will be conducted from a societal perspective to answer the question: What is the cost-effectiveness of offering a choice of payment card compared to standard food parcels in adults referred to a food bank?

The objective of the economic evaluation will be to calculate the short term cost-effectiveness of payment cards at 42 days after enrollment in the trial.

The economic evaluation will use the individual level data collected from within the trial. The analytical methods will take the form of a cost-effectiveness analysis and a cost-benefit analysis. Based on the trial evidence, incremental cost-effectiveness ratios will be calculated by taking a ratio of the difference in the mean costs and mean effect. For the cost-benefit analysis, we will estimate the benefit-cost ratio and net present value.

The evaluation will include the costs related to the food bank operations and will therefore include cost of staff time and food costs associated with the control arm (Group Red – only food parcels offered) and include any relevant costs associated with treatment arm (Group Blue - offer and take-up of payment cards plus offer and take-up of food parcels).

Economic data collection & management

Identification of resources: The costs related to the payment cards and any relevant costs associated with the operation of food parcel preparation and distribution will be collected in collaboration with the Food Bank and will include resource use related to staff time, payment cards and food parcel costs. We will work with the Food Bank to establish the most efficient means of sharing this cost data for both trial arms. We will collect this data at routine time points throughout the duration of the trial.

Resource use items likely to be relevant will include:

- food procurement costs (unit cost of food items, food bank storage costs)
- administration costs associated with managing and distributing the food parcels/payment cards
- all relevant staff time, including paid and volunteering staff.
- payment-card costs

Valuation of resource use data: All resource use will be valued in monetary terms using appropriate UK unit costs. We will use salary data to estimate staff costs and for volunteering time will be converted to costs using value of leisure time. We will work with the Food Bank to collect data on the unit costs of food procurement.

Identification of outcome(s): The primary economic outcome for the cost-effectiveness analysis will be the difference in mean food insecurity score, obtained from the trial data. The secondary outcome for the cost-effectiveness analysis will be the mean difference in wellbeing, measured

using the SWEMWBS. The cost-benefit analysis will convert any improvement in SWEMWBS score to a monetary value using unit cost data obtained from the WMCA unit cost database.

Measurement of outcome(s): Measurement of food insecurity and SWEMWBS will be at 42 days following enrolment in the trial.

Economic data analysis

The full analysis will include all randomised participants in accordance within the 'intention to treat' principle.

The analysis will be conducted once all participants have been followed up for 42 days after enrollment in the trial.

All costs and benefits will be within 1-year so no discounting will be applied.

Statistical decision rule: mean difference in costs, food insecurity and wellbeing, and net benefits between the food parcel and payment cards will be estimated with associated 95% confidence intervals.

Analysis of costs: differences in overall mean costs between the arms will be analysed using Ordinary Least Squares (OLS) regression. The distribution of residuals from the regression model will then be examined to assess if OLS is appropriate or another type of regression model should be considered e.g. generalised linear model (GLM).

Missing data: Trial data will be examined for any missing data. The appropriate method for dealing with missing data will depend on the proportion of missing data and likely mechanism of missingness. For example, multiple imputation methods may be used if the data is missing at random (MAR).

Analysis of cost-effectiveness: Cost and food insecurity/WEMWBS data will be combined to calculate an incremental cost-effectiveness ratio (ICER) and net monetary benefit (NMB) statistic from the societal perspective.

Sensitivity analysis: Several sensitivity analyses will be undertaken to explore uncertainties surrounding key parameters in the economic evaluation. The results for complete cost and outcome data (i.e. those with no missing data) as well as a strict per-protocol analysis of the data will be provided to identify the impact of missing data on the analysis and any sensitivity to protocol violations.

Reporting standards: CHEERS guidelines will be followed when reporting the economic evaluation.

PPI contributions and feedback

General feedback on the proposed intervention was sought from the SALIENT public involvement group (the Community Network Group) and the University of Hertfordshire's public involvement (PIRg) and young people's advisory (YPAG) groups. Some of the contributors have experience as volunteers in food aid settings or have signposted service users to such organisations at work. One contributor has experience as a community organiser and of using a food pantry.

In addition to these, a more targeted approach to engagement was taken to address questions around logistics and acceptability. This involved talking to food bank staff and volunteers and (planned in-person) food bank users. Conversations were had with the Food Bank staff and volunteers about the nature of the intervention (i.e. what to provide as the payment method; whether to offer a choice or instead, run a randomised trial of cash/payment method). Feedback has also been gathered on the procedures for the study. The input from the PPI work has helped us address important aspects of the protocol, including determining fair compensation for participants, ensuring transparency and clarity in study procedures such as individual randomization into study groups, and developing inclusive materials suitable for varying literacy levels and language proficiency. This collaboration has been essential to ensure that data collection methods are practical and considerate of the food bank users' unique circumstances, aiming to minimise any inconvenience for them during the study.

Additionally, through discussions with food bank advisors, we have gained valuable insights into the benefits and potential risks associated with using different payment methods. They have also considered legal constraints related to these payment methods and explored ways to better support vulnerable populations that make use of food banks. A summary of PPI feedback can be found in appendix C.

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Figure A3 Perishable items provided by surplus food redistributor and collected directly from supermarkets. These items vary from session to session but supplement the standard items in the parcel.





Appendix B: Study materials

Participant Information Sheet (Main trial)

Participant Information Video Version (Main trial)

Consent Form (Main trial)

Baseline questionnaire

Week 3/Week 6 questionnaire

Information about making choice of food parcel or payment card

Participation Information Sheet (Qualitative study)

Consent form (Qualitative study)

Qualitative Interview Guide



A study exploring food support from [Name of Food Bank]

Participant Information Sheet

You are being invited to participate in a research study being run at [Name of Food Bank]. Before you decide whether to participate, it is important for you to understand why this study is being done and what it will involve.

Take time to read this information and feel free to ask if you would like more information or if there is anything that you do not understand. You can also discuss taking part with your friends or family.

Importantly, **you do not have to take part in this study** and should only agree to take part if you want to. Choosing not to take part will not affect the services you receive from [Name of Food Bank] in any way.

Thank you for reading this.

First, who is doing this study? And who can you contact if you have questions?

This study is being done by researchers at the University of Liverpool and other universities in England, in partnership with [Name of Food Bank]. This means [Name of Food Bank] has helped the researchers design the study and is helping to make it happen in their food bank. But all of the data collected and analysed will be done by the university researchers. We explain below how none of the data you provide will be viewed by [Name of Food Bank].

You can contact any of the following people if you have questions about taking part:

Dr Natasha Bayes, who is running the study.

Email: natasha.bayes@liverpool.ac.uk

Study phone number/WhatsApp: 07467 457688

Participant Information Sheet: Version 3, 5th July 2024

University of Liverpool Research Ethics Approval Number: 14004



Dr Suruchi Ganbavale, who is helping run the study.

Email: s.ganbavale@liverpool.ac.uk

Dr Rachel Loopstra, who has overall responsibility for the study.

Email: rachel.loopstra@liverpool.ac.uk

[Name of Food Bank] staff members helping with study.

[Redacted]

What is the purpose of the study?

We want to learn about if the food support provided from [Name of Food Bank]'s Food Bank makes things better for the people referred to [Name of Food Bank]. We will be looking at how things do or don't change over a six-week period after people are referred to [Name of Food Bank]. We also want to find out: if there is a better way to help people referred to [Name of Food Bank]'s Food Bank to get food than providing food parcels.

Why have you been invited to take part?

You have been chosen to take part because you've been referred to [Name of Food Bank]'s Food Bank. Everyone who is referred to [Name of Food Bank]'s Food Bank and eligible to receive six food parcels from [Name of Food Bank] over September 2024 to May 2025 is being invited to take part in this study.

Do you have to take part?

No, you do not have to take part in this study. Your participation in this study is completely voluntary. If you decide not to take part, it won't impact the support you receive from [Name of Food Bank] in any way.

Can anyone take part?

Participant Information Sheet: Version 3, 5th July 2024

University of Liverpool Research Ethics Approval Number: 14004



Unfortunately, no. In order to take part in this study, you must have been referred to [Name of Food Bank]'s Food Bank and qualify for six food parcels from the food bank. In addition, we can't include people who are making an application for Section 95 support to the Home Office or who are already in receipt of Section 95 support. This is because their rules suggest you would have to declare the help you're being provided to them, and we don't want this declaration to affect your entitlement to Section 95 support.

What will happen if you take part?

If you decide to take part, we will ask you to **complete a questionnaire**. The first part of this questionnaire will be a **Consent Form**. This is to check you've read this information and understand what the study is about.

The rest of the questionnaire will ask questions about you and the people you live with (unless you live alone), any worries or experiences you've had not being able to get food, any money-related worries you have, what you normally eat, and how you normally feel. Most of these are tick-box questions, so it shouldn't take up too much of your time. You can fill the questionnaire in yourself **online** or one of the research team can fill it out for you over the phone or in person when you come to [Name of Food Bank] Food Bank– so you won't have to go online. It is completely up to you. If you need to complete the questionnaire in [insert languages], then just let us know.

When you come to collect your first food parcel from [Name of Food Bank] Food Bank, you'll visit the research team, where you'll be randomly allocated to one of two groups, **Red Group** or **Blue Group**. It is **completely random** which one you'll be put in, in fact, we'll ask you to reach into a bag and select a ball – if it's red, you'll be in the Red Group. If it's blue, you'll be in Blue Group. We can't tell you which group you will end up in, and **we can't change the group either**. That is really important for making sure the study is fair. **If you agree to take part then you have a 50 - 50 chance of ending up in either group.**

If you're in **the Red Group**, you will get food parcels from [Name of Food Bank] Food Bank, just like all people who are referred to [Name of Food Bank] get, whether they are in the study or not. As you should have already been told, a referral to [Name of Food Bank] Food Bank means you can come and pick up a weekly food parcel for a total of six times, or, if you are eligible for home delivery, your food parcel will be delivered to you. So, after you've collected your first food parcel, you can come once a week to pick up five more food parcels.

Participant Information Sheet: Version 3, 5th July 2024

University of Liverpool Research Ethics Approval Number: 14004

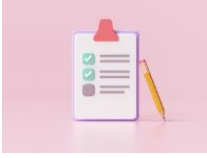


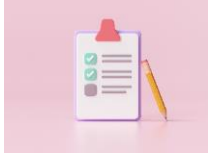


If you're in the **Blue Group**, you will be given a choice: either to get five more food parcels from [Name of Food Bank] Food Bank like everyone else, or instead, to get food another way for the remaining five weeks. You will still be supported to get food, just in a different way.

This study will run for a total of six weeks starting from when you receive your first food parcel. If you are receiving the food parcels, you can collect these each week during study but if you don't collect a total of six, you can come and collect the remaining food parcels after the study ends. If you've chosen to get food another way during the study but don't come every week to get this during the study, you can get your remaining support from [Name of Food Bank] for the weeks you did not receive support.

Once during the study, you'll be asked to **take photos and keep receipts of food and non-food items you got from [Name of Food Bank] food bank or another way** over one week. Instructions on how to do this will be provided in a separate document.

During the study and at the end of it, you will be asked to **complete two more questionnaires**, similar to the first one, but shorter in length.

Beginning of the study	Once during the study	At the end of the study
You will complete the first questionnaire.	You will complete the second questionnaire and keep track of the food you got.	You will complete the third questionnaire. You can participate in an at the end of the study.
	 	



Over the study, the study team will check in with you, by phone, email, SMS, or WhatsApp – whatever way you prefer.

As part of participating in this study, you might also be asked if you want to participate in an interview at the end of the study. Only some people will be asked this. On the Consent Form, you can indicate whether or not you're happy to be asked about this and then you'll have a chance to decide whether or not you want to do this at the end of the study.

To help us understand the circumstances that led you to receive a referral to [Name of Food Bank]'s Food Bank, we're also hoping it will be OK with you if [Name of Food Bank] shares information from your referral form with us (things like how many adults and children live with you and why you were referred). We'll also look at information about how often and how much food support you receive from [Name of Food Bank], during the study and up to 6 months after that. You don't need to do anything to enable us to look at this information, we just wanted to let you know about it and will check in the Consent Form that you're happy for [Name of Food Bank] to share this with the research team. As outlined below, all information will be held confidentially and securely, and only viewed by the research team.

Are there any risks in taking part?

There are very few risks involved in taking part. Answering questions about your experiences around food and money problems might be upsetting to talk about. We understand that, and it is okay if you choose not to answer some of the questions in the questionnaires. You only need to answer what you are comfortable with. [Name of Food Bank] also has an Advice Team that can provide you with additional support should you need this. Information about this team is provided at the end of this document.

Are there any benefits in taking part?

The findings of this study are going to be really important for understanding the best ways to support people who need help from food banks. The findings will likely not benefit you personally, but if you decide to take part, it will help us learn more about the challenges people face around food and money and how they would like to be supported.

Additionally, as a thank you for participating in this study, for example, for completing questionnaires and tracking what food your household gets, you will get reward points. These can be redeemed for Love2shop vouchers **at the end of the study**. We've outlined how much you can get in the Additional Information bit of this document.

Participant Information Sheet: Version 3, 5th July 2024

University of Liverpool Research Ethics Approval Number: 14004



Expenses

If you don't have sufficient allowance to use your mobile to keep in touch with us or to send photos of food items, then let us know. We can get you a SIM card to do this.

How will your data be used?

Although this study is being conducted in partnership with [Name of Food Bank], the answers you give to us directly will only be seen by the research team and not shared with [Name of Food Bank] staff, or volunteers, or whoever referred you; or anyone else. Your answers will be anonymised: this means what you say won't get traced back to you; your name will be removed, and no one will know that you took part. Your answers will be combined with answers from everyone else who completes the study. The results will then be reported for everyone, all together. You will not be able to be identified when the results from the study are reported. To find out more about the steps we take to collect, protect, and store the data you provide as part of participating in this study, please see Additional Information bit of this document.

What will happen to the results of the study?

The results of this study will provide important insights into how different forms of support impact individuals receiving help from food banks. We'll publish the results in research reports, academic journals and make presentations. We'll share the results with the public, policymakers, local authorities, food banks and other stakeholders.

What will happen if you want to stop taking part?

If, for any reason, you decide that being part of the study is no longer right for you, please tell one of the research team that you no longer want to take part. You are free to stop participating at any time, and your decision won't lead to any negative consequences. You don't have to give us a reason for no longer taking part, but if you're happy to share why, we would like to learn this. We might get in touch to ask you about this but you can choose not to answer this.

We would like to keep any data you've shared with us up to that point in the study. However, if you don't want us to keep any of your data, you can provide you unique study ID number and we can remove your data from our study. You can do this up to 28 days after you stop participating.

Importantly, if you stop participating, you will still be able to get your remaining allocation of food parcels from [Name of Food Bank]'s Food Bank.

What if you are unhappy or if there is a problem?

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If at any point you feel unhappy with the study or encounter any issues during the study, please let us know. You can get in touch with anyone from the research team. We are here to help address any concerns you may have and ensure that your experience in the study is positive.

Who can you contact if you have further questions?

If you have any additional questions about this study or need further clarification, you can contact the research team.

Dr Natasha Bayes, who is running the study.

Email: natasha.bayes@liverpool.ac.uk

Study phone number/WhatsApp: 07467 457688

Dr Suruchi Ganbavale, who is helping run the study.

Email: s.ganbavale@liverpool.ac.uk

Dr Rachel Loopstra, who has overall responsibility for the study.

Email: rachel.loopstra@liverpool.ac.uk

[Name of Food Bank] staff members helping with study.

{Redacted}

If you are still unhappy or have a complaint that cannot come to us, please contact the Research Ethics and Integrity office at ethics@liverpool.ac.uk. When contacting the Research Ethics and Integrity office please provide details of the name or description of the study, the researcher(s) involved and the details of your complaint.

The University strives to maintain the highest standards of rigour in the processing of your data. However, if you have any concerns about the way in which the University processes your personal data, it is important that you are aware of your right to lodge a complaint with the Information Commissioner's Office by calling 0303 123 1113.

Additional Information

Participant Information Sheet: Version 3, 5th July 2024

University of Liverpool Research Ethics Approval Number: 14004



Rewards for taking part

Over the course of the study, you'll get reward points for completing questionnaires (up to three) and for sharing information about the food and non-food items you brought home from the food bank or got from anywhere else during some weeks of the study. All of these points will add up, especially if you complete all the tasks. At the end of the study, you will be able to redeem the accumulated reward points for shopping vouchers, which can be used at over 150 UK shops.

For every questionnaire you complete (up to 3 in total), you get 10 points. If you complete all three, you get 10 bonus points.

For the photos or information on all the foods and other items you brought home during one week of the study, you get 15 points once during the study.

This means you can get up to a total of 55 points if you do all of the tasks over the study, which means you'll get £55 worth of Love2Shop shopping vouchers.

For example, if you only complete one questionnaire, you'll get £10 worth of shopping vouchers. If you only complete two questionnaires, you'll get £20 worth of shopping vouchers, and so on.

Important: All shopping vouchers will be provided at the end of the study, 6 weeks after you were enrolled.

What happens to your data

The University of Liverpool processes personal data as part of its research and teaching activities in accordance with the lawful basis of 'public task', and in accordance with the University's purpose of "advancing education, learning and research for the public benefit.

Under UK data protection legislation, the University acts as the Data Controller for personal data collected as part of the University's research. The Principal Investigator, Rachel Loopstra, acts as the Data Processor for this study, and any queries relating to the handling of your personal data can be sent to Rachel Loopstra at rachel.loopstra@liverpool.ac.uk.

Further information on how your data will be used can be found in the table below.

How will my data be collected?	If you give permission to do so, we will obtain your name and contact details, including email address, home address, and phone number to keep in contact with you over the course of the study. You will also be provided with a study ID number.
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	<p>When you complete the online questionnaires, we will ask you to input your study ID number.</p> <p>We'll ask that you collect information about foods you got from the food bank or other places by writing them down or taking photos. You'll then send us this information by WhatsApp or email or bring it to the study team in person.</p>
How will my data be stored?	<p>Your data will be kept safe and secure. Data will be immediately transferred to and stored on a secure password-protected University of Liverpool server. It will be deleted from the data collection platform (e.g. questionnaire website, WhatsApp) as soon as this done.</p> <p>Your contact details will be stored separately from the data collected through questionnaires, photos or in interviews.</p> <p>Only authorised research team members will have access to the data.</p>
How long will my data be stored for?	<p>Once the study has finished, we will keep your personal details for one year. This will allow us to send you a copy of the study report. If you don't want to receive this, after the study concludes, we will retain your information for a reasonable period necessary to fulfil any legal or regulatory requirements. Once this retention period expires, your personal data will be securely deleted.</p> <p>The questionnaire data, photos and interview data will not contain your contact details. It will be checked to ensure it does not contain any identifying information. If it does, this information will be deleted or redacted. The research data collected for this study will then be stored for at least 10 years, as is University of Liverpool policy.</p>
What measures are in place to protect the security and confidentiality of my data?	<p>Your data will be stored securely in encrypted databases, accessible only to authorised team members. Your personal contact details will be stored separately from your study data.</p>
Will my data be anonymised?	<p>Your study data will be anonymised, removing all personally identifiable details such as your name. Any reports or publications resulting from the study will use aggregated and summarised data, ensuring you cannot be identified when results are reported.</p>
How will my data be used?	<p>Your information will only be used for research. The findings will be shared in academic journals, reports and presentations. Your data won't be used for commercial purposes or shared for profit.</p>
Who will have access to my data?	<p>Only authorised members of the research team will have access to your data, and they are committed to strict confidentiality agreements. Data management is carefully handled by designated team members who ensure the secure storage, management, and protection of participant data.</p>
Will my data be archived for use in the future?	<p>Anonymised research data may be archived for use in other research projects in the future.</p>



other research projects in the future?	
How will my data be destroyed?	At the end of the data storage periods outlined above, we will make sure to permanently delete all your data. All digital files and paper documents will be deleted or shredded, as relevant.

Participant Information Sheet – Video Version

Below is the script intended for the video provided to participants as part of the study materials. The video aims to explain the study in a straightforward manner, using clear and simple language, and emphasising the voluntary nature of participation. This has been developed using the Animaker platform (www.animaker.com) for which a license has been acquired.

[Scene 1: Introduction]

Hello! Welcome to [Name of Food Bank]'s Food Bank.

[Name of Food Bank] supports people newly referred to their food bank with 6 emergency food parcels.

As someone who has recently been referred to [Name of Food Bank]'s food bank, we want to tell you about an important research study you can be a part of, run by researchers from universities in England.

This video will tell you about the study so that you can choose if you want to take part. Your participation is completely voluntary.

We'd also encourage you to talk to your friends or family or anyone else you trust about participating as well.

[Scene 2: Researcher information]

The lead researchers for this project are from the University of Liverpool.

You'll meet the main researcher, Natasha Bayes, at [Name of Food Bank] Food Bank.

You can contact Natasha at any time with questions about this study.

Rachel Loopstra is leading the study, and you can also contact her with any questions or concerns.

At [Name of Food Bank], you will also meet [Name of Staff member], who works for [Name of Food Bank] and is helping tell people about the study.

Other researchers you may meet are Suruchi Ganbavale, Charan Bijlani, Claire Thompson, and Jess Brock.

[Scene 3: What we want to find out]

When you come to [Name of Food Bank]'s Food Bank, [Name of Food Bank] will give you bags of essentials like staple foods, plus some fresh food like fruit, vegetables, and bread. But [Name of Food Bank] is not sure if what they're handing out really makes a difference or how much of a difference. So we're doing this study to explore if there is a better way to help people referred to [Name of Food Bank]'s Food Bank to get food than providing food parcels.

[Scene 4: A general view of the study]

If you join this study, you'll be in it for 6 weeks.

During the first week, we'll ask you to fill out a consent form and then a questionnaire about yourself, your household, how you've been feeling lately, and some questions about accessing food.

You'll also receive a first food parcel from [Name of Food Bank] Food Bank in this first week.

[Scene 5: Introduction to groups]

After you pick up your first food parcel, you'll also meet the study researchers and you'll be randomly placed into one of two groups: Red or Blue. You won't get to choose which group you end up in; it'll just be decided by chance.

[Scene 6: Red group description]

If you're in the Red Group, you can come to the food bank to get your remaining five food parcels, just like everyone else, or these will be delivered if you've been referred for a delivery service. You can collect your food parcels anytime, even after the study has finished.

[Scene 7: Blue group description]

If you're in the Blue Group, you can still choose to come to the food bank anytime to collect your remaining 5 food parcels like everyone else. However, if you're in this group, you can choose instead to get your food in a different way. It's up to you to decide if you want to continue receiving food parcels or choose the other option. If you end up in the Blue group, we'll give you more information about the alternate choice. You'll also be able to receive this anytime, even after the study has finished.

[Scene 8: Data collection and compensation]

During the next 5 weeks of the study, we'll ask you to fill out two more questionnaires; one half way through and one at the end.

During one week of the study, we'll also ask you to take photos or keep a written record of any food and essentials that you get – either from [Name of Food Bank] or from shops.

Also, if you'd like to share more about your experiences at the food bank, the research team may invite you to take part in an additional interview. But these interviews are optional – you don't need to do them to participate in this study.

To help us understand the circumstances that led you to receive a referral to [Name of Food Bank]'s Food Bank, [Name of Food Bank] will also share information they have about you that is relevant to the study, things like how many adults and children live with you and why you were referred. It will also be helpful for us to know how often you receive support from [Name of Food Bank] during the study and six months after that.

Importantly though, anything you share with us in the questionnaire or in interviews won't be shared with [Name of Food Bank], the agency that referred you, or anyone else.

[Scene 9: Rewards for taking part]

You'll get reward points as a thank you for participating in this study. You'll earn 10 points for each questionnaire you finish, plus 10 extra points if you do all three. And you'll receive 15 points for taking photos or keeping track of your food and essentials for a week. In total, you have the opportunity to earn 55 points, which can be exchanged for £55 in shopping vouchers that can be used in over 80 UK stores at the end of the study.

[Scene 10: Voluntary nature of the study]

Very importantly, we want to remind you that it's your choice to take part in this study and doing so will have NO impact on the help you receive from [Name of Food Bank]. If you choose to take part but then change your mind, you can stop participating in the study at any time.

[Scene 11: Inclusion criteria]

It is also important to tell you that anyone who participates must be 18 years of age or older, must be in a household referred to [Name of Food Bank]'s food bank, and must not be applying for or in receipt of Section 95 support from the Home Office.

[Scene 12: Data management]

You might be worried about your privacy. Don't worry, we'll keep your personal information safe. Your data will be kept anonymous and securely stored at the University of Liverpool. Other researchers won't have access to your personal details, so your privacy is secure. In rare cases where you share something that indicates a serious risk, we may need to share information with health or social care professionals to ensure the safety of you and others.

[Scene 13: Next steps]

If you're interested in participating in the study, it's important to address any questions you may have, and we'll be happy to provide all the information you need to decide whether to participate in the study.

Feel free to reach out to Natasha Bayes with any questions you have. We can also provide the information provided in this video in written form: just ask for the Participant Information Sheet.

[Scene 14: Complaints procedure]

Also, if you are unhappy, or if there is a problem, please feel free to let us know by contacting the lead researcher, Rachel Loopstra, and we will try to help. If you remain unhappy or have a complaint which you feel you cannot come to us with, then you should contact the Research Ethics and Integrity Office, at the email address shown on screen. When you contact the Research Ethics and Integrity Office, make sure to include details about the study, who is doing it, and what you're unhappy about.

The University takes your data seriously and works hard to keep it safe. But if you're worried about how your personal information is being handled, you can complain to the Information Commissioner's Office by calling the number shown on the screen.

[Scene 15: Closing]

That is all for now. Thank you very much for watching this video!

Consent form

Unique ID

Please write your participant **ID code** here. You will have received this ID code via text and/or email from the research team. Your ID code begins with "ST" followed by a three-digit number.

Please email Natasha Bayes natasha.bayes@liverpool.ac.uk or text her on 07467457688 if you need to be provided with this ID code again.

Consent form

Consent statements

The following statements are to check you have had a chance to learn about this study and understand your participation. Completing this consent form is necessary to take part in this study. Please let us know if you agree with these statements in order to take part in this study.

	Agree	Disagree
1. I have read the study information or watched a video that explained the study. I have had time to think about it, ask questions if I needed to and had my questions answered adequately.		
2. I understand that taking part in the study involves receiving food parcels from [Name of Food Bank]'s Food Bank or possibly being in a group offered a choice to get food another way, but that I can't choose which group I am in.		
3. I understand if I don't participate or stop participating, I can still get a total of six food parcels from [Name of Food Bank]'s Food Bank.		
4. I understand that I am choosing to take part in this study and can stop anytime, and I don't have to give a reason for stopping.		
5. I understand taking part involves answering questionnaires and taking photos or keeping receipts of foods and non-food items that I get from the food bank or from shops and sharing these with the researchers.		
6. I understand that some questions asked in questionnaires may feel uncomfortable to answer, but I can choose not to answer questions.		
7. I understand my responses to the questionnaire or anything I tell the researchers will not be shared with anyone else, except in rare cases if something is shared that indicates serious risk to myself or others.		
8. I understand that the research team will have my contact details for keeping touch with me over the study. I understand the research team is from the University of Liverpool and other universities in England.		
9. I understand that information from the form that referred me to [Name of Food Bank]'s food bank and about the support I receive from [Name of Food Bank] in the next 6-9 months will be shared with the research team. I agree that [Name of Food Bank] can share this information with the research team.		
10. I understand I can ask to see information I gave to researchers or for it to be deleted, but that data will be anonymised and analysed 28		

days after I stop participating, so I won't be able to request access or withdrawal after this.		
11. I understand anonymised data from this study will be published in reports, academic papers, or shared in presentations.		
12. I understand that all my data will be held securely by the University of Liverpool and deleted at appropriate times but that anonymised data might be available to other researchers to use for other studies in the future.		
13. I understand that I am not eligible to participate in this study if I am applying for Section 95 support from the Home Office or already receiving this support. I confirm this does not apply to me.		
14. I understand I will be given gift vouchers in thank you for my participation, but only at the end of the study (6 weeks after joining).		
15. I agree to take part in this study.		

[Error message:]

It is important for you to agree to all of these statements to take part in this study. Please contact Natasha Bayes if you have any questions or concerns: 0746 745 7688.

[P3: Optional consent statements]

Consent form

Optional consent statements

We'd also like to know if you agree with the following. You don't have to say yes to these to take part in this study:

Please indicate if you agree to the following:

	Agree	Disagree
16. I am happy to be invited to take part in interviews as part of this study.		
17. I would like to receive a copy of the report of the results from this study and am happy for my contact details to be kept for this reason.		

Any questions? Please get in touch with anyone listed below.

Dr Natasha Bayes, who is running the study.

Email: natasha.bayes@liverpool.ac.uk

Study phone number/Whatsapp:07467457688

Dr Suruchi Ganbavale, who is helping run the study.

Email: s.ganbavale@liverpool.ac.uk

Dr Rachel Loopstra, who has overall responsibility for the study.

Email: rachel.loopstra@liverpool.ac.uk

[Name of Food Bank] study Baseline Questionnaire

Introduction

You're now ready to complete your first study questionnaire. You can ask someone to help if there are any questions you don't understand. Just a reminder that you should complete the consent form before answering this questionnaire. Please contact Natasha Bayes the Researcher if you have any questions (contact details for Natasha below).

Any questions? Please get in touch with anyone listed below.

Dr Natasha Bayes, who is running the study.

Email: natasha.bayes@liverpool.ac.uk

Phone number/Whatsapp:07467457688

Dr Suruchi Ganbavale, who is helping run the study.

Email: s.ganbavale@liverpool.ac.uk

Dr Rachel Loopstra, who has overall responsibility for the study.

Email: rachel.loopstra@liverpool.ac.uk

[P2: Introduction]

Introduction

You're now ready to start the questionnaire. Please remember that the answers you give will only go to the research team. They **will not** be seen by [Name of Food Bank] or any other agency and will not influence help you receive from [Name of Food Bank]'s Food Bank nor any other agency, now or in the future. Please aim to answer these questions honestly.

This questionnaire has three sections. **Section 1** asks questions about you and others in your household, things like age, ethnicity, and employment, to help us understand who is in our study. **Section 2** asks some questions about how you have been feeling recently, and **Section 3** asks questions about your experiences of accessing food.

[P3: Unique ID]

Unique ID

Q1 Please write your participant **ID code** here. You will have received this ID code via text and/or email from the research team. Your ID code begins with "ST" followed by a three-digit number.

Please email Natasha Bayes natasha.bayes@liverpool.ac.uk or text her on 07467457688 if you need to be provided with this ID code again.

[P4: Any household members]

Any household members

For this study, it's helpful to know if you have any household members that you live with and share food and other essentials with. Your household may include family members such as a partner, children, siblings or parents, but it may also be close friends or acquaintances. If you live alone or do not share food and other essentials with the people you live with, then "your household" just refers to you.

Q2 Do you have any household members?

- 1 Yes. (Choose this if you live with people who you share food and essentials, such as a spouse or partner, any children, parents, siblings, relatives, or friends, housemates, or other people who live with you.)
- 2 No. (Choose this if either you live by yourself or the people who live with you aren't household members.)

[P5: Household members (adults)]

Household members (adults)

[If Q2 =1]

Q3 How many adults aged 18 and over, including yourself, are part of your household?

- 1 One (I am the only adult in my household)
- 2 Two
- 3 Three
- 4 Four
- 5 Five
- 6 Six
- 7 Seven
- 8 Eight
- 9 Nine or more
- 10 Prefer not to say

[P6: Household members (children)]

Household members (children)

[If Q2 == 1]

Q4 How many children aged 17 or younger are part of your household?

- 1 None
- 2 One
- 3 Two
- 4 Three
- 5 Four
- 6 Five
- 7 Six
- 8 Seven
- 9 Eight
- 10 Nine or more
- 11 Prefer not to say

[P7: About you: Age]

About you: Age

Q5 How many **years** old are you? *(Please enter in years below)*

- 1 <18 years old
- 2 18-25 years old
- 3 26-34 years old
- 4 35-44 years old
- 5 45-54 years old
- 6 55-64 years old
- 7 65-74 years old
- 8 75+ years old
- 9 Prefer not to say

[P8: About you: Gender, ethnicity & partnership]

About you: Gender, ethnicity & partnership

Q6 Which of the following describes your **gender**?

- 1 Man
- 2 Woman
- 3 Nonbinary or describe in another way
- 4 Prefer not to say

Q7 Which of the following best describes your **ethnic group or background**?

- 1 White (including English / Welsh / Scottish / Northern Irish / British; Irish; Gypsy or Irish Traveller; Any other White background)
- 2 Mixed (including White and Black Caribbean; White and Black African; White and Asian; Any other mixed / multiple ethnic background)
- 3 Asian / Asian British (including Indian; Pakistani; Bangladeshi; Chinese; Any other Asian / Asian British background)
- 4 Black or Black British (including Caribbean; African; Any other Black / Black British background;
- 5 Other ethnic group (e.g. Arab; Any other ethnic group)
- 6 Prefer not to say

Q8 Which best describes your **partnership/marital status**?

- 1 Single
- 2 Married / in a registered civil partnership
- 3 Living with a partner
- 4 Separated
- 5 Divorced / Civil partnership dissolved
- 6 Widowed
- 7 Prefer not to say

[P9: About you: Country of birth]

About you: Country of birth

Q9 Were you born in the UK?

- 1 No
- 2 Yes

[Respondent can skip question without answering; "Prefer not to say" not specified]

[P10: About you: Length of time living in the UK]

About you: Length of time living in the UK

[If BirthCountry=1]

Q10 You've indicated you weren't born in the UK. **How many years** have you been **living in the UK?**

- 1 Less than 1 year
- 2 1-3 years
- 3 4-6 years
- 4 7-14 years
- 5 15 years or more
- 6 Prefer not to say

[P11: About you: long-term health conditions and disabilities]

About you: long-term health conditions and disabilities

Q11 Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more? (*Tick one*)

- 1 Yes – physical condition
- 2 Yes – mental health condition
- 3 Yes – both physical and mental health condition
- 4 No
- 5 Prefer not to say

[P12: About you: impacts of health conditions and disabilities]

About you: impacts of health conditions and disabilities

[If Q11 = 1, 2 or 3]

Q12 You've indicated you have one or more long-term physical or mental health conditions or illnesses. Does any health condition reduce your **ability to carry-out day-to-day activities?**

- 1 Yes, a lot
- 2 Yes, a little
- 3 Not at all
- 4 Prefer not to say

[P13: About you: Work status, education and income]

About you: Work status, education and income

In order to better understand your situation, it is helpful for us to know a bit about your work, education and financial situation. Remember, your responses won't be shared with anyone else but you can indicate if you prefer not to answer.

Q13 What is your current **working status**? (Please select the response that best describes your situation.)

- 1 Unemployed
- 2 Not working because you're looking after house/family/relatives
- 3 Not working because of sickness or disability
- 4 Not working because you're retired
- 5 Not working for other reasons (such as studying or because you're not allowed to work)
- 6 Working full-time (30 hours or more per week)
- 7 Working part-time (less than 30 hours per week)
- 8 Don't know
- 9 Prefer not to say
- 10 Other (please specify): _____

Q14 Which of the following types of **formal education** did you attend and complete? (Tick **all** that apply.)

- 1 Primary school
- 2 Secondary school (GCSEs)
- 3 Sixth Form for AS levels, A levels, or college further education
- 4 Higher education (foundation degree level)
- 5 Higher education (undergraduate degree level, master's degree level or higher)
- 6 Professional training and qualifications
- 7 Other (please specify)
- 8 None of the above: Did not receive any formal education

Q15 From the income bands below, about how much money does your household **typically receive every month**, after any deductions and National Insurance? If you don't have household members, just answer for yourself.

- 1 Less than £400
- 2 £401 to £600
- 3 £601 to £800
- 4 £801 to £1000
- 5 £1001 to £1200
- 6 £1201 to £1400
- 7 £1401 to £1600
- 8 £1601 to £1800
- 9 £1801 to £2000
- 10 £2001 to £2200

- 11 £2201 to £2400
- 12 £2401 to £2600
- 13 £2601 to £2800
- 14 More than £2800
- 15 Don't know
- 16 Prefer not to say

Q16 Which one of the following statements best describes how well you are **keeping up** with any bills, outstanding debts or credit commitments at the moment? Are you:

- 1 Keeping up with all of them without difficulty
- 2 Keeping up with all of them, but it is difficult
- 3 Not keeping up with some of them
- 4 Not keeping up with many of them
- 5 Not applicable: do not have bills, outstanding debts or credit commitments
- 6 Don't know
- 7 Prefer not to say

[P14: Household members: long-term health conditions or disabilities]

Household members: long-term health conditions or disabilities

[If Q2=1]

Q17 Do any of your **household members**, either adults or children, have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more? (*Tick one*)

- 1 Yes – physical condition
- 2 Yes – mental health condition
- 3 Yes – both physical and mental health condition
- 4 No
- 5 Prefer not to say

[P15: Household members: long-term health conditions or disabilities' impacts]

Household members: long-term health conditions or disabilities' impacts

[If Q17 = 1, 2 or 3]

Q18 You've indicated one or more **household members** have one or more long-term physical or mental health conditions or illnesses. Do any health conditions or disabilities reduce their ability to **carry-out day-to-day activities**?

- 1 Yes, a lot
- 2 Yes, a little
- 3 Not at all
- 4 Prefer not to say

[P16: Other adults: work status]

Other adults: work status

[if Q3>1]

Q19 You've indicated you have **other adults** in your household. Other than yourself, how many adults in your household are **currently working**?

- 0 None
- 1 One
- 2 Two
- 3 Three or more
- 4 Prefer not to say

[P17: Section 2: About how you've been feeling lately.]

Section 2: About how you've been feeling lately.

The next set of questions are about how you've been feeling lately.

Q20 How would you say your **health is in general**? Is it...

- 1 Very good
- 2 Good
- 3 Fair
- 4 Poor
- 5 Very poor
- 6 Prefer not to say

Q21 Below are some statements about **feelings and thoughts**. *Please tick the box that best describes your experience of each **over the last 2 weeks**.*

		1 None of the time	2 Rarely	3 Some of the time	4 Often	5 All of the time	Prefer not to say
Q21A	I have been feeling optimistic about the future	1	2	3	4	5	6
Q21B	I have been feeling useful	1	2	3	4	5	6
Q21C	I have been feeling relaxed	1	2	3	4	5	6
Q21D	I have been dealing with problems well	1	2	3	4	5	6
Q21E	I have been thinking clearly	1	2	3	4	5	6
Q21F	I have been feeling close to other people	1	2	3	4	5	6
Q21G	I have been able to make up my own mind about things	1	2	3	4	5	6

[P18: Section 3: Food access]

Section 3: Food access

The next questions ask about your food access in the last two weeks

Q22 During the last **two weeks**, was there a time when, because of a lack of money, you (or other adults in your household):

		1 No	2 Yes	999 Prefer not to say
(Q22A)	...were worried you would not have enough food to eat?			
(Q22B)	...were unable to eat healthy and nutritious food?			
(Q22C)	...ate only a few kinds of foods?			
(Q22D)	...had to skip a meal?			
(Q22E)	... ate less than you thought you should?			
(Q22F)	... ran out of food?			
(Q22G)	... were hungry but did not eat?			
(Q22H)	... went without eating for a whole day?			

[P19: Food access]

Food access

Q23 In the past **two weeks**, have you been able to eat the **types of foods** you want to eat?

- 1 No, not at all
- 2 Sometimes, but not always
- 3 Yes, all of the time
- 4 Don't know

5 Prefer not to say

Q24 Thinking about *just last week*, on how many days did you eat fruit? This includes tinned, frozen, dried and/or fresh fruit. (Tick one)

- 1 Never
- 2 1-2 days
- 3 3-4 days
- 4 5-6 days
- 5 Every day
- 6 Don't know
- 7 Prefer not to say

Q25 Thinking about *just last week*, on how many days did you eat vegetables? This includes tinned, frozen and fresh vegetables. Do not include crisps or chips.

- 1 Never
- 2 1-2 days
- 3 3-4 days
- 4 5-6 days
- 5 Every day
- 998 Don't know
- 999 Prefer not to say

[P20: Challenges to accessing and preparing food]

Challenges to accessing and preparing food

Q26 Other than a lack of money, do any of the following make it difficult for you/your household to access and/or prepare the food you need? (Tick all that apply)

(Not required to answer as no "Prefer not to say" option offered)

- 1 Far distance and/or inadequate transport to food shops.
- 2 Prices of fuel/transport to get to shops too expensive
- 3 Lack of selection of foods in food shops.
- 4 A mental or physical health condition or disability.
- 5 Following a restricted diet due to food allergies/sensitivities/intolerances or other health-related reasons
- 6 Following a particular diet for religious, cultural, sustainability or personal reasons (e.g. Halal diet, Kosher diet, vegan diet)
- 7 Shift working or working multiple jobs.
- 8 Cost of energy to prepare/store food
- 9 Lack of cupboard space/fridge/freezer for storage of food where you live.

- 10 Lack of working kitchen appliances to cook/prepare food where you live.
- 11 Lack of kitchen tools (e.g. knives, pots, chopping board) to cook/prepare food where you live.
- 12 Other (Please specify: _____)
- 13 None of the above. No trouble accessing food for any of the above reasons.

[P21: This brings you to the end of the first questionnaire.]

This brings you to the end of the first questionnaire.

You will be awarded 10 points for completing this questionnaire, which you will be able to redeem for £10 in Love2Shop vouchers at the end of the study.

Thank you again for participating in our study. Please go to the bottom of this page and click 'Done - click to submit your responses' when you have finished reading this page; this is really important as it submits your answers to all your questions.

The researcher Natasha Bayes will be in touch with you soon about the next steps of this research.

If you have any questions, please contact the study team:

Dr Natasha Bayes, who is running the study.
Email: natasha.bayes@liverpool.ac.uk
Phone number/Whatsapp: 07467457688

Dr Suruchi Ganbavale, who is helping run the study.
Email: s.ganbavale@liverpool.ac.uk

Dr Rachel Loopstra, who has overall responsibility for the study.
Email: rachel.loopstra@liverpool.ac.uk

Study week 3/week 6 Questionnaire

Introduction

You're now ready to complete your (second/final) study questionnaire. You can ask someone to help if there are any questions you don't understand. Please contact Natasha Bayes the Researcher if you have any questions (contact details for Natasha below).

Any questions? Please get in touch with anyone listed below.

Dr Natasha Bayes, who is running the study.
Email: natasha.bayes@liverpool.ac.uk
Phone number/Whatsapp:07467457688

Dr Suruchi Ganbavale, who is helping run the study.
Email: s.ganbavale@liverpool.ac.uk

Dr Rachel Loopstra, who has overall responsibility for the study.
Email: rachel.loopstra@liverpool.ac.uk

Introduction

You're now ready to start the questionnaire. Please remember that the answers you give will only go to the research team. They **will not** be seen by [name of Food Bank] or any other agency and will not influence help you receive from [Name of Food Bank] nor any other agency, now or in the future. Please aim to answer these questions honestly.

This questionnaire has two (Week 6: three sections). **Section 1** asks some questions about how you have been feeling recently, and **Section 2** asks questions about your experiences of accessing food. (Week 6 only: **Section 3** asks questions about your use of other services at [Name of Food Bank].)

[P3: Unique ID]

Unique ID

Q1 Please write your participant **ID code** here. You will have received this ID code via text and/or email from the research team. Your ID code begins with "ST" followed by a three-digit number.

Please email Natasha Bayes natasha.bayes@liverpool.ac.uk or text her on 07467457688 if you need to be provided with this ID code again.

[Section 1: About how you've been feeling lately.]

Section 1: About how you've been feeling lately.

The next set of questions are about how you've been feeling lately.

Q20 How would you say your **health is in general**? Is it...

- 1 Very good
- 2 Good
- 3 Fair
- 4 Poor
- 5 Very poor
- 6 Prefer not to say

Q21 Below are some statements about **feelings and thoughts**. Please tick the box that best describes your experience of each **over the last 2 weeks**.

		1 None of the time	2 Rarely	3 Some of the time	4 Often	5 All of the time	Prefer not to say
Q21A	I have been feeling optimistic about the future	1	2	3	4	5	6
Q21B	I have been feeling useful	1	2	3	4	5	6
Q21C	I have been feeling relaxed	1	2	3	4	5	6
Q21D	I have been dealing with problems well	1	2	3	4	5	6
Q21E	I have been thinking clearly	1	2	3	4	5	6
Q21F	I have been feeling close to other people	1	2	3	4	5	6
Q21G	I have been able to make up my own mind about things	1	2	3	4	5	6

Section 2: Food access

The next questions ask about your food access in the last two weeks

Q22 During the last **two weeks**, was there a time when, because of a lack of money, you (or other adults in your household):

		1 No	2 Yes	999 Prefer not to say
(Q22A)	...were worried you would not have enough food to eat?			
(Q22B)	...were unable to eat healthy and nutritious food?			
(Q22C)	...ate only a few kinds of foods?			
(Q22D)	...had to skip a meal?			
(Q22E)	... ate less than you thought you should?			
(Q22F)	... ran out of food?			
(Q22G)	... were hungry but did not eat?			
(Q22H)	... went without eating for a whole day?			

Q23 In the past **two weeks**, have you been able to eat the **types of foods** you want to eat?

- 1 No, not at all
- 2 Sometimes, but not always
- 3 Yes, all of the time
- 4 Don't know
- 5 Prefer not to say

Q24 Thinking about **just last week**, on how many days did you eat fruit? This includes tinned, frozen, dried and/or fresh fruit. (Tick one)

- 1 Never
- 2 1-2 days
- 3 3-4 days
- 4 5-6 days
- 5 Every day
- 6 Don't know
- 7 Prefer not to say

Q25 Thinking about **just last week**, on how many days did you eat vegetables? This includes tinned, frozen and fresh vegetables. Do not include crisps or chips.

- 1 Never
- 2 1-2 days
- 3 3-4 days
- 4 5-6 days
- 5 Every day
- 998 Don't know
- 999 Prefer not to say

[Additional question: Week 6 questionnaire only]

Section 3: Other services used at [Name of Food Bank]

Q27 Have you accessed any other services at [Name of Food Bank] in the past 6 weeks? *(Tick all that apply)*

- 1 Advice Services
- 2 Community Garden (e.g. the Saturday market, courses or clubs)
- 3 Community Kitchens (e.g. Ark Elvin, Community Wellbeing Service, Laurence's Larder or Granville Community Kitchen)
- 4 Volunteering
- 5 Don't know
- 6 Prefer not to say
- 7 Other (please specify)
- 8 I have not accessed any other services at [Name of Food Bank].

This brings you to the end of the questionnaire.

You will be awarded 10 points for completing this questionnaire, which you will be able to redeem for £10 in Love2Shop vouchers at the end of the study.

Thank you again for participating in our study. Please go to the bottom of this page and click 'Done - click to submit your responses' when you have finished reading this page; this is really important as it submits your answers to all your questions.

The researcher Natasha Bayes will be in touch with you soon about the next steps of this research.

If you have any questions, please contact the study team:

Dr Natasha Bayes, who is running the study.

Email: natasha.bayes@liverpool.ac.uk

Phone number/Whatsapp: 07467457688

Dr Suruchi Ganbavale, who is helping run the study.

Email: s.ganbavale@liverpool.ac.uk

Dr Rachel Loopstra, who has overall responsibility for the study.

Email: rachel.loopstra@liverpool.ac.uk



I've been randomly allocated to Group Blue. What happens now?

This means you have a CHOICE of what kind of food support you receive from [Name of Food Bank]'s food bank. You can either:

- Choose to **continue with food parcels**. If you've already collected one food parcel, you are entitled to collect 5 more food parcels from [Name of Food Bank]'s Food Bank for a total of 6 food parcels. These will continue to be available to you to pick up on Tuesdays or Thursdays from 11 to 3pm. You can collect these once a week, but you don't need to collect them every week. They do not expire so you can collect them anytime.
- Choose to **receive Supermarket Gift Cards** from [Name of Food Bank]'s Food Bank **instead**. This means that instead of receiving your allocated 6 food parcels from [Name of Food Bank]'s food bank, you'd instead receive a supermarket gift card that you can use **to purchase food and anything else you need**. You will also pick these up on Tuesdays or Thursdays (or they can be delivered if you've been referred for the delivery service). **These will be collected from [Name of Staff Member] between 11 and 3pm (though best if you can come between 1-2pm because we're less busy then)**. You can collect these once a week, but you don't need to collect them every week. You have six months to collect these. If you don't collect them in this time, you can receive your remaining allocation as food parcels.

Common questions and answers about the Supermarket Gift Card option

<p>How much are the Supermarket Gift Cards worth?</p> <p>Just like food parcels, how much you get is based on the size of your household provided on your [Name of Food Bank] referral form.</p> <ul style="list-style-type: none"> - 1 person: £40 per week - 2-3 people: £55 per week - 4-5 people: £65 - 6-8 people: £90
<p>Where can I use my Supermarket Gift Card?</p> <p>You have the choice between either a Tesco gift card or an Asda gift card, but a gift card for another supermarket (e.g. Sainsburys) can be provided if needed.</p>
<p>Do I need to spend the whole amount of the gift card each week, before collecting my next one?</p> <p>No, how you choose to use your gift card is up to you. You can spend it as you need, either all at once or save some for the future. How you choose to spend your gift card, how much, and when, is completely up to you.</p>
<p>Do I need to spend my Supermarket Gift Card on food?</p> <p>No, how you choose to spend your gift card is up to you. However, it is important to remember that you are receiving this instead of your allocation of food parcels from [Name of Food Bank]'s food bank, so it is important that you get the food you need using the gift card if you don't have enough food.</p>
<p>Will you be checking what I spend my gift card on?</p> <p>What you spend your gift card on is completely up to you. We would like a photo or receipt of what you purchase during one week of the study so that we can learn what kinds of things people purchase - please be honest and show us everything you purchase. We will also know the amount you spend and when. It doesn't matter to us what you spend your gift card on or how much you spend or don't spend; you will still get another gift card the following week or anytime, for a total of 5 cards.</p>
<p>Can I get both a gift card and a food parcel?</p> <p>No, you have a choice to receive one or the other, but you can't receive both.</p>
<p>Can I get a gift card one week and the next week choose a food parcel instead?</p> <p>If at first you choose a gift card but then decide you prefer to receive a food parcel, you can go back to receiving food parcels from [Name of Food Bank] instead. After you switch back to food parcels, you can't switch back to gift cards again, however.</p>
<p>Can I come to [Name of Food Bank] for more gift cards after I have received my five gift cards?</p> <p>Gift cards are only being provided as part of this research study. You should contact [Name of Food Bank] or your referral organisation to find out whether you can receive further food parcels or other forms of support after you've received your total of 5 gift cards if you still need help with food.</p>

If you have any other questions about this research study or making this choice, please contact Natasha Bayes, the researcher for the project, via email, text or WhatsApp: Email: natasha.bayes@liverpool.ac.uk; Text and WhatsApp: 07467457688.



All about participating in the interviews as part of our study exploring food support from [Name of Food Bank]'s Food Bank

Participant Information Sheet (Long version)

You are being invited to participate in the interviews as part of a research study being run at [Name of Food Bank]'s Food Bank. You can participate in these interviews by visiting the [Name of Food Bank] Food bank in-person, or by speaking with the research team on telephone or through online video calls – whichever way is easiest for you.

Before you decide whether to participate, it is important for you to understand why these interviews are being conducted and what will be involved in these interviews. Take time to read this information and feel free to ask if you would like more information or if there is anything that you do not understand. You can also discuss taking part with your friends or family.

Importantly, you do not have to take part in these interviews and should only agree to take part if you want to. Choosing not to take part will not affect the services you receive from [Name of Food Bank] in any way.

Thank you for reading this.

Who is conducting these interviews and who can I contact if I have questions after reading this?

These interviews are being conducted by researchers from different universities in England, in partnership with [Name of Food Bank] as part of the study exploring food support from this food bank. This means [Name of Food Bank] has helped the researchers design the study and is helping to make it happen in their food bank. But all of the data collection and analyses will be done by the university researchers. We explain below how none of the data you provide will be viewed by [Name of Food Bank] Food Bank.

You can contact any of the following people if you have questions about taking part:

Dr Natasha Bayes, who is running the study.

Email: natasha.bayes@liverpool.ac.uk

Study phone number/Whatsapp: 07467 457688



Dr Suruchi Ganbavale, who is helping run the study.

Email: s.ganbavale@liverpool.ac.uk

Dr Rachel Loopstra, who has overall responsibility for the study.

Email: rachel.loopstra@liverpool.ac.uk

What is the purpose of these interviews?

Interviews will be used to explore in depth how people feel about receiving food parcels or another form of support, how both forms of support are used, any negative outcomes that were not anticipated. We want to find out if giving people food parcels is the best way to help them or if supporting people to get food in other ways might be better.

Why have I been chosen to take part?

You have been chosen to take part because you've been participating in the study that is being carried out at [Name of Food Bank] Food Bank and have told us we can invite you to take part. Your participation will help us fairly represent people from a diversity of ages, genders and ethnicities in this study.

Do I have to take part?

No, you do not have to take part in these interviews. Your participation in these interviews is completely voluntary. If you decide not to take part, it won't impact the support you receive from [Name of Food Bank] Food Bank or your participation in the main study in any way.

What will happen if I take part?

If you decide to take part, the research team will contact you to arrange a time for the interview. You can attend the interview by visiting the [Name of Food Bank] Food bank in-person, or by speaking with the research team on telephone or through online video calls, whichever way you prefer.

In the interviews, the research team will ask you a series of questions to discuss your experience about receiving food parcels from [Name of Food Bank] or another form of support in detail and how receiving help from [Name of Food Bank] food bank impacted you.

Are there any risks in taking part?

Instructions for using supermarket gift cards: Version 1, 5th July 2024



There is a very little risk involved in taking part. Answering questions about your experiences around food and help from [Name of Food Bank] Food Bank might be upsetting to talk about. We understand that, and it is completely okay if you choose not to answer some of the questions. You only need to do what you are comfortable with. [Name of Food Bank] Food Bank also has an Advice Team that can provide you with additional support should you need this. Information about this team is provided at the end of this Information Sheet.

Are there any benefits in taking part?

The findings of this study are going to be really important for understanding the best ways to support people getting help from food banks. The findings will likely not benefit you personally, but if you decide to take part, it will help us learn more about the challenges people face around food and money and how they would like to be supported.

Additionally, as a thank you for participating in the interviews, you will be provided with a £25 Love2Shop voucher for participating in this study.

Expenses

If you are travelling to [Name of Food Bank] Food Bank to attend the interview, we can reimburse your travel expenses. If you need to use mobile data to do a video call then let us know, and we can get you a SIM card to do this with internet data.

How will my data be used?

Although this study is being conducted in partnership with [Name of Food Bank], the answers you give will only be seen by the research team and not shared with [Name of Food Bank] staff or volunteers, or whoever referred you to [Name of Food Bank] or anyone else. Your responses will be anonymised: this means what you say won't get traced back to you, your name will be removed from the transcripts of the interviews and no one will know that you took part. Your responses will be combined with responses from everyone else who participates in these interviews. The results of the interviews will then be reported for everyone, all together. You will not be able to be identified when the results from the study are reported. To find out more about the steps we take to collect, protect, and store the data you provide as part of participating in the interviews, please see Additional Information bit of this document.

What will happen to the results of these interviews?

These interviews will provide important insights into how different forms of support impact individuals receiving help from food banks. We'll publish the results in research reports, academic journals and make presentations. We'll share the results with the public, policymakers, local authorities, food banks and other stakeholders.

What will happen if I want to stop taking part?



If, for any reason, you decide that being part of the interview is no longer right for you, please tell one of the research team that you no longer want to take part. Your decision won't lead to any negative consequences.

Additionally, you can change your mind about participating after the interview. You can ask that the information you shared during the interview be deleted for 28 days after the interview. After 28 days, your data will be anonymised, and we won't be able to tell which participant said what in the interview. Therefore, after anonymisation of the data, you can't ask us to delete your data.

What if I am unhappy or if there is a problem?

If at any point you feel unhappy about the study or encounter any issues during the interview, please let us know. You can get in touch with anyone from the research team. We are here to address any concerns you may have.

Who can I contact if I have further questions?

If you have any additional questions about this study or need further clarification, you can contact the research team.

Dr Natasha Bayes, who is running the study.

Email: natasha.bayes@liverpool.ac.uk

Study phone number/Whatsapp: 07467 457688

Dr Suruchi Ganbavale, who is helping run the study.

Email: s.ganbavale@liverpool.ac.uk

Dr Rachel Loopstra, who has overall responsibility for the study.

Email: rachel.loopstra@liverpool.ac.uk

[Name of Food Bank] staff members helping with study.

{Redacted}

If you are still unhappy or have a complaint that cannot come to us, please contact the Research Ethics and Integrity office at ethics@liverpool.ac.uk. When contacting the Research Ethics and Integrity office please provide details of the name or description of the study, the researcher(s) involved and the details of your complaint.



The University strives to maintain the highest standards of rigour in the processing of your data. However, if you have any concerns about the way in which the University processes your personal data, it is important that you are aware of your right to lodge a complaint with the Information Commissioner's Office by calling 0303 123 1113.

Additional Information

What happens to your data

The University of Liverpool processes personal data as part of its research and teaching activities in accordance with the lawful basis of 'public task', and in accordance with the University's purpose of "advancing education, learning and research for the public benefit.

Under UK data protection legislation, the University acts as the Data Controller for personal data collected as part of the University's research. The Principal Investigator, Rachel Loopstra, acts as the Data Processor for this study, and any queries relating to the handling of your personal data can be sent to Rachel Loopstra at rachel.loopstra@liverpool.ac.uk.

Further information on how your data will be used can be found in the table below.

How will my data be collected?	If you give permission to do so, we will audio record your interviews. The information shared in these interviews will be transcribed where the conversation between you and interviewer will be written down in exact words. The data in these transcripts will be anonymised, meaning your name and any other personal identifiers will be deleted out and the transcripts will be saved using your study ID.
How will my data be stored?	Your data from the interviews will be kept safe and secure. Data will be immediately transferred to and stored on a secure password-protected University of Liverpool server. It will be deleted from the data collection platform (e.g. audio-recording device, video calling system) as soon as this done. Only authorised research team members will have access to the data. Your personal and contact details, collected prior to the questionnaire survey as part of this study, were used to invite you for the interviews. These details are stored separately on a secure password-protected University of Liverpool server. Only authorised research team members have access to the data.
How long will my data be stored for?	Once the study has finished, we will keep your personal details for one year. This will allow us to send you a copy of the study report when it has finished if you've indicated you would like this. If you don't want to receive this, after the study concludes, we will retain your information for a reasonable period necessary to fulfil

	<p>any legal or regulatory requirements. Once this retention period expires, your personal data will be securely deleted to ensure your privacy.</p> <p>The interview data will not contain your contact details. It will be checked to ensure it does not contain any identifying information. If it does, this information will be deleted or redacted. The research data collected for this study will then be stored for a minimum of 10 years, as per the University of Liverpool policy.</p>
What measures are in place to protect the security and confidentiality of my data?	Your data will be stored securely in encrypted databases, accessible only to authorised team members. Your personal contact details will be stored separately from your study data.
Will my data be anonymised?	Your study data will be anonymised, removing all personally identifiable details such as your name. Any reports or publications resulting from the study will use aggregated and summarised data, ensuring you cannot be identified when results are reported.
How will my data be used?	Your information will only be used for research. The findings will be shared in academic journals, reports and presentations. Your data won't be used for commercial purposes or shared for profit.
Who will have access to my data?	Only authorised members of the research team will have access to your data, and they are committed to strict confidentiality agreements. Data management is carefully handled by designated team members who ensure the secure storage, management, and protection of participant data.
Will my data be archived for use in other research projects in the future?	Anonymised research data may be archived for use in other research projects in the future.
How will my data be destroyed?	At the end of the data storage periods outlined above, we will make sure to permanently delete all your data. All digital files and paper documents will be deleted or shredded, as relevant.



Participating in the interviews as part of our study exploring food support from [Name of Food Bank] Food Bank

Consent form

You've already provided your consent to participate in the main study trial, but as this part involves something different, we need check you've had a chance to learn about this part of the study and understand your participation. Please let us know if you agree with these statements by putting a tick in each box.

Add a tick to each box if you agree ✓	
18. I have read the information provided to me about this study or had it read to me. I have had time to think about it, ask questions if I needed to and had my questions answered in a way that explained things to me.	
19. I understand that taking part in this study involves taking part in an interview with a researcher that may last up to an hour and that this will be audio recorded. This audio recording will then be used to make a written transcript of the interview.	
20. I understand that I am choosing to take part in this interview and can stop anytime, without any negative consequences. I don't have to give a reason for wanting to stop the interview. I understand I can also choose not to answer any questions I am asked.	
21. I understand that answers I give in this interview will not be shared with or affect the support I receive from [Name of Food Bank], any other frontline agency or the Government, now or in the future. None of the answers I give or anything I tell the researchers will be shared with anyone else. There is one exception to this: if the researchers believe I am at harm to myself or others, the researcher may be legally required to tell relevant authorities.	
22. I understand that some questions asked in this interview may cause me discomfort to be asked or answer, but that I can skip any questions I don't want to answer.	
23. I understand that the researchers have my contact details and name to arrange this interview but that these details will not be shared with anyone else.	
24. I understand that my name or anything else that would identify me will not be published in study findings. My words may be used in publications, reports, webpages, and other research outputs, but they would be anonymised and not linked to my name or any other identifying information.	
25. I understand that if stop participating in this interview or even after I have completed it, I can ask to see for the answers and information I gave to researchers or for it to be deleted, but I can only	



Email: rachel.loopstra@liverpool.ac.uk

Food Bank trial

**Sub-qualitative study with trial participants.
Interview to take place at end of trial**

DRAFT Interview schedule

The following questions outline the nature of questions that will be asked. The exact wording of questions will be refined with PPI work, and as a semi-structured approach is being used, follow-up questions may arise over the course of the interview in response to a response given by a participant.

Opening

- Researcher introduction
- Review of purpose/study information sheet
- Consent form completed
- Reminder of freedom to ask not to answer questions/move on and to take time, pause as needed, etc.

Topic guide/questions

Focus 1: Understanding their history of food bank use and feelings about using food banks – dignity?

Q1) First, have you ever received help from [Name of Food Bank] Food bank or any other food bank before this study?

Follow-up if yes: What was that like for you then?

Q2) Can you tell us a bit about what led to you receiving a referral to [Name of Food Bank] this time?

Q3) How did receiving help from [Name of Food Bank] Food Bank over the past 6 weeks make you feel this time? [or for the first time]

Q4) Sometimes people can feel embarrassed or uncomfortable about receiving help from a food bank. How has that been for you over the past 6 weeks?

Focus 2: Understanding how they feel about support received (either food parcels or payment card) and being offered a choice (where relevant)

Q5) For those in Red Group (main trial): We'd like to know how you feel about the food parcels received over the past 6 weeks. Can you tell us, what do you think about what you received in these food parcels?

Prompts

- i. Quality & quantity of food and other items purchased/received
- ii. Fit with food preferences
- iii. Was what you received helpful? Why/why not?
- iv. What did you do with the food you received in the food parcels?



- v. How did they feel about not being able to choose what was in the food parcels you received?
- vi. What would they have liked to be in a food parcel?

Q5) Alternate for those in Blue group (main trial): You were offered a choice at the start of the trial, to receive either a payment method or to receive food parcels. Can you tell us what you chose, and why you chose what you did?

- vii. Follow-up: How do you feel about the choice you made?
- viii. Follow-up: What do you think about what you received?

Prompts:

1. Quality & quantity of food and other items purchased/received
2. Fit with food preferences
3. Was what you received helpful? Why/why not?
4. Would you have preferred to receive a gift card from another agency, for example, from the agency that referred you, your local Council, or another provider?
5. How did you feel about being given a choice to receive a food parcel or payment card?

Q6) Can you tell us, over the past 6 weeks, beyond what you received from [Name of Food Bank] (specify – food parcels or payment card) what other food did you have to get for you and your household, if any?

- ix. Follow-up: From where? How much? What types of food?

Prompts:

1. Any from another food bank? Or other community food/free food provider?

Q7) Can you tell us about any problems or issues you encountered [when coming to collect food parcels/when using payment method?]

Q8) What would you say changed for you, if anything, as a result of receiving help from [Name of Food Bank]'s food bank over the past 6 weeks?

Q9) What, if anything, could be done to make more of a difference to your situation?

Close

- Debriefing materials provided
- Next steps – remind of end of study; provide gift voucher.

Appendix C Summary of public involvement feedback

Points arising from meetings with [Name of Food Bank] Welfare Advisors

The fundamental concern for food bank advisors is around asylum seeker guests. According to the advisors they are the largest cohort that use and are in need of support from the food banks. Advisors are unsure as to whether the pre-paid cards would be seen as extra income for asylum seekers. They have contacted a migrant charity for guidance on this.

Another related concern, among foodbank staff, was that of fairness, *“how fair it will be in terms of who will be selected?”* Advisors told us that the trial team need to be really clear about what participants are getting and why. There was a worry that if participants are selected at random, then they might not capture the diversity of the population accessing [Name of Food Bank]. It was felt that there is a lot of unfairness around food aid in the sector as a whole. Advisors were worried that there would be an additional layer of unfairness related to who got the pre-paid card.

Public and study site feedback from March and April 2024 meetings

Public involvement process: Online meetings with [Name of Food Bank] advice service staff; site visit to SUFRA food bank to address agreed PPI questions (see appendix and below) with volunteers, staff and service users; online meeting with the University of Hertfordshire (UH) adult public involvement group (PIRg) and the SALIENT specific PIRg subgroup.

The aim was to explore the questions raised by the trial team during previous meetings, specifically around communication with [Name of Food Bank] guests, payment card options and potential issues related to participants wellbeing by taking part in the trial.

Would WhatsApp work as a medium of data collection for food bank service users? How might that work for different levels of literacy and ESOL? (key languages, translation etc)

There was general agreement that WhatsApp would be an appropriate medium for communicating with service users and collecting food diary photographs. Apparently, most



service users have android phones (they are very much necessary to interact with various state agencies and are often their only means of accessing the internet) and are familiar with WhatsApp (which is free). Sending images of food does not require high levels of literacy. If asylum seekers are not included in the trial then that negates *'some of the issues'* around ESOL and the need to translate into relevant languages. Volunteers explained that the asylum seekers service users were most likely to speak Arabic languages and dialects. If these service users are not included in the trial then the most pressing translation need is likely to be *'for Eastern European Languages, especially Ukrainian'*.

What are the potential advantages and disadvantages of using a payment card / different payment option?

There was a consensus that none of the options would be a good fit for everyone and one of the managers explained that *'of course people [service users] will say yes if you ask them about vouchers (i.e., supermarket payment cards) and cash, because they are always going to be interested in maybe getting something extra.'* That aside, supermarket payment cards did appear to be the most popular / least contentious option. Specifically, physical payment cards that could be handed out in person. Service users are familiar with this format both from the food bank and from other services. In the past, when payment cards were issued to service users using email addresses there was, reportedly, a good deal of confusion and delay caused by inaccurately provided email addresses. A manager told us, *'you wouldn't believe how many people wrote their own email addresses down wrong, but we got there in the end'*. Issuing a physical payment card might reduce potential difficulties in this area.

For service users, supermarket payment cards were preferable because it would give them more choice over their diet, allow them to do *'a proper shop'* and give them access to better quality foods. As one service user pointed out while sorting through the 'extra' items available at the sorting table, much of the produce is out of date (as the image shows us below) and *'this is not the sort of thing I want'*. We asked participants where they tended and/or would like to shop for food, noting that the area surrounding the food bank contained few food shops (none of which were open – see below). Service users and volunteers explained that while options around the estate were very limited, there was a reasonable sized Tesco within walking distance and an Asda a bus ride away. A service user told us, *'I wouldn't mind spending £3 on the bus if I knew I could buy what I wanted when I got there.'* A volunteer went on to explain that *'people bring a lot [of the food parcel] back, it is not always stuff they want'*.



When asked about cash as an option, people were generally negative, citing concerns about safety and problems with *'taking cash home.'* One of the volunteers explained that the space around the food bank had to be managed very carefully, as those who had already had their food parcel sometimes waited around to try and convince or pressure people leaving the food bank to give them some of their parcel too. It was thought that the knowledge that some people were leaving the food bank with cash could cause problems with these types of behaviours. During our visit, we watched people being continuously moved on by food bank volunteers. We also observed that the current space in which the food bank service operated was out in the open, where food bank users were on 'show' to those that lived or worked in the area, and therefore potential targets for those who might be aware they were carrying cash (although we were told this space is temporary while the usual building is being refurbished).

Do we need to produce guidelines and advice around using the payment option? (e.g., explain that it is replacing the food parcel and giving suggestions for things to buy)

Volunteers expressed concern over how some of the service users would manage with making their own food purchasing decisions, without having the food parcel to fall back on. Apparently, there is considerable need for 'help with cooking and recipes and things like that.' It is difficult to make generalisations about what people taking part in the trial might need in terms of guidance because there are differing levels of vulnerability and capacity. However, it was agreed that some form of guidance, probably best framed as 'suggested things to buy' would be a good idea. Further, it might also be useful to include some information confirming what participants in the study will and will not be able to access. In addition to the food parcel, service users are given bags of toiletries, sometimes other sundries, and there are surplus boxes left out that people can help themselves to (if the food bank have a surplus of particular items that are taking up space). It may need reiterating to participants choosing supermarket payment cards / cash that they will not be able to access any of these goods. It was felt that a leaflet given out with each voucher / cash could be a good way to do this. In any case, it may be difficult to enforce this aspect during the trial itself. Finally, it was considered that it might be important to provide instructions on how to use the payment option at the point of purchasing the grocery items, and how the participants could check their remaining balance on the payment option.



**Are the proposed study compensations for service users appropriate?
(£25 per qualitative interview x 3, £10 per questionnaire, £10 per week of food photos
x 3)**

There was general agreement that this level of compensation was appropriate, fair, and would be attractive to participants. It was suggested that the details of this could be provided to participants on a separate sheet of paper, itemised in bullet points to avoid confusion.

***** Can and should we include service users who are asylum seekers in the trial?
What are the potential problems?**

Since this question was posed, the trial team have (as we understand it) decided not to include asylum seekers in the trial. However, during the site visit we did speak to volunteers about the viability of possibly doing some focus group interviews with asylum speakers about their experiences of using food banks and the challenges they face with household food provisioning (as per discussions with the trial team). We received positive feedback about this. It was thought that many of these service users would be happy to take part and that using a space in the food bank for data collection would be most appropriate. Asylum seeker service users can face very specific challenges related to their food in relation to their housing. Some stay in hotels that *'have to'* provide their meals and individuals are *'obliged to turn up'* for mealtimes – despite them being described as neither suitable nor palatable. These people still come to the food bank, but have to access very tailored food parcels and support to mitigate these challenges and their lack of cooking facilities.

Is the proposed trial likely to cause any issues for the wellbeing of the service users or the running of the foodbank?

Aside from safety concerns about a cash option (as described above), no issues came up about wellbeing. However, this is something we could ask more questions on – possibly giving scenarios for feedback (once we know what the voucher / cash option will look like).

Feedback from public contributors (PIRg at UH)

As with earlier presentations to the group, feedback about the trial was generally positive. We updated the public contributors about some of the issues raised in our site visit. One of the contributors commented that pressure for service users to *'share'* goods from food parcels or not getting them at all is a common problem. He has previously volunteered as a delivery driver for a food bank and reported that, even left outside the door, deliveries can *'go missing'* and be taken by neighbours. *'If people see you have something, they will ask for some.'* Another contributor with food bank experience stressed the vulnerability of service users can make them a target if they start receiving extra or different support from their peers.

Some of the group questioned the logic of provided guidance on what to buy for participants receiving the voucher / cash option. They argued that those receiving the food parcel should

also get this guidance, otherwise *'it wouldn't be fair and you want to make sure everyone involved gets the same advice.'* Either all participants should get a guidance sheet or none of them should. One of our contributors consulted a friend, who runs a food bank, about whether they routinely provide guidance about diet and food shopping to service users. They reported that many of the people they support find it difficult to manage money (due to mental health issues and various life challenges) so guidance would probably not be viewed as out of place or condescending and may well be welcomed. Questions were asked around why participants do not have to take photographs till week three. **It was commented that maybe we should ask them to do it in week one or two instead 'when they are still keen.'**

Next steps / question

- **Public involvement groups and volunteers to look at consent forms and information sheets when the next draft is available (initial feedback has been given on first drafts)**
- **Will there be a small sub study with asylum seekers? (as discussed with trial team we are working on research questions and protocol in case this does go ahead)**
- **Is another PPI visit to the food bank needed? (questions we have not addressed or fully addressed yet are highlighted in the appendix document)**

Appendix: agreed PPI questions

Trial team question	Approach
<p>Would WhatsApp work as a medium of data collection for food bank service users?</p> <p>How might that work for different levels of literacy and ESOL? (key languages, translation etc)</p> <p><i>Are there other apps that would work better / are more popular?</i></p>	<p>Introductions to advisors (via trial team), followed by telephone conversations with them to understand context and arrange in-person visits to the foodbank.</p> <p>Initial questions for advisors about the PPI approach with service users:</p> <ul style="list-style-type: none"> • Would a drop-in / clinic style session work? • Would it be more appropriate for advisors to ask service users their thoughts and feedback to us? • Any other suggestions for the least disruptive and most inclusive way of approaching PPI work in this context and giving people the chance to feedback on trial ideas. <p>We will fully explain the intervention ideas to the advisors, seek their feedback on key questions, and enlist their help taking a few targeted questions to service users.</p>
<p>What are the potential advantages and disadvantages of using different payment / cash options?</p> <p>Do we need to produce guideline and advice around using the payment advice? (eg, explain that it is replacing the food parcel and giving suggestions for things to buy) If so, what sort of advice would be useful?</p>	

<p>Are the proposed study compensations for service users appropriate? (£25 per qualitative interview for up to three interviews, £10 per completed questionnaire, £10 per week for submitted food photos for up to 3 weeks)</p> <p>Would the above present any problems related to income limits / means testing?</p>	<p>Service users will be consulted during pre-arranged in-person visits, at the introduction and approval of advisors (acting as gate keepers).</p> <p>These will be relatively informal consultations and a chance for questions, feedback on intervention ideas, and identifying potential pitfalls before the trial starts. It is not data collection.</p>
<p>Can and should we include service users who are asylum seekers in the trial? What are the potential problems?</p>	
<p>Is the proposed trial likely to cause and issues for the wellbeing of the service users or the running of the foodbank?</p> <p>Are there any relevant safety protocols or procedures we should be aware of?</p>	

