

A study exploring food support from a North-West London food bank

Submission date 13/10/2024	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
Registration date 21/10/2024	Overall study status Completed	<input checked="" type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
Last Edited 13/05/2025	Condition category Other	<input type="checkbox"/> Individual participant data <input checked="" type="checkbox"/> Record updated in last year

Plain English summary of protocol

Background and study aims

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.

This study aims to conduct the first randomised controlled trial testing the impacts on food insecurity of 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.

Who can participate?

Adults newly referred to the food bank in NW London can participate in this trial. They must be at least 18 years of age and be either the named person on the referral form or a member of the household of the named person referred.

What does the study involve?

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 outcome 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.

What the possible benefits and risks of participating?

The findings of this study are going to important for understanding the best ways to support people who need help from food banks. The findings may not benefit participants personally, though all participants will be compensated for completing questionnaires and tracking what food their household gets through taking photos.

There are very few risks involved in taking part. Participants may find answering questions about their experiences around food and money problems uncomfortable to answer. All participants can choose not to answer questions in the questionnaires.

Where is the study run from?

The study is being primarily managed by researchers from the University of Liverpool, but in partnership with researchers from an additional 7 institutions (University of Warwick, Queen Mary University London, London School of Hygiene and Tropical Medicine, University of Hertfordshire, University of Birmingham, University of Oxford, and the University of Cambridge) (UK)

When is the study starting and how long is it expected to run for?

The study is starting on the 26 of September 2024, and recruitment is expected to continue until the end of May 2025. Fieldwork should be completed by June or July 2025.

Who is funding the study?

This trial is being funded as part of a large research programme (SALIENT Food Systems Trials for Healthier People and Planet) funded by the Economic and Social Research Council (ESRC), part of UK Research and Innovation (UKRI). The funding comes from the government's Evaluation Accelerator Fund (EAF), the Department for Environment, Food and Rural Affairs (Defra), and the Food Standards Agency (FSA).

Who is the main contact?

Dr Rachel Loopstra, rachel.loopstra@liverpool.ac.uk.

Study website

<https://www.salientfoodtrials.uk/trials/foodbanks>

Contact information

Type(s)

Scientific, Principal Investigator

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Additional identifiers

EudraCT/CTIS number

Nil known

IRAS number

ClinicalTrials.gov number

Nil known

Secondary identifying numbers

ES/Y00311X/1

Study information

Scientific Title

"Would you like a payment card or food parcel?" A randomised controlled trial of offering a choice of food parcels or supermarket payment cards compared to food parcel by default on food insecurity in a North London food bank.

Study objectives

1. 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?
2. 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?

Ethics approval required

Ethics approval required

Ethics approval(s)

Approved 23/07/2024, University of Liverpool Central University Research Ethics Committee B (Foundation Building, University of Liverpool, Liverpool, L69 7ZX, United Kingdom; +44 151 794 2000; ethics@liverpool.ac.uk), ref: 14004

Study design

Single-centre interventional unblinded randomized parallel controlled trial

Primary study design

Interventional

Secondary study design

Randomised parallel trial

Study setting(s)

Charity/Voluntary sector

Study type(s)

Treatment

Participant information sheet

Not available in web format. Please use contact details to request a participant information sheet

Health condition(s) or problem(s) studied

Food insecurity reduction amongst people referred to a North West London Food Bank.

Interventions

Participants will be recruited to join the study after receiving a referral to the food bank and collecting a first food parcel. Typically, referrals entitle people to receive a total of 6 food parcels. These can be collected anytime, but no more often than once a week.

For this trial, the control group will be allocated to continue standard treatment: their remaining allocation of 6 standard pre-packed food parcels plus an assorted amount of available surplus fresh food (fruit, vegetables, bread, frozen/refrigerated items), provided by the food bank and available to collect weekly over the trial period (6 weeks).

Those in the intervention group will be offered a choice to either continue to receive their remaining allocation of food parcels or instead, to receive a payment method in the form of a supermarket payment card loaded with an equivalent monetary amount to food parcels, to enable them to make their own weekly purchases of food and essentials. Participants will be able to choose a payment card from either of the two major supermarkets located close to the food bank, one of which allows cards to be used for online purchasing and delivery. A selection of payment cards for other supermarket brands will also be available if the two closest supermarkets are inconvenient for participants. No restrictions 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.

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. The value of the payments has been set based on the estimated weekly retail value of the food bank's 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.

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 their 5 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 all five in this period, as the food bank does not place an expiry date on food parcels and this will also be the case for supermarket cards. If participants do not come weekly to receive their food parcels or payment cards, they will remain entitled to receive their remaining form of support beyond the trial period.

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. Once a participant has completed the informed consent process and baseline questionnaire, a participatory randomisation process will be used but one that still ensures the allocation sequence is random. This will happen either 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 when participants reach into the bag. 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 public engagement in research 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.

Intervention Type

Behavioural

Primary outcome measure

1. Food insecurity measured using the Food and Agriculture Organization's Food Insecurity Experience Scale, modified for a 2-week recall period, and measured at 3 weeks and 6 weeks. Moderate or severe food insecurity is classified as answering at least 3 of the 8 items on the scale affirmatively. Severe food insecurity is classified as answering at least 7 items affirmatively
2. 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

1. Mental health and well-being, as measured by the Short Warwick-Edinburgh Mental Health and Wellbeing Scale, measured at 3 weeks and 6 weeks
2. Proportion reporting good or very good health as measured by a self-rated general health question, measured at measured at 3 weeks and 6 weeks
3. 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. This will be measured at 3 weeks and 6 weeks
4. Weekly frequency of fruit consumption and weekly frequency of vegetable consumption, measured at 3 weeks and 6 weeks
5. Self-reported engagement with additional services offered by the food bank (at 6 weeks only)

Overall study start date

01/09/2023

Completion date

20/07/2025

Eligibility

Key inclusion criteria

1. Individuals must be 18 years of age or older.
2. Individuals must 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 from the food bank).
3. Individuals must be eligible to receive six food parcels - Households must 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.
4. All participants must be able to provide their informed consent to participate in the study.

Effort will be made to ensure participation for people with low levels of literacy or those unable to speak, read, or write English.

Study materials and questionnaires will be available in Arabic and, if required, other languages commonly spoken among people referred to the food bank

Participant type(s)

Service user

Age group

Adult

Lower age limit

18 Years

Sex

Both

Target number of participants

200

Key exclusion criteria

1. 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.
2. Individuals who are unable to provide informed consent will also not be eligible to participate.

Date of first enrolment

26/09/2024

Date of final enrolment

09/06/2025

Locations**Countries of recruitment**

England

United Kingdom

Study participating centre

NW London Food Bank

London

United Kingdom

-

Sponsor information**Organisation**

University of Liverpool

Sponsor details

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+44 1517942000

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Sponsor type

University/education

Website

<https://www.liverpool.ac.uk/population-health/about/public-health-policy-and-systems/>

ROR

<https://ror.org/04xs57h96>

Funder(s)

Funder type

Government

Funder Name

Economic and Social Research Council

Alternative Name(s)

ESRC

Funding Body Type

Government organisation

Funding Body Subtype

National government

Location

United Kingdom

Results and Publications

Publication and dissemination plan

1. Academic publications: Planned publication in peer-reviewed academic journals.
2. Presentations at conferences: Planned presentation of trial findings at academic conferences and other relevant events.
3. Direct communication with policymakers: The consortium will communicate key trial insights (process, outcomes, learnings) with the project Programme Board directly. The Programme Board includes members from the following Government Departments: Department of Food, Environment and Rural Affairs; Food Standards Agency; Cabinet Office; HM Treasury; Department of Health and Social Care; Department for Levelling Up, Housing and Communities; Department for Education.
4. Content production: Planned production of public-facing reports to accompany academic journal outputs to reach a wider policy and practice audience.

- 5. Digital and social media communication: Planned publication on our social channels (website, social media platforms, newsletters).
- 6. Media press releases: Planned publication of press releases to reach wider audiences.

Intention to publish date

30/11/2025

Individual participant data (IPD) sharing plan

Supporting data generated during the study will be available from the University of Liverpool's Data Catalogue (<https://datacat.liverpool.ac.uk/>) after an embargo period from the date of data collection to allow for the publication of research findings.

IPD sharing plan summary

Stored in publicly available repository

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Participant information sheet	version 3	05/07/2024	08/11/2024	No	Yes
Protocol file			08/11/2024	No	No
Statistical Analysis Plan			08/11/2024	No	No