

# How actions designed to prevent obesity can be more effective and equitable: Learnings from a longitudinal qualitative study of parents lived experiences of food during the COVID-19 pandemic.

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# Executive summary

There are stark socioeconomic inequalities in diet-related health outcomes amongst both children and adults in England. Adults living in the most deprived areas live an average of 20 fewer years in good health and have higher rates of diabetes and cardiovascular disease than those in the least deprived areas (Public Health England, 2021). Obesity in childhood is a key risk factor for ill-health in later life and follows a socioeconomic gradient that has widened during COVID-19 (Public Health England, 2021; Renehan et al., 2008; Wormser et al., 2011). Unhealthy diet, including high intake of energy-dense nutrient-poor foods and low intake of fruits and vegetables, is one of the key contributors to obesity and therefore represents an area where policy action is needed to prevent widening health inequalities (Swinburn, 2007).

COVID-19 impacted many aspects of daily life and studies have found significant shifts in dietary practices in this time (Bennet, Young, Butler & Coe, 2021).

**This research aims to learn from peoples' lived experience of food during the COVID-19 pandemic to better understand how future policies to prevent obesity can be more effective and equitable.**

A longitudinal qualitative methodology was used to engage 62 parents in photo-elicitation interviews three times at six-month intervals between October 2020 and January 2022. This resulted in over 150 hours of interview data and hundreds of photographs which feature throughout this report. Participants have been given pseudonyms to protect anonymity.

Taking place during periods of restrictions on social activity, childcare access and increasing inflation- contexts which continue to exist for many households beyond COVID-19- these findings provide insight not only into how dietary inequalities have been compounded in COVID-19 but also how they may continue to grow beyond COVID-19 if these contexts are not addressed urgently.

Key findings from this study:

- Policies designed to improve dietary health need to consider **the role food plays in everyday life**, beyond just a source of nutrition, to ensure interventions and actions align with peoples daily realities and needs. In particular, this period has highlighted the role of food as A) a source of pleasure in daily family life and to fulfil social/leisure needs when other opportunities are not accessible, B) a source of relentless work for those experiencing time poverty and C) a financial management strategy for those in a context of financial insecurity.
- With significant changes in childcare and the economy during COVID-19, this period has highlighted the **intersecting** roless of **time and financial scarcity** in driving unhealthy eating, and the need for structural changes to childcare access, employment and social security systems to increase household financial and time assets and increase capacity to engage in healthier eating practices.
- **The food environment** shapes parents food decisions by appealing to the different meanings, roles and values food has in daily family life (food work as relentless creates imperative for convenience; food as a financial management strategy creates a need for best value items; food as a treat creates need to please children). Currently, these strategies largely increase the appeal of energy-dense, nutrition poor foods, through strategies such as pricing, promotions, marketing and availability.
- **These factors intersect to shape dietary inequalities**, with lack of time, financial scarcity, lack of access to leisure and social activities and exposure to obesogenic food environments combining to further undermine opportunities for healthy eating. Cross-departmental coordination and a consideration of health in all policies is required for effective and equitable obesity prevention.

# Aim & objectives

Our overall aim was to learn from peoples' lived experience of food during the COVID-19 pandemic to better understand how policies to reduce obesity can be more effective and equitable beyond this period. We sought to do this by answering the following questions:

1. In what ways did families' **experiences of, engagement with, and feelings about food** change over the duration of the COVID-19 pandemic, and how might they continue to change?
2. **What aspects of COVID-19 & the response to it are shaping these changes** and how is this happening?
3. Given these findings, how should the UK government's obesity prevention strategy (and related public health agenda) adapt to ensure **equitable obesity prevention**?



# Participants & recruitment

## Three case study areas in England

We recruited 62 parents to take part in the study. Eligibility criteria were that participants had children at nursery or school and lived in one of the three case study local authorities (LAs); Bradford, London Borough of Brent or Folkestone & Hythe. These case study LAs were chosen as they are familiar to the researchers (due to having lived or spent time there in the past) and representative in terms of geography (rural/urban, coastal/inland, Northern/Southern). Focusing on three case study LAs enabled a more in-depth understanding of how peoples' experiences of food were shaped by local geographic and food environment characteristics.

## Online recruitment

Participants were recruited online through local community or parenting-themed groups on Facebook, via mailing lists of local community organisations (e.g. sports clubs, community centres) and through snowball sampling. The recruitment advertisement and link to the study website were posted on these channels in a shareable format to assist snowball sampling. The study advertisement directed parents to an online survey which calculated socioeconomic position (SEP) using a validated measure which takes account of a range of factors including income, parental education, employment type, housing status, IMD and car ownership (Kinmonth, Smith, Llewellyn & Fildes, 2020).

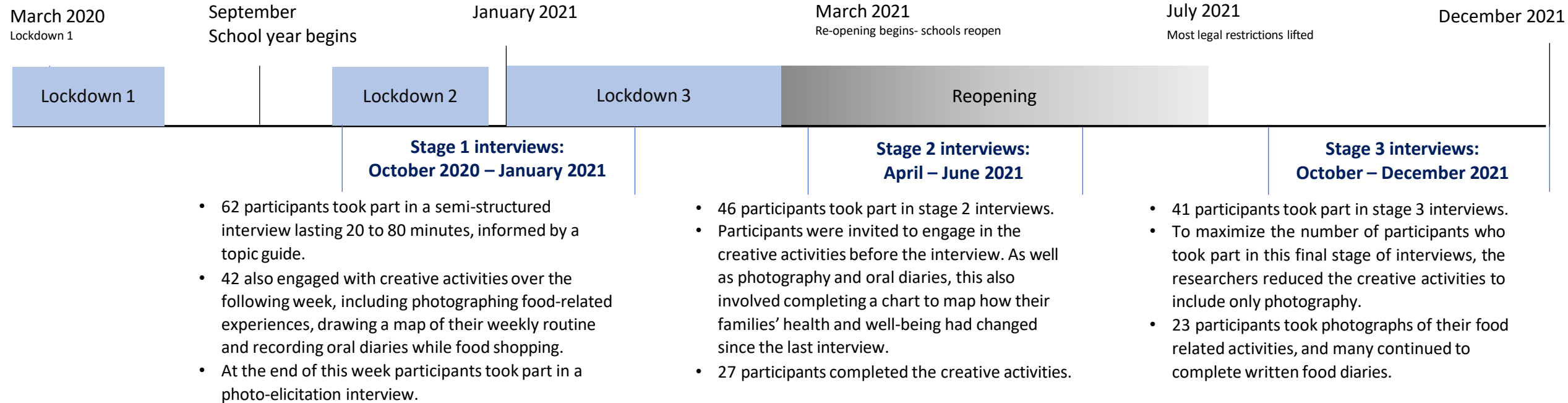
## Ensuring a representative sample

We recruited parents to represent the demographic diversity of each LA in terms of socioeconomic status, ethnicity and single parents. This was done by establishing a quota for each demographic group, reviewing the survey answers and contacting parents to participate until that quota had been fulfilled.

Participant information	Stage 1	Stage 2	Stage 3
<b>Number of participants</b>	62 (100%)	46 (74%)	41 (66%)
<b>Gender of participant</b>			
<b>Female</b>	60 (97%)	44 (96%)	39 (95%)
<b>Male</b>	2 (3%)	2 (4%)	2 (5%)
<b>Family composition</b>			
<b>Single parent household</b>	18 (29%)	11 (24%)	10 (24%)
<b>Two-parent household</b>	44 (71%)	35 (76%)	31 (76%)
<b>Self-identified ethnicity</b>			
<b>White British</b>	34 (55%)	25 (54%)	24 (59%)
<b>Pakistani</b>	8 (13%)	7 (15%)	6 (15%)
<b>Asian &amp; White Caribbean</b>	3 (5%)	3 (7%)	2 (5%)
<b>Other ethnicities included White European, Arab, and Afghan.</b>	14 (22%)	8 (17%)	7 (16%)
<b>Socioeconomic position (SEP)</b>			
<b>Low</b>	17 (27%)	11 (24%)	8 (20%)
<b>Middle</b>	33 (53%)	25 (55%)	23 (56%)
<b>High</b>	12 (19%)	10 (22%)	10 (24%)
<b>Location</b>			
<b>Bradford</b>	21 (34%)	16 (35%)	16 (39%)
<b>Brent</b>	21 (34%)	17 (37%)	11 (27%)
<b>Folkestone</b>	20 (32%)	13 (28%)	14 (23%)

# Methods

## Data collection



## Analysis

### Cross-sectional analysis.

We employed reflexive thematic analysis to identify key themes across the data set after each phase of interviews and compared these key themes over time (Braun & Clarke, 2020, 2021). This enabled us to identify shared experiences at each time point and group-level changes over time. However, without reading individual stories from start to finish we were unable to fully explore *how* practices changed over time.

### Longitudinal analysis.

After all the data had been collected and coded we employed trajectory analysis (Grossoehme & Lipstein, 2016), which involved reading participant's data, from the first interview to the last, one-by-one, to understand individual stories. This enabled exploration of how each code or theme evolved over the data collection period for each household, allowing insights into how food practices changed, the contexts that shaped these changes, and what resources enabled or constrained peoples' agency and ability to adapt practices to changing contexts.

# Findings



The COVID-19 pandemic impacted nearly every part of day-to-day life for our participants, altering work and social lives, restricting movement, reshaping relationships to the food environment and recalibrating our experience of time, amongst many others. This analysis attempts to make sense of this complexity by identifying patterns and commonalities in participants' accounts, both across the sample and within specific groups. As our research is focused on understanding policy implications for reducing diet-related inequality, we paid particular attention to commonalities/differences within and across socioeconomic groups.

COVID-19 brought about changes to the structural contexts (work, economy, leisure) in which daily life takes place. There were four key meanings of food which were prominent across the interviews, being reshaped by the structural changes to daily life to either support or undermine healthy eating:

- **Food as an accessible source of pleasure:** Limits on social & leisure activities in lockdowns meant that food was one of daily life's few 'allowed' pleasures.
- **Food as a source of relentless work:** In contexts where there are competing demands for time and psychological resources, food work becomes experienced as relentless and parents seek opportunities for a 'night off' this work.
- **Food as a financial management strategy:** Those living in a context of financial insecurity describe a food procurement strategy which is guided by a need to save money in order to afford other non-food essentials.
- **Food as a source of nutrition/health:** Food often features in discussions of what constitutes physical health, but the role of food as a means to nourish ourselves and others is only one meaning amongst many.

Each of these meanings emerged from a context brought into focus during the COVID-19 period (e.g. lack of opportunity for leisure/social activities, time assets/scarcity, financial assets/insecurity) but which had existed for many households prior to and beyond this period. **These findings therefore shine a light on the structural drivers of dietary inequalities that have been highlighted and intensified during this period and may continue to drive inequalities if action is not taken.**

Meaning/role of food in everyday life	Impact of COVID-19 on daily life	What contexts <u>beyond COVID-19</u> drive dietary inequalities?	Practices
<p><b>Food as a source of pleasure</b></p> <p><i>“It just seems to be a way of coping with the fact that you can’t do anything and you’re so restricted in so many different areas of life, that food is something that you can treat yourself with.”</i></p>	<ul style="list-style-type: none"> <li>Limits on social &amp; leisure activities in lockdowns meant that food was one of daily life’s few ‘allowed’ pleasures.</li> </ul>	<p><b>Scarcity of leisure, wellbeing, educational and social opportunities</b></p> <p>In this context food plays an important role as an ‘accessible treat’ and form of leisure in daily family life.</p>	<p>Food as an accessible treat</p> <ul style="list-style-type: none"> <li>Snacking on confectionary foods</li> <li>Saying ‘yes’ to children’s requests</li> </ul> <p>Cooking as leisure (when time &amp; finances are available)</p> <ul style="list-style-type: none"> <li>Cooking from scratch</li> <li>Involving children in food work</li> <li>Experimenting with recipes/foods</li> </ul>
<p><b>Food as a source of relentless work</b></p> <p><i>“My mental health was just all over the place. I was just constantly on the move, constantly running around, shopping, feeding them, clothing them, cleaning up the mess.”</i></p> <p><i>“Sometimes, you’re just too tired for the battle of dinnertime”</i></p>	<ul style="list-style-type: none"> <li>Closure of schools &amp; childcare meant the majority of childcare moved into the home.</li> <li>Restricted access to informal childcare networks such as grandparents.</li> <li>Societal gender norms about childcare meant the majority of care and food work was disproportionality taken on by women.</li> <li>Socioeconomic differences in the flexibility in different forms of employment.</li> </ul>	<p><b>Time scarcity</b></p> <p>Those who felt time constrained. This was largely (but not exclusively) those on lower incomes, where food &amp; care work was done by 1 parent, where parents were also balancing this with other forms of work- (e.g. paid work &amp; caring for relative/ disabled child) &amp; those on zero hour/temporary contracts with little control or predictability of hours worked.</p>	<ul style="list-style-type: none"> <li>Opting for children’s favourites</li> <li>Out of home foods</li> <li>Preprepared foods</li> </ul>
<p><b>Food as a financial management strategy</b></p> <p><i>“I’ve always been a bit of a bargain hunter and if things are on offer I’ll get them, because otherwise I wouldn’t normally. I just try and keep the budget down, but it’s really not down at all. “</i></p>	<ul style="list-style-type: none"> <li>Increased costs associated with parenting in a pandemic specifically.</li> <li>Increasing cost of living.</li> <li>Reduced income.</li> <li>Unpredictable income &amp; income loss for those in low-paid self-employed work not eligible for furlough.</li> </ul>	<p><b>Financial scarcity</b></p> <p>This was created by interaction of low income, inconsistency in income (precarious work &amp; benefit sanctions) &amp; uncertainty about future (recessions, cost of living, economic uncertainty).</p>	<ul style="list-style-type: none"> <li>More responsive to prompts, discounts and promotions.</li> <li>Avoiding food waste, including less fresh foods</li> <li>Buying foods children will definitely eat</li> <li>Sacrificing nutritional quality of food</li> <li>Maternal deprivation</li> <li>Food aid</li> <li>Shopping at multiple stores for best value items</li> </ul>
<p><b>Food as a source of nutrition/health</b></p> <p><i>“Healthy eating means obviously balanced and not taking too much sugar, salt, taking in a good amount of protein, and vegetables, and fruit, but that doesn’t always happen.”</i></p>	<ul style="list-style-type: none"> <li>Parents across the sample shared a similar view of what healthy eating involved much in line with Government Dietary Guidelines.</li> <li>Time, financial and wellbeing assets alongside a health-enabling food environment helps people put this understanding into practice.</li> <li>The concept of a ‘balanced diet’ was drawn upon to justify consumption of foods high in fats, salts or sugars (e.g. crisps) as acceptable as long fruits/vegetables were also present in the diet.</li> </ul>	<p><b>Time and financial assets support household’s ability to engage in healthy eating practices</b></p> <p>When households have time, financial and wellbeing assets, this creates space to focus on food’s role as a source of nutrition/health.</p> <p>With access to these resources, periods of change to daily life disrupt practices and make space for the establishment of healthier practices.</p>	<ul style="list-style-type: none"> <li>‘Balanced’ meals</li> <li>Cooking from scratch</li> <li>Fruit &amp; vegetables</li> <li>Less processed foods</li> <li>Commercial foods indicating health claims on label</li> </ul>

# Food as a source of pleasure

## Context

During the 2020 and 2021 COVID-19 lockdowns, people were required to stay at home, parks and leisure spaces were restricted or closed, and meeting in groups outside your household was made illegal. At stage 1, parents from across the socioeconomic spectrum described a sense of social isolation and restriction as opportunities for social and leisure activities were limited. Parents described a sense that their children were missing out on experiences necessary for social, emotional and educational development such as schooling, interacting with peers, visiting new places or engaging in leisure activities. In this context, food was often described as a substitute form of 'leisure' and way to treat children in place of other activities no longer possible in lockdowns.

*Rita, MSEP, Brent: I think it also delayed them in a sense. Because although they've got... You justify it to yourself and say, they've got life skills. They've been doing cooking, they've been doing this, if they didn't have that social interaction, that was completely gone.*

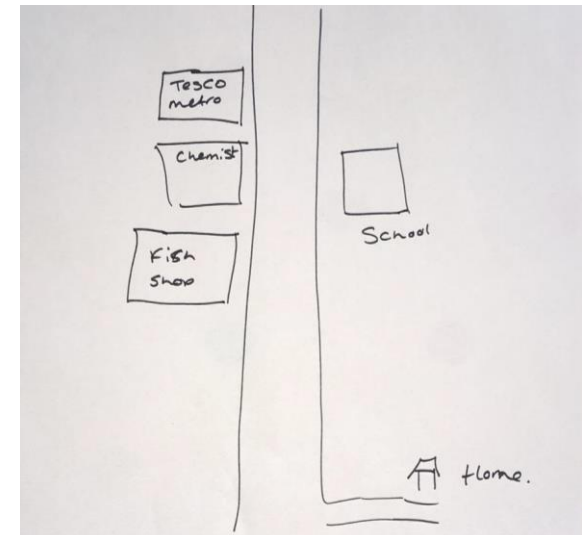
This period of time provides insights into how contexts of social isolation, uncertainty and lack of access to leisure and social activities shapes family food practices, and the role that financial and time assets play in this.

There were two groups of practices that emerge from this context that will be discussed next:

- **Food as an accessible treat**
- **Cooking as a form of leisure**

## Contexts beyond COVID-19:

There are vast inequalities in access to amenities which support families' social and emotional wellbeing across England, such as libraries, green spaces, leisure and arts centres. These inequalities have existed before COVID-19 and continue to exist today. For example, people from ethnic minority backgrounds, living with disability or more in deprived neighbourhoods have less access to green spaces (Holland, 2021).





# Food as an accessible treat

**Context:** Parents from across the socioeconomic spectrum described the important role food played during lockdowns as a momentary treat when other opportunities for leisure and social fulfillment were restricted. Nutrition was often deprioritized in favour of keeping children happy and able to get on with schoolwork.

## What practices did this typically involve?

- Snacking
- Takeaways
- Richer, tastier, comfort foods (HFSS)
- Giving children more autonomy (saying 'yes' more)

Food's role as a treat played important **social** functions in daily family life. Treats offered a way for parents to conveniently care for household wellbeing in a context of significant stress and uncertainty, and to keep children happy and getting on with schoolwork. It involved an approach to feeding practices where parents were more likely to say 'yes' to children's food requests in a context where children's lives were otherwise restricted, and saying 'no' could risk conflict in an already fraught daily context.



*Nicole, MSEP, Folkestone: "It just seems to be a way of coping with the fact that you can't do anything and you're so restricted in so many different areas of life, that food is something that you can treat yourself with."*

**These contexts are not restricted to lockdowns.** Prior research has identified socioeconomic and geographic inequalities in access to social, leisure and other extra-curricular activities (Holloway & Pimlott-Wilson, 2013; Ridge, 2011). A Social Mobility Commission study (2019) found that children from the poorest backgrounds are three times more likely not to be participating in any extra-curricular activities measured compared to those from the wealthiest backgrounds in England.

## How did this differ across groups?

- Socioeconomic status

Financial insecurity limited treat food options to those which were most affordable. Needing to save money where possible, this often guided parents toward the cheapest packaged confectionery or fast food takeaways. In contrast, those on the highest incomes could access treats that held value both as treats for children *and* as a source of nutrition, which tend to cost more.



*Faiza, MSES, >£15,000, Bradford: "The healthy options are a lot pricier. Probably sounds like a bad mother saying this, but there's a lot more incentive. It's cheaper to get a packet of chocolates from Aldi than it is to just get a packet of bananas. So it's just sometimes making ends meet."*

*Moniza, MSEP, Brent: "As long as they've got something in a packet sometimes they feel like they're having a treat, psychologically. Like those [fruit bars] they're a bit expensive sometimes but they come in strings and things which are meant to be one of your five a day and all that good stuff."*



# Food as an accessible treat

## How did this change over time?

1. Parents placed more restrictions around snacking as opportunities to fulfil leisure, social and emotional needs became more accessible during reopening.



Following a lull in the prioritisation of nutrition in lockdowns, the role of food as an 'accessible treat' subsided for many families as they returned to social, leisure and educational activities in reopening.

However, not all households could afford or access these activities even as lockdown restrictions were lifted. In contexts of **financial insecurity** food continued to play an important role as an affordable means to fulfil household social and emotional needs, illustrated by Leila's quote to the right.

Indeed, research prior to COVID-19 has identified the role of junk and confectionary food as an affordable treat when other leisure/social activities are unaffordable (Fielding-Singh, 2017; [Isaacs, Neve, Halligan, Hawkes, 2020](#)).

*Leila, MSES, Bradford: "I don't do cinema trips and bowling and things like that, they just cost way too much, that I can't afford things like that. [...] But then I feel, why should my kids have to miss out on something like that..."*  
*"...We don't really go out much, I try to avoid restaurants and things like that, but the kids enjoy takeout, so, it's a bit of a... when you're in the moment, you emotionally feel like, yes, you should do this, because they deserve it or whatever."*

## 2. Attempting to guide children toward healthier tastes by offering 'healthy' alternatives

Some parents attempted to guide children toward healthier tastes following increased snacking in lockdowns by offering 'healthy' alternatives. However, there were some key factors which shaped parents ability to offer these 'healthy' versions of snacks:

- **Availability:** Relative abundance of cheap confectionary foods in supermarkets and convenience stores compared to healthy versions of snacks means that these are widely available.
- **Promotions:** Confectionary foods being spotlighted by promotions and discounts in supermarkets increases their appeal as an affordable means to treat children.
- **Exposure to promotions:** Those on low-incomes were more likely to shop predominantly in-store across multiple supermarkets to find the best value items, thus more exposed to these promotions. Higher income parents were more likely to order online, receive veg boxes or shop at health food stores, often purposefully shopping this way to avoid the lure of unhealthy products in-store at supermarkets.
- **Affordability and appeal of fruit:** Middle and high SES households more likely to describe being able to continually offer fruit as an alternative, with a fully stocked fruit bowl always available to children. In contrast a common financial management strategy for those struggling to make ends meet was to buy less fresh foods.

*Aaliyah, LSEP, Brent: "junk food is so easy to find. It's pretty much 80% junk and 20% healthy options"*



These aspects of the food environment spotlight unhealthy foods, particularly for those on low-income, when purchasing treat food and snacks.

# Cooking as a form of leisure

**Context:** Food also played an important role as a form of leisure- a way to pass time, seek novelty and provide children with opportunities for learning in the absence of school.

## What practices did this typically involve?

Rather than food items themselves, this largely involved parents adopting new *preparation* practices which centred around challenge, experimentation and learning.

- Cooking from scratch
- Involving children in food work
- Experimenting with new recipes and foods
- From scratch versions of preprepared foods (e.g. pizza)
- Returning to traditional and nostalgic recipes
- Baking, often with children



*Fiona, MSEP, Folkestone: As part of home schooling, we'd put cooking on the agenda. She did a few completely herself. [...] I think it's a life skill that you need really, so having the time to do it and to be totally uninterrupted and you can make a mess and you've got time to clear it up. It was quite nice to I suppose live life at a slower pace....*

## How did this differ across time and groups?

While the value of these preparation practices was described by those across the socioeconomic spectrum, the ease with which households could put these values into practice differed significantly.

### • Time/social resources and employment

Time was a vital resource to enable parents to engage with and sustain these practices. While most of the sample experienced lockdown as a period of 'slowing down' and an abundance of time, there was a small group for who 2020 was a time of continued time constraints. This was particularly amongst single-parents in work, key workers and those in precarious employment.

### • Financial resources

For most of those who had been able to engage in these forms of cooking for leisure, time constraints during reopening in 2021 presented challenges to maintaining this long-term. However, having **financial resources** opened up opportunities to continue to provide home-cooked meals through time-efficient options such as meal boxes (e.g. HelloFresh), online deliveries, pre-cut vegetable or healthier versions of convenience foods.

In contrast, those experiencing both **time and financial scarcity** in reopening had access to a more limited range of food options that were simultaneously affordable, time-efficient, enjoyed by children and provided a source of nutrition/health.

### • Long term changes

There was a small group of parents, mostly middle and high SES, who had been able to maintain these changes up to stage 3 and describe long-term changes to household tastes away from commercial foods and toward home cooking. **This highlights how, given access to adequate time, social and financial resources, cooking as a form of pleasure can provide benefits to both health and wellbeing.**

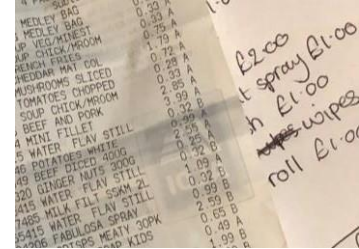
# Food as a source of relentless work

**Context:** As all the work that goes into feeding and caring for children moved into the home during lockdowns, many parents struggled with this increased burden of food and care work, particularly single working parents and those with additional care responsibilities. During reopening, even those for whom lockdown had been an opportunity to cook more from scratch, struggled to smaintain this long-term as busy schedules resumed. In these contexts, food work became relentless.

A number of factors, **which exist beyond the COVID-19 context**, contributed to this relentlessness by adding to the labour required for household food provision.

- **Lack of access to formal & informal childcare** meant the wider networks where children usually eat (schools, nursery, after school clubs, relatives) were limited.
- **Dietary requirements** (e.g. allergies & sensitivities in autism spectrum disorders) made it harder to access the foods children could/would eat when there were supply shortages and required careful planning and purchasing.
- **Food work falling on one parent** contributed to the relentlessness of food work, whilst sharing these responsibilities with relatives, partners or older children helped relieve this work.
- **Employment type:** Less secure or flexible forms of employment (e.g. unpredictable shift patterns) made it harder to plan food procurement and mealtimes in advance and around children's childcare schedules. In contrast, those whose employer offered flexibility in response to childcare needs (e.g. WFH, flexible hours) found it easier to manage domestic labour including food.
- **Financial insecurity:** Parents struggling to make ends meet had to do more work to manage constrained household budgets, including remembering the prices of products, how prices differed across different shops, and then adjusting this in response to the increasing cost of food.

*Omar, LSEP, Brent: You have to work out everything and be very... You don't buy the thing you see in front of you, you have to check, ah, okay, here they have offer, here this is cheaper, here is you buy three, okay, you get some discount. Do we have a space, even, in the freezer if I want to stock some, like get six, or something? Do we have this, do we have that? It's all the time, you have to think in the budget way.*



Alongside the labour required to source and prepare food, this was also about the energy, negotiations and work needed to get children to eat healthy food. In contexts where food work had become relentless, preparing meals that children would reliably eat and enjoy helped avoid the risk of conflict and instead ensure mealtimes could provide an opportunity to enjoy time together. This highlights how alongside food as a source of nutrition, parents are balancing this role of food alongside caring for the **social and emotional needs** of the household.

*Inaya, MSEP, Bradford: I was speaking to somebody in the staff room the other day and she was like, you must have a lot on because you go back and you do the cooking and cleaning. And I was like, I'm not going to lie, I do have days when I think, oh my god, I'm physically shattered. [...] It adds on stress factor for my head if I have to force them to eat. It changes the whole environment and you know, moods, atmosphere, all gets messed up in that sense.*

The food environment provided parents with solutions to this challenge through takeaways and commercial foods formulated to be hyper-palatable and marketed to appeal to children. **Prompts, promotions and discounts** worked to further increase the appeal of these options.

*Imani, MSES, Brent: [We've been] having more takeaways. They'll have more oven-type food. And there's been a lot of discounts as well, around food that I've bought. You know, sign up for this get 20% off. So, it's just so easy to do it. [...] the convenience of just, I think, working full time, having a family, of not having the time or energy to think about what to cook and when to cook it*



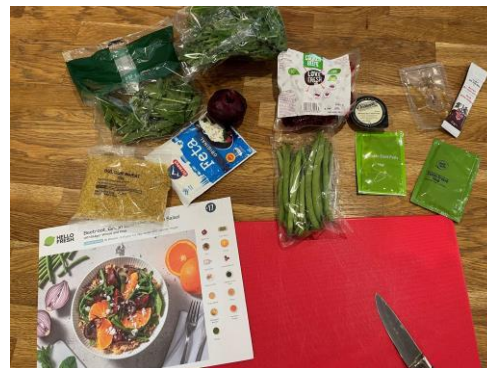
# Food as a source of relentless work

## What practices did this typically involve?

In moments where competing demands for parents time and psychological resources had left them with little remaining bandwidth to tackle “the battle of dinner time” (Wendy, HSEP), parents often sought a ‘night off’ this work through the most convenient option available to them that children would reliably eat. In this way food work became another form of work, alongside paid work, caring for relatives, managing household budgets and looking after the emotional wellbeing of the household. What solutions parents described as accessible to them differed across socioeconomic groups:

Low SES	High SES
Affordable takeaways	Takeaways (with price less of a consideration)
Cheap frozen foods	Meal boxes (e.g. HelloFresh, Gusto)
Preprepared meals	Preprepared meals (with price less of a consideration)

*Mary, HSES, Bradford, during reopening: [last lockdown] all we did was cook and clean, cook and clean and you had to think about what you were doing. While with Hello Fresh, you choose what you are having a week in advance. You know what you are having so it's all there for you. So, you literally don't have to think. [...] I think the process of making the meals is a lot more enjoyable. Because I know exactly what I'm doing, the ingredients are measured out, it takes half the time.*



## How did this differ across time and groups?

The food options parents had accessible to them to minimise the relentlessness of food work **differed across socioeconomic groups**. Those experiencing financial scarcity discussed the value of finding cheap options, whilst cost was less of a consideration for those on high incomes. Those on high incomes described accessing a wider range of options that both **minimised the relentless of food work** and provided a **source of nutrition/health**, such as meal boxes (e.g. HelloFresh), preprepared foods perceived as healthy (e.g. Charlie Bingham), ‘quality’ takeaways and online grocery delivery. There were also **geographical differences**, with participants living in urban areas of Bradford in particular commenting on their use of take-outs as a ‘night off’ due to their low-cost and availability in their local area. This reflects the high density of fast food outlets in Bradford (142 per 100,000 people) compared to Folkestone (107 per 100,000) and Brent (100 per 100,000) (OHID, 2021).



*Azari, LSEP, Bradford: it's the time and the effort. And when it's a takeout, you know for a fact that they'll sit down and eat it straight away [...] healthy costs more and it's so much easier and cheaper to just order a couple of burgers and get it over and done with [...] One of the cheapest takeout places close to us where you buy your curry from, it's like a small takeout box, £3.50 roughly, and that's enough for two people*

*Interviewer: Is that something you want to carry on doing?  
[asking about a photograph of a takeaway]*

*Fiona, MSEP, Folkestone: I think I would if the quality's there. In the village there's a few takeaways but they can be a bit variable in terms of quality, so we'll see. [...] But yes it might be a way to have a night off or two.*



# Food as a financial management strategy

## Context:

The COVID-19 pandemic brought significant economic change and disruption, with these impacts rippling out beyond this period of time into the cost-of-living crisis.

Financial insecurity occurred not only through loss of income but also through increases in the cost of parenting in a pandemic and increasing cost of living throughout 2020-21. Parenting through a pandemic brought added costs such as increasing spending on food and bills, activities for the children to do while at home and methods of food shopping which minimise transmission risk (e.g. online ordering, bulk buying or shopping at more expensive local stores seen as safer). As a result, households who entered the pandemic on a low income faced increased financial constraint and scarcity even without any loss in income.

In addition to this, ¼ of the parents in our sample had lost over half their household income between March-October 2020 through redundancy, having to reduce hours to manage childcare or as a result of being self-employed in industries with reduced business.

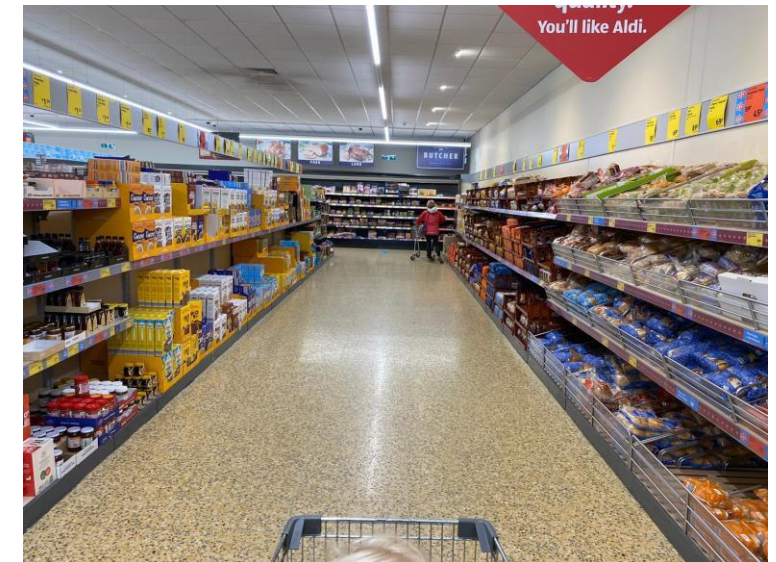
## How did this differ across groups?

Participants in households with one or more parent employed in what is termed 'precarious work'- work with zero-hour or insecure contracts with low pay, such as taxi drivers, supply teachers and cleaners- were particularly adversely impacted as these industries ground to a halt. Some of this group were eligible for 'self-employment' government support grants, but these were described as inadequate to cover basic living costs and too infrequent/ unpredictable to be able to plan for the future. Others had not sought government support due to not knowing it was available, thinking they would not be eligible or experiencing the application process as stigmatising. **7 of the 8 parents in low-paid precarious work described elements of moderate food insecurity\*, including relying on food banks, skipping meals, reducing quantity of food and compromising on nutritional quality.** Nearly all of the parents we spoke to in precarious work were from minoritized ethnic backgrounds, in line with large scale labour market research (Bowyer & Henderson, 2021). This highlights the urgent need to consider the impact of insecure work on health and nutrition, particularly during periods of economic disruption.

\*Food and Agricultural Organization of the United Nations definition of food insecurity.

## Relevance beyond COVID-19:

Financial scarcity has been a reality for many families long before COVID-19 and is due to impact more and more families as the UK faces sharp increases in the cost of living alongside low-wages.



# Food as a financial management strategy

## What practices did this typically involve?

Those living in a context of financial insecurity describe a food procurement strategy guided by a need to save money. Cost considerations and a need to source the cheapest versions of products rarely featured in the discussions of those in the high SES group, and were less prominent in the middle SES group, except amongst those who had lost significant income. In contrast, anxiety about saving money and feelings of guilt when this didn't go to plan was common across the low SES group. Below are five of the common ways in which financial insecurity impacted food practices.

### More responsive to discounts, deals and promotions in the food environment

- Participants described conflicting feelings about promotions, discounts and deals; as something which could be used to maximise a constrained budget, whilst also often feeling 'tricked' or 'lured' into spending more than planned often on less healthy food.
- The tendency for these promotions to include products high in salts, fats and sugars made it difficult for parents facing financial insecurity to prioritise nutrition.

*Annie, LSEP, Folkestone: I've always been a bit of a bargain hunter and if things are on offer I'll get them, because otherwise I wouldn't normally. I just try and keep the budget down, but it's really not down at all. It's a sad attempt at making things not cost as much.*

*Claire, LSEP, Bradford: They have quite a lot of deals on... but **it tricks you a little bit**, doesn't it? It's making you feel like you're spending less, but you're actually not.*

### Quantity is prioritised over quality when trying to avoid hunger

- When parents are worried about having enough food to satiate household hunger, quantity, often calculated by weight or calories per pound spent, is often used as a metric to calculate value for money.
- In this context low-cost energy-dense or starchy foods, widely available in UK supermarkets, made sense financially and were utilised to make money go further.

*Omar, LSEP, Brent: even eating salads, it's almost half price of the... Or if you check how much does it cost per kilo, it will be more than buying a chicken or meat.*

### Decisions guided by a need to minimise food waste

- Wasting food was often experienced as an irresponsible use of household finances, resulting in feelings of guilt
- As a result, parents reduced the amount of fresh foods purchased
- This also made it financially inefficient to introduce children to new or disliked fruits and vegetables which could spoil and be wasted if not eaten

*Aleena, LSEP, Bradford: oh my God we've got all this fruit and then it's just gone off. And then the guilt kills you.*

### Emergency food provision and food aid is used to prevent hunger

- Parents described how these packages often lacked the ingredients required to prepare nutritious meals, instead often containing long-life and processed foods. They often had little choice over what kind of food was received so packages were often not culturally appropriate and receiving them carried stigma.
- In line with existing literature, many of the parents who accessed food aid in this study were in work and/or receiving benefits. However, this income did not provide enough to cover the basic costs of living in a context of increasing prices.

### Mother's skipping meals, having leftovers or lower quality foods to ensure children have enough

- A handful of mothers describe food practices which indicate mothers are depriving themselves of food as a source of health/nutrition to ensure their children are fed.

# What supported households' ability to prioritise the role of food as a source of nutrition/health?

Time for food, financial security, access to health-enabling food environments and amenities which serve broader wellbeing needs acted as household 'assets' and came together to create space for the prioritisation of food as a source of nutrition/health. The below summarises these four household 'assets' and the key factors which shaped them.

## The value of food as a source of nutrition

### Time for food

Flexible working

Informal support with childcare & food work

Access to formal childcare

More equal division of food work in the home

Access to time-efficient food options (e.g. online deliveries, meal boxes)

### Financial security

Sufficient income to participate in leisure and social activities

Consistency and predictability of income

Sufficient income to cover the cost of living

Furlough support scheme

### Access to health-enabling food environments

Access to food vendors selling predominantly fresh ingredients (e.g. veg boxes, farmers markets, food hubs, greengrocers, meal boxes)

Less exposure to promotions, offers, discounts and marketing which spotlight unhealthy food

Access to healthy and affordable convenient meal options

### Access to amenities which serve broader social and wellbeing needs

Accessible, appealing and safe green spaces

Leisure amenities e.g. swimming pools, cinemas, play parks.

After school clubs and children's activities

Opportunities for social interaction with friends and relatives



# General conclusions

## What this study found:

- Policies designed to improve diets need to consider **the role food plays in everyday life**, beyond just a source of nutrition, to ensure interventions and actions align with peoples daily realities and needs. In particular, this period has highlighted the role of food as A) a source of pleasure in daily family life and to fulfil social/leisure needs, B) a source of relentless work for those experiencing time scarcity and C) a financial management strategy for those in a context of financial scarcity.
- With significant changes in childcare and the economy during COVID-19, this period has highlighted the role of **time and financial scarcity** in driving unhealthy eating, and the potential for structural changes to childcare, employment and social security systems to increase household financial and time assets and increase opportunity to engage in healthier eating practices.
- **The food environment** shapes parents food decisions by appealing to the different meanings, roles and values food has in daily family life (food work as relentless creates imperative for convenience; food as a financial management strategy creates a need for best value items; food as a treat creates need to please children). Currently, these strategies work increase the appeal of energy-dense, nutrition poor foods, through strategies such as pricing, promotions, marketing and availability.
- Even when food as a source of nutrition is the key priority guiding food purchasing, claims related to health and quality on food packages (e.g. '1 of your 5 a day') and labelling of foods as appropriate for children guide parents towards commercially prepared foods.
- **These factors interact to shape dietary inequalities**, with lack of time, financial scarcity, lack of access to leisure and social activities and exposure to food environments which spotlight unhealthy foods combining to further undermine opportunities for healthy eating. Cross-departmental coordination and a consideration of health in all policies is required for effective and equitable obesity prevention.

## Implications for policy/action needed to support diet-related health:

1. **Increase access to social, leisure and extra-curricular amenities to ensure families have opportunities to fulfil social/emotional wellbeing and provide alternatives to junk food as an 'affordable treat'.**
2. **Increase the appeal and make space for the development of a viable market for affordable but healthier snacks while reducing the appeal of foods high in fats, salts and sugars as a 'treat'.**
3. **Interventions which require significant time investment and contribute to the relentlessness of food work are unlikely to be effective in populations experiencing time scarcity (e.g. precarious workers, single parents).**
4. **Increase household time and financial assets, particularly targeting those both time and cash poor who experience the most adverse impacts on diets (Venn & Strazdins, 2017), such as by increasing access to subsidised childcare and extending schemes which provide nutritious meals at childcare e.g. at schools, breakfast clubs and holiday programmes.**
5. **Shift the spotlight from unhealthy to healthy foods, for example by restricting promotions, discounts and deals on foods high in fats, sugars and salts.**
6. **Look to increase access to food vendors such as greengrocers, veg box schemes and outdoor markets in a way that is appealing and convenient for low-income groups.**
7. **Coordinated and sustained action across government departments. Need for action in departments alongside DHSC (e.g. Department for Work and Pensions, Department for Levelling Up, Housing and Communities) whose remit includes effective entry points to support nutrition (e.g. social security changes, investment in neighbourhood leisure/wellbeing assets) however whose policies can have unintended negative impacts on diets and health (e.g. benefit sanctions).**

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