

How do families living in low-income areas engage with the food environment, and what does this mean for effective obesity prevention policies?

Findings from ethnographic case studies in Great Yarmouth, Stoke-on-Trent, and the London Borough of Lewisham

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Table of Contents

Executive summary	4
Policy summary	5
1. Introduction	6
1.1 Background, aims and objectives	6
1.2 Research questions.....	6
1.3 Key terms: Food environments and food practices.....	7
1.3.1 Food environments.....	7
1.3.2 Food practices.....	7
1.4 Structure of the report.....	8
2. Methods	9
2.1 Structure of the research	9
2.1.1 Main part of focused ethnography.....	10
2.1.2 Workshop design	10
2.2 Data Analysis	11
3. The places	12
3.1 Great Yarmouth food provisioning environment	13
3.2 Stoke-on-Trent food provisioning environment.....	14
3.3 London Borough of Lewisham food-provisioning environment.....	14
4. The participants	16
4.1 Great Yarmouth.....	16
4.2 Stoke-on-Trent.....	17
4.3 Lewisham.....	18
5. Key findings: What norms shape parent and family food practices?	20
5.1 Summary points:	20
5.2 Varying attitudes towards cooking and eating	20
5.3 Managing through financial constraint.....	22
5.4 Managing children’s preferences	23
5.5 Pervasiveness of snacking practices	23
5.6 Food routines	24
6. Key findings: How do families experience the external food environment	25
6.1 Summary points	25
6.2 Food purchasing varies by context	25
6.3 Distance to shops shapes satisfaction	27
6.4 Shopping on a budget requires complex navigation	28
6.5 Healthy food is the expensive option.....	29
6.6 People are aware of and influenced by HFSS offers and deals	30
6.7 Children encourage unhealthy food purchasing practices.....	31
6.8 Eating meals out is regular but not frequent	32
7. Key findings: What roles does the food environment play in people’s lives?	33
7.1 Summary points	33

7.2 The FE provides food that is affordable and appealing.....	33
7.3 The FE provides a space for the reproduction of values.....	34
7.4 The FE offers the opportunity to purchase affordable pleasures.....	36
7.5 The FE offers a space to engage in social activities and relationships.....	37
8. Discussion and policy priorities	38
8.1 “Must Do” priorities	38
8.2 Comprehensive food environment policies that address specific food practices.....	40
8.3 How policies should be designed.....	41
9. References	43
10. Appendix A.....	46

Executive summary

- Obesity and poor quality diets disproportionately affect low-income communities in the UK. A key question is how can policy that aims to improve diets be more effective in low income communities. Food environments (FEs) are a critical intervention point for policy as they contribute to shaping purchasing patterns and food consumption practices. In order to develop policies and interventions that are effective in low income communities, it is important to understand how individuals and families experience these environments, as well as how food acquisition fits in with the broader context of people's daily lives.
- Between 2017 and 2019, The Centre for Food Policy conducted focused ethnographic research with parents of school- and nursery- aged children in three low-income parts of England that experience higher than average rates of childhood obesity – neighbourhoods in Great Yarmouth, Stoke-on-Trent, and the London Borough of Lewisham. We employed a variety of qualitative methods including in-depth interviews, shop-along interviews, photo-elicitation, and observations.
- The participants all varied in their attitudes towards health, as well as their cooking practices, ranging from those who cooked almost exclusively from scratch to those who relied mainly on pre-prepared foods. Other practices remained consistent across almost all of the families. These included managing within the context of significant financial constraint, developing complex systems for purchasing food within budget, and consuming a large number of snack food products.
- Family life was described as both routinised and complex, with this being reflected in parents' engagement in the FE. While most participants wanted to provide nutritious meals for their children, the economic and social realities of their lives, combined with aspects of their physical environment, meant this did not translate into practice. In fact, in the context of financial insecurity, competing priorities, lack of alternative leisure activities, repetitive routines, and pressure from children who requested a narrow range of foods, unhealthy FEs brought many benefits to families. By providing affordable food children would eat and facilitating meaningful shared family activities, FEs supported the financial and social aspects of people's lives. At the same time, through the relatively high price of healthier foods compared to those high in fat, salt, and sugar (HFSS), and the abundance of deals for HFSS foods, FEs created tensions by further stimulating families to buy unhealthy options more frequently.
- These findings applied to families who prioritised cooking and those who did not, and to families living in "food swamps," in areas where they had to travel longer distances to buy food and in communities served by independent shops and markets. Physical access to shops was thus not the overwhelming and determining factor influencing what families ate.
- Efforts to address obesity through altering FEs must take into account the contexts and expectations of individuals as they enter into those environments. It is critical to focus policies and interventions so that people's broader social, economic and health needs are met, while also increasing the physical, financial, and cultural accessibility of more nutritious foods.
- While these findings suggest a variety of policy implications, we emphasise that action in three specific areas is essential if efforts to improve FEs are to have positive outcomes for both health and wellbeing: [1] financial (in)security, [2] availability of social resources, and [3] the advertising and promotion sector (see Policy Summary).

Policy Summary

- When designing policy that seeks to improve diets among low-income populations it is essential to confront the challenge that while food environments push families towards unhealthy food purchasing and consumption, they also play a positive role in supporting many other areas of family life. Thus, for policy to be effective, and to reinforce rather than undermine healthy practices, these lived realities need to be considered.
- Based on the evidence gathered during this research, we have identified three key insights we consider critical if policy is to successfully improve diets and prevent obesity among low income populations. These insights relate to (i) essential policy needs; (ii) policies to prevent food environments from stimulating and reinforcing widespread unhealthy food practices; and (iii) bundling policies together to ensure they account for the trio of financial, food environment, and social cultural realities of people's lives.
 - (i) *Three "Must Do" policies are essential to facilitate healthier dietary practices in low-income populations.* These are areas of policy that are necessary to improve healthy practices and relate to aspects of people's financial, social, and physical environments. While these changes alone will not be sufficient, without change in these areas, it will not be possible to meaningfully improve diets in low-income populations. These three areas are: address the causes of financial insecurity, improve the provision of social resources, and comprehensively restrict the marketing and promotion of HFSS foods, especially in retail settings.
 - (ii) *Comprehensive policies are needed to change elements of food environments that perpetuate deeply embedded food practices that result in unhealthy consumption.* Families have deeply embedded food practices which have developed in response to the economic and social realities of their lives and their physical food and non-food environments. FEs work to shape these practices in ways that have encouraged the consumption of higher levels of HFSS foods. Given that food practices both reinforce and are reinforced by the structure of the FE, it is also important to consider changes to the FE that might shape this relationship. Policy approaches should recognise the fact that there are logical reasons for people to use food environments in the way that they do, and develop policies to shift deeply embedded food practices that demonstrate an understanding of these reasons. For example, more promotions on healthy products could play into people's appreciation of getting a good deal. While some of these policies are already in place, additional policies would be needed in the Childhood Obesity Plans to take the comprehensive approach needed to address such deeply embedded practices
 - (iii) *Unless policies are designed to account for different aspects of people's lived realities, their effectiveness will be consistently undermined.* Our final insight relates to how policies should be developed: consideration of how policies are devised is also of central importance. Rather than being developed in isolation, policies need to consider the multiple factors that shape food practices and should seek to address all of them. Policies are more likely to be effective if they take into account the trio of financial, food environment, and social cultural realities of people's lives. If policies are designed to account for other, often unconsidered aspects of people's lived realities, such as by bundling them together, they can reinforce rather than undermine each other.

1. Introduction

1.1 Background, aims and objectives

Rates of overweight and obesity in the UK continue to rise, disproportionately affecting individuals from the lower end of the socioeconomic spectrum (Perkins & DeSousa 2018). A key question is thus: “How can policy that aims to improve diets be more effective in low income communities?” In this context, significant concerns have been voiced about the abundance of highly desirable, affordable, and unhealthy options in “food environments” (FEs) - the sites where people’s dietary beliefs, practices, and preferences come into contact with the external world of the food system. Extensive research has been conducted into the relationship between various facets of the FE and food purchasing, consumption, and rates of overweight and obesity (e.g. Burgoine et al 2018, Cannuscio et al 2013). While this research has led to a plethora of suggestions for FE policies and interventions, findings remain inconsistent, and it is not entirely clear what changes in the FE would be most realistic and effective in ensuring healthier food practices. In particular, a clear evidence gap exists in terms of understanding how people experience and engage with their FE and how food procurement practices fit in with everyday lives. Research seeking to fill this gap has identified a number of factors that shape food purchasing practices (Pitt et al 2017). The depth of many of these studies is limited, however, and there is a strong focus on the US context, however. While sociological research has a long history of theoretically informed studies on food practices (e.g. Bissell et al 2016), this work tends not to focus on the FE as a site of inquiry and is not often engaged with by a public health audience. Further evidence on engagement with the FE in the UK therefore emerges as essential if we are to identify actions that can work in ‘real world’ settings to encourage healthier food practices and decrease rates of obesity.

This report presents the findings from three ‘focused ethnography’ case studies conducted in 2018 and 2019 in three different locations in England: Great Yarmouth, Stoke-on-Trent, and the London Borough of Lewisham (Lewisham). In each case study site we engaged approximately 20 low income parents¹, utilising a series of in-depth qualitative methods to gain insights into how these parents interacted with their FE(s). The data collected comprised transcripts from interviews, notes made by the researchers, photos taken by the participants to demonstrate their interactions with the FE, and participatory workshops². The findings draw on all four sources of data, and include direct quotations and photographs where they are relevant to a particular finding.

1.2 Research questions

The overarching question guiding this work is: “How can policy that aims to improve diets be more effective in low-income communities?” To provide insights to help answer this question, focused ethnographies were designed to answer four related research questions:

- 1 How do families in areas of low income experience their food environments?
- 2 What barriers and/or enablers do parents face related to the purchasing and consumption of nutritious foods?
- 3 What role do economic, cultural, and environmental factors play in shaping relationships with the food environment?
- 4 What are the implications of understanding lived experience of food environments for policy?

¹ All parents were primary shoppers and had at least one child in school or nursery

² These took place in Great Yarmouth and Stoke-on-Trent only

1.3 Key terms: Food environments and food practices

Prior to presenting the findings, it is important to note briefly what is meant by food environments, as well as the term ‘food practices’, which is used throughout the report in preference to ‘food choices’ or ‘food behaviours’.

1.3.1 Food environments

Although the literature often lacks clarity on what is meant by the term ‘food environments’, several different definitions do exist. Much quantitative work is based on a definition by Glanz et al which divides the FE into four sections: the consumer nutrition environment (the environment inside food outlets); the community nutrition environment (the environment around food outlets); the information environment (e.g., marketing); and the organisational environment (food in schools and workplaces) (Glanz et al 2009).

Glanz’s definition is helpful in terms of thinking about all the physical aspects of the environment. It does not, however, consider relational aspects, or the factors that might influence how people use those environments. The research in this paper therefore also draws on a more recent definition suggested by Turner et al (see figure below), which divides the FE into an external domain, comprised of availability, prices, product properties, and marketing, and a personal domain comprising accessibility (defined geographically), affordability, convenience, and desirability (Turner et al 2018). While this definition does not consider the broader systems that shape the personal domain, or elaborate on the relationship between the personal and external factors, it is still extremely helpful in terms of thinking about how interactions between systems and people can lead to certain outcomes.

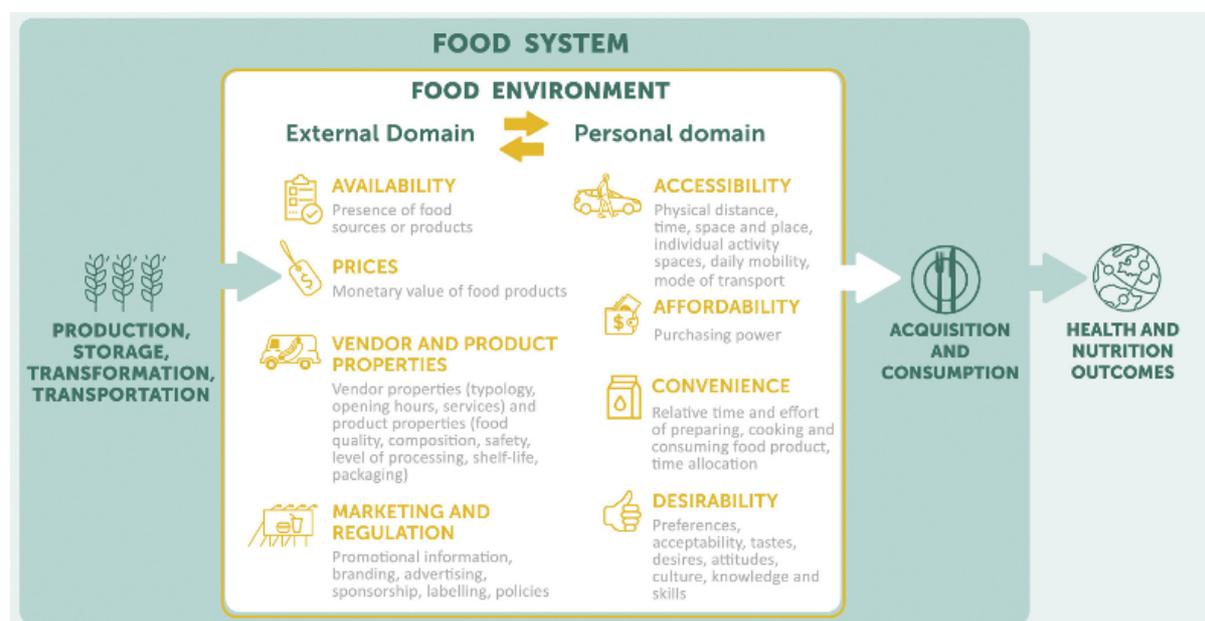


Figure 1: Turner et al 2018 food environment definition

1.3.2 Food practices

The notion of food practices (in contrast to behaviours or choices) derives from practice theory, which is commonly engaged with in sociological research. Practice theory seeks to find a middle ground between theories that assume that individual actions can be defined as a set of ‘rational’ decisions, and those that suggest that all actions are shaped by broader structural factors such as class or gender rather than individual agency. Considering practices rather than behaviours suggest that there is a context involved rather than an isolated decision by an individual that is either positive or negative (Cohn 2014). This is not to suggest that individuals lack any agency or do not make specific,

reasoned decisions, but simply that these actions are shaped by a much broader set of structures, many of which are not immediately obvious. Rather than identifying specific behaviours that need to be changed, a focus on practices helps us consider how people have come to engage in certain activities in the way they have, how these activities become embedded in routines, how certain activities relate to others, and how they interact with to reinforce or shape broader contexts (Blue et al 2016).

In recognition of complex ways in which economic, social, and environmental structures shaped the way participants ate and shopped, this report uses the term practices rather than choices and behaviours. Additionally the analysis of the findings considers how certain practices have become embedded in routines so as to shape FE interactions.

1.4 Structure of the report

Following the introduction, this report is divided into eight subsequent chapters: Chapter Two provides a brief overview of the methods used to conduct the case studies; Chapter Three continues with an overview of the case study locations; Chapter Four details the participants in the study. Chapters Five, Six, and Seven present the main findings. Finally, Chapter Eight presents the discussion and policy implications.

2. Methods

Each case study in this project took the form of a 'focused ethnography'. Ethnographic research is drawn from anthropological research traditions and involves long term, in-depth qualitative research often lasting at least a year and often in a culture or context that was previously unfamiliar to the researcher (Reilly 2012). Ethnographic approaches seek to, in which the intention is to learn about people 'by learning from them' (Roper & Shapira 2000 in Cruz & Higginbottom 2013:37) and gain an in-depth understanding of the social and cultural context of lived experience across a group or collective of people (Bandyopadhyay 2011: 56). Through the use of focused ethnographies, academics in more applied fields such as public health and nursing have found ways to adapt these methods to applied research (Higginbottom et al 2013). Focused ethnographies are characterised by short term field visits, intense data collection, and a focus on a narrow element of one's own society (Knoblauch 2005). Methods for data collection vary, but can include in-depth interviews, short term participant observation, and photo elicitation. Such ethnographies are considered to be a practical and efficient method for gathering in-depth and solutions-focused data (Higginbottom et al 2013).

2.1 Structure of the research

AI, JH, and KN, and CH³ conducted three focused ethnographies in Great Yarmouth, Stoke-on-Trent, and Lewisham during 2018 and 2019. Ethical approval was obtained from the City, University of London, Sociology Research Ethics Committee. Fieldwork in Great Yarmouth and Stoke-on-Trent took place over approximately nine weeks each and involved being resident for the majority of this time. Fieldwork in Lewisham took place over a four-month period.

Within each case study site, participants were recruited from a set of specific neighbourhoods⁴ via direct engagement in community events and activities. This recruitment method allowed the researchers to meet and talk to participants in advance of their agreeing to take part. Participants were subsequently recruited via a process of snowballing. The sample took the form of a convenience sample with participants recruited on the basis of the following inclusion criteria:

- Resident in one of the specified neighbourhoods
- Over the age of 18
- Parent of at least one child in school or nursery
- Primary shopping responsibilities
- Willing and able to participate in the project⁵

All participants provided written informed consent and were provided with a £50 shopping voucher to thank them for taking part.

The research process in each case study site (depicted in figure 2) comprised a series of overlapping stages commencing with engagement with the respective local council and/or community groups, moving through to participant observation and recruitment, and culminating in the core part of the research which involved direct engagement with participants. Finally, in Great Yarmouth and Stoke-on-Trent, participants, together with local stakeholders, attended a participatory workshop exploring the idea of the 'ideal' FE.

³ AI, the lead researcher was involved in all three case studies; JH assisted in Great Yarmouth and Stoke-on-Trent; KN assisted in Lewisham. CH provided oversight and input into the analysis.

⁴ Detail of neighbourhoods provided in Chapter three.

⁵ Participants were not excluded if they were unwilling to take part in the shop-along.

2.1.1 Main part of focused ethnography

Once participants had been recruited, they were asked to take part in three different activities:

Semi structured interviews

All the participants took part in a semi-structured interview at the outset of the research. The intention of this interview was to embed the participant's perceptions of their FE within the broader context of their lives. The topic guide covered perceptions of the local area, home and family routines, and food routines.

Photo-elicitation

At the end of the semi-structured interview, participants were invited to take part in a photo-elicitation project. Participants were provided with a digital camera (or could choose to use their phone camera) and asked to take photos of things that made it easier or harder to purchase the foods they wanted for their families. A researcher met with the participant the following week to discuss each of the photos.

Shop-along interviews

If the participants were willing, a researcher asked the participant to take them on a typical shopping trip. Although there was a topic guide with light prompts (e.g. how often do you come to this particular place) it was intended for the conversation to be led primarily by the interests of the participant. The conversation was recorded using a hands free digital recorder, and the researcher kept notes of route both around the supermarket and the route to and from the participant's home.

Using this variety of methods provided a means by which to triangulate the data, enhancing its rigour and reliability.

2.1.2 Workshop design

Following the end of the main research period in Great Yarmouth and Stoke-on-Trent⁶, we ran a workshop which brought participants together with stakeholders to jointly consider what an ideal FE would look like. See appendix A for more details on the conduct of the workshops.

⁶ It was not deemed to be possible, logistically, to run a workshop in Lewisham

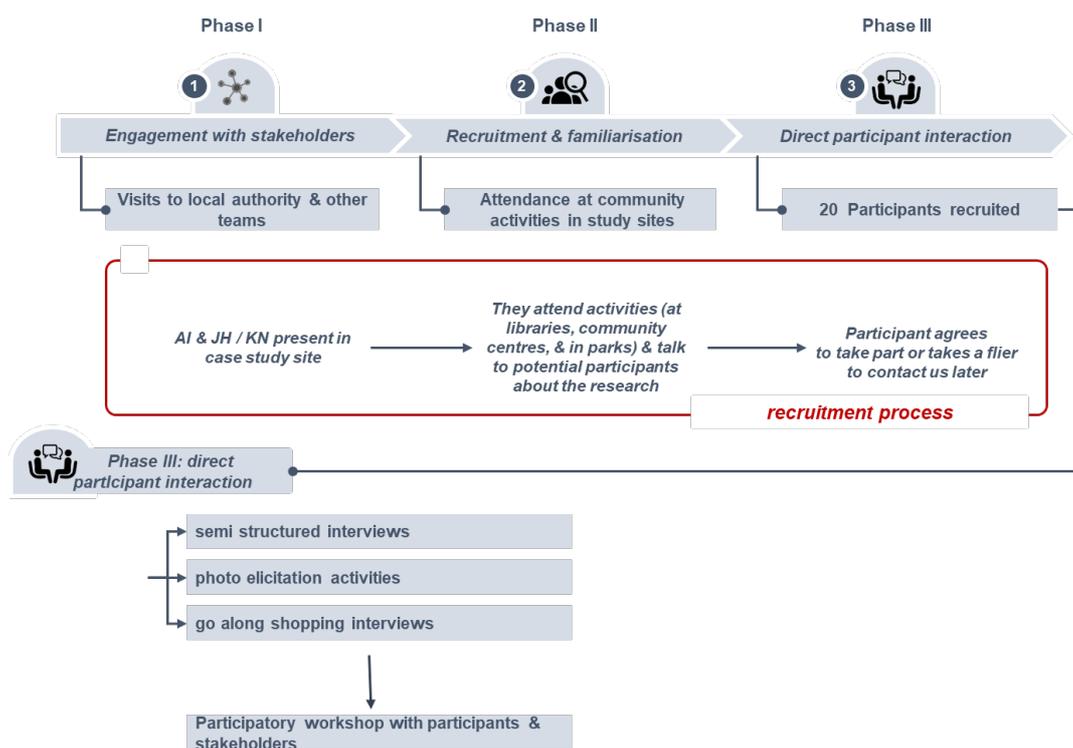


Figure 2: Research process

2.2 Data Analysis

The transcripts of the interviews were the primary source of data used during the analysis. These were complemented by the photos taken during the elicitation activity, as well as the field notes collected by AI, JH, and KN. The data were analysed via a process of thematic analysis.

Following the end of the Great Yarmouth case study, AI and JW independently read the first two transcripts and noted down key themes and ideas. They then jointly developed a coding framework (see appendix) which they used to independently code a further two transcripts. At this stage they compared coded transcripts to ensure that the data were being approached in a uniform and rigorous manner. It is important to note that thematic coding is an iterative process, and so additional themes were added as the coding of transcripts continued. The same coding framework was used to analyse the Stoke-on-Trent and Lewisham data, with additional codes added for area specific information.

Once all the transcripts were coded, the data was input into the qualitative analysis software NVIVO 12. This allows the researcher to quickly look at all the data related to one theme as well as to compare data across participants with different characteristics. At this stage, AI and KN looked at the codes with reference to the research questions to develop a final set of themes. CH provided input during extensive discussions about the key themes.

All names presented below are pseudonyms and all identifying features, such as places of work have been removed.

3. The places

Great Yarmouth (Yarmouth)

Great Yarmouth is a seaside town in Norfolk with a population of approximately 50,000 (GY Borough Profile 2017). It lies at the end of a train branch line from Norwich, which limits its connectivity to the rest of the UK. The town boasts a long sea front replete with arcades and pleasure parks which has enabled it to develop its reputation as a British holiday destination.

Great Yarmouth's two major industries comprise offshore oil and gas, and tourism. With regards the latter, the seasonal nature of the tourist industry means there is high seasonal unemployment. This is in addition to high rates of long-term unemployment in general (GY Borough profile 2017; GY Health profile 2017).

Despite Great Yarmouth's tourist infrastructure, it is one of the 20% most deprived districts in England. This deprivation is concentrated in its central neighbourhoods around the tourist centre, where many of the wards fall into the top 10% most deprived. Approximately 26% of children are classified as living in low income households. This is higher than the average both for Norfolk and for the UK (ibid).

In line with high rates of poverty and unemployment, Great Yarmouth residents also experience significant health inequalities. Life expectancy is lower than the national average, and rates of diabetes, cancer, smoking, excess weight, and physical inactivity are significantly higher than the national average for adults (GY Borough profile 2017). There is also considerable inequality within Great Yarmouth itself, life expectancy is 9.7 and 7.9 years lower for men and women respectively in the least affluent areas compared to the most affluent (ibid).

Stoke-on-Trent

Stoke-on-Trent is a former mining and industrial town in the West Midlands with a population of approximately 270,000 (citypopulation.de). It is situated on the London to Manchester train line, meaning that it is well connected to other parts of the UK. Stoke-on-Trent is in fact, formed of 6 'towns' each with a different character and geographically separate. Stoke-on-Trent is the home of the traditional pottery industry in the UK, giving rise to its colloquial name, the 'Potteries'. While many pottery factories are still based in and around Stoke-on-Trent, the size of the industry has shrunk considerably in recent years.

Similar to Great Yarmouth, Stoke-on-Trent is one of the 20% most deprived districts in England, with 24% of children classified as living in low-income families (Stoke-on-Trent Local Authority Health profile 2018). Relatedly, health outcomes are generally poorer than the England average, with life expectancy significantly lower (ibid).

London Borough of Lewisham (Lewisham)

The London Borough of Lewisham in South East London has a population of approximately 300,000 (Office for National Statistics, 2017). In line with London, a high proportion of the resident population in Lewisham was born abroad (34.9% in comparison to 13.3% in the whole of the UK) with 47.7% of the population from black and minority ethnic groups (Greater London Authority, 2019).

The borough is primarily residential, with both suburban and high-density areas that include small and large town centres and local shopping parades (London Borough of Lewisham, 2011). Lewisham has one of the smallest economies in London, although it is closely linked to the wider London economy with the supply of goods, services, and workforce (London Borough of Lewisham, 2013). The main three sectors are: business services; information and communication; and retail, which together make up 42% of active enterprises in Lewisham (London Borough of Lewisham, 2013). Unemployment in the borough is relatively low at 5.7% (Greater London Authority, 2019).

Despite a low rate of unemployment, Lewisham has one of the highest proportions of children and older people in income deprivation in England (Department for Communities and Local Government, 2015). This deprivation varies greatly across the borough and even within wards. Approximately 22.7% of children live in low-income households in comparison to 19.3% in London and 17% in England overall (Public Health England, 2019).

Residents in Lewisham also experience various health inequalities: life expectancy is lower for males in comparison to both the London and England average, whilst life expectancy for females is higher than the England average, but also lower than the London average (Office for National Statistics, 2018). Average mortality rates in Lewisham are higher than the England average (Public Health England, 2019), in particular from circulatory diseases, cancer, and respiratory diseases (London Borough of Lewisham, 2020).

3.1 Great Yarmouth food provisioning environment

As a seaside town, Great Yarmouth essentially has two FEs overlaid on top of each other: one catering to holiday makers, and one to locals. While there is no obvious physical distinction between these, the participants had a clear sense of what food was for 'locals' and what was for 'tourists', even if this became blurred during the summer months.

Participants were recruited from four wards in Great Yarmouth: Central & Northgate, Newtown (within Yarmouth North ward), Nelson, and Southtown and Cobholm. These wards are all located in central Yarmouth, where deprivation is the most concentrated. Participants moved between wards on a daily basis, given that Great Yarmouth as a whole is quite small.

The wards are all within a mile of one or more supermarkets and could therefore be considered to have good access to nutritious food options; however, in other ways, the FE in each of the four wards varies considerably. Central & Northgate is densely packed with food outlets, including one supermarket, numerous cafes, and fast food outlets, bargain stores selling highly discounted food and the Central Market with its chip stalls and fresh fruit and vegetable sellers. Southtown and Cobholm has three supermarkets, but there are few other food outlets and many of the residential streets appear isolated. Nelson has no full-service supermarkets but a large number of independent stores and many fast food outlets on the seafront serving typical seaside dishes: fish and chips, burgers, ice cream, and doughnuts. Newtown has one supermarket but far fewer food outlets overall than the other ward

Table 1: Number and type of food outlet in the Great Yarmouth study sites
Data obtained from CEDAR FEAT tool

Area	Food outlet type	No of outlets	No per 1k population
Central & Northgate	Café	23	2.8
	Convenience store	19	2.3
	Restaurants	41	4.9
	Speciality Outlets	13	1.6
	Supermarkets	3	0.4
	Takeaways	31	3.7
Southtown & Cobham	Café	2	0.4
	Convenience store	5	0.9
	Restaurants	7	1.2
	Speciality Outlets	2	0.4
	Supermarkets	3	0.5
	Takeaways	6	1.1
Nelson	Café	18	1.3
	Convenience store	27	1.9
	Restaurants	41	2.9
	Speciality Outlets	4	0.3
	Supermarkets	0	-
	Takeaways	34	2.4
Newtown	Café	0	-
	Convenience store	4	0.9
	Restaurants	2	0.4
	Speciality Outlets	1	0.2
	Supermarkets	1	0.2
	Takeaways	2	0.4

3.2 Stoke-on-Trent food provisioning environment

Participants were recruited from four areas in Stoke-on-Trent: Cobridge, a multi-ethnic area North of Hanley town centre, and Fenton, Blurton, and Heron Cross, three contiguous areas to the South. Although these areas are officially located in the wards shown in Table 2, they were locally identified and accepted as geographic areas in themselves.

There are large areas of Stoke-on-Trent that are over a mile from the nearest full-service supermarket. These include all the case study sites, meaning that all participants travelled to other neighbourhoods to complete their shopping, and relied on some form of transport to do this. The FE is reasonably similar in each of the case study sites, and include a number of takeaway outlets and small corner stores, but no large supermarkets. There is a Co-op store in Fenton that is regarded as very expensive and generally only used in emergencies, and a discount supermarket in Blurton that draws customers from the surrounding area. This shop receives out-of-date and end of line products from larger supermarkets which it sells on at an extremely discounted price. These are mostly non-fresh, HFSS products. Cobridge also houses a large independent store stocking produce from the Indian Subcontinent.

Table 2: Number and type of food outlet in the Stoke-on-Trent study sites
Data obtained from CEDAR FEAT tool

Area	Food outlet type	No of outlets	No per 1k population
Stoke-on-Trent	Cafés	86	0.1
	Convenience stores	263	0.3
	Restaurants	212	0.2
	Specialty outlets	91	0.1
	Supermarkets	42	0.0
	Takeaways	395	0.4
Fenton West & Mount Pleasant	Cafés	4	0.0
	Convenience stores	12	0.0
	Restaurants	6	0.0
	Specialty outlets	4	0.0
	Takeaways	19	0.0
Hollybush & Longton West	Cafés	0	0.0
	Convenience stores	5	0.0
	Restaurants	2	0.0
	Specialty outlets	0	0.0
	Takeaways	1	0.0
Moorcroft	Cafés	1	0.0
	Convenience stores	6	0.0
	Restaurants	2	0.0
	Specialty outlets	1	0.0
	Takeaways	10	0.0

3.3 London Borough of Lewisham food-provisioning environment

The FE in Lewisham varies greatly between wards, depending on the location of the nearest high street or parade of shops. Movement between wards is common, as they represent small geographic areas.

All the wards have small rows of shops and takeaway outlets in more residential areas, as well as a range of small, independent grocery stores that sell foods from particular countries, such as Romania, Poland, and Brazil, or regions, such as Europe, West Africa, Asia, and the Caribbean. Many

participants in Lewisham purchased foods that were only available in these stores or the local market. Lewisham market appeared to be particularly popular, attracting participants from all over the borough, and both Evelyn and Catford South have popular markets nearby selling both fresh produce and pre-prepared foods. These wards have a large range of food outlets in general, including many cafes, restaurants and bars; whereas Bellingham is mostly residential with a few fast food outlets and one large supermarket.

Table 3: Number and type of food outlet in the Lewisham study sites
Data obtained from CEDAR FEAT tool

Area	Food outlet type	No of outlets	No per 1k population
Lewisham	Cafés	203	0.7
	Convenience stores	302	1.0
	Restaurants	230	0.8
	Specialty outlets	158	0.5
	Supermarkets	49	0.2
	Takeaways	376	1.2
Evelyn	Cafés	9	0.5
	Convenience stores	13	0.8
	Restaurants	4	0.2
	Specialty outlets	1	0.1
	Supermarkets	4	0.2
	Takeaways	11	0.7
Bellingham	Cafés	9	0.6
	Convenience stores	13	0.9
	Restaurants	4	0.3
	Specialty outlets	1	0.1
	Supermarkets	4	0.3
	Takeaways	11	0.7
Catford South	Cafés	7	0.5
	Convenience stores	13	0.9
	Restaurants	7	0.5
	Specialty outlets	7	0.5
	Supermarkets	1	0.1
	Takeaways	16	1.1

4. The participants

60 participants were recruited in total across the three case study sites. (20 in Great Yarmouth; 19 Stoke-on-Trent; 21 in Lewisham). All had at least one child of school or nursery age. Participants were not selected on the basis of their or their children's weight, nor because of any prior interest in food. 56 of the 60 participants were women, indicating the highly gendered nature of caring and food work.

All the participants were *either* in IMD one or two (top 20% most deprived postcodes in England) *or* were not currently employed (more details provided for each case study). Financial uncertainty shaped the lives of many of the participants who lived either on low or unstable incomes, or were in receipt of social security benefit.

In general the participants lived highly routinized lives, traveling between home, schools, play groups, and work (for those in work), frequenting a similar set of shops and out of home outlets. Correspondingly, the foods they purchased and meals they prepared reflected a similar routine. Participants enter the FE at routine times, and, on the whole, with routine pre-established needs.

4.1 Great Yarmouth

Participants were recruited from a variety of child-centred community activities (e.g., summer play schemes at the library), as well as directly through the 'Neighbourhoods That Work' teams.

The participants all resided in postcodes that were classed as IMD 1 and 2 (15 in IMD 1, and 5 in IMD 2). Almost 75% of the participants were thus living in the top 10% most deprived areas in the country. As might be expected, there was relatively low employment and a significant reliance on Universal Credit⁷ amongst the participants. Nine participants lived in households where Universal Credit was the only form of income (six of which were single parent households), in seven households one parent was on Universal Credit, and in only five homes were both parents in work. The professions of those who were in work included bus and lorry drivers, supermarket assistants, security guards, dustbin collectors, and community support workers. Just over half had access to a car on a regular basis.

⁷ Great Yarmouth was one of the first areas of the country to switch to Universal Credit.

Table 4: Great Yarmouth participants

Name	Age	Family set up	No of children	Employment	Car owner	IMD
Alice	50	living with partner	2 (1 at home)	on UC; partner in work	No	One
Jenny	35	living with partner	3	both in work	Yes	Two
Claire	33	single parent	2	UC + carers allowance	No	Two
Danielle	33	single parent	3	UC	No	One
Sophie	Not disclosed	single parent	5	UC	No	One
Gabby	34	living with partner	5	UC	No	One
Jessie	38	live out partner	3 (2 at home)	UC	access through partner	One
Karen	34	living with partner	2	partner in work	Yes	One
Michelle	34	living with partner	2	partner in work	Yes	One
Nancy	28	living with partner	1	UC; partner on zero hours	No	One
Lisa	30	living with partner	3	on sick leave; partner in work	Yes	One
Rosie	34	living with partner	5	UC	No	Two
Samantha	Not disclosed	single parent	2	UC	No	One
Kylie	29	living with partner	4	UC; partner in casual work	Yes	Two
Eleanor	24	living with partner	2	UC	No	One
Tom	30	living with partner	1 (during holidays)	both in work	Yes	One
Tanya	21	living with partner	2	UC; partner in work	Yes	One
Millie	Not disclosed	living with partner	2	both in work	Yes	One
Amanda	40	single parent	3	UC	No	One
Lauren	31	single parent	3	both in work	Yes	One

4.2 Stoke-on-Trent

Participants were recruited through two main routes: 12 participants through a variety of community activities (e.g., play group at a church, community Facebook group). Nine participants were recruited through an independent supermarket that sold discounted surplus foods. They were not recruited through cooking related activities, and they did not have any particular pre-established interest in food. Most participants used Lidl or Aldi as their primary shop, topping up at discount supermarkets. Some preferred Tesco, as a shop they were already used to.

18 of the participants resided in postcodes that were classed as IMD 1 and 2 (3 in IMD 1, and 15 in IMD 2). One participant lived in IMD 3, but immediately adjacent to the IMD 2 area. Six out of the 19 participants owned a car, with an additional two having access from a family member. 12 of the 19 were not currently in work. Those in work were employed as a cook, carer, support worker, ward clerk, teaching assistant, and in casual work.

Table 5: Stoke participant demographics

Name	Age	Family set up	No of children	Employment	Car owner	IMD
Bhavisha		lives with partner	2 children (aged 7 & 9)	Asylum seeker	No	2
Charli	26	lives with partner	1 child (aged 4)	Teaching assistant	No	2
Katie	27	lone parent	2 children (aged 2 & 5)	Casual work	No	1
Annabel	late 20s	lives with partner	1 child (aged 2)	Support worker	Yes	1
Shreya		lone parent	2 children (aged 2 & 7)	Asylum seeker	No	2
Jenna	31	lives with partner	2 children (aged 5 & 9)	Ward clerk	Yes	2
Miriam	42	lone parent	4 children (aged 6, 12, 10 & 14)	Carer for elderly parents	has access	2
Lorna	28	lives with partner	4 children (aged 1,3,7 & 10)	Part time student; partner in work	Yes	2
Wendy	28	lone parent	5 children (aged 1, 3, 6, 8 & 10)	Neither partner employed	No	2
Suzanne	35	lives with partner	3 children (aged 2, 10, 15)	Neither partner employed	No	2
Diana	31	lone parent	2 children (aged 3 & 7)	Care worker	No	2
Claudia	35	lives with partner	1 child (aged 2)	Not employed; partner in work	Yes	2
Miranda	27	lone parent	1 child (aged 7)	Not employed	No	2
Tiffany	27	lone parent	1 child (aged 4)	Not employed	No	2
Mike	26	lives with partner	2 children (aged 2 & 5)	Neither partner employed	No	2
Felicity	41	lives with partner	9 children (aged 2, 7, 12, 15, 16, 17, 22, 23 & 24)	Neither partner employed	has access	3
Leah	40	lives with partner	2 children (aged 14 & 20)	Both on long-term sick leave	Yes	2
Rebecca	48	lives with partner	1 grandchild (aged 11)	Cook; partner in work	Yes	2
Salma		lives with partner	4 children (aged 2, 6, 7 & 10)	Neither partner employed	No	1

4.3 Lewisham

Participants from Lewisham were recruited using a number of different sources. Seven were recruited through a community run supermarket where the researchers spent several hours. This supermarket, provides groceries to low income families (specifically those living in Evelyn ward), for a very low weekly price. Additional participants came through posters sent out via community networks, a local playgroup, a community 'fun day' activity and through friends who had already participated. Participants came from a wider range of IMD bands in Lewisham than the other two case study sites. This is due to the distribution of council accommodation in Lewisham, with many individuals provided with council accommodation being moved into areas that are a higher IMD, despite still being considered to be on a low income. 12 of the 21 were not currently in employment, with others working as kitchen assistants, nursery assistants, a dental hygienist, a school inspector, and care workers.

Table 6: Lewisham participant demographics

Name	Age	Family set up	No of children	Employment	Car owner	IMD
Siobhan	not supplied	Living with partner	2 children (aged 3 & 5)	School inspector	No	1
Barbara	not supplied	Single parent	2 children (aged 11 & 14)	Adhoc work	No	1
Cara	34	Live out partner	1 child (aged 3)	Part time dental hygienist	Yes	1
Sienna	37	Single parent	1 child (aged 2)	Unemployed	Yes	3
Aylin	not supplied	Living with partner	3 children (aged 14, 11 & 7)	Nursery assistant	Yes	1
Lolade	40	Single parent	2 children (aged 7 & 4)	Not employed	No	6
Tessa	42	Single parent	3 children (aged 11, 7 & 4)	School kitchen assistant	No	2
Lisa	41	Single parent	3 children (aged 15, 11 & 8)	Hospital catering	No	2
Leona	29	Partner	4 children (aged 11, 10, 7 & 0)	Not employed	No	1
Malika	31	Single parent	2 children (aged 5 & 14)	Student	No	1
Daisy	31	Single parent	3 children (aged 12, 7 & 2)	Not employed	No	3
Kajal	30	Single parent	2 children (aged 6 & 10)	Carer	No	2
Mike	40	Living with partner	1 child (aged 1)	unemployed	No	1
Rose	not supplied	single parent	4 children (aged 13, 12, 10 & 5)	Student	No	2
Kalinda	40	Single parent	2 children (aged 4 & 20)	Patient coordinator	No	2
Samira	33	Single parent	2 children (aged 12 & 15)	Nursery assistant	Yes	2
Ruth	not supplied	Married	1 child (aged 12 plus adult children)	Not supplied	No	2
Johann	not supplied	Married	3 children (aged 0, 7 & 12)	Not supplied	Yes	2
Holly	31	Single parent	4 children (aged 14, 11, 10, & 5)	UC	No	3
Aisha	25	Single parent	2 children (aged 5 & 8)	Stay at home mum	No	7
Anika	40	Married	2 children (aged 4 & 8)	Self employed	Yes	2

5. Key findings: What norms shape parent and family food practices?

Interviews and discussions during fieldwork focused on families' practices not only in the FE but also in the day to day preparation and consumption of food. These two aspects are highly interlinked, and often mutually reinforcing. Exploring why people eat in the way that they do is an important part of understanding engagement and experiences of the FE. This first findings chapter provides insights into some of the factors that shaped consumption practices and, in turn, food procurement.

5.1 Summary points:

- Participants' **attitudes towards healthy eating and cooking varied**, and were influenced by numerous factors including ethnic or cultural background, personal history, preferences of family members, and amount of disposable income. Differences between these practices in the three case study sites related, predominantly, to these factors.
- **Financial constraint** shaped the food experiences of the majority of the participants, providing the overarching context for what food was bought and when.
- Family food practices were **highly routinised**, both in terms of the types of foods consumed and also the times of day and situations in which foods was consumed.
- **Snacking on HFSS foods was a consistent practice across almost all families**. The ways in which snacking was managed varied between parents who asserted high levels of control over this practice and those whose children had high levels of autonomy.
- **Children had varying influence over family food practices**. This was shaped by how fussy the children were and how strongly parents felt about what children should eat.
- **Parents who were currently dieting** did not extend these practices to the rest of the family, but tended to consume different meals.

5.2 Varying attitudes towards cooking and eating

The 60 participants engaged in the study were a diverse group, and brought with them a diversity of attitudes towards healthy eating and food preparation. While some did not mention nutrition even once during their interviews⁸, for others it was a key factor in their food decisions. The majority of participants fell into a middle camp, where nutrition was considered important, but just one of a myriad of factors (as described in this report) that contributed to purchasing decisions. One of the ways in which this middle group described their approach was through the notion of balance, where HFSS foods were considered an acceptable part of the diet, as long as healthier foods were consumed

⁸ A decision was made to only discuss health if it was brought up by a participant

demonstrating that wellbeing and care in food provision were conceived of far more broadly than just a matter of nutrients.

“Carrots, sweetcorn, peas, broccoli, cabbage. So yes, I think we’ve got a good diet when it comes to that sort of sense (...) yes you might have your junk food, but then you’re having a proper decent meal as well”

Daisy, Lewisham (3 children)

They should have different things, but then we do like, it’s all right to have sweets now and again if you can get them cheap. You’ve just got to realise you shouldn’t just buy them for the sake of it. If you do want a few, you buy your good stuff, and then you buy your crap. Well go there to buy your crap”

Felicity, S-o-T (9 children)

Although not directly correlated with health, perspectives on cooking from scratch followed a similar pattern. While some participants cooked almost exclusively from scratch and others used predominantly convenience foods, the majority occupied a space in the middle. Here cooking from scratch was considered to be ideal, but not always achievable. Notably, a larger number of parents in Lewisham described cooking from scratch than they did in Great Yarmouth or Stoke-on-Trent. This may have been due to the number of Lewisham participants who came from a migrant or ethnic minority background and held on to stronger cooking norms as well as a preference for recipes that could only be made from scratch.

For those who prioritised it, narratives around cooking and healthy eating often reflected a desire to transmit values. These included encouraging children to try different foods, ensuring that they were consuming a healthy diet, creating norms around eating together, and maintaining cultural ties. Participants also reflected on the family eating practices that they had grown up with and how these had influenced them. Those who made food choices that prioritised aspects beyond nutrition also reflected certain values through their choices. These included a desire for children to play an active role in decision making, a preference for foods that would please children and priority given to other factors beyond food choice.

“So, I like... I always home cook. I think once maybe every week or two weeks we’ll have an oven dinner, but generally I like to make things fresh. And just, I like to have all food groups in there. Even if my kids don’t eat it, I put it on the plate. So I’m just like, one day they might just try it. So, yes, it’s just important to have a bit of everything, I think, and obviously too much of one thing is never good. So I just try and get them to make sure they try everything at least once, and then they can decide”

Aylin, Lewisham (3 children)

“Mum was really on that, so there were things that we just didn’t ever have in the house. We didn’t have any, like, crisps or biscuits or sweets, and I never tried a fizzy drink or to even have juice, I don’t think. We used to have, like, dilute squash, but it was all really healthy. Like, we were really healthy, and that’s, kind of, obviously infiltrated in a way, kind of, eat as an adult.”

Cara, Lewisham (1 child)



“The biscuits were left up there [at playgroup], and they were literally choosing them. Whereas now we put the snack there and make them sit at the table and eat it, because that’s how [friend A] treats her child, that’s how me and [friend B] treat ours”

Lauren, Yarmouth (3 children)

5.3 Managing through financial constraint

“This week, like you say, the end of the month, it’s all going to be processed rubbish, probably, just because it’s easier. That’s what we’ve got the last of. It is definitely like, you can feel the end of the month feeling, the pinch, as I say. Especially on the holidays, because they almost want to eat you out of house and home!”

Danielle, Yarmouth (3 children)

Financial constraint shaped the experiences of the vast majority of the research participants in ways that extended significantly beyond their experiences with food. As regards food practices, financial constraint had an impact on the types of foods participants prepared, the way that food was stored, what was eaten at different times of the month, and the symbolism that food took on. It also shaped interaction with the FE in numerous ways (as described below). Financial constraint interacted with other influences on food practices such as children’s fussiness so as to constrain food choice further. For example if money is limited, parents did not want to waste it purchasing foods that their children might reject. As a result many parents stuck to tried and tested favourites that they knew would be eaten.

“Because we haven’t got that much money to spend, we tend to stick to the same things and the things that we know that we like and things like spaghetti Bolognese, cottage pie, fajitas, all different things like that, roast chicken. I try and buy things that will span out for two lots of dinners. If I buy a roast chicken, I buy a large chicken, and then we’ll have it two meals in a row. And spaghetti Bolognese, I buy a big pack of mince and make a batch.”

Karen, Yarmouth (2 children)

Anxiety about running out of money was also discussed by participants, and for some this influenced how food was stored, ensuring that there was always something to eat in the house.



I like to know that I’ve got them emergency backups. And then if I haven’t got them then I’m probably going to panic. Because then I know if something was to happen and I needed to do something in a hurry or something like that and I can’t.

Claire, Yarmouth (2 children)

5.4 Managing children's preferences

"Tonight, I'm going to do cheese pie, but Lilian probably won't eat that, so she'll probably end up with some dinosaurs, or some sausage rolls, or something that she tends to pick"

Miriam, S-o-T (4 children)

While some parents took pride in the breadth of their children's diets, fussiness or particularity was a highly prevalent theme, and one that had a significant impact on family food practices. Parents managed children's preferences in a variety of ways, from preparing multiple meals to suit each family member to preparing hybrid meals which contained different elements, to simply preparing the meals that they knew everyone would eat. Although fussiness was considered frustrating, it was also seen by many as a natural feature of being a parent of young children.

"My kids are fussy. They just have mainly throw-in dinners like waffles, chips, chicken nuggets because they're really fussy"

Eleanor, Yarmouth (2 children)

"Fussy, yes. She just likes probably noodles and rice and chicken. She don't like vegetables and all that stuff. It's common at that age anyway, they don't really like eating their veggies"

Johann, Lewisham (3 kids)

Parents from migrant or ethnic minority backgrounds described engaging in another balancing act, between the foods that they wished to cook, and those 'English' foods that tended to be more desirable to their children.

"One or two days I make that which he likes to eat like cheese pasta, cheese noodles, and a burger sometimes or the pizza. So one in two days I give him according to his food and one or two days or three days I make according to my food"

Shreya, S-o-T (2 children)

It is important to note, that preparing food according to children's preferences was not always considered negatively. In fact, many parents emphasised the importance of making sure that their children were happy with the foods that were available to them, especially as they got older.

5.5 Pervasiveness of snacking practices

While attitudes towards both cooking and healthy eating varied significantly between participants, regular snacking on HFSS foods was a consistent practice among almost all of the families. Parents of teenagers describe how they purchased these products when not with their parents, while the large quantities that were consumed at home. While some of these snacks were described as treats, the frequency with which they were consumed meant that they were mostly everyday foods. Snack foods were offered after school, to fill gaps during the day, and a highly affordable way to provide children with something enjoyable.

"Yes, I'll buy a box of 40 bags of Walkers crisps from Farm Foods for £3.99, and that can be gone in three days."

Rosie, Yarmouth (5 children)

"I'll get her some crisps as well because she likes some crisps to snack at night"

Tiffany, S-o-T (1 child)

"Bad stuff, all the bad stuff that he eats on the way home before he gets here. So cans probably, chocolate, a lot of chocolate I think"

Aylin, Lewisham (3 children)

5.6 Food routines

“On a Monday, school time. We get up in the morning, take my little boy to school. I go and do my... A bit of shopping, whatever I need, then I go to playgroup. Come back home, clean up, go fetch my little boy. Come home, bath, tea, and bed”

Katie, S-o-T (2 children)

Routinised lives were a common feature of our discussions with research participants, and along with that routinised food practices. When repetitive routines combined with financial constraint and pressure from children, it was common for participants to list a narrow range of foods that they purchased and prepared each week, and ate at fairly similar times of day. Snacking practices were also routinised in this way, with certain times of day reserved for snack foods.

“We’re quite dull. Like tonight we’ve got probably pasta bake or sausage casserole, I’m not sure which yet. Depends if I can be bothered to defrost the sausages out of the freezer; if I’m doing the sausage casserole, that’ll be done in the slow cooker. Last night we got frozen pizza to eat and the children had frozen pasta bake actually”

Jenny (3 children)

6. Key findings: How do families experience the external food environment

In line with the policy-related aims of the research, a considerable focus was placed on participant experiences outside of the home, where the vast majority of food is procured, and where personal norms and preferences meet the food system. Having discussed participant food practices in findings section 5, this second set of findings explores how these norms play out in the physical FE.

6.1 Summary points

- While families in Great Yarmouth, Stoke-on-Trent, and Lewisham had broadly similar needs and perspectives, the ways in which they utilised the FE varied according to differences in the makeup of each FE, as well as a socioeconomic and cultural differences described previously.
- Use of markets and independent stores was far more common in Lewisham than the other case study sites, where participants perceived them to be cheaper than mainstream stores. These stores also stocked products that were unavailable in mainstream stores which was important to the ethnically diverse sample.
- Families in Great Yarmouth and Lewisham were more positive about their local FE than in Stoke-on-Trent. This related largely to differences in the physical accessibility of low-cost supermarkets, and the high price of the few shops that were available locally in Stoke-on-Trent.
- Although many factors influenced store and food choice, affordability was almost always the deciding factor in the decisions participants made about where to shop and what to purchase. On constrained budgets many participants engaged in complex strategies to purchase affordable food for their families, shopping at multiple stores and memorising prices across stores.
- Those participants with cars felt that this made a significant difference to the ease with which they could shop, although those without cars did not necessarily consider this to be a problem.
- Healthier and made-from scratch foods were almost always perceived as a more expensive option than pre-prepared foods, with the exception of fresh food purchased from Lewisham markets which was considered to be affordable. These perceptions shaped what participants felt they were able to purchase.
- Children influence engagement with the FE through pestering for child-targeted products and encouraging the purchasing of greater amounts of HFSS foods.
- Although participants did eat out of home, or consume takeaway on a semi-regular basis (on average every one or two weeks) most considered it too expensive to eat out of home any more than this.

6.2 Food purchasing varies by context

Section five described how personal factors such as cultural background, family history, and amount of disposable income shaped food practices. In turn, they also shaped the way that families engaged in the FE. While a less strong determinant, the differing contexts of the FEs in the three case study sites also had an impact. In many ways shopping practices in Stoke-on-Trent and Great Yarmouth were very similar, with most (not all) families obtaining food from a combination of Aldi or LIDL, Iceland, and discount stores, with corner stores used for “emergency” items such as milk or bread. In Stoke-on-Trent, CO-OP was regarded in the same way a corner store due to its high prices, and

many participants also utilised small independent stores that sold surplus produce, mostly HFSS snack foods, for a highly discounted price⁹.

Although shopping at ALDI or LIDL was also popular in Lewisham, there were some important differences in use of the FE. These may well have been as much, if not more, related to the cultural diversity of the area (and participant sample) than differences in the physical environment. Many more participants used independent stores (particularly butchers) which they, unlike in Great Yarmouth Stoke-on-Trent, considered to be cheaper than supermarkets. Secondly many participants (particularly those with African heritage) made regular use of Lewisham and/or Deptford market and the independent shops adjacent to them. Food from the market was considered to be significantly cheaper than the equivalent from the supermarket. While some participants questioned the provenance and safety of this food, they all concurred that it made the purchase of fresh foods much more affordable and, importantly allowed them to purchase products they wouldn't be able to find elsewhere.

"Yes. Butcher's for me, is better because you can get more in your money (...) it's cheaper to go to the butcher's than to go to Tesco or Lidl"

Leona, 4 children, Lewisham

"Lewisham market makes it easier because you tend to get loads of food for cheaper prices at markets."

Lolade, Lewisham (2 children)



"All the pictures I've taken is things that I will eat and I see in the local market that I cannot see in the supermarket"

Malika, Lewisham (2 children)

One aspect of food procurement that did not vary by context related to online shopping. Apart from the Iceland delivery service, where the shop delivers foods you have picked yourself, the participants uniformly disliked ordering online and vastly preferred to pick out items themselves. Thus, it was used only in emergencies

⁹ Recruitment was conducted through one of these stores

6.3 Distance to shops shapes satisfaction

On the whole, participants in Great Yarmouth and Lewisham were reasonably satisfied with their FEs. They lived walking distance to a variety of shops and outlets, and, for the most part were able to purchase foods that they could afford and their families would eat. Though participants with cars valued the simplicity of driving to the supermarket, the majority who did not felt able to manage via walking and occasional use of public transport.

“Yes. The area is quite ideal. You have quite a few. You've got Surrey Quays, you've got Lewisham, you've got New Cross, you've got Peckham. Right here, off the top of my head, Surrey Quays, Stepford Market, Greenwich. If you want to go as far as Lewisham, you've got bits of New Cross as well. All of them are very ideal. You've got a mixed variety of shops down here. Multicultural, at that, as well, so everybody is included, from all over the world, and countries”

Holly, Lewisham (4 children)

“On our doorstep, really, we've got Tesco's and Lidl. Just down the road, you've got Aldi and Asda and Sainsbury's. Morrisons is in Gorleston”

Karen, Yarmouth (2 children)

In Stoke-on-Trent, where all participants lived at least a mile from their nearest supermarket, many felt very differently. Although participants shopped in similar locations to those in Great Yarmouth, the stakes, particularly for those without cars were much higher. It was often necessary to use taxis to get home, a not insignificant burden for those on the lowest incomes. Because of the distances involved a number of participants shopped less frequently. As a result they felt unable to eat fresh produce as often as they wished, concerned that it would not last until they next went shopping.

“Because it'd be cheaper and it'd be closer and it'd be easier to get them. Where around here you can't really. There isn't any places where the healthy stuff is cheap, so you can't get it you'd have to go far out and get it. But if it was just there we'd be there all the time.”

Charli, S-o-T (1 child)

“There is no other shops where we can easily go for shopping or get things. There is just one corner shop. It's so expensive. In an emergency when we need to buy anything then we go to this shop like for milk, or for butter or for fruit, just these kinds of things. Normally we need to go too far and we have to walk to Longton. We don't have much money to go by taxi or something so we will normally walk and come back with the shopping in the taxi or if we have lots of shopping we come by taxi otherwise we walk back again”

Shreya, S-o-T (2 children)

6.4 Shopping on a budget requires complex navigation

Perhaps the most significant factor shaping engagement with the FE related to managing food purchasing within extremely tight budgets. Although the participants were not currently using foodbanks (some had in the past), many had extremely little surplus income. Thus they relied, for at least some of their food, on alternative food provisioning such as the surplus food store in Stoke-on-Trent, and the community run shop that provided bundles of groceries from Fare Share for a small fee in Lewisham.

“The thing that’s made the biggest difference is this community shop. That’s really changed it. I eat a lot more. If the money’s not there, I guess I look at it, it’s not even like it saves me that amount of money, because I wouldn’t necessarily spend that amount of money on food on a weekly basis anyway. It just means that I’m not necessarily saving myself much money, but I’m eating much better. It’s a really good thing”

Cara, Lewisham (1 child)

One way many families managed on a budget was by developing complex techniques to navigate the environment. Many of the participants were keenly aware of the relative prices of food in a variety of different supermarkets and often stopped at several in the space of one shopping trip.

“If you are money conscious you have to, like me I know the where to get certain things, I know where I can get them cheaper. I know that I can get this, so I tend to do that.”

Lolade, Lewisham (2 children)

“I know roughly what prices, I shop around, so I won’t get an expensive [product] if I know I can get it cheaper at Iceland, I’ll get it cheaper at Iceland and that kind of thing.”

Nancy, Yarmouth (1 daughter)

“The weekends I’ll go in and get our munchie stuff like nuts and chocolate and that because it’s cheaper obviously than anywhere else. They have a good variety. And the stuff’s nice, as well. Well it’s all branded stuff. Just cheaper.”

Amanda, Yarmouth (3 children aged 3, 14, & 20)

While many took pride in the speed with which they navigated their FEs, this work requires more energy than most need to expend on purchasing food for their families.

In spite of complex FE navigation, financial insecurity often put constraints on participants that they could not control. Thus, they were often required to fit their shopping to coincide with particular times in their budget cycle and sometimes had to forgo food shopping if money was too low. Participants who had recently transferred onto Universal Credit at the time of the research were further struggling with less money than before and the sudden shift to monthly, rather than weekly payments. In Great Yarmouth, a shop-along interview, scheduled for a pre-planned shopping day, had to be postponed until the following month, when the participant did not have sufficient money to take me around the shops.

“Because I work part-time and obviously being on benefits as well. So I would do shopping a few times a week. I don’t do a massive shop. I’ll just get, say I get money on Monday, for example, then I’ll buy a bit to last from Monday to Thursday. And then obviously when I get money on Thursday, then I’ll buy a bit to last from Thursday to Sunday”

Samira, Lewisham (2 children)

“Petrol. Yes, again obviously because I’ve stopped working, so I’m just relying on Benefits. If petrol is low, I have to weigh up if it’s worth going or should I wait to try and see a few days, if I’m going to get money to go again. So petrol can be a factor”

Sienna, Lewisham (1 child)

6.5 Healthy food is the expensive option

The vast majority of participants considered that the constrained budgets they lived on were not sufficient to accommodate healthy eating, or regular cooking from scratch¹⁰, which in turn shaped their perspectives on what was obtainable and what was not. Those few parents who had chosen to prioritise providing healthy foods for their children acknowledged the impact it had on their budget. Only in Lewisham where the markets sold fruit and vegetables extremely cheaply was this view less prevalent, although the cheap prices of HFSS foods were still remarked upon.

Michelle (2 sons aged 2 & 4) chose to use the photo elicitation exercise to take photos of the food she wanted to buy (the cod in the image below), along with the food she actually bought (ready pasta meals). She explained how the price and ease of the ready meals informed her purchasing despite the questionable nutritional value.



“You need your fish, you need your this, you need your that, can’t really afford to do it all. Then you’ve got these ones, like macaroni cheese, lasagne, and spaghetti bolognaise, any three for six. That works out so much cheaper. You can stick them in the freezer, pull them out when you need them. Cook them or nuke them and that’s great for a quick snack. But then again, you’ve got your sugar, you’ve got your fat contents, but it’s cheap.”

Michelle, Yarmouth (2 sons)



¹⁰ It should be noted that a very small number of participants disputed this notion

During discussions on food choices, many participants reflected upon the irony that not only were those foods which were healthier, and which the government wanted everyone to eat much more expensive than 'junk foods', but deals and offers on HFSS foods made the difference even starker.

6.6 People are aware of and influenced by HFSS offers and deals

Deals and offers mostly, though not exclusively, for HFSS foods were an all pervading aspect of the FE. Although many participants followed formulaic shopping routines all but the strictest shoppers acknowledged that they were often driven by foods they found on offer. Indeed, many incorporated looking for offers into their shopping trips.

Participants appreciated these deals - they allowed them to try out products they wouldn't have a chance to otherwise, thus widening their food horizons. They also sometimes allowed them to buy sought after treats. Healthy food deals such as the Aldi 'Super Six' were very popular, and yellow discount labels on fruit and vegetables encouraged participants to purchase more fruit and vegetables than they might otherwise. During the photo-elicitation exercises, the most commonly photographed aspect of the FE was of signs for offers and deals.



"I took a picture of the Super Six because we do tend to use that every time we go in there, like they do six different fruit or veggies and they're, like, 35p or 69p, so that tends to dictate what fruit we get for the kids during the week and things like that, because you might as well stock up on the cheaper options."

Lisa, Yarmouth (3 children)

However nearly all noted they perceived more offers on unhealthy foods and this encouraged them to buy more even though they were aware they were being influenced.

"Pringles. A lot of your crispy items. So your Pringles, your Sensation crisps, your Doritos. If they were on offer for £1 I would grab them and put them in. Had they not been on offer and the usual £2, you know, I'll [unclear], then no, probably not. Probably the same with cereals as well"

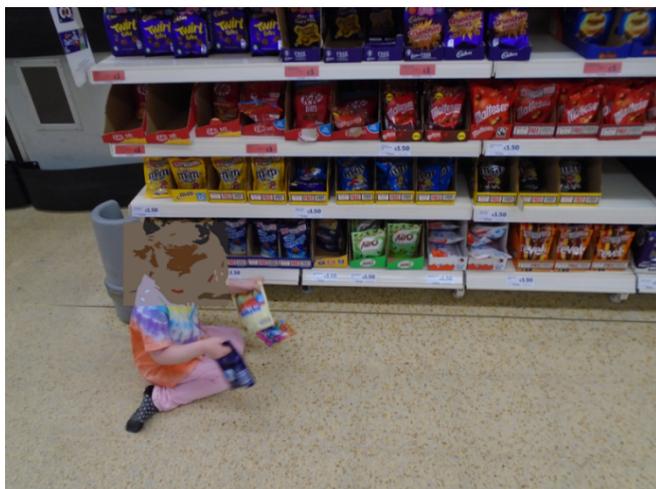
Jenna, S-o-T (2 children)

"So, with Tesco's, yes. All the bad offers that they're like, two for one – definitely. But Lidl's, they don't do so much of that. It's literally a few pence maybe off of, I don't know, a piece of fruit or things like that. So it's not so tempting. Your mind just thinks that for some reason, because you're seeing this big sign, it just automatically thinks, oh, it's a bargain, it's a bargain, grab it."

Aylin, Lewisham, 3 children

In addition, unhealthy foods are displayed in attractive and tempting ways in all shops. Many

participants were aware that products were placed in this manner so as to encourage their purchase but this did not necessarily remove the sense of temptation. Participants also criticised the stores where checkouts were filled with sweets as this put added pressure on them.



Jenny: Yes, wow, oh, sweets.
 Joel: Sweets?
 Jenny: Yes.
 Joel: It's quite colourful.
 Jenny: It's the same with the Pringles and the temptation is just to pick one up and put it in the trolley. I didn't do it. I was good.

6.7 Children encourage unhealthy food purchasing practices

"They just always try and get all the bad stuff into the trolley and I'm like, no, no. But I do let them grab a couple of things sometimes from the fresh counter, because they do fresh bakery stuff, so like a doughnut or that sort of thing.

Aylin, Lewisham (3 children)

Both directly and indirectly children exacerbate unhealthy food purchasing practices. As section five described, children are an important factor in influencing food practices, both through pestering and through the assumption that there are certain foods that children eat. This influence continues into the FE as well. Almost uniformly parents reported that they disliked taking children shopping with them, because they tried to put extra food (predominantly HFSS) into the cart, costing parents more money.

In this way, the FE could become a source of tension, with differences between children's and parents' desires often playing out in this arena. Within the FE parents often felt they must respond to their children's wishes, lest tantrums (on the part of the children) or guilt (on the part of the parents) ensue. Similar pestering relates to out of home foods, such as MacDonal'd's, or in Great Yarmouth, the large number of chip stalls. Because HFSS foods are so easily and cheaply available, children's pestering can be very stressful, many found it easier to acquiesce to the purchase.

"Definitely, you know kids. They will not bypass the ice-cream. They will not pass those kind of fast foods. But most cases I have to write a shopping list for them. They also put in what they want."

Rose, Lewisham (2 children)

“As a parent for the second time around, I’m beginning to understand why they wouldn’t want things like McD’s posters everywhere. I’m beginning to understand the logic behind it. Other than, okay, yes, it’s unhealthy. It’s just your kid will cry all the way home saying they want McDonald’s instead of having something substantial and proper to eat”

“I couldn’t cope with the hassle of my daughter crying for like three hours, because she would continue to cry”

Miriam, S-o-T (4 children)

Kalinda, Lewisham (2 children)

Children’s pestering related not only to cues in the FE, but also cues in the information environment, such as television or online. Food that was packaged with familiar characters was much more desirable to children than that in plain packaging. Regardless of health considerations, parents felt uniformly unhappy with having to spend unnecessary money on products targeting children when the same items in plain packaging was significantly cheaper.

“Or it’s things like the Peppa Pig yoghurts, she’ll [3 year old] want things like that because they’ve got Peppa Pig on them”

Lauren, Yarmouth, (3 children)

6.8 Eating meals out is regular but not frequent

Almost all the participants ate out meals of home or from takeaway outlets approximately 2-4 times per month. Out of home mostly involved low cost chains in London (e.g. Nando’s) or pubs, Indian or Chinese restaurants in Stoke-on-Trent and Great Yarmouth. While these experiences were valued by participants (as described in more detail below), they were not considered to be a frequent feature of anyone food practices. Indeed many lamented that they couldn’t eat out more, due to the expense.

“Every now and then he does bug me to order pizza in, but I say to him I haven’t got the money, sorry. I haven’t got the money this week. I just tell him straight like that. And I say, I’ll get a pizza from Iceland, because it’s cheaper anyway. It costs so much money to get a pizza from Pizza Hut, when you can just get a pizza for £1.”

“We don’t usually do takeaway because I feel like, especially when you’re a single mum, that’s waste. Sometimes it’s nice. Don’t get me wrong. It’s nice, just the money’s not there. Not enough”

Aisha, Lewisham (2 children)

Ruth, Lewisham (1 child under 18)

7. Key findings: What roles does the food environment play in people's lives?

Chapters five and six detailed the food norms and practices that shape (and in many cases are shaped by) engagement in the FE, as well as the ways that families navigate their environments. It is evident, that while the FE is not serving people well in a nutritional sense, it is fulfilling many other important needs. Thus, in the same way that food has many meanings beyond simple sustenance, the FE represents much more than just a place to seek nourishment. When considering ways to reshape the FE to facilitate healthier food practices, it is critical to reflect on the variety of roles that the FE plays in people's lives, and consider how else needs might be met or what the implications of these roles are. To that end, this third findings section briefly outlines some of these many roles.

7.1 Summary points

- In the context of the financial constraint experienced by many of the participants, the FE represented a space where participants can purchase food that their family will eat and enjoy within budget.¹¹
- Through deals and price reductions, participants saw the FE as a place where they might be able to try foods they couldn't ordinarily afford or simply, 'get a bargain'
- The FE reflects (and reinforces) values and cultural norms and is a space where people can put these into practice. For example, it allowed individuals to meet certain cultural needs such as purchase food from their or their parents' countries of origin, or it allowed parents to purchase the ingredients to make a valued family meal.
- The FE is a space where people can purchase pleasure that are both relatively affordable and will quickly please their children. The FE also acts as a space where meaningful social engagements can happen. This is important when other sources of pleasure and sociality may be financially off limits.
- The FE can also be a site of complex negotiations, however, where children pester for foods that are unhealthy and or expensive.

7.2 The FE provides food that is affordable and appealing

Findings sections six and seven describe several factors which come together to shape food purchasing and consumption practices. The first is the financial constraint which influences what food individuals and families can physically afford, second is the limited range of foods which many (though by no means all) children and some adults in the study were willing to eat, and third, the limited time and energy for food preparation that many experienced in the context of hectic lives.

In a context where money is tight and wasting food is not an option, participants described how they relied on tried and tested favourites, and foods that their children were happy to consume. In this context, the FE provides well for people's other everyday needs offering a wide variety of products

¹¹ For many on low incomes, the FE no longer represents a space where food can be purchased within budget. Participants in this study had experienced this at times, although were all currently able to afford what they needed, even if this meant utilising community food shops.

that while not necessarily healthy will feed a family without complaint and, for the most part, within budget¹².



“It’s mainly for when I think about after schools and the kids want something to eat and they’re really hungry, we normally always go to the market. And that’s one of our places to go [...] the school is literally bang straight on the market, so it’s just easy”

Danielle, Yarmouth (3 children)

Not only does the FE provide food that is affordable and appealing, but it also provides food that is convenient in the context of complex and busy lives. Participants described takeaway or fast food as a useful option while en route from one activity to another, or at the end of a tiring day when children are tired and need to eat quickly.

“I’ll walk down there because I’ll kill two birds with one stone, and we’ll go McDonalds, and then we’ll go shop after. And then I’ll sometimes get a taxi back, with a bit of shopping”

Tiffany, S-o-T (one child)

7.3 The FE provides a space for the reproduction of values

Where finances permitted, the FE became a reflection of particular values and cultural norms, enabling people to engage in tastes and preferences that are themselves shaped by a wide variety of factors, including the makeup of the FE. For many this related to the availability of products that allowed people to prepare specific dishes, or on occasion foods that were considered to be particularly healthy or ethical. Participants from Lewisham or Stoke-on-Trent who had non-British heritage described the locations where they could buy food specific products cheaply as well as providing detailed descriptions of the dishes they made with them. Other values were also reflected in food purchases, such as the purchase of raw ingredients to be turned into family meals.

“Bread, I always buys in a Polish shop, because that’s my background, and I only like the sourdough bread. So, yes, we actually using lots of different varieties of shops”.

Anika, Lewisham (2 children)

“Because fish itself, once they’ve dried it for you, and you want to purchase it, it’s a bit more money. Whereas, you’re buying it fresh from the market. You’re cleaning it and seasoning your own self, know what’s going in it, and then you dry it. So you’re getting more for your money. Yes, so it’s cheaper when you buy it fresh, fish.”

Malika, Lewisham (2 children)

¹² As described in the section on the budget cycle in section five, not all families were able to purchase food affordably at all time and some had previously relied on food banks to fill a gap. (it



Tiffany: *I grew up with, like, a take-away treat night, we called it treat Friday.*

Joel *Treat Friday?*

Tiffany: *Yes*

Joel *So, that's something that you always had growing up?*

Tiffany: *Yes, is a treat Friday and always, when we were growing up we always had, we had a choice, like Chinese, Chippie, [inaudible] or anything else. And I'd always, liked, sort of, a difference, yes depending on our wealth at the time.*

Joel *So, you've, kind of, carried that on then with you and your daughter?*

Tiffany: *Yes. So then when she grows up, she can... Treat Friday*

7.4 The FE offers the opportunity to purchase affordable pleasures

A clear theme throughout the focused ethnography related to the ways in which HFSS foods, which are amply available in the FE, exist as affordable pleasures when other non-food indulgences may be out of bounds. Some participants described this explicitly, noting for example the ice-cream or drinks that reminded them of holidays that they were unable to afford; a welcome second best.



Nancy: *it's the only place in Yarmouth that sells real Jersey ice cream*

Anna: *Does that remind you of being on holiday?*

Nancy: *Yes. Being on holiday times and I'm glad, in a way, because I've not got the money to go to Jersey every year like my mum did and that. So, I thought I won't miss out, because I'll just go to this place*

Leah, a mother of two who experienced chronic illness was even more direct in her description of the role of HFSS foods in her life. While recognising the health impacts of the “goodies” which she bought regularly and consumed with her family most nights, she suggested that in the situation in which she found herself – both her and her partner unable to work due to ill health, and her financial situation newly constrained – there were few other sources of pleasure that they could afford or engage in.

“Food's our comfort, that's the only thing that we've got, that's the only thing we do”

Leah, S-o-T (2 children)

“It is a strawberry cheesecake. It was very yum. Normally I would never have bought that but because, it was what, £5. Yellow sticker, down to £2 something, therefore it's a little bit of a bonus. And we can have a treat. Because we don't have a lot of money, even the bread. The bread is normally £2 for that type of bread.”

Michelle, Yarmouth (2 children)



Deals also played into the notion of the FE as a source of affordable pleasure. As discussed previously, many participants were aware that deals led them to less healthy products, or encouraged them to buy more than intended. However deals were also appreciated and valued, because they facilitated the purchase of small pleasure that might not otherwise have been enjoyed.

“There are some deals which are really good and you can’t... Maybe sometimes you couldn’t afford it before. Maybe there’s some nice ice cream, because sometimes very nice ice creams. Maybe two or three pounds”

Rose, Lewisham (2 children)

7.5 The FE offers a space to engage in social activities and relationships

“Everything involves money. No. Like for example, I wanted to take Danny for his fifth birthday to soft play, but I thought about the money. I thought, I can’t just call people and say, come. I have to pay for the kids as well, so I was like, you know, just forget it. Whenever that I have enough, then I’ll take him. So nothing’s free, nothing. Apart from the park. Nothing is free. Nothing else is free.”

Aisha, Lewisham (1 child)

HFSS foods and the FEs that sell and serve them do not simply provide opportunities for people to purchase affordable pleasures, but also a route to social activities and social connection. When aspirational activities, such as a birthday party at soft play as described above, or a visit to the Sea Life Centre in Great Yarmouth, were considered to be out of bounds, food-related activities were able to take their place regularly, if not frequently. In Great Yarmouth, where the FE was considered fairly positively in comparison to other aspects of the environment such as availability of clothing stores, or affordability of family activities, the role of the FE in replacing other activities was particularly clear. All three case study sites were replete with options for tasty and affordable HFSS foods which provided an opportunity for valued treats and social connections.

“Yes, we have one night a week on a Saturday night is our, it’s called family night, we go to the Chippy normally. Sometimes we’ll have kebabs or pizza or something like that, but normally it’s the Chippy. That night we’ll eat chocolate and crisps and watch a film or play a board game or something. We try to do it once a week because although they’re in the same house you don’t always see each other. Like I said 14 year olds in her bedroom on her phone, you hardly say hello to her some days.”

Amanda, Yarmouth (3 children)

8. Discussion and policy priorities

The key question guiding this focused ethnographic study was “How can policy that aims to improve diets be more effective among low-income populations?” Through the three case studies in Great Yarmouth, Stoke-on-Trent, and the London Borough of Lewisham, we sought to answer that question by generating a body of evidence on the lived experience of food environments.

We found that food practices are complex, and the ways in which these practices shape and are shaped by the FE are likewise complex. For the majority of participants in this research, food practices are shaped and maintained in the context of low incomes and limited outlets for pleasure and social activity, and via a food environment that responds to these constraints by providing opportunities for affordable pleasures, social interactions, and affordable and appealing food products that are straightforward to prepare within busy lives. Policies and interventions to improve the quality of diets within low-income populations require action not only in the FE, but also at other levels.

The finding that unhealthy FEs actually deliver meaningful benefits in the lives of people on low or insecure incomes is critical to understanding why changing FEs to improve diets is so challenging. Based on the evidence generated through this research, we provide three key insights into what policy is needed and how it needs to be designed to have meaningful impact among low-income populations.

Insight one: Three “Must Do” policies are essential to facilitate healthier dietary practices in low-income populations. These are areas of policy that are necessary to improve healthy practices. While these changes alone will not be sufficient, without change in these areas, it will not be possible to meaningfully improve diets in low-income populations.

Insight two: Comprehensive policies are needed to change elements of food environments that perpetuate deeply embedded food practices that result in unhealthy consumption. We also identify additional policies that should be added to the Childhood Obesity Plans in order to increase the likelihood of successful obesity prevention for low-income families. The aim of these policies is to address the factors in food environments that perpetuate food practices that result in unhealthy consumption – and which could be levered to enable healthier practices.

Insight three: Unless policies are designed to account for different aspects of people’s lived realities, their effectiveness will be consistently undermined. Our final insight relates to *how* policies should be developed: policies are more likely to be effective if they take into account the trio of financial, food environment, and social cultural realities of people’s lives. Policies need to be designed to account for other, often unconsidered aspects of people’s lived realities, such as by bundling them together.

8.1 “Must Do” priorities

These priority areas do not all fall under the purview of the Department of Health and Social Care. Yet, without change in these three areas it is unlikely that there will be long-term success in improving food practices and thus preventing obesity. The three priorities fall across the three main aspects characterising the realities of people’s lives: financial, social, and physical environments. All interventions related to these policy areas must be complementary, risk free, sensitive to embedded practices, and play into, rather than against, people’s priorities.

(A) Address the causes of financial insecurity

For populations experiencing financial insecurity, it is close to impossible for the purchasing or consumption of healthy foods to be a priority. Participants in this study demonstrated how financial

insecurity influenced their purchasing and eating practices: sapping time and energy; requiring a considerable amount of work to purchase food affordably let alone healthily; pushing people towards products that were perceived to be cheaper; and shaping a different set of priorities to those based on nutrition. Even for those who considered health to be the number one priority, financial considerations prevailed. This finding is supported by a plethora of data from other studies which detail the myriad of ways in which financial and occupational uncertainty shapes practices (Ridge 2009). In order to ensure that the door is open to shape healthier dietary practices, it is imperative that policy is directed towards addressing the causes of financial insecurity. Although balancing the relative cost of healthy to unhealthy foods may be helpful, simply providing discounted healthy food to people will not adequately address this problem and may cause additional problems at other points in the food system.

Specific suggestions emerging from this evidence include:

- Reconsider the Universal Credit system so that it does not leave people with less money or with gaps in payment
- Address challenges related to insecure work, such as zero hours contracts
- Raise the minimum wage to a living wage

(B) Improve the provision of social resources

Our three case studies show clearly that the FE fulfils many social and emotional needs that go beyond sustenance. These include: spaces for people to socialise; the provision of affordable pleasures; the opportunity to try new products in the context of mundane food routines; respite from often overwhelming lives; and opportunities to please and placate children. These insights reveal the need for more opportunities for people to have these needs fulfilled through other means. Two types of social resources are needed.

- Non-food resources, which provide families with affordable and desirable leisure activities. This may involve reducing the cost of pre-existing resources (e.g. the beachfront activities in Great Yarmouth), or it may involve the development of new resources such as social spaces and youth clubs.
- Social spaces which provide a primarily social function and also involve food in some way, such as eating out, community gardens, and cooking groups. All these examples can be leveraged to provide social needs that go beyond sustenance, while also providing healthy sustenance. In our study, for example, eating out proved a small but important part of families' eating and was highly valued as an affordable and pleasurable social activity.

The types of social resources needed are likely to vary between different local areas, and also involve engagement with other stakeholders (e.g. private sector, community groups) but in all places, it should be a priority that there is sufficient resource so that social and communal resources are available, affordable, and accessible for all.

Generic suggestions include:

- Make existing but expensive local activities cheaper for local residents and ensure that they are promoted effectively.
- Invest in social spaces and organisations that can provide social outlets for children and families

(C) Comprehensively restrict all forms of marketing and promotion of HFSS foods

Marketing and supermarket deals influence the purchase of both specific brands and specific products. Most participants were well aware of this manipulation, whilst also being influenced by it and taking part in it. The evidence generated suggests two main types of restriction are needed in retail settings. Children often pester their parents for expensive HFSS products that are branded with cartoons or other child friendly packaging. Yet parent said it was against their interest to spend their limited money on higher priced products that their children often pester them for. Developing stricter rules around this thus offers the opportunity for a win-win situation where children pester less for HFSS foods, and parents feel less pressured to spend their money. Children are also 'branded' with these foods through TV and online advertising. A comprehensive approach to limiting the type of marketing which encourage child requests for HFSS foods thus emerges as a policy priority for low-income families.

Second, participants said that the abundance of pricing deals on HFSS foods led them to purchase these foods more frequently. However, the important role deals play in enabling parents to add variation to routinised and monotonous food lives makes the situation is more complex, and extremely cheap HFSS foods are also always available in discount stores. This means that government action to reduce price promotions needs to be dealt with more carefully.

Some specific suggestions include:

- Remove 'child-friendly' packaging (including attractive colours etc.) from all HFSS products.
- Prohibit placement of HFSS products that appeal to children in places that children can easily see
- Significantly increase deals on non-HFSS products
- Comprehensively restrict television and online campaigns, especially those linked with retail marketing (e.g. the same branded characters used across platforms).

8.2 Comprehensive food environment policies that address specific food practices

The evidence from this study indicates that low-income families have deeply embedded food practices which have developed in response to the economic and social realities of their lives and their physical food and non-food environments. FEs work to shape these practices in ways that have encouraged the consumption of higher levels of HFSS foods. Given the current makeup of the FE, and the other challenges that many experience (e.g., insecure income, fussy children, limited time for food preparation), families engage with the FE in ways that make logical sense, even if nutritional needs are not being met. To effectively change practices among low income families, then, a comprehensive set of policies are needed to change the role food environments play in stimulating or reinforcing unhealthy practices that recognise current systems of logic. While there are already relevant policies and programmes in the UK, effectively shifting these deeply embedded practices will take a more comprehensive approach.

Some key practices to consider since they transcend all families (unlike, say cooking practices, or attitudes to health): the ubiquity of snacking, the methods people utilise in the context of constraint, the influence (direct and indirect) that children have in food purchasing decisions, and the use of the FE as a source of affordable and social pleasure.

An example of a comprehensive approach would be for healthier snacking. Snacking emerges as a logical, prevalent practice in the context of parents being extremely busy (this is particularly evident for single parents). When children are of different ages and therefore have different schedules (at home, at nursery, at school), the daytime is mostly taken up with the children's routines and going to

and from nursery and/or school. When children return from nursery and/or school, they are often very hungry and it is difficult to look after children, particularly more than one, whilst also preparing a healthy meal from scratch. Snacks are also consumed at home after meals. Snacking is thus a logical response with fast, convenient snacks and meal options being a necessary part of people's lives, even when families cook. In this context, food environments have made unhealthy snacking easier by making HFSS snacks more widely available and affordable. Healthier options, when available, are consistently more expensive than the HFSS options. Healthier snacks also emerge as less appealing to families owing to lack of familiarity, children's' refusal to eat them, and their preference for HFSS foods. While limiting HFSS options is essential, these factors also need to be considered when thinking about what they will be replaced with. Options must be convenient, for example, rather than requiring preparation, given this is a major reason why families snack in the first place. At the same time, the fact that those on a low income are often very knowledgeable about the deals available and are keen to save money where possible with price promotions presents an opportunity. How to switch to fruit and vegetable snacks by creating perceptions of a 'good deal,' for example? Current approaches could do more to leverage the appeal of deals and low cost options at scale.

Specific suggestions to implement collectively in a comprehensive approach include:

- Provide appealing take home snacks after school and nursery so parents aren't required to provide this.
- Decrease the cost of healthier snack food options.
- Increase the promotion of fruit and vegetables, nuts etc. as snacks and as affordable foods, focusing on where parents can save money.
- Limit promotion of HFSS snacks
- Engage parents and children more in decision-making processes and changes to school food and packed lunch plans.

8.3 How policies should be designed

Unless policy and interventions are designed with the trio of financial insecurity, unhealthy food environments, and learned social/cultural practices in low income families lives in mind, they are prone to being undermined. If a policy or intervention focuses on one area, without consideration of the others, it is unlikely to be effective. This can be illustrated using the examples of the above proposed policies.

For example given the embeddedness of HFSS snack food consumption, and the norm of feeding "fussy" children what they want (social/cultural/ economic), simply making healthy food cheaper (financial) will not reduce snack food consumption unless there are additional measures to reduce its availability and appeal (food environment) and support for parents in dealing with "fussiness" (e.g. HENRY style programmes). At the same time, programmes that support parents (social) will be less effective if they are not accompanied by measures to reduce parents from being pestered by their children.

In another example, if efforts are made to curb marketing on deals related to HFSS foods, they are far less likely to be successful if it is still easily and cheaply available in other locations such as discount stores (food environment), if financial insecurity distracts from the intention to eat healthily (financial), and snacking is part of an appealing social activity such as eating chips after school (social).

Alternatively, if financial insecurity is reduced, enabling parents to focus more on healthy eating and more expensive, non-food leisure options, it will only be undermined if food environments in those options still prompt them to buy HFSS foods.

In low income communities, then, implementing single policies in isolation emerges as a potentially inefficient use of resources. Rather policies are needed to address these trio factors at the same time.

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10. Appendix A

The workshop was designed in accordance with the philosophy of ‘participatory learning and action’ (PLA) (O’Reilly-de Brun et al 2016). This refers to a suite of research methods that aim to address power imbalances within the research process and empower voices that might otherwise be marginalised to think about change. This workshop involved participants with traditionally high and low power statuses and so it was particularly important to create a dynamic where all participants were considered to be expert in the topic and where all voices were equally valid.

On arrival participants were divided into three groups (one group in Stoke-on-Trent), ensuring a mix of stakeholder and previous research participants in each. Each table had a map of Great Yarmouth on it, and each participant was given a pack of green and blue post its. The three hour workshop was then split into three exercises:

1: mind-mapping exercise

In this section participants were asked to consider a range of topics related to the food environment (‘Out and about in Great Yarmouth’; Discount Stores; Food for Kids; Eating out; Discounts & offers). The first topic was announced and participants were asked to think about positive aspects and negative aspects. They then wrote (or drew) these onto the different coloured post-its (green for positive, blue for negative). This stage was done in silence so that all participants had the opportunity to think and write ideas, regardless of how positive they were. This was followed by small group discussion, where each participant explained their post-its, and stuck them onto the map. This exercise was repeated for each theme.

2: developing solutions

Following the mind-mapping phase, participants were asked to start to think about what they would like to change and how they would like to change it. Each group developed recommendations for each food environment theme, which were written up and stuck on the wall.

3: prioritising solutions

Participants were provided with 12 stickers each. They were asked to read all the ‘solutions’ and then put stickers by the ones they thought were most important. They were then able to divide up their stickers, or votes among the different solutions or stick them all to one.

All interviews were digitally recorded and transcribed verbatim. Additionally AI, JH, and KN took detailed field notes following each interview and period of community engagement. The proceedings of the workshop were recorded through written notes by AI and JH.