

FOOD ACCESS – WHOSE RESPONSIBILITY?

In Spring 2000, the New Policy Institute held a seminar to review four recent research projects addressing food access for low income communities, and to discuss where responsibility lies for resolving this complex issue and what solutions might be generally or locally appropriate.

This briefing paper outlines the public policy and research questions which were framed at the seminar. Summaries of the four research projects are also presented. The purpose is to make the information shared at the seminar and in subsequent discussions more widely accessible, and to add to the increasing demand for sharp policy making around food access.

The key conclusions from the seminar were:

- Action is needed to reach a definition of what constitutes adequate food access, which is acceptable both to government at national and local levels, and to those who experience problems obtaining sufficient food for healthy living.
- A number of local health agencies are keen to understand and improve local food access. Main responses to date have tended to focus on local level food initiatives, utilising voluntary labour. These undoubtedly play an important role. However, food access must also be part of the mainstream national and regional level policy agenda for area regeneration, for tackling poverty and social exclusion and for reducing inequalities in health.
- Making this happen will require more recognition of the problem and its local manifestations, and better collaboration over solutions across government departments – and between central and local levels – than is taking place at the moment.
- The key players in terms of food provision in many deprived areas are the minority ethnic community retailers, the discount providers and the small grocery chains, as well as the large main retailers. Their respective contributions and responsibilities have not been properly clarified.
- Food access is part of a wider set of issues raised by current crises in farming and in the demise of local shops and services in urban and rural areas.
- Food access issues need to be part of regeneration and social inclusion initiatives. Internet shopping and other related retailing trends are likely to exacerbate exclusion and inequalities.

The Government is interested in best practice in this area. For example, one report from the Social Exclusion Unit's National Strategy for Neighbourhood Renewal was Policy Action Team 13: Department of Health (2000) *Improving Shopping Access for People living in Deprived Neighbourhoods*, which reviews the problems and potential responses.

The issue is how to move forward. We suggest that:

- The Government explores the potential for a “New Deal for Food” to promote cross-departmental strategies and guidance for promoting food access as a part of the bigger policy framework for tackling inequalities. The PAT 13 Report recommendation for the setting up of local task forces to support viable local, accessible retail opportunities would be one way forward.
- The UK Food Standards Agency, in collaboration with the devolved territories and national Food Standards Agencies, should increase the resources available for defining the evidence base for action and monitoring base for policies. The FSA should coordinate activities at national levels.
- Problem definition at local, regional and national levels, and potential policy options, should involve local communities in a ‘bottom up’ planning process, as well as the major and smaller retailers, and ethnic minority retailing community.

FOOD ACCESS – PROBLEMS

The last decade has seen a significant growth in health and social inequalities. The important role of food and diet in addressing such inequalities is now widely recognised and accepted. A number of government initiatives have begun to tackle specific problems, such as children's nutrition and the consumption of fresh fruit and vegetables by those living on low incomes.

Choice of food is not just determined by individual knowledge about what constitutes a healthy diet, or by cultural practice, important though these are. For those on low income, it depends critically on how much money households have to allocate to food, what food is readily available in local shops, and how much it costs. For many households, food is the only flexible budget item, and food expenditure is what is reduced to avoid or reduce indebtedness, or to meet bills. Parents, particularly mothers, regularly cut back on their own food, often skipping meals in order to ensure that their children do not go without.

Many households on low incomes live in places where local shopping facilities and transport networks are limited, and where prices of foods recommended for health may be higher in such local shops as do exist, than in large retailers or markets. The increasing concentration of the major retailers as sources of good quality, affordable foods, together with the demise of local shops, have major implications for low income families, the elderly, or those with disabilities, who are often located in areas poorly served by the retail sector. Smaller local shops and discount stores struggle to remain operating for these large but under-served communities. Regeneration efforts often ignore food problems and needs of both retailers and local communities. The recent inquiry into supermarkets found that their practice of selling basic goods below cost price, and changing prices according to local competition, damaged small retailers.

It is these complex links between exclusion, poverty, food and health inequalities which make the issue of food access critically relevant to current UK and national policy debates. Concerns are also being expressed in other European countries, and are documented by the World Health Organisation, Sustain (the alliance of food and farming), the EU Dietary Guidelines Working Party and the forthcoming French Presidency initiative on food and nutrition.

Key Statistics

- In June 2000, it was estimated that costs for a week's 'healthy' food for a young man living in London ranged from £25.40 to £32.60; the total jobseekers' allowance for age 18-24 was £40.70 per week.
- In 1997, households with incomes below £85 per week spent about £1 a week on fruit, compared to £4.60 a week by households with incomes above £790 per week.
- In 1995, Barnardo's found that one in nine children regularly missed breakfast for economic reasons.
- The number of independent stores has declined by almost 40% between 1986 and 1997. By 1997, fewer than 10 multiple retailers were responsible for about 70% retail food sales
- Among the large retailers, there has been a fourfold increase in superstores designed for car access on the edge of towns or in newly created retail parks.
- There has been an overall decline in the real average price of food of 9.4% over the decade from 1989-1998.
- In 1996, researchers found that basic foodstuffs costs 24% more in small superstores than in big supermarkets; they suggested that households on benefits would have to spend 25% more of their income on food if they could not get to a superstore or use street markets.

FOOD ACCESS – RECENT RESEARCH PROJECTS

Mapping Access to Healthy Food in Deprived Areas: A Pilot Study

This project was undertaken jointly by the London School of Hygiene & Tropical Medicine and the Institute of Education (University of London). Its twin aims were to develop quantitative indices of access to healthy food in a deprived area, and to examine the potential for informing joint local health strategies and for contributing to health policy development in local schools in London.

The project developed systematic methods for quantifying the availability and prices of basic foods for health, and for developing indices of their local variation. Mapping software was used to produce maps of economic and physical access to healthy foods and specifically to fresh fruit and vegetables, for four different ethnic groups. Local schools and organisations were involved in data collection and analysis, through participative methods. The results were used to develop baseline indicators of local conditions and needs to aid development of health promotion strategies.

As a part of the project, work in local schools enabled a Healthy Eating Curriculum Pack to be developed, and School Food Profiles to be constructed for planning. These have great potential to contribute to food access for children. Usage of the educational resource materials for primary level was evaluated in several schools.

The methods are currently being used again in the Midlands, to map healthy food access for different ethnic groups in two areas of socio-economic deprivation, as part of a Health Action Zone initiative.

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Access to food amongst low income households

This project, between Thames Valley University, Demos and the Henley Centre, aimed to understand how problems of food access exacerbate poverty, and how this is lived out in people's everyday experiences. Ethnographic field work, focus groups and interviews with retail sector and planning stakeholders were carried out in a rural and an urban area.

These data revealed the complexity of problems in terms of income, family structure, time, awareness and motivation, as well as transport and availability of shops. The common themes emerging of policy implications to support people in managing their difficult circumstances are:

- Time budgeting. Problems of food access are not just geo-spatial but also time-focussed. This is particularly important for women with young children, for whom the 'juggling' of competing demands over food, time and money is often a daily issue.
- Complexity. Modern food poverty and problems of access are multi-layered. Public policy has not so far been sophisticated either in its analysis or its response.
- Urban – rural difference. There are special problems posed in the rural situation, such as the impact of deregulation of buses, and the large distances people have to travel to reach different shops. Car ownership or access is more common.
- Lack of common framework. The SEU's PAT 13 report was a useful first step in recognising government's role in tackling access to shops, but the framework through which government (central and local) could tackle the issues is not yet clear.
- A new approach to the planning process. The retail sector is experiencing major change due to new systems of delivery (e-commerce, home delivery, etc.), public questioning of intensive food production, and financial insecurity. The DETR, with its responsibility for the planning process, is a extremely relevant ministry.

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FOOD ACCESS – RECENT RESEARCH PROJECTS

Food Access In East London

Community-based initiatives are at the heart of East London and The City Health Action Zone's (HAZ) strategy for addressing health inequalities. Food access had been identified as having a direct impact on heart-related deaths and illnesses. Low income has direct consequences on food choice, and the ability to purchase healthy food. Problems of economic access are exacerbated by inadequate shopping facilities and transport networks. In response to these issues, a one year Food Access project was set up involving research and the piloting of community based projects.

1. Needs assessment. Priority wards, those most likely to be experiencing problems of food access, were identified by mapping the physical location of retailers selling fresh fruit and vegetables (using data from the local authorities retail register, despite its known inaccuracies). These were combined with a Food Access Scale derived from ward level secondary socio-economic data. These were complemented by participative, qualitative data collected with local residents to contribute their perceptions.

2. Community based projects Ten food initiatives were set up, reflecting the diverse needs identified by the communities the projects served. These included breakfast clubs, fruit tuck shops, fruit and vegetable co-operatives, growing schemes, box-delivery schemes, and a community café with an emphasis on cooking skills. Around 300 families currently benefit at a cost of £45,000. Funding is available for two more years under the HAZ before the projects need to become financially self-sufficient.

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Community Mapping Project

The Community Mapping project was co-ordinated by Sustain in partnership with Oxfam UK Poverty Programme, and Development Focus. The project is part of Sustain's Food Poverty Project to involve people on low incomes in developing appropriate policies to tackle food poverty. Brighton, Coventry and Leicester local health authorities volunteered a commitment to developing participatory appraisal techniques, to enable people to analyse their own local food economy and to develop solutions to the problems they face in securing a healthy diet.

Community consultation is widely claimed but not always practised in reality. People may be consulted but often their views are ignored or bypassed, leaving them disillusioned. An understanding of what real participation is and how to put it into practice is generally lacking. This project aimed to help fill that gap by systematically evaluating and documenting one participatory method – Participatory Appraisal (PA) – and then disseminating what was learned through published reports and further training and activities. Within that general aim, the project also wanted:

- to see how PA processes could be adapted from their use in the Southern Hemisphere to different circumstances in the Northern Hemisphere;
- to test how successful PA methods are in involving people in understanding the local problems and in developing sustainable solutions;
- to find out more about what people eat and why, and to explore with them how to overcome the barriers they face in trying to improve their diets;
- to develop the knowledge and skills of local people so that they can understand about how their food economy works and how they can change it;
- to strengthen partnerships within and between sectors at local level, to tackle food poverty.

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FOOD ACCESS – QUESTIONS TO BE ADDRESSED

The PAT 13 report outlined an initial strategy development for people in poor neighbourhoods. The focus was the limited choice of shops in deprived neighbourhoods – that is, on the problems of physical access. It also acknowledged that retail difficulties often lead to higher prices and therefore problems of economic access. The report was a welcome step in generating a national strategy for neighbourhood renewal and in putting the issue of food and access to shops more firmly within the current public policy arena. Furthermore, many health and local authorities are seeking to address food access as part of Health Action Zone initiatives. However to realise practical implementation, there are a number of key questions which need to be explored.

The first question relates to *matters of definition and measurement*. There is currently no nationally agreed definition of what constitutes adequate food access and, without an agreed definition, regulation and enforcement to ensure adequate access at national or local levels is not a practical proposition. Such a definition needs to cover both:

- *Economic access*, or having enough money to buy appropriate food, which depends on how much money a household has, how much it can allocate to food (as opposed to other, mandatory, expenditure such as utilities' costs, rent and debt repayment), and on the price of food.
- *Physical access*, which refers to the range and quality of food available in shops that people can actually reach, whether by foot, public transport, or, if they have access to one, by car.

The second question relates to clarity about the *roles and responsibilities* of all involved agencies. Ensuring adequate food access for all will require action at national levels, as well as at the local level. This will require a concerted effort across government departments. It will also require involvement from both the large retailers and those providing core provision in areas of deprivation: small store chains, discount stores and ethnic minority retailers.

Roles and Responsibilities

There are a number of key players across local, regional or national levels who have a role in promoting food access. Currently, though, there is a lack of integration between these levels and of joined up government policies. In the past, there has been an over-reliance on local projects which lack long-term sustainable funding and comprehensive coverage. Action and answers are therefore needed on the following:

- How to share responsibility between these different levels. Should there be incentives to local government to take a proactive lead? Where should responsibility lie in central government?
- Who might be 'partners' in generating change?
- What is the role of food retailers themselves in promoting and sustaining access?
- What is the role of the consumers' voice? What is the place for community food initiatives and how should these be funded?

The final question relates to the *costs and benefits* of inadequate food access. Historically, there has been little systematic research on nutritional deprivation among low income groups in the UK. Rather, the focus in health policy has been on making sure that people had information or skills (such as cooking) to make healthy food choices. This reflects a widespread, often implicit, perception that the poorer diets of low income groups is because of ignorance or poor budgeting rather than a lack of money or problems with shops. This is changing but much more must be done to draw out the associations between low income, diet and health, and the benefits of reducing health inequalities. At present, the costs are borne by those on low incomes themselves, in continually going without appropriate food for health, and by society, in the general burden of health inequalities.

FOOD ACCESS – MORE INFORMATION

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