Camden ISLINGTON

Working in partnership

Food poverty in Camden and Islington, January 2018

Understanding the local picture

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Contents

Executive summary

Background

Food poverty can be defined as “the inability to afford, or have access to, food to make up a healthy diet” (UK Faculty of Public Health, 2005). This is an issue of rising national concern in recent years, with evidence of escalating levels of food poverty across the UK highlighting major inequities of diet and diet-related health.

The causes of food poverty are complex and inter-related. Financial causes predominate, including low income and unemployment. Other important causes include poor access to affordable food and lack of budgeting or cooking skills. Wider social and economic determinants, such as levels of poverty and welfare reforms, also play a vital role. The consequences of food poverty have major health impacts throughout the life course. These range from hunger, malnutrition and obesity to social consequences such as shame and social exclusion. Evidence shows that poor diet is related to 30% of life years lost in early death and disability. The severity of these consequences shows that failure to act on food poverty will lead to escalating costs for individuals, employers, the NHS and government.

Measuring food poverty is a major challenge, with no national routine data collection systems. Foodbank usage figures are a high-profile measure of severe acute food poverty, but it is essential also to consider longer-term food insecurity, which is significantly detrimental to health. There is growing recognition of the urgent need for local assessments of food poverty to inform action.

This needs assessment was conducted to assess the level and impact of food poverty across Camden and Islington, to understand local service provision and requirements, and to inform the development of an action plan in each borough to tackle food poverty.

Methods

Data gathered to provide evidence of the current state of food poverty in Camden and Islington include:

- Estimation of levels of food poverty using secondary data sources from research, surveys and service uptake, plus proxy measures such as income deprivation;
- Geographical mapping of physical access to food sources using 2 measures: supermarket locations, and proximity of hot food takeaways to secondary schools;
- A ‘call for evidence’ to enable stakeholder engagement and service mapping;
- Qualitative interviews with key workers with significant experience of working with residents experiencing food poverty;
- Qualitative interviews with residents with lived experience of food poverty; and
- Anonymous resident surveys.

Each data source had limitations and challenges, so this report cannot provide definitive measurements or full illustration of a complex and rapidly-changing picture. However, taken together, these data allow a baseline assessment to inform recommendations for action against food poverty.

Results

Levels of need

There is a high level of need in Camden and Islington relating to food poverty and food insecurity. Estimates from research figures indicate that over 20,000 people in Camden and 19,000 in Islington experience moderate or high levels of food insecurity (1 in 10 of the population aged 15 and over in a nationally representative survey). Regional research indicates that almost 1 in 10 London children report going to bed hungry, with 1 in 5 London parents reporting skipping meals so that their children can eat. Proxy measures of food poverty, including income deprivation, fuel poverty and obesity, also indicate high levels of need in Camden and Islington.

Numbers of foodbank referrals show rising requirements for emergency food aid, both at a national and local level. Trussell Trust foodbanks supplied 4539 parcels in Camden and 2770 in Islington in 2015-16. These numbers represent only the ‘tip of the iceberg’ of true levels of food poverty, as many of those affected by food poverty never visit foodbanks. Evidence from local professionals strongly supports a trend towards seeing worsening levels of food poverty across both boroughs, and many local services have extensive experience of dealing with food poverty.

Residents’ experiences of food poverty

Qualitative evidence from both residents and professionals gave graphic descriptions of local residents’ experiences of food poverty. These ranged from long-term food insecurity to severe crisis-level hunger with food poverty, all of which have major negative impacts on health, wellbeing and quality of life. Residents’ experiences also show that it is crucial to consider the needs of residents ‘shocked’ into food poverty as well as those ‘squeezed’ into food poverty over long time periods.

The reasons for experiencing food poverty mirrored national data, with financial reasons being most commonly cited, including poverty, low income, issues with benefits and affordability of healthy food. This held true throughout the qualitative engagement with residents and professionals, in the call for evidence, and in local service-level data on foodbank referrals. Additional reported reasons for food poverty varied widely, including competing priorities with housing and fuel costs, poor access to affordable food, low skills or confidence in budgeting or cooking, and lack of culturally appropriate food. The evidence presented indicates that many population groups are vulnerable to food poverty, and that food poverty reflects inequities within society. These findings emphasise the need for a system-wide approach to addressing food poverty.

Common barriers to seeking help with food were stigma, with many describing feelings of pride or shame, and problems with services, such as lack of knowledge of services or restrictive service criteria. The residents suggested a range of changes which would help address food poverty, including altering the food environment to enable healthier choices, and changes to services for increased support.

Food environment

Geographical mapping of supermarkets showed that there are areas of higher deprivation in both boroughs which are far away from large or discount supermarkets, especially in Islington. Mapping and qualitative evidence showed that some large supermarkets are outside the affordability price bracket for many residents at risk of food poverty. These findings demonstrate areas of poor access to affordable healthy food in both boroughs.

Both Camden and Islington have a higher fast food outlet density than the London and England average, indicating a local environment with a high risk of food poverty. Mapping of hot food takeaways showed that both boroughs have a high concentration of outlets, which are clustered along transport routes and in some areas of higher deprivation. Few secondary schools in either borough have no takeaway outlets within 400m of the school, putting many schoolchildren at risk of cheap, filling and non-nutritious dietary choices.

Services: successes, challenges, and future developments

Mapping of services addressing food poverty showed an extensive network of services across Camden and Islington, across statutory, VCS and private sectors. Many services not set up to deal with food poverty encounter this problem frequently in the residents they work with. There are areas of excellent practice but some gaps in services across both boroughs, and significant challenges exist in the current funding climate (e.g. Meals on Wheels, Children's Centre funding and support for breakfast clubs and holiday meal schemes). Both professionals and residents indicated that raising awareness of available services and improving communication and networking between services will be key to enabling more effective action on food poverty. It is also vital that services recognise and seek to address barriers residents face in accessing services, including the stigma surrounding food poverty.

Professionals and residents alike shared extensive insights into changes which would help to address food poverty in Camden and Islington. Common themes emerging included changes to the food environment to improve access to affordable food and to enable healthier food choices. Both professionals and residents emphasised the need for stronger communication and awareness raising about food poverty. Future action on food poverty must remain responsive to a complex and rapidly evolving service landscape, and accessible for organisations to engage.

Recommendations

The evidence shows a high level of need in Camden and Islington relating to food poverty and food insecurity. This represents a major call to action. The problem of food poverty highlights

gross inequities within society: inequities of diet, borne out by evidence from residents demonstrating poor access to adequate healthy food for those on lower incomes; and inequities of diet-related ill health, such as the marked socioeconomic gradient in levels of obesity. Action to address food poverty must therefore include tackling wider socioeconomic issues of poverty and deprivation, including reducing or working to mitigate the impact of further welfare reform and benefit cuts.

To address food poverty successfully we must acknowledge that it is all our responsibility to tackle this issue. The complexity of causes of food poverty and the range of vulnerable population groups mean that a broad preventative approach will be required, across a wide range of stakeholders. Many of the actions we take to address food poverty will have wider societal benefits; for example, increased community meal provision will also play an important role in tackling social isolation.

There is much we can do to build on existing areas of excellent practice in Camden and Islington, but gaps in services remain. A key target to improve services highlighted by both residents and professionals is to improve communication and coordination between services which work to support residents experiencing food poverty. We must ensure that services are responsive to the needs of all those experiencing or vulnerable to food poverty and food insecurity, whether they have experienced an event which ‘shocks’ them into food poverty or are ‘squeezed’ into food poverty over a longer time. Steps towards achieving this aim include increasing awareness of the issue of food poverty across all frontline staff, ensuring that services are delivered in a way which maintains dignity and minimises the stigma associated with food poverty, and working to improve accessibility of services to population groups who are vulnerable to food poverty and who face barriers to accessing services (e.g. residents with disabilities, and the homeless). Specific recommendations for a range of stakeholders and partners are shared in the full report.

Addressing food poverty will require collective and individual ownership of action against this problem. Our vision and ambition in tackling this issue must be that widespread food poverty is wholly unacceptable in London in 2018.

Abbreviations

BAME	Black and minority ethnic groups
DLA	Disability Living Allowance (an out-of-work benefit)
ESA	Employment Support Allowance (an out-of-work benefit)
FAO	Food and Agriculture Organisation of the United Nations
FIES	Food Insecurity Experience Scale
FPH	Faculty of Public Health, UK
HOYD	Help On Your Doorstep (Islington VCS organisation)
IDACI	Income Deprivation Affecting Children Index
IMD	Index of Multiple Deprivation
JSA	Jobseekers Allowance (an out-of-work benefit)
LSOA	Lower Layer Super Output Area (unit of geography)
MECC	Making Every Contact Count
NHS	National Health Service
ONS	Office of National Statistics
PIP	Personal Independence Payment (an out-of-work benefit)
QGIS	Geographic Information System mapping software
UN	United Nations
VCS	Voluntary and Community Sector organisations
WCA	Work Capability Assessment

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1 Introduction

Food poverty is an issue which has risen in prominence and urgency in recent years (1) (2) (3). It is a long-standing problem of growing national interest, in part because of increasing evidence of escalating levels of food poverty (2). Rising levels of foodbank usage are a high profile and visible aspect of food poverty, but it is essential also to consider longer-term and less acute food poverty and food insecurity (2) (4) (5) (6). Foodbank referral numbers are an inadequate indicator of food poverty need, because many seek emergency food aid only as a last resort (7). Research shows that many more are in food poverty than those who use foodbanks (8).

Food poverty is a vital area of public health, as an affordable nutritious diet is a prerequisite for health (3) (7). It is a complex concept which is difficult to measure, with no national routine data collection systems. There is therefore an urgent need to assess food poverty at a local level, to understand its impact on local residents, and to determine how best to address the problem via local policies (2).

1.1 Aims and objectives

The overall aims of this needs assessment are to understand the extent and experience of food poverty in Camden and Islington, to understand local service provision and need, and to use these findings to inform policy for an action plan to tackle food poverty.

The objectives of the needs assessment are:

1. To undertake a baseline assessment of the extent of food poverty;
2. To engage with local services to map service provision and identify where gaps exist;
3. To map aspects of access to affordable healthy food;
4. To gain insight into lived experience of food poverty and barriers to accessing services; and
5. To generate recommendations for strategic actions to tackle food poverty.

1.2 What is food poverty?

1.2.1 Definition of food poverty

Food poverty can be defined as “the inability to afford, or have access to, food to make up a healthy diet” (1) (9). There is no standard definition, but this is a broad definition of a complex problem. An example of an alternative definition, but with similar themes, is “the inability to consume an adequate quality or sufficient quantity of food for health, in socially acceptable ways, or the uncertainty that one will be able to do so” (7).

Food poverty exists on a spectrum of food insecurity, ranging from mild food insecurity to severe food insecurity with hunger.

Figure 1: Food Insecurity Experience Scale, United Nations Food & Agriculture Organisation (10)

Food insecurity at any point along this scale can have severe impacts on those affected (8). Food poverty can also manifest in a variety of ways, including not only hunger and underweight, but also overweight and obesity (see **c. Impact and consequences of food poverty**) (1) (9). It is vital to consider the whole spectrum of food insecurity, as experience of all these types of food insecurity can have severe consequences for those affected (3) (7).

1.2.2 Causes of food poverty

The causes of food poverty are multiple and inter-related, adding to the complexity of the issue. The causes can be categorised as financial, physical and social; each will be discussed in turn below. Wider social and economic determinants, such as national levels of poverty and welfare reforms, also play a vital part in causing food poverty (7) (9).

Food poverty can be experienced due to a 'shock' or 'squeeze' into food poverty (1). The term 'shocked' into food poverty describes a crisis situation precipitating sudden food poverty, such as benefit sanctions causing the need to seek emergency food aid from a foodbank. The term 'squeezed' into food poverty describes longer term experiences of food insecurity and food poverty, such as prolonged low income meaning that families do not have the resources to access and prepare healthy meals for children. The causes of these situations overlap but can differ; it is important to consider both situations in assessing levels of need and in planning action to alleviate food poverty.

1.2.2.1 Financial causes of food poverty

Financial reasons for inability to afford food are a common cause of food poverty, including financial pressures such as low income, unemployment and debt (9). The most commonly used threshold of low income in the UK is an income which is below 60% of the median income (11). In 2015-16, the percentage of individuals in relative low income before housing costs was 16%, equating to around 10.2 million individuals, and 22% were in relative low income after housing costs, equating to around 14 million individuals, indicating large numbers of people nationwide vulnerable to food poverty (12).

Financial issues can either cause a 'shock' or a 'squeeze' into food poverty. Problems with benefits, such as delays, sanctions, or changes to benefits, are a common reason for a 'shock' causing food poverty (4). Particular concerns have been expressed about welfare reforms worsening food poverty such as the rollout of Universal Credit, including the effect of a six-plus week waiting period for a first Universal Credit payment (13). The Trussell Trust, the largest

foodbank provider organisation nationwide, reported this year that foodbanks in areas of full Universal Credit rollout have seen a 16.85% average increase in referrals for emergency food, more than double the national average of 6.64% (13).

Financial problems, including low income and issues with benefits, are the most common causes recorded in national Trussell Trust data on reasons for referral to foodbanks, demonstrating the importance of financial reasons for food poverty.

Figure 2: Trussell Trust national data 2017: Primary reasons for referral to foodbanks (4)

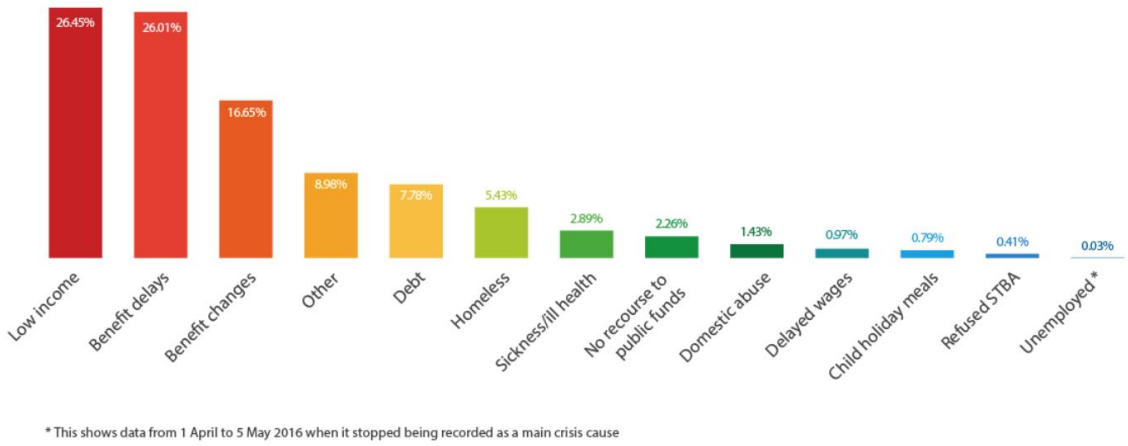


Figure 2 only demonstrates reasons for crisis-level food poverty, so cannot be used to comment on reasons for longer-term or less severe food poverty, but nonetheless is a very clear demonstration of the importance of financial issues in contributing to food poverty. Local data are not available for exact breakdown of reasons for foodbank referral. However, there is no reason to suspect that reasons for referral in Camden and Islington would differ significantly.

Food prices, as well as available income, determine the affordability of food – a key financial determinant of food poverty (9). Food prices have increased by 11% in real terms in the 10 years up to 2015, while the median income after housing costs fell 4% for low income decile households over the same period (11). Research shows that the price of healthy foods has increased more than the price of unhealthy foods (8). Rising food prices are more challenging for low income households, as those households spend a higher proportion of their income on food; in 2014, average household spend on food was 11% of the household budget, but for households with the lowest 20% income, 16.4% of household budget was spend on food (11).

Figure 3: Real-terms food prices and income decline after housing costs, low income decile (UK) (11)

For low income households, food is the largest item of household spend after housing, fuel and power costs (11). Food is a relatively flexible budget item compared to other budget items such as housing, and is therefore highly likely to be compromised at times of financial difficulty; under increased spending pressure, households may 'trade down' to poorer quality food items, before then cutting down on amounts of food bought with increasing pressure on household budgets (6) (11). A Greater London Authority survey of Child Hunger in London in 2013 found that coping strategies employed by families to cope with food insecurity included cutting back on fruit and vegetable intake, then cutting back on food shopping, and parents then reducing the amount they eat to protect their children (14). These observations emphasise the importance of experience-based measures of food insecurity, such as the UN Food Insecurity Experience Scale, because the amount of money spent or proportion of household spend on food cannot capture such behavioural changes which also have a significant impact on health (8).

1.2.2.2 Physical causes of food poverty – accessibility

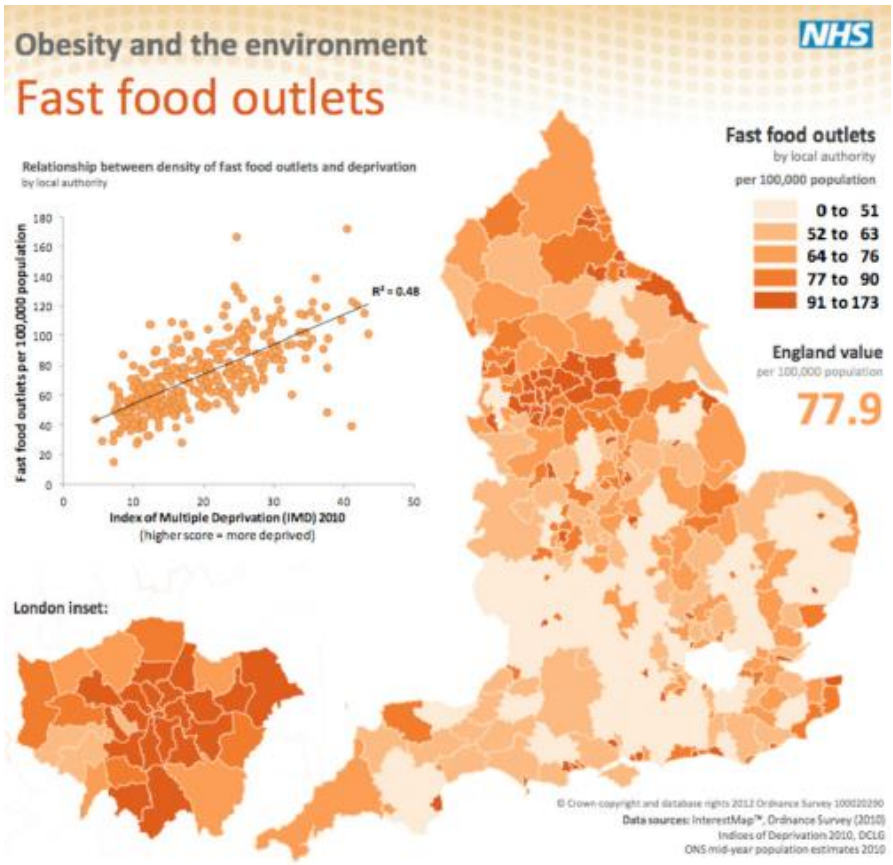
Lack of availability or access to good quality affordable food is an important cause of food poverty.

The concept of 'food deserts' describes areas with particularly poor access to affordable healthy food, which often occur in areas of high deprivation where limited access to food occurs alongside broader socioeconomic inequalities (7) (15). Identification of areas of poor food access is complex, as it depends not only on geographical factors but other ways in which people are prevented from accessing healthy food, such as cost, transport and disability (1). Evidence shows that large supermarkets are usually able to sell foods at lower prices than the smaller convenience stores which may be more readily available in a local area, especially for those who face barriers to travelling further to access larger and lower cost stores (14).

Other aspects of the food environment and built environment contribute to food poverty, such as the density and position of fast food takeaway outlets. These tend to sell high fat, salt and sugar

foods which can contribute to obesity (1) (16). Data from the National Obesity Observatory show a strong correlation between deprivation and density of fast food outlets (16).

Figure 4: Relationship between density of fast food outlets and deprivation (16)



Fast food outlets can cluster in key areas such as close to schools, which may adversely impact young people's food choices and so contribute to food poverty and obesity. There is some evidence of associations between obesity and fast food, and also that changing the quality of the food environment around schools can influence the food purchasing habits of young people (16). Although there are many other relevant aspects of the food environment (such as shops selling sweets), national public health guidance recommends encouraging planning authorities "to restrict planning permission for takeaways and other food retail outlets in specific areas (for example, within walking distance of schools)" (16) (17).

Food waste can cause or exacerbate lack of access to affordable healthy food, and so contribute to food poverty. It is estimated that around 10 million tonnes of food and drink is wasted in the food chain annually in the UK (11).

1.2.2.3 Social and other causes of food poverty

Lack of skills or confidence may cause or contribute to food poverty, including low levels of skills in budgeting, food preparation and cooking (9) (7). There is limited evidence that teaching

cooking skills leads to healthier eating habits (7). Strong skills and confidence in food and budgeting can be protective against food poverty for those who may otherwise be vulnerable due to low income. However, poverty-level incomes which are insufficient for basic needs can result in food poverty whether or not skills are strong or food access is adequate (1) (18).

The UK Low Income Diet & Nutrition Survey (LIDNS) was a nationally representative survey of the most materially deprived households on low incomes (roughly the bottom 15% of the UK population); no comparable survey has been undertaken since. The findings showed that 91% of women and 64% of men in low income households reported that they could cook a meal from basic ingredients without help (defined as having 'better developed' cooking skills), and there were few significant differences in nutrient intakes between this group and those in households where cooking skills were less developed (19). Price/value/money available for food, and quality or freshness of the food, were the influences cited most commonly as affecting food choices (19). This shows that although skills are important they are far from the whole picture and other causes of food poverty, including financial causes, remain important.

Another important aspect of food poverty is lack of access to food which is culturally appropriate and acceptable (7). This may be particularly important for residents of ethnically diverse areas such as Camden and Islington.

1.2.3 Impact and consequences of food poverty

The consequences of food poverty have major short- and long-term impacts on people and populations throughout the life course. Problems resulting in food poverty range from hunger, underweight and malnutrition, to overweight and obesity, and unhealthy diets (3). It has been shown that poor diet is related to 30% of life years lost in early death and disability (9). Poor diet is also a known risk factor for several of the UK's major killers, including cancer, coronary heart disease and diabetes (9).

There are also serious social consequences of food poverty, which have a severe negative impact on health and wellbeing. Examples include fear, stress, shame and social exclusion (1) (6). Food insecurity has major adverse impacts on schoolchildren, including adverse impacts on concentration, social participation and aspirations (1) (6).

The severity of consequences of food poverty highlights that a failure to act on food poverty to improve health and reduce obesity will lead to escalating costs to individuals, families, communities, employers, the NHS and government (1) (6).

Food poverty highlights major inequities within society, both of diet and diet-related ill health. Those living on lower incomes are likely to have a poorer diet, with significant differences in nutrient intake between the poorest 20% and richest 20% of the population shown by the National Diet & Nutrition Survey; the poorest people eat less fruit, vegetables, fibre, protein and saturated fat than the richest, but more sugar (8) (19). Those on lower incomes are also likely to suffer from more diet-related diseases including dental caries in children, obesity, malnutrition, diabetes and coronary heart disease in adults (9). Inequalities in diet can therefore result in major inequalities in health, and this reinforces the importance of food poverty to public health (3) (7).

1.2.4 Groups at risk of food poverty

It can be seen from the wide range of causes of food poverty that there are many population groups at risk of food poverty. Vulnerable groups within society which are likely to experience food poverty include those living on low incomes, people who are homeless or living in poor housing, the unemployed, households with dependent children, older people, people with disabilities and black and minority ethnic (BAME) communities (9).

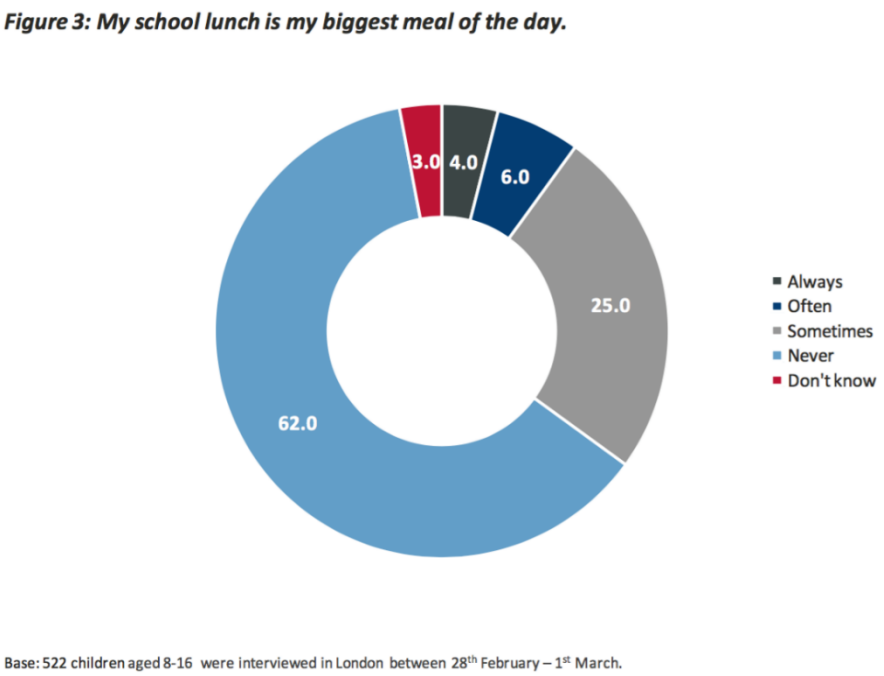
A major group at risk of food poverty is those living in poverty. In the UK it is estimated that as many as 10 million people live in poverty, including nearly 3 million children, and inequalities are widening (9) (3). Good access to food and strong skills in budgeting and food preparation may be protective against food poverty for some on low incomes, so poverty and food poverty do not necessarily overlap. However, the effects of multiple risk factors for food poverty can overlap and compound each other; those who have a low income, poor access to affordable healthy food and low levels of skills and confidence around budgeting and food are at particularly high risk of food poverty (1) (14). If income is below a certain level and inadequate to fulfil basic needs, food access and skills alone are unlikely to be sufficient to prevent food poverty.

Two groups with particular vulnerabilities and needs are those at extremes of age: children, and the elderly.

Children are at risk of food poverty, especially those who live in low income households (an estimated 44% of children in inner London), although as described above parents will frequently cut back on their own food intakes to protect children (14). In 2013, Ipsos MORI conducted a representative survey of Child Hunger for the Greater London Authority, of 522 parents and 522 children aged 8-16 years. The findings showed that 55% of parents reported their ability to afford food has got a lot or a little worse over the past year, which applied across income groups; 49% of parents in full-time work also reported this experience (14). These findings highlight the potential scale of child hunger, both current need and potential future vulnerability.

Children at risk of food poverty are particularly vulnerable during the school holidays when school meals are not available; in the 2013 Ipsos MORI study, 1 in 10 children stated that their biggest meal of the day was their school lunch (14).

Figure 5: Children's responses to the statement 'My school lunch is my biggest meal of the day' (14)



This problem of 'holiday hunger' amongst schoolchildren is of major national concern, illustrated in a recent report by the All Party Parliamentary Group on Hunger. The report states that although it is not possible to report exactly how many children experience hunger during school holidays, this may affect up to an estimated 3 million children nationally; 1 million children growing up in poverty who receive free school meals during term time, plus an estimated 2 million who are disqualified from free school meals because their parents experience in-work poverty (20).

Older people are at risk of food poverty for a variety of reasons, including deprivation, physical and mental health difficulties, and social isolation. However, it is particularly difficult to identify food poverty amongst older people, for reasons including isolation and social attitudes, including attitudes among people affected by food poverty (1). A survey of older people's organisations carried out by the London Assembly found that 64% of organisations reported older people had found it harder to afford enough healthy food, and 58% of organisations reported that older people regularly struggled to buy affordable healthy food in local shops (1). One indicator of food poverty amongst older people is levels of malnutrition; national estimates indicate that malnutrition affects over 1 in 10 older people aged 65 and over; although there are other causes of malnutrition beside food poverty, it is clear that work is needed to combat both of these issues (1). Certain times of year are also challenging for older people, particularly winter time when older people frequently suffer fuel poverty, or difficult choices between heating their home and the cost of food and other bills (1).

It can be seen from the breadth of vulnerable groups that risk of food poverty reflects general problems of inequality within society. It is vital that any assessment of, or response to food poverty at a local level, seeks to address those inequalities and eradicate barriers to healthy eating (9).

1.3 Policy context

International

The right to adequate food has been formally recognised internationally as a human right, both in the United Nations Universal Declaration of Human Rights 1948 (Article 25), and later in the International Covenant on Economic, Social and Cultural Rights 1976 (ratified by the UK in 1976) (7).

National

National policy has long recognised tackling food poverty as key to achieving government targets on reducing inequalities and improving priority health areas including cancer, cardiovascular disease, older people's and children's health (9).

Key government policies include the recommendations of the All-Party Parliamentary Group Inquiry into Hunger 2014, and Department of Health documents including: Nutrition & Food Poverty Toolkit; Healthy Start, Tackling Health Inequalities: A Programme for Action; and the Food and Health Action Plan (9) (7).

Regional

Regional policy on tackling food poverty includes recommendations from the annual London Food Poverty Profile 'Beyond the Foodbank', published by Sustain (21). Two reviews of food poverty in London were published in 2013: 'A Zero Hunger City' by the London Assembly, and 'Child Hunger in London' by Ipsos MORI and the Greater London Authority (1) (14).

Local

Work on food poverty locally aligns with the work of the Islington Food Strategy group and the Camden Healthy Weight, Healthy Lives group.

2 Methods

A range of data sources and stakeholder engagement processes were used to estimate levels of food poverty, and to illustrate the experience of food insecurity across the population of the two boroughs. While each data source had limitations, and the data available do not provide definitive answers, this approach aims to build up a whole-systems picture of food poverty in Camden and Islington.

2.1 Evidence review

A pragmatic literature search was undertaken to identify evidence and best practice from the peer-reviewed literature, secondary data from a range of organisations, and grey literature for examples of good practice in other areas.

2.2 Estimating levels of food poverty

Attempting to estimate or measure levels of food poverty is challenging, due to the complexity of the issue and its causes, and the wide range of population groups affected (2) (22). No routine data sources were identified which measure food poverty directly at a local level. Therefore, a range of secondary data sources were used to estimate levels of food poverty in Camden and Islington, including:

- Direct research estimates of levels of UK and regional food poverty (10) (14) (8)
- Other national survey data (19) (11)
- Foodbank referral figures, national and local (4) (23)
- Uptake of local services such as Healthy Start vouchers and Free School Meals. These were identified through the Sustain questionnaire returns in each borough to contribute to the 2017 Beyond the Foodbank: London Food Poverty Profile report (21) (24).

Proxy measures used to illustrate likely levels of food poverty included:

- Data on poverty in London at borough level (25) (26) (27)
- Data on income deprivation, including Index of Multiple Deprivation (IMD) and Income Deprivation Affecting Children Index (IDACI) (25) (27)
- Estimated numbers in fuel poverty (25)
- Obesity prevalence, since obesity is an important manifestation of food poverty and food insecurity (25)

Routine data sources were used to define the denominator population of the two boroughs, using the most recent ONS mid-year population estimates according to the relevant age group (2016) (28).

2.3 Geographical mapping of physical access to food sources

Geographic Information Systems software was used to map food access across both boroughs (QGIS Version 2.8.3). Two measures of food access were selected for this mapping exercise.

2.3.1 Supermarket locations according to deprivation level.

Location and accessibility of large supermarkets is an important component of food poverty risk, as there can be large price differences between large supermarkets and small convenience stores (29). Supermarkets across both boroughs were identified via internet search of the largest supermarket chains by market share (Tesco, Sainsbury's, Asda, Morrison's, Aldi, Co-operative, Lidl, Waitrose and Iceland) (30). Marks & Spencer, Nisa Local and Budgens stores were also included according to team input indicating that these are important parts of the local food environment. Supermarkets were categorised according to size using publicly available information and local knowledge, and located according to postcode and 6-figure grid reference (31). Supermarket locations were mapped against local deprivation quintile (IMD) at lower super output area (LSOA) level, to give an indication of deprived areas of the borough with poor access to large stores.

2.3.2 Proximity of hot food takeaway premises to secondary schools.

Easy access to unhealthy takeaway food options near schools is an important component of food poverty risk, as the food environment is known to have a major impact on food choices (16). Hot food takeaway premises were identified via the Islington planning department (A5 planning category) and located according to postcode and grid reference (32) (31). The location of all secondary schools across the borough was identified via Department for Education EduBase results (33). Schools were included where their upper age limit was greater than 11 years. Locations of hot food takeaways were mapped according to proximity to schools, with a 400m buffer zone applied around each school. This mapping exercise was performed with Camden data in 2016, and this work is shown below (32). Islington hot food takeaways were mapped with a corresponding 400m buffer zone for a comparable measure. Islington premises were also mapped using a smaller 200m buffer zone in view of the 2013 Islington Development Management policy specifying no new planning permission for A5 outlets within 200m of secondary schools.

2.4 Call for evidence: stakeholder engagement and service mapping

A call for evidence was designed (see **Appendix 4**) to seek input proactively from any professionals who encounter food poverty in their work. This was circulated as widely as possible via staff bulletins in both Camden and Islington local authorities, informal networks of professionals and connections known to be interested in this field, and all professionals were asked to circulate this widely amongst their contacts.

The aim of the call for evidence was to engage with as broad a range of stakeholders as possible, to understand the views and perspectives of professionals who encounter food poverty in their work, and to gain an understanding of the working environment and range of

organisations who address food poverty and related issues to contribute to service mapping. Professional contacts were therefore sought in statutory, voluntary and commercial sectors.

Responses submitted following the call for evidence included verbal and written submissions, reports and related research and policy documents, suggestions of additional relevant contacts, and local service-level data for some services (e.g. numbers of foodbank vouchers provided and reasons for foodbank referrals).

2.4.1 Qualitative interviews: key workers

Qualitative semi-structured interviews were undertaken with key workers who have significant experience of working with residents experiencing food poverty. These interviews were designed to gain insight into their experience of working with residents experiencing food poverty, including perceptions of trends, reasons for food poverty, barriers to accessing services amongst high risk groups, and suggested changes to local services better to address the issue of food poverty. Key workers were invited to participate on the basis of direct relevant experience identified through the process of stakeholder engagement of the call for evidence.

An interview template was developed (see **Appendix 5**) and refined iteratively after each interview. Interviews of 30-45 minutes' duration were conducted and signed, informed consent was obtained. All interviews but one were audio recorded. One professional did not wish to be recorded. Qualitative thematic analysis was performed using a combination of contemporaneous notes and audio recording analysis by one team member, and reviewed by the qualitative research team. Themes were identified and data coded and analysed using Excel. The scope of the project did not allow for formal transcription, or dual coding for inter-rater reliability by more than one team member – a pragmatic approach was taken and the analysis was reviewed by the member of the qualitative research team who had assisted with interview design and conducting the first interviews. The same methods were followed for qualitative interviews with residents.

2.4.2 Qualitative interviews: residents with lived experience of food poverty

Six qualitative semi-structured interviews were undertaken with residents with lived experience of food poverty and food insecurity. These interviews were designed to gain a deeper understanding of the experience of food insecurity, including the context around how the situation arose and strategies these residents employed to manage it. Residents were selected by key workers who identified individuals with relevant experience, and who were both well enough and willing to talk with us about difficulties they have experienced with food. Their key workers obtained consent to share their contact details to organise an interview. One resident interviewed did not have direct personal experience of food poverty, although they did have other issues such as difficulty in food choices due to their family situation. The data from this resident remains in the analysis where relevant (e.g. barriers to seeking help), but no responses are included which are not based on direct personal experience.

An interview schedule was developed (see **Appendix 6**) and refined iteratively, with due consideration for the sensitivity of the topic. Interviews were conducted in settings familiar to the residents, commonly where they meet with their key workers. Residents were also offered a £10 shopping voucher as an incentive to take part.

2.4.3 Resident surveys (anonymous)

Anonymous surveys were conducted in addition to resident interviews. The surveys allowed engagement with a larger number of residents. Surveys were also noted by some key workers to be more appropriate for their client group than interviews. 13 completed surveys were returned via 4 professionals covering a range of services across both boroughs. We opted not to collect detailed demographic information in the interests of anonymity, due to the sensitivity of the topic matter. We anticipated a small number of returns, which would be insufficient to draw firm statistical conclusions. The aim of the survey was not a representative population sample, but instead a purposive sample of individuals known to be at risk by known professionals, in view of the highly sensitive subject, and to offer an opportunity for wider resident engagement. Surveys were developed (see **Appendix 8**) and circulated via all professionals who had indicated this method would be suitable for their client group. Surveys were returned by clients to their key workers, who forwarded completed surveys to the public health team.

3 Results

3.1 Estimating levels of food poverty

Secondary data applied to the Camden and Islington population allows estimation of the levels of food poverty, and to start to build an understanding of the experiences of residents experiencing, or at risk of, food poverty and food insecurity.

3.1.1 Crisis-level food poverty: foodbank use

Foodbank use is one aspect of food poverty which is readily measureable, although it only offers insight into severe, crisis-level food poverty. National and local data are available from the Trussell Trust, the largest provider of foodbanks and an anti-poverty charity in the UK. Trussell Trust foodbanks offer three days' food supply to individuals who must be referred by a professional (e.g. social worker or health professional). These numbers of emergency food supplies are measured by volume, or the number of people to whom the foodbank has given 3 days' food supply (rather than unique users), and on average people needed two foodbank referrals in the last year.

At a national level, the Trussell Trust distributed 1,182,954 parcels of 3 days' emergency food supplies in the year 2016-17 (to March 2017) (4). This was a 6.64% increase nationally on numbers the previous year 2015-16.

Figure 6: Trussell Trust national foodbank referral numbers (4)

At a regional level, data were supplied by the Trussell Trust on referral numbers for three financial years up to 2016; local level data were not yet available for 2016-17. As above, these data refer to numbers of food parcels distributed, not numbers of unique individuals. These figures were as follows.

Table 1: Trussell Trust borough level foodbank referral numbers (23)

		Financial year		
		2013 – 2014	2014 – 2015	2015 – 2016
Camden	Adults	2,515	3,355	3,147
	Children	1,035	1,349	1,392
	Total	3,550	4,704	4,539
Islington	Adults	1,544	1,602	1,892
	Children	637	740	878
	Total	2,181	2,342	2,770
London total	Adults	58,315	64,756	67,861
	Children	37,324	40,043	42,503
	Total	95,639	104,799	110,364

These figures show a rising trend in numbers of food parcels supplied in London overall and in both boroughs. Camden saw a large increase of 32.5% in food supplies distributed from 2013/14 to 2014/15, followed by a small decrease of 3.5% the following year overall, although supplies distributed to children continued to rise. Islington saw a considerable increase of 18.3% in food supplies distributed between 2014/15 to 2015/16. It is not possible to be certain why these differences might have occurred from the data available. Reasons could include opening of additional foodbank premises (there is currently 1 Trussell Trust foodbank in Islington and 3 in Camden), an increase in repeat visits, more referral partners, and higher levels of need for emergency food aid.

Other foodbanks exist which are not run by the Trussell Trust (see **Appendix 2**), but it was not possible within the scope of this project to gather data from other foodbanks.

These figures represent the tip of the iceberg of food poverty in the UK, because they only demonstrate crisis-level food poverty requiring emergency food aid, and only represent people who do access foodbanks in this situation. Data from Canada show that many more people are food insecure than use foodbanks (8). This highlights the importance of measuring food insecurity in the whole population, and not just tracking foodbank use (8).

3.1.2 National data on food poverty

Levels of food insecurity in the UK were measured directly in 2014 by the United Nations Food and Agriculture Organisation (UN FAO) (10) (8). The Food Insecurity Experience Scale (FIES, see Figure 1) was included in the Gallup® World Poll, a nationally representative survey across over 140 countries. In the UK, a nationally representative survey of 1000 people was interviewed by phone. The survey included the 8 questions about their ability to get enough food in the past year which make up the FIES measurement. The UN FAO data show that 10.1% (confidence interval +/- 2.9%) of people aged 15 or over in the UK were food insecure in 2014. Among these people, 4.5% (confidence interval +/- 2.1%) of people aged 15 or over in the UK experienced a severe level of food insecurity (meaning typically having gone a whole day without eating at times during the year because they could not afford enough food).

To give a crude estimate of numbers of residents currently experiencing food insecurity in each borough, these national figures have been applied to the current Camden and Islington population using ONS mid-year 2016 estimates of people aged 15 or over as the denominator population (28). This method gives approximate estimates for the numbers of people in each borough experiencing food poverty, as follows.

Table 2: Estimated numbers of people experiencing food insecurity in Camden and Islington

	National data from UN FAO 2014 survey	Camden: estimated numbers of people	Islington: estimated numbers of people
Moderate food insecurity	5.6% of population	11,502	11,078
Severe food insecurity	4.5% of population	9,243	8,902
Total numbers experiencing food insecurity	10.1% of population	20,745	19,980
Total population aged 15 and over (ONS 2016 mid-year estimate)		205,400	197,826

These estimates are simplistic and must be interpreted with great caution. The sample size was relatively small, therefore the UN refer to these as 'preliminary' data. However, the sample was nationally representative, and used an experience-based measurement of food poverty, which is important as many people experiencing food insecurity do not seek emergency food aid (8). Deprivation in both boroughs is worse than the London and national average (25). It therefore seems unlikely that the levels of food insecurity in Camden and Islington would be lower than national levels. There have been no comparable national measurements of food insecurity since this time.

Caution must also be taken in interpreting these data as they do not provide a full picture of food insecurity. The measures of food insecurity used indicate a reduction in quantity of food, so they do not capture less severe experiences of food insecurity (e.g. anxiety about obtaining sufficient food), which can still have a profound impact on health. Also, the figures do not demonstrate whether people are able to meet their food needs in ways which are culturally and socially acceptable to them, which can be a significant aspect of food poverty (see qualitative evidence below) (8).

One other national survey of food insecurity in the UK was the Low Income Diet & Nutrition Survey, published in 2007, which also used experience-based questions of food insecurity (19). The study was conducted with a nationally representative sample of low income households

(approximately the 15% lowest income households of the UK population). Amongst these low income households:

- 39% reported that in the last year they had worried that their food would run out before they got money for more;
- 36% reported that they could not afford to eat balanced meals;
- 22% reported reducing or skipping meals; and
- 5% reported not eating for a whole day because they did not have enough money to buy food.

While it is not possible to gain direct estimates for our current population from these figures, as the data are outdated and it is not possible to define an appropriate denominator population accurately, these numbers indicate that food insecurity is likely to be a pressing problem for many low income residents in Camden and Islington.

A further indicator of food poverty which is measured nationally is malnutrition in older people. National estimates indicate that malnutrition affects more than 1 in 10 older people aged 65 years and over (34). Applied to our population, and assuming similar levels to national levels, these figures indicate over 2900 older people in Camden and over 2000 older people in Islington are affected by malnutrition (28). While food poverty is not the only reason for malnutrition amongst older people, it is one important driver, and these figures indicate many older people with high levels of unmet nutritional need.

3.1.3 Regional data on food poverty

In 2013, 'Child Hunger in London' was published by the Greater London Authority. For this study, Ipsos MORI conducted a representative survey of food poverty in London, which included direct experience-based measurements of food poverty and food insecurity. 522 parents and 522 children aged 8-16 in London were interviewed, from households at all income levels across London.

Among parents, key results indicating the level of food insecurity in London included (14):

- 42% of parents have cut back on the amount of food they buy in the past year or the amount they spend on food;
- 30% of families had cut back on fresh fruit and vegetables on at least a monthly basis in the past year due to expense;
- 21% of parents have skipped meals so that their children could eat;
- 15% of parents report that their children always or often tell them that they are hungry;
- 8% of parents reported that their children have had to skip meals at some point as there was not enough food to eat.

It was not possible to generate local estimated numbers from the parents' data, due to lack of an accurate denominator population, but these figures indicate worrying levels of need across London.

Amongst London children:

- 34% children sometimes have trouble concentrating at school because they feel hungry;
- 9% of children said that they sometimes or often go to bed hungry.

Applying these figures to current population data for children aged 8-16 years in Camden and Islington allows an approximate estimation of the numbers of children affected locally.

Table 3: Estimated numbers of children aged 8-16 in Camden and Islington affected by hunger due to food poverty (14) (28)

Survey estimate (GLA Child Hunger London 2013)	Numbers of children affected in Camden (by ONS mid-year population estimate 8 - 16 years)	Numbers of children affected in Islington (by ONS mid-year population estimate 8 – 16 years)
34% of children sometimes have trouble concentrating in school due to hunger	7,607	6,207
9% of children sometimes or often go to bed hungry	2,014	1,643

Again, this estimation is a simple approximation only, and assumes that the levels of deprivation and food poverty seen in the London-wide sample are replicated in Camden and Islington. However, given the high deprivation levels of both boroughs, it seems unlikely that local levels of food insecurity would be lower.

In 2013 the London Assembly published ‘A Zero Hunger City’, a review of food poverty in London including two surveys of teachers (1). A survey of London teachers was conducted during this study with 164 replies, which showed that over 95% of these teachers reported that some children arrive at school hungry, and over 6 in 10 teachers had given food to pupils at their own expense. A further survey of teachers commissioned by Kellogg’s also showed high hunger levels, with 71% of London teachers reporting children coming to school hungry. Over half the respondents reported that the number of children coming to school hungry had increased, and 15% of London teachers reported that their school uses foodbanks or similar services.

These findings together indicate a high level of food poverty need and hunger amongst London schoolchildren, which may have serious consequences for children’s development and health.

3.1.4 Proxy measures indicating risk of food poverty

It is important also to consider measurements of the wider determinants of food poverty and its consequences, as it is so challenging to measure food poverty directly.

Poverty

Financial problems are a major cause of food poverty, therefore the numbers of people living in poverty and income deprivation are an important indicator of levels of food poverty; while they do not measure food poverty directly or show the whole picture (e.g. knowledge and skills), they do provide a clear indication of numbers of people at risk of, or likely to be experiencing, food poverty.

Deprivation in Camden and Islington is higher than both the London and the national average; for example, a higher proportion of people live in the 20% most deprived areas in England (27.1% of people in Camden, 44.3% of people in Islington) (25). Deprivation related to low income also affects a higher proportion of the working age population (aged 16-64 years) in both boroughs than the England average; these figures include both people that are out-of-work and those that are in work but have low earnings.

Table 4: Proportion of the working age population experiencing deprivation related to low income (25) (28)

	% of those aged between 16-64 years who are experiencing deprivation relating to low income (25)	Estimated numbers of Camden and Islington residents aged 16-64 years experiencing deprivation related to low income
Camden	17.4	30,275
Islington	21.7	38,073
England	14.7	

Unemployment is a major contributor to poverty. Recent estimates show that the proportion of the working age population receiving out-of-work benefits was 8.1% in Camden and 9.9% in Islington (including Jobseekers Allowance, Employment Support Allowance, lone parents and others on income-related benefits such as carers' allowance) (27).

In-work poverty due to low wages is also an important contributor to deprivation and food poverty. Recent data indicate that the proportion of low-paid residents (ie local employees in jobs paid below the London Living Wage) is 17% in Camden and 14% in Islington (27).

At household level, high London housing costs worsen the outlook for many households. Recent estimates indicate that the proportion of households in poverty AHC (after housing costs) in 2013 was 32% in Camden and 34% in Islington, indicating around 1 in 3 households across both boroughs at high risk of food poverty (27).

Taken together, these figures indicate there are substantial numbers of Camden and Islington residents living in low income households, who are either experiencing, or at high risk of, food poverty. These residents are highly vulnerable to economic 'shocks' or rising costs of living.

Population subgroups at particular risk of food poverty include children and the elderly.

The proportion of children living in poverty is currently estimated to be 35% in Camden and 38% in Islington (27). Applied to the population aged 0-15 years in each borough, this indicates over 15,000 children in Camden and 14,000 children in Islington living in poverty and therefore at high risk of food poverty.

IDACI (Income Deprivation Affecting Children Index) is another way of measuring child poverty, which describes the proportion of children aged 0-15 years living in income deprived households (25).

Table 5: Income Deprivation Affecting Children Index : proportion of children aged 0-15 years living in income deprived households as a proportion of all children aged 0-15 years (25)

	IDACI: % of children aged 0-15 years living in income deprived households, as a proportion of all children aged 0-15 years	Estimated number of Camden and Islington children living in income deprived households (by ONS mid-year estimates)
Camden	27.2	10,083
Islington	35.3	11,929
London	24.4	
England	19.9	

Both Camden and Islington IDACI proportions are higher than the London average proportion, which is higher than the average proportion in England. Again, these numbers indicate many thousands of children in Camden and Islington living in income deprived households at high risk of food poverty.

Deprivation in older people can be measured by IDAOPI (Income Deprivation Affecting Older People Index), a subset of the Index of Multiple Deprivation which measures the proportion of people aged 60 years and over who experience income deprivation. While London average figures are not available, levels of deprivation in older people in Camden and Islington are far higher than the average levels across England.

Table 6: IDAOPI, Income Deprivation Affecting Older People Index: proportion of people aged 60 years and over who experience income deprivation (25)

	IDAOPI: % of population aged 60 years and over who experience income deprivation	Estimated number of Camden and Islington 60 years and over who experience income deprivation (by ONS mid-year estimates)
Camden	25.4	9,815
Islington	36.1	10,151
London	N/A	
England	16.2	

These estimates show large numbers of residents experiencing income deprivation and at high risk of food poverty.

Fuel poverty

Fuel poverty, or being unable to afford fuel for heating, shares similar drivers to food poverty (e.g. low income and high energy prices). These factors are strongly linked to living at low temperatures, which has been shown to be associated with a range of negative health outcomes (25). Recent estimates of fuel poverty at household level are as follows:

Table 7: Proportion of households in fuel poverty 2015 (25)

	% of households in an area that experience fuel poverty based on LIHC methodology [1]	Estimated number of Camden and Islington households that experience fuel poverty
Camden	9.9	9,859
Islington	9.8	9,293
London	10.1	
England	11.0	

Both Camden and Islington show proportions similar to the London average, and slightly lower than the England average. However, almost 1 in 10 households being in fuel poverty indicates high levels of need and numbers of people who are likely also to experience food insecurity.

Obesity

Obesity can be a manifestation of food poverty, and is strongly associated with deprivation. Obesity is responsible for many of the negative health outcomes associated with food poverty,

[1] Low Income, High Cost methodology for assessing fuel poverty (25)

and is therefore a proxy measure that should be considered in estimating levels of food poverty (16) (17).

Table 8: Proportion of residents classified as overweight or obese at Reception year, Year 6, and adults (25)

	Reception year children (% of children overweight, including obese)	Year 6 children (% of children overweight, including obese)	Adults (% adults aged 18+ classified as overweight or obese, current method)
Camden	20.2	37.8	50.9
Islington	22.5	36.5	42.7
London	22.0	38.1	55.2
England	22.1	34.2	61.3

These figures show that amongst Camden and Islington children, when they start school in Reception year, approximately 1 in 5 children are already overweight or obese. This rises to more than 1 in 3 children at Year 6, and rates of overweight and obesity are even higher in adult life. Although the Camden and Islington obesity rates are mostly lower than the London and England average figures, these still show that many of the population are at risk of the negative health impacts of obesity.

The food environment is an important determinant both of obesity and of food poverty, including the density of fast food outlets, which is shown to be greater in areas of higher deprivation (16). The latest estimates of density of fast food outlets are 140.5 per 100,000 population in Camden, and 133.5 per 100,000 population in Islington (25). These figures show a higher fast food outlet density than the London average (101.4 per 100,000 population), which is higher than the England average (88.2 per 100,000 population) (25). This demonstrates a level of risk of food poverty in the local food environment, which is a potentially modifiable risk factor for food poverty.

3.1.5 Uptake of local services

Levels of uptake of relevant services (including Healthy Start vouchers and Free School Meals) can give an indication of the levels of food poverty need. Those eligible for services who do not take them up are likely to be particularly vulnerable, but are more difficult to measure. Levels of service uptake were reported from both boroughs in the latest London Food Poverty Profile questionnaire (24).

Healthy Start voucher scheme uptake is currently reported at 69% in Camden and 73% in Islington (24). These are high uptake figures and there is much work underway in both boroughs to increase uptake. However, there are still a considerable proportion of those eligible who are not taking up the vouchers; in addition, these data do not indicate whether and how the vouchers are being spent which is also important in mitigating food poverty risk.

Free School Meals (FSM) are an important service to decrease risk of food poverty. Islington fund universal FSM for all primary school pupils, but do not fund FSM for pre-school children of 2 years of age. Camden fund FSM for pre-school children aged 2-4 years, but not universal FSM for primary pupils. Full data were not available on uptake, although both boroughs have reporting and measurement mechanisms in place. FSM uptake is not below 80% in any Islington primary schools (24).

London-wide studies indicate that under-registration for FSM is high in the city, estimated at 9% under-registration in inner London and 17% under-registration in outer London (1). Those children eligible but not registered for FSM are likely to be particularly vulnerable to food poverty.

All the data used to illustrate levels of food poverty risk have significant limitations. This illustrates the challenge of measuring food poverty, and the lack of a standardised approach to measurement nationally. However, taken as a whole, the data illustrate a picture of high levels of need across Camden and Islington, both of current experience of food poverty and high risk levels for food poverty in future.

Key messages: estimating levels of food poverty in Camden and Islington

- Numbers of foodbank parcels distributed are high and increasing. These represent only a small fraction of the true levels of food poverty, as few of those affected visit foodbanks.
- Research estimates indicate that 1 in 10 of the population are experiencing moderate or high levels of food insecurity. This indicates that food insecurity affects over 20,000 people in Camden and 19,000 people in Islington.
- Nearly 1 in 10 London children report going to bed hungry, with 1 in 5 London parents reporting skipping meals so that their children can eat.
- Proxy measures of food poverty, including poverty and income deprivation, fuel poverty and obesity, all indicate high levels of need in Camden and Islington.

3.2 Service mapping

The system of agencies and groups working to alleviate different aspects of food poverty across Camden and Islington is complex and rapidly evolving, involving statutory bodies, VCS organisations and the private sector. This service mapping is based on the process of the call for evidence and qualitative data gathering (see **Appendix 2**), along with the returns collated in each borough for the Sustain London Food Poverty Profile regarding statutory services (24).

Despite the broad range of services contacted, due to the complexity of the food landscape it is likely that relevant organisations exist which are not included. Ongoing food poverty action will need to remain responsive to this changing landscape, and accessible for interested residents

and organisations to engage. The evidence gathered below, particularly from the key worker interviews and the call for evidence, emphasises the importance of a dynamic approach to network building and establishing strong communications between services. This was one of the strongest themes to emerge from the qualitative work.

The Sustain London Food Poverty Profile 2017 indicates areas of excellent practice in statutory services across both Camden and Islington (please see Sustain report for full details) (21). Examples of good practice across both boroughs include:

- Engagement in a range of work to promote Healthy Start voucher uptake;
- Commitment to measuring uptake of Free School Meals in various ways; and
- Both boroughs are accredited London Living Wage employers.

Challenges common to both boroughs include:

- The lack of a Meals On Wheels service for vulnerable older people, although Camden do provide alternative homecare arrangements;
- Threats to funding and/or numbers of Children's Centres are reported in both boroughs; and
- Both boroughs could consider ways to increase support for breakfast clubs and holiday meal schemes.

Current gaps in service provision exist in both boroughs, with key examples given below. There is ongoing work towards many of these aims across both boroughs (24).

- Camden: UNICEF Baby Friendly accreditation; consider extension of Free School Meal entitlement to all primary pupils; levy on sugary drinks; increased emphasis on food considerations in planning documents.
- Islington: lack of a Meals on Wheels service; consider extension of school meal entitlement to 2-year olds; decreasing the council tax minimum support payment (currently 10% or less but 0% in Camden); improve childcare for working parents in some areas of the borough.

Key messages: service mapping

- Statutory services across both boroughs show areas of excellent practice, but significant challenges exist in both boroughs in the current funding climate (e.g. Meals on Wheels, Children's Centre funding and how to increase support for breakfast clubs and holiday meal schemes).
- A complex network of services exists across both boroughs working to address aspects of food poverty, across statutory, VCS and private sectors.
- Future action on food poverty must remain responsive to a complex and rapidly evolving service landscape, and accessible for organisations to engage.

3.2.1 Geographical mapping of physical access to food sources

Geographical mapping of food access is important to understand the local picture of food poverty risk, since a commonly reason cited for food poverty is poor access to affordable and healthy food. Two measures of food access were chosen for this mapping exercise.

Supermarket locations according to deprivation level

Mapping of location of supermarkets was undertaken to look for areas of the boroughs where affordable food may be less easily accessible, due to lengthy distances to travel to larger shops where food prices are cheaper (29). This may disproportionately affect residents at high risk of food poverty; for example, residents on low incomes where the cost of transport is a major factor in choice of shopping location, especially residents with poor health and mobility problems. Supermarket locations were therefore mapped against deprivation levels within the borough, using IMD local deprivation quintile at LSOA level.

Supermarkets were classified as large (major supermarkets), small (convenience stores such as Sainsbury's Local), or discount stores (Lidl, Aldi and Iceland.) Discount stores were mapped separately as they are likely to provide affordable options compared to small stores, but may not offer a full range of healthy food (e.g. no fresh fruit and vegetables available in Iceland).

A pragmatic approach was taken to mapping due to resource constraints and feasibility. Despite its limitations, this can offer useful conclusions and serve as a baseline for future work.

Limitations of this methodology include:

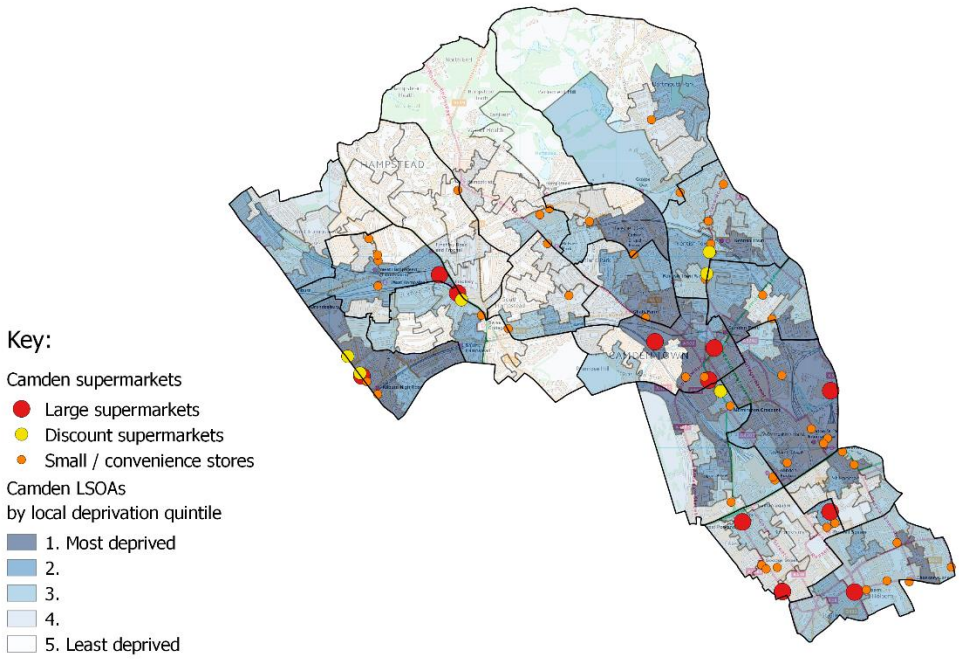
- Pragmatic approach limited by information available to the public, which means that identification and classification of stores may be imperfect;
- Unable to include information about markets, smaller convenience stores or corner shops. These can all be sources of affordable healthy food but it was not possible within the scope of this project to include and classify these fully; and
- Large supermarkets may exist in different boroughs which are close to Camden and Islington borough borders, but it was not feasible to search for these.

Table 9: Supermarkets in Camden and Islington by size or discount category

Category	Brand (& total)	Camden	Islington
Discount supermarket	Aldi	1	0
	Iceland	3	4
	Lidl	2	0
	Total discount supermarkets	6	4
Large supermarket	Morrisons	1	1
	Sainsbury's	6	1
	Waitrose	4	3
	Total large supermarkets	11	5
Small supermarket chain convenience store	Budgens	2	2
	Co-operative Food	7	5
	Marks & Spencer	11	3
	Nisa	6	6
	Sainsbury's	10	4
	Tesco	10	17
	Waitrose	3	1
	Total small / convenience supermarket stores	49	38

Camden currently has more large supermarkets than Islington (11 vs 5), and has more discount supermarkets (6 vs 4) of a wider range, with Aldi and Lidl stores as well as Iceland compared to only Iceland in Islington. Of the large supermarkets available across the two boroughs, almost half (7 of 16) are Waitrose stores. These stores are likely to be unaffordable for many residents experiencing food poverty, even with the lower prices and discounts available at larger stores (29).

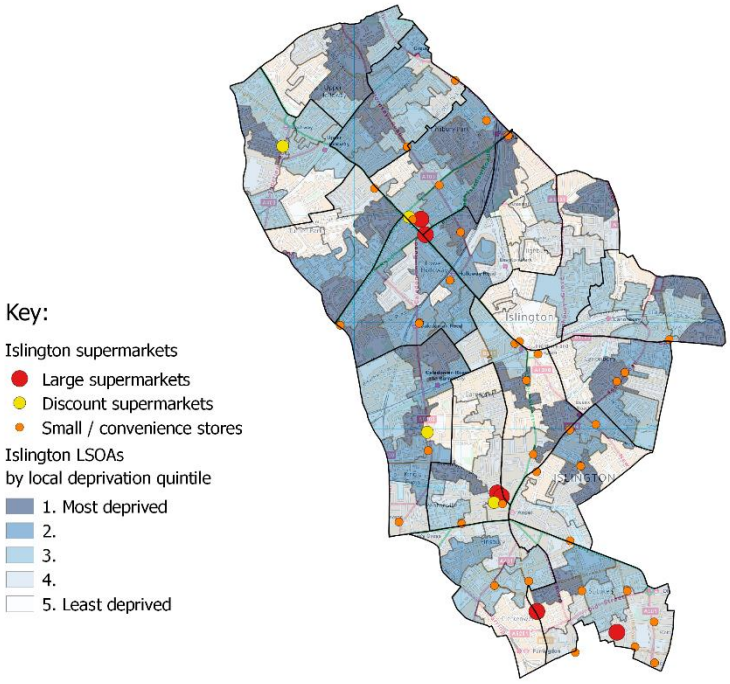
Figure 7: Camden supermarkets according to deprivation level (local IMD deprivation quintile)



Larger and discount supermarkets are distributed widely around Camden, although concentrated in the south and west of the borough, with some clusters of stores (e.g. Finchley Road). Many areas of high deprivation are within reach of a large or a discount store. Some more deprived areas (IMD local deprivation quintiles 1 and 2) are further away from large stores within the borough, such as Fortune Green ward in the north-west of the borough and Kentish Town ward in the north-east of the borough.

Although access to large and discount stores appears relatively good across much of Camden, this does not tell the whole story. Recent detailed resident engagement work in the Somers Town & St Pancras Ward indicates that residents there still travel far afield to access affordable food, as the large supermarket nearby is a Waitrose which is not considered affordable or accessible enough to use (35).

Figure 8: Islington supermarkets according to deprivation level (local IMD deprivation quintile)



Islington has fewer large and discount supermarkets, and the map shows that they are not distributed evenly around the borough but concentrated in the south of the borough with a cluster in Holloway Road. There are a number of areas of higher deprivation which are further from a large or discount store within borough, including in the east (e.g. Mildmay ward), west (e.g. Caledonian ward) and especially north of the borough (e.g. Hillrise and Tollington wards). This is particularly the case if discount store Iceland is not included. This indicates that there are areas of the borough where poor access to affordable food may exacerbate the risk of food poverty, or force residents to travel further afield.

As in Camden, several of the large supermarkets are Waitrose stores, which will be unaffordable for many residents at risk of food poverty.

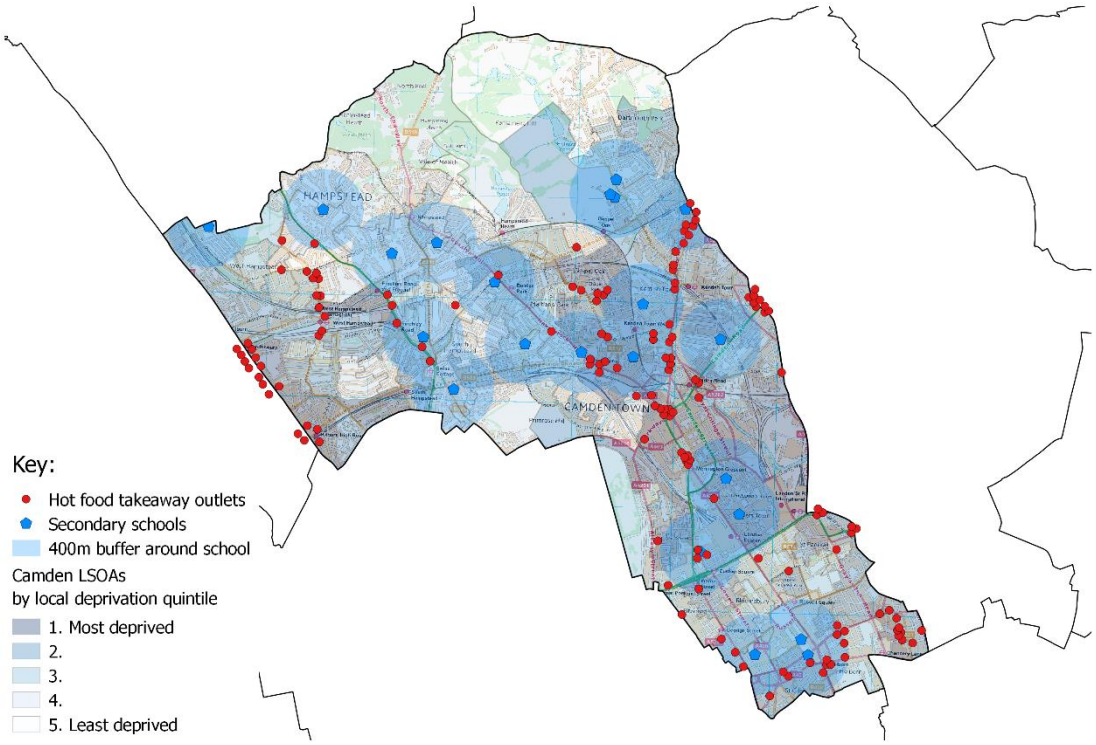
Key messages: supermarket locations and deprivation

- Islington has fewer large and discount stores than Camden, and these are concentrated in the south of the borough
- There are areas of higher deprivation in both boroughs which are far from large/discount stores, especially in Islington
- In both boroughs, some large stores are outside the affordability price bracket for many residents at risk of food poverty

Proximity of hot food takeaway premises to secondary schools.

Location of hot food takeaway outlets in close proximity to secondary schools is known to be a risk factor for food poverty in terms of dietary choices and subsequent risk of obesity, as schoolchildren are more likely to choose unhealthy food items if they are closer to school premises (16) (17).

Figure 9: Camden hot food takeaway outlets and proximity to secondary schools (400m buffer) [2] (32)

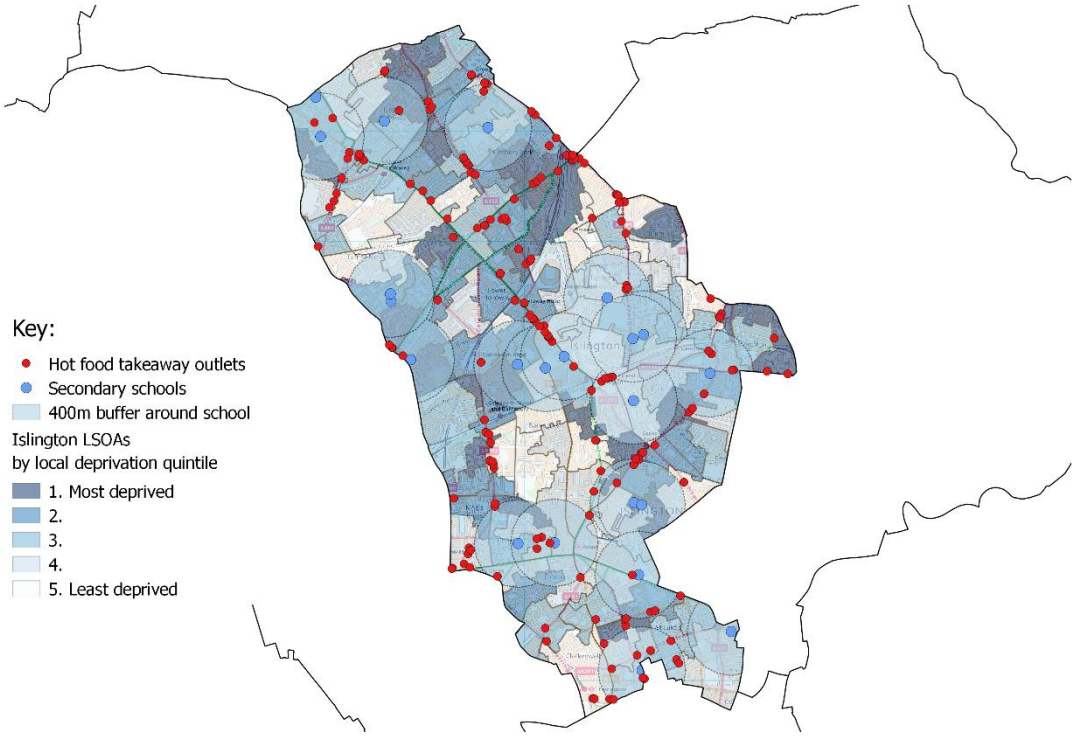


The map shows that there are few Camden secondary schools which have no takeaways within 400m of the school (only 4 of 22 schools, plus 1 on borough boundaries). Certain schools have high densities of takeaway food outlets nearby, especially schools in the centre and south of the borough.

The map also demonstrates the clustering of takeaway outlets, around transport routes and hubs, certain locations of particular density (e.g. Brecknock Road, see Resident interviews evidence), and some areas of higher deprivation.

[2] QGIS mapping of Camden hot food takeaway outlets and proximity to secondary schools (400m buffer) undertaken by Ian Sandford of Camden and Islington Public Health, 2016, for work on the Camden Local Plan

Figure 10: Islington hot food takeaway outlets and proximity to secondary schools (400m buffer)



This map shows there are very few Islington secondary schools which have no takeaways within 400m of the school (1 of 22 schools, plus 3 on borough boundaries). Certain schools have high densities of takeaway food outlets nearby, such as some schools in the centre and south of the borough, but these areas of concern are not isolated.

As with Camden, this map also shows clustering of takeaway outlets around transport routes, certain locations of particular density (e.g. Holloway Road), and some areas of higher deprivation (e.g. in the north-east of the borough).

Since 2013, the Islington Council Development Management policies have specified no new planning applications to be granted to hot food takeaway outlets within a 200m radius of secondary schools. Similar mapping with a 200m buffer zone (see **Appendix 3**) illustrates that many more Islington schools are free of hot food takeaways nearby when a buffer zone of 200m is allowed (10 of 22 schools, plus 2 on borough boundaries). This is a positive finding compared to the very few schools with no takeaways within 400m, and shows that many of those outlets of concern are not directly adjacent to schools. However, outlets further than 200m away may still alter food choices, so it remains important to consider the impact of outlets within 400m as shown above. The map also shows that ongoing work is needed to decrease exposure of schoolchildren to hot takeaways, as the majority of Islington secondary schools do still have outlets within 200m.

Key messages: hot food takeaways and secondary schools

- Both boroughs show a high concentration of hot food takeaway outlets, which are clustered along transport routes, at certain locations, and in some areas of higher deprivation.
- Few schools in either borough have no takeaway outlets within 400m of the school, putting many schoolchildren at risk of cheap, filling and non-nutritious dietary choices.
- Islington Council Development Management policies specify no new takeaway outlets within 200m radius of secondary schools. Although this is a positive step, outlets within 400m may still alter food choices, and most Islington secondary schools still have outlets within 200m.

3.3 Call for evidence

The call for evidence was circulated widely, including via internal staff bulletins in both councils. 57 individual professionals responded, including multiple staff from both Camden and Islington councils, representatives of 23 other organisations, and several volunteer workers speaking in a personal capacity (see **Appendix 2**). 30 phone calls were made to follow up on email discussions, which led to 7 in-person meetings and identification of 9 key workers for qualitative interviews. Additional written evidence was submitted by 16 respondents.

Key overall themes arising from the call for evidence included the following, drawn from qualitative review of 39 individual discussions not represented in key worker interviews:

- Almost all respondents (82%) reported that they deal with food poverty and the effects of food poverty in the residents they work with. The other respondents all reported that they work with partner agencies who encounter food poverty directly.
- Most respondents (87%) reported that they encounter issues of food poverty routinely although it is not the issue their service is set up to deal with. The exceptions were 2 respondents who work at foodbanks, and 3 respondents from VCS (voluntary and community sector) organisations tackling food poverty directly (e.g. by redistribution of surplus food).
- Many respondents (49%) reported that their impression is that food poverty is increasing in the population they work with:

  "*Food poverty is more and more of an issue. Foodbank vouchers fly off the shelves… It's increasing over the last 5 years – I've noticed it getting worse, in line with general poverty.*" – *VCS respondent*

3.3.1 Reasons for food poverty

The most common causes identified by respondents included:

- Poverty and low income (54%).

"Poverty. People are struggling and on low wages, so it's in-work poverty as well as those who are not working." – Council respondent

- Benefits issues were cited as a major reason for food poverty by many respondents (38%), with particular concerns reported by professionals about Work Capability Assessments and the impending rollout of Universal Credit.
- The need for increased skills support in both budgeting and cooking.
- Other reasons included poor access to healthy food, affordability of food, high cost of living (rent and bills), fuel poverty, housing problems and cooking facilities, health problems including mental health issues and substance misuse, and difficult times of the month or year (holiday hunger for children, and lack of Christmas meal provision for the elderly).

"People are at risk with lots of different socioeconomic factors. For example, if you're living in temporary accommodation with no room to swing a cat, you can't store any (food) and you probably have no proper cooking facilities." – Council respondent

3.3.2 Vulnerable groups

The key message from most respondents was that there is a great breadth of different population groups who are at risk. Groups mentioned included children, the elderly, socially isolated, poorly paid workers, the homeless, victims of domestic abuse, people with health problems or disabilities, including mental health problems and substance misuse.

"(Food poverty) often comes alongside other issues, like welfare rights. The presenting problems are often compounded by underlying issues – mental health, physical health, disability." – VCS respondent

Specific population groups at high risk of food poverty were noted by some respondents, such as those with no recourse to public funds.

"Some vulnerable groups are hidden – there are many families with no recourse to public funds." – Council respondent

Some respondents noted that it is hard to engage certain population groups with their services. These groups included certain BAME groups (e.g. Somali and Bangladeshi families), those with language barriers (including hearing impairments), the very elderly who may be reluctant to accept help, and people with mobility problems who may be unable to attend or access services.

"The elderly group are reluctant to take help – they say 'oh no, I don't want to bother you'. It's difficult to persuade them to get what they are entitled to." – VCS respondent

3.3.3 Experience of food poverty

Professionals mentioned many observations of how food poverty is experienced by residents. These included shame and stigma, social exclusion, the need to make difficult choices about

how to allocate a scarce income, and that food poverty is usually accompanied by a host of other issues.

> *"Lots of people can't afford to go out and eat, and don't ever get a chance to do so." – VCS respondent*

> *"People have to make difficult choices – roof over your head, or fuel to heat your home, or food. And most certainly the roof comes first. Some will go very cold. Even the children say 'we have to wear our coats' – we had a little boy sleeping with a coat on in winter. People don't realise how bad it is." – Volunteer*

3.3.4 Barriers to accessing services

Common barriers identified by respondents included:

- Stigma and shame

  "People are too proud to speak about food poverty. People do notice, but they don't necessarily talk freely about it." – Volunteer

  "There is all the associated shame, misery (and) depression associated with having to go to a foodbank." – VCS respondent

- Strict referral criteria and restrictions on access (e.g. for child weight management services, and restrictions on numbers of foodbank vouchers)

  "The issue with the foodbank is they are not always open when people need them, as they are only there 2 days a week." – VCS respondent

- Perceptions of services

  "We're trying to break down the stereotypes that (youth) hubs are only for 'certain types of people' because they are shiny and new. We're starting to reach deprived young people now.' – VCS respondent

- Lack of service provision (for example, lack of Meals on Wheels service locally was noted as a problem by two respondents).

  "We've not had any meals on wheels locally for the last few years. Now a carer goes in to heat up a microwave meal, but I don't feel that is ideal from a nutrition point of view, and I feel that may cause problems in future." – Council respondent

3.3.5 Current services

There were many examples of excellent practice submitted through the call for evidence, including:

- Guides produced locally to advise residents of where free food is available, from: both council websites; Help On Your Doorstep; and a support list produced by an Early Years Specialist Dietitian in Islington.
- The 'Feeding Camden' initiative signposted in the Voluntary Action Camden July 2017 e-bulletin (36)
- The SHINE referral form in Islington as an example of multiple partner agency working and signposting to a range of services.
- Community meal provision on the Andover and Bemerton estates in partnership with FoodCycle, a VCS organisation with volunteers cooking 3-course meals from donated surplus food.
- Magic Breakfast clubs in schools.

Most services reported a high degree of partnership working around the issue of food poverty. This most commonly included referral partnerships between services and foodbanks (31% of respondents). Other respondents reported working with a range of partners, from local welfare assistance schemes administered through the council to local VCS organisations. Several services mentioned that they maintain an extensive list of partner agencies (e.g. Camden Council Health Improvement Lead, Foodbank referral partnerships, Help On Your Doorstep, and FareShare).

> *"We have a database of over 6000 charities (nationally) by postcode, to link them up with stores who would like to redistribute surplus food." – VCS respondent*

3.3.6 Suggested changes to local services

Respondents suggested changes to local services to improve action on food poverty, including:

- Improving communication between services, and increasing staff awareness of food poverty and available services. This was emphasised strongly by multiple respondents.

  "Communication is vital. Services need to understand what other services are out there, how to refer, etc. There are so many services in the borough – it's hard to keep tabs." – VCS respondent

  "Staff need to be more aware and to recognise key signs (of food poverty) – they need the confidence to have the conversation, and the ability to refer." – Council respondent

- Raising awareness of existing services amongst the public, including via more innovative methods.

  "Some people who have English as a second language are hesitant to book onto group sessions even though we offer interpreters. We offer tailored programmes, but (…) it seems people don't necessarily want a tailored session – it's more about supporting people to access existing ones, and getting that message out." – Council respondent

- Ensuring services are accessible, attractive and inclusive, with many respondents emphasising the importance of building rapport with residents.

"It's so important to build a rapport and 'walk alongside them'. Our link workers do proactive hands on work like going shopping with people." – VCS respondent

- Increasing community meal provision.

  "We're keen to move forward with provision of community meals in community centres. We feel there is a potential for café/bistro style service provision – it might be about food poverty, but it's also about a really nice space where people can meet, eat, talk, and there is a sense of community." – Council respondent

- Encouraging local markets to thrive and to sell healthy food at affordable prices.

  "We really need to encourage local markets, especially stands with fresh fruit and veg in local stalls, without the trek to expensive grocery stores." – Council respondent

- Supporting infrastructure to enable redistribution of surplus food, such as from the private sector to local charities.

  "Businesses are saying they're interested in making donations of surplus food, but it's how to set that up… perhaps a more systematic approach to linking up organisations with innovative models like Bags of Taste, the town centre management team knowing of businesses keen to make corporate responsibility commitments, and community hubs which are reaching residents and have space to host services." – Council respondent

- Supporting people to develop skills in education settings, not just emphasising knowledge of healthy diets.

  "Education is key, but it has to be delivered in a way people want to learn – informal. Don't just talk about food, try to involve it in activities they do." - VCS respondent

  "The courses have to be hands on and practical to develop confidence as we don't see long term behaviour change just from cooking lessons." – VCS respondent

- Framing interventions in a positive way. Many respondents also noted the wider societal benefits which could be gained by many actions taken to alleviate food poverty.

  "It's so important to frame (interventions around food poverty) in a positive way. (Community meal provision) could also help us gain in social cohesion, a sense of community, older people getting out of the house and networking." – Council respondent

Key messages: Call for evidence

- Professionals encounter residents in food poverty frequently, across a wide range of services which are not designed primarily to deal with food poverty.
- Many report the problem is increasing, with a wide range of reasons for food poverty and multiple population groups at risk.
- There are many examples of excellent practice and strong partnership working, including 4 respondents whose organisations maintain directories of partners.
- Professionals suggested a range of changes to local services, with a strong emphasis on raising awareness and improving communication between services.

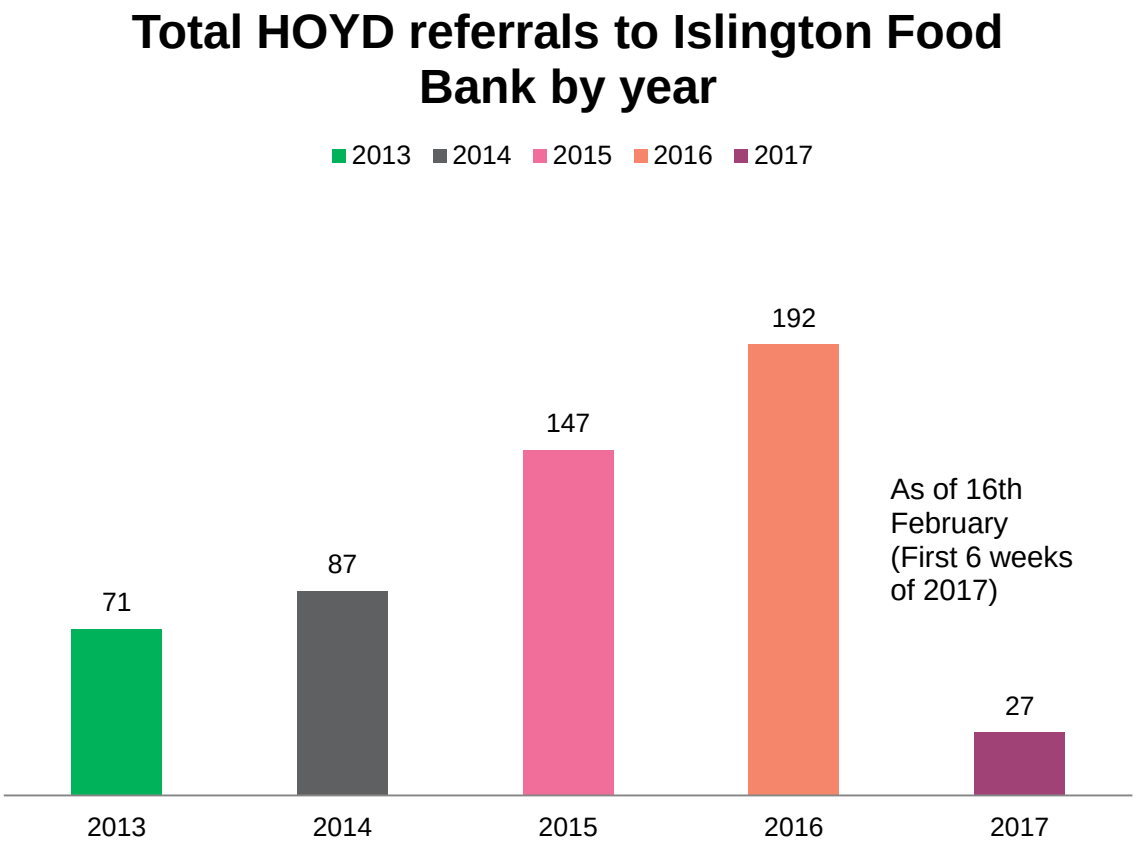
3.4 Service-level data

Service-level data on foodbank referrals were submitted by 3 local organisations.

i. Help On Your Doorstep (HOYD) (VCS, Islington)

HOYD offer support via door-to-door outreach in Islington. They maintain a directory of partner organisations and work on wide ranging causes of poverty and life difficulties. HOYD submitted evidence from 2013 to 16th February 2017 of the numbers of referrals they had made to foodbanks, and anonymised reasons for those foodbank referrals.

Figure 11: Foodbank referrals by Help On Your Doorstep, 2013 to 16th February 2017 (37)



Reasons for referral to foodbanks

This data consisted of 524 anonymised foodbank referrals from 2013 to 16th February 2017. It was not possible to determine the number of repeat referrals, and therefore the number of individual residents assisted. The demographics of these referrals were as follows:

- Gender: 39% Male, 61% Female
- Ethnicity: 59% White, 29% Black, 5% Mixed, 5% Other, 2% Asian

The reasons for referral included low income in almost every case, and those which were not cited as due to low income all included reasons such as "*purse stolen*", so those residents must

already have been in a precarious financial position. Many referrals noted multiple reasons for referral.

Of the other reasons cited, benefits issues were by far the most common reason (51%). There were a huge range of benefits problems documented, including benefits sanctioned, suspended, stopped, and delayed. A number of clients were noted to be in the process of appealing benefits decisions. In some other cases benefits were inadequate for residents' needs (e.g. residents noted to be "*struggling as benefit not paid until next week*").

Following benefits issues, the common causes cited included:

- Debt (15%)
- Being a single parent (10%)
- Health problems (6%). These were a mix of physical and mental health issues, including learning difficulties and substance misuse.
- Cost of living (5%)
- Homelessness (10 cases, 2%)
- Being a carer (8 cases, 1.5%)
- Fuel poverty (7 cases, 1.3%)
- Prison / criminal justice system contact (4 cases)
- Relationship breakdown (2 cases) – one of these was noted as due to domestic abuse.

The problem of affordability or cost of food was only mentioned once in 524 referrals.

In 35 cases (7%) there were clear events noted which had triggered or 'shocked' the resident into food poverty. Examples of 'shocks' include the following, starting with the most common reasons:

- These also included multiple benefits issues: *"Client received notice seeking possession of his property as he did not pay his rent due to being sanctioned"*
- Unemployment (10 cases): *"work accident, now unemployed"*
- Bereavement, which often overlapped with financial concerns (6 cases): *"client has huge debts due to paying for her husband's funeral"*
- Crime (5 cases): *"robbed at cash machine"*
- Health problems (3 cases): *"signed off sick"*
- Administrative or banking issues (3 cases): *"Bank froze account so has no benefits"*, *"lost all ID so can't claim benefits"*
- Unexpected events (3 cases): *"Flood from flat above, electricity affected and no power, fridge switched off, all food ruined. Pensioner - no money until next week."*

  "Council did electrical work in flat and failed to reconnect plug socket, lost all freezer contents"

  "Boiler has exploded and flooded kitchen, ruined everything"
- Low-paid employment (2 cases): *"Zero hours contract and received low hours this week"*

- Domestic abuse (1 case): *"No bank account, just fled due to (domestic violence), all her benefits are paid into her partners account and she has just left him. She has no money and no food."*

The referrals data also provided many poignant illustrations of the experience of severe, crisis-level food poverty in Islington residents. Examples included:

"Needs voucher as he is only eating porridge and toast at the moment"

"Christmas approaching and client needs help to buy food for the children"

"Cannot afford to buy food and is living on porridge at the moment"

"Client is struggling to survive on the money she receives"

"Single parent responsible for 2 dependent children, also pregnant. Client's ESA was stopped. Client has had to sell her furniture to enable them to buy food and to heat the flat"

ii. Citizens' Advice Camden (VCS, Camden)

Citizens Advice Camden submitted foodbank referrals data and case studies (38). During the first 6 months of 2017, the organisation gave out 119 foodbank vouchers. Some residents receive more than one voucher, so it was not possible to determine the number of individual residents referred.

Detailed referral information was available for case studies of 30 individuals who received foodbank vouchers. The demographics of these individuals were as follows:

- Gender: 53% Male, 47% Female
- Ethnicity: 27% White UK, 73% other ethnicity
- Family status: 60% Single, 37% Single with children, 3% Couple

By far the most common reason for foodbank referral was a problem with benefits, in 93% of referrals. Only 2 of 30 cases did not cite benefits issues specifically: one of these cited fuel poverty; the other cited immigration issues, and this client was assisted to make a benefits application. The benefits issues listed included:

- Delays or problems with payment (37%)
- Benefits stopped specifically following Work Capability Assessment (WCA) for Employment Support Allowance (ESA) (33%)

  "Female with mental health issues, single with dependent children. Got ESA in 2015 but she got zero points at recent WCA where she was not provided with an interpreter. Helped her apply for JSA."

- Benefit sanctions (10%)

9 benefits appeals were noted within these 30 cases, of which 5 had been successful, 4 decisions were awaited and 1 appeal had been refused. This process in itself caused problems at times:

"Male aged 60-65, long term health issues. In December, client's ESA payments stopped for failing to attend an interview. He appealed but the appeal takes 14 days on average and more at Christmas. In January he attended a work coach appointment but sanction not lifted as his English is poor and work coach had forgotten to request re-instatement. Still not getting money at the beginning of February."

Other reasons for foodbank referral included the following:

- 80% of the individuals had long-term health issues, often with physical and mental health issues coexisting.
- Homelessness (10%)
- Language barrier (7%)
- Fuel poverty (3%)
- Refugee status (3%)

There were many examples of events which had 'shocked' residents into food poverty, such as:

"Male aged 40-50, single, long term health issues. Received DLA and his mobility car was stolen. (…) Following WCA refused ESA, in debt."

"Female aged 40-50, single with 2 dependent children, long term physical health issues. Keepmoat failed to deal with her heating failure in her council flat so she incurred extra costs through using a fan heater."

iii. Age UK Camden (VCS, Camden)

Age UK Camden submitted foodbank referrals data (39). During the 12 months to August 2017, the organisation had supplied 98 foodbank vouchers, supporting 82 individual residents, with the staff reporting that they do not give multiple vouchers to many residents.

Detailed information was submitted on 68 cases where foodbank vouchers were provided. The demographics of these individuals were as follows:

- Gender: 35% Male, 65% Female
- Ethnicity: 31% White British, 25% White Other, 25% Black British, 7% British Asian, 12% Other/Unknown
- Age: Age range 48-96, with 81% over 65 years

Disabilities were recorded for 91% of individuals (62 residents). This was physical in 25 residents, unspecified or long-term illness in 25, sensory in 7, mental health in 3, and learning difficulties in 1 resident.

Only 19% of referrals followed a direct request for foodbank assistance, or reporting not having enough food. In all other cases the requirement for emergency food aid coincided with other types of assistance required, namely:

- Housing (35%)
- Financial (24%)
- Not specified or multiple issues (18%)
- Legal (3%)

This service-level data is not conclusive; for example, it is not possible to be certain of numbers of individuals referred to foodbanks, and there are no data available for previous years for comparison other than in data from HOYD. However, the overall picture built by these evidence submissions is clear; there are high levels of need, seen across a range of referring organisations, with a marked rise in numbers of referrals over the last 5 years seen by the one organisation with historic data available. This is in line with national data on rising referral numbers. Reasons for referral also broadly mirror the Trussell Trust national data, with financial reasons being the predominant cause of crisis-level food poverty.

Key messages: Service-level data on foodbank referrals

- There are high levels of need for crisis-level food poverty support, seen across a range of referring organisations, with a rise in referrals over the last 5 years.
- The reasons for emergency food aid mirror nationwide data, with low income and benefits issues predominant. However, they also illustrate the breadth of reasons for crisis-level food poverty, and that this commonly co-exists with multiple other challenges.
- It is vital to consider the needs of residents 'shocked' into food poverty as well as those 'squeezed' into food poverty by ongoing financial difficulty.

3.5 Qualitative interviews: key workers

Qualitative interviews were conducted with 9 key workers from a range of services across both boroughs. These included 2 professionals from the councils, 1 from the health service, and 6 from VCS organisations, 2 of whom were volunteers speaking in a personal capacity.

All the key workers reported encountering food poverty regularly in the residents they work with, and all offered clear definitions of food poverty, such as *"Someone who is not able to buy either the quantity or the type of food that they would usually wish to buy for themselves or their family, or both" – Volunteer*. Around half reported that they see food poverty commonly although their service is not set up to deal with food poverty: *"We don't work specifically around food poverty, but it always comes up." – Islington VCS*. 5 key workers discussed the importance of developing a good rapport and good communication skills to work effectively with residents on such a sensitive topic: *"It's all about the relationship. We need to make them feel like they are not begging or having a handout. So instead we talk about things like 'tiding (you) over until you can sort out your debt'." – Camden VCS*.

5 key workers reported their residents experiencing an increase in food poverty, including crisis-level food poverty requiring foodbank support: *"Over the last 2-3 years, it's really increased so much. It used to be 1-2 (foodbank vouchers) per week that we were giving out. Now it's 4-5 per day on different days. They all seem to know the days to come now." – Islington VCS*

3.5.1 Experience of food poverty

8 of the key workers described their observations of residents' experiences of food poverty. It was clear that these were vivid and painful recollections for all those workers: *"Clients literally have no money. Their benefits are so (severely) cut now (…) so they literally have no money. They have no money to buy food." – Council respondent*

Three participants described the overlap of food poverty with experiences of non-specific poverty for residents. *"38% of Islington's children live in poverty, so what does it mean? It means they're hungry, because what else is poverty? It means they're cold in winter, and they're anxious. Where is the poverty coming from? It's coming from austerity, and cuts, and lack of opportunity." – Islington VCS*

Many participants noted the subtlety of signs of food poverty, and discussed ways in which residents often seek to hide the fact they are experiencing food poverty. *"You can't discern food poverty unless you know the signs, such as scavenging for food. We see it all the time – you see young people taking leftovers – but if you weren't looking for that, you'd never see it." – Islington VCS*

Aligned to hiding the realities of food poverty, a common theme mentioned by half of the participants was the mention of feelings such as stigma, shame, embarrassment and guilt which accompany the experience of food poverty for many residents. *"There is a lot of shame around poverty, and around not being able to feed your family properly." – Islington VCS*

One respondent discussed residents responding angrily to experiencing food poverty, which although not a frequent comment in these interviews, was a very common experience in their service: *"There are a lot of angry people out there right now. We get shouted at a lot every day now. It's frustration… We have a lot of clients shouting down the phone at us, 'how are we going to feed our families?'." – Council respondent*

Most respondents discussed a range of social consequences of food poverty in the residents they work with. These ranged from anxiety, distress, despair and social exclusion, to bullying and fights among school children.

> *"We often have people sitting here crying. Where it used to be once a month, that's now 2 or 3 times a week that we get people breaking down. (They say) 'I feel like I can't go on, I feel like committing suicide' – you know, that is regular now as well. Which is all down to not having enough money to pay the bills. And they will pay bills rather than buy food.' – Islington VCS*
>
> *"We have a lot of despair from clients on our advice line, particularly, where they are just so fed up." – Council respondent*
>
> *"We noticed that (children not having lunches during the holidays) led to children having more fights, being angry with each other and tense." – Islington VCS*

One respondent, a foodbank volunteer speaking in a personal capacity, gave powerful descriptions of the experience for residents of crisis-level food poverty requiring emergency food aid. *"We had a list of all the soup kitchens in the borough which we would give people, because with a mixture of 3 days of food (from the foodbank) and soup kitchens, they could probably*

struggle through the week, just about. It wouldn't be wonderful, it wouldn't be hugely adequate, and they might lose a bit of weight. And it wouldn't be fun. But they could probably make it." – Volunteer

3.5.2 Reasons for food poverty

Financial reasons for food poverty

Financial reasons for food poverty were by far the most common reason for food poverty which key workers had seen in residents.

Low income and general poverty was the most common theme, reported as a major cause of food poverty by all interview participants.

> *"I think it's quite grim, you know. It's just… you have no money. And that's the reality of it." – Council respondent*

Problems with benefits were by far the most commonly cited cause of such poverty, including benefits cuts, sanctions, and austerity measures such as the benefit cap.

> *"I know that people get sanctioned for a month at a time, and lose all their money but their child benefits. At that point, there is just no way that (they) would be able to afford to feed their family." – Islington VCS*

Lack of flexibility in the benefits system was also a key feature, such as delays to payment and the inability of the system to respond quickly to changing circumstances.

> *"There is a 3-4 week gap between [applying and] benefits starting, but there's also a 3-4 week gap if they were to give up benefits and start work. They literally have nothing for that 4-week interim until they get their wages." – Council respondent*

In-work poverty was cited as a key reason by many participants, including the challenges posed by low wages, residents working multiple jobs to make ends meet, and zero hours contracts (with zero hour contracts referring to work settings where the employer is not required to provide any minimum working hours, and the employee is not obliged to accept work offered).

> *"It could be anyone. It could be people on low wages or low incomes. We get people that are in work on low incomes who come in to us, who don't have enough money left over out of their income to buy food." – Islington VCS*

Several participants noted that financial problems cause a particularly high risk of food poverty at certain times of year, such as hunger in the school holidays for children. *"It's a big issue. Everyone gets lunch at school, and then suddenly the holidays start, and there's no lunch." – Islington VCS*

Several participants also discussed the high risk of food poverty for residents in debt.

> *"When we had the foodbank running out of [a previous venue], we had a debt advisory service and practically every client asked to see them." – Volunteer*

"An old man came in once, and he'd got a loan out to bury his wife. But the loan was costing him so much money to pay back that he had no money left over for food." – Islington VCS

Affordability of food, particularly of healthy food options, was also cited as a cause of food poverty by almost all participants, although this was not mentioned as commonly as low income.

"I know a lot of our clients go out and get basic food, because it goes further, but to buy good food is more expensive. They get basic everything because it makes the money go further, and at least they've got something to eat." – Islington VCS

All but one participant recounted experience of food poverty caused by the rising cost of living and competing bills.

"When people talk about their grocery shop, it's about trying to fit that into the other bunches of bills they have to pay. So I think maybe food gets pushed down the list of priorities, when it comes to having to pay for heat and things like that." – Council respondent

High energy prices were reported to be the most important component of cost of living contributing to food poverty. Many participants recounted experiences of fuel poverty and the difficult choices residents face between fuel and food.

"I mean, it's the 'heat or eat' problem, isn't it." – Volunteer

"Another issue is fuel poverty. They don't have power to cook, or they only have it when there is money, because they have a key meter. Occasionally a child asks to take a candle home 'because we haven't got any lights because there is no money in the meter'. You know if there is no light in the house in the winter, there is also no fuel for cooking, so if there is a meal it's going to be either a sandwich or chicken and chips, because it's really cheap." – Islington VCS

Other difficult choices were mentioned, for example one foodbank volunteer recounted residents unable to purchase sanitary items.

"We have to keep providing things like (sanitary items) and toilet paper, the basics of life, otherwise they are in a different kind of 'heat or eat' conundrum. They are in a (conundrum of) do I bleed all over my underwear, or pad myself out with toilet paper, or do I buy my child a meal? What do I do with that £4?". – Volunteer

Knowledge and skills

The next major category of reasons for food poverty mentioned by participants was knowledge and skills around food shopping and preparation. Every interview participant had experience of lack of knowledge and skills causing food poverty amongst residents.

"Lack of knowledge and skills is a huge issue, which we address through our health promotion work. One mother said she was going to get individual bags of frozen fruit for fruit smoothies. We advised her to get fruit cheaply from the market, chop it up and put it in the freezer. Knowledge is key – it's why we take (people) food shopping." – Health service respondent

Knowledge and skills in managing finances and budgeting were discussed as a cause of food poverty by many participants. This often, but not always, coincided with a lack of confidence in food skills.

> *"It's about skills and information. Have they really talked to anyone about how they manage their money? Not really. Probably when they come here, it's the first time they will get that service. We give them a sheet for personal income and expenditure, to write things down. A lot of clients have never written this down, and it frightens them." – Camden VCS*

Health problems

Health problems, particularly mental health problems, were mentioned as a cause of food poverty by 5 participants. Several participants described the additional impact of substance misuse in worsening food poverty, and the effect of competing priorities such as addictions.

> *"We have a lot of clients who have addictions, alcohol, drugs… So they have quite chaotic lives, they're not going to eat regularly or eat regular diets." – Council respondent*

Food choices

Around half the interview participants considered food choices to be a significant cause of food poverty.

> *"A lot of clients I come across (in food poverty), they tend to buy a lot of takeaways, that kind of thing." – Council respondent*

Participants discussed a number of constraints on food choices which contribute to food poverty. Key amongst those were the food environment, including poor accessibility of healthy and affordable food options, and ease of availability of cheap and unhealthy food options.

> *"There are no markets with cheaper fruit and vegetables." – Health service respondent*

> *"Some families, if they are living on an estate and there are really only the convenience shops nearby, families will say 'I can't really access fresh produce and things'." – Council respondent*

> *"You can buy chicken and chips for £1... They see it as a whole meal, (because) it's affordable, filling and hot." – Islington VCS*

Two participants also mentioned food habits contributing to food poverty.

> *"They have a lifetime of certain food habits – it's very hard to change that when someone comes into your home." – Health service respondent*

Life events; being 'shocked' into food poverty

Two interview participants discussed detailed examples of residents being 'shocked' into food poverty, and examples of the many different events which might precipitate this.

> *"Food poverty may be because they have been scammed – this is something they find difficult to tell us." – Camden VCS*

"Sometimes there's an unexpected bill. And their income normally stretches, but it doesn't stretch to repairing the car, or mending a window, or the taxi fares to and from hospital – or any of those unexpected catastrophes that hit people." – Volunteer

Other reasons for food poverty

Further reasons for food poverty mentioned by individual participants included:

Time constraints: *"People are working really hard, living on the minimum wage, coming home in the evenings, maybe doing two jobs, and they just don't have time to cook." – Islington VCS*

Lack of facilities to store and cook food: *"There was one family where mum told me that she lived in a hostel, and the kitchen was not adequate for using hobs. So we talked about recipes that she could do that didn't require cooking, like maybe using a kettle and making couscous and things like that." – Council respondent*

Special dietary requirements: *"Buying things like kosher food is more costly, or food for special diets." – Camden VCS*

Summary: The most common and important reasons for food poverty cited by participants were affordability (particularly low income, but also food prices), knowledge and skills around food and budgeting, rising cost of living (particularly fuel poverty), health problems, and unexpected events 'shocking' residents into crisis-level food poverty.

3.5.3 Vulnerable groups

Resident groups noted by participants to be particularly vulnerable to food poverty included:

- Residents in poverty or on the lowest incomes were the group most commonly mentioned. Particular low income risk groups mentioned included larger families: *"Families who don't work, especially if they have (many) siblings and they need housing support" – Health service respondent*; and those on benefits whose situation changes frequently. *"The group who suffer from the fact that benefits are always lagging behind the event" – Volunteer*
- Single parents. *"We had a young mum who I think was (in her early) 20s and had a newborn, and she was just overwhelmed – she didn't know what to do." – Council respondent*
- Single people. *(Regarding the benefit cap) "It has hit families, but I think it's hit single people more." – Council respondent*
- Refugees, asylum seekers and people newly arrived in the UK. *"My impression is that asylum seekers are in a particularly difficult position. Obviously they're in an unfamiliar culture, they don't know how the system works at all, they may or may not (speak) much English, they may have gone through the most terrible events before they got here so they are traumatised, and they may well have large families. So those are people (who) have no resources and nowhere to turn – they are absolutely stuck." – Volunteer*
- Homeless people. *"The homeless." – Camden VCS*

- Residents with social vulnerabilities and chaotic lifestyles, e.g. *"Single people with addictions" – Council respondent*; and residents affected by *"domestic violence, where it's not a stable happy home" – Islington VCS*
- Very elderly residents of higher age groups, especially *"the housebound or bedbound who also experience poverty and isolation." – Camden VCS*
- One participant stated that some BAME groups are vulnerable, but did not specify which groups. *"Refugees, single parents, some BAME groups (not specified)." – Council respondent*

Summary: The breadth of vulnerable groups identified shows that the key workers do not feel this problem is confined to any particular resident group or sector of society. Several participants stated specifically that food poverty could affect anyone, and therefore universal services need to offer adequate protection to all groups.

> *"Food poverty can affect anyone. It could happen at any time, and you could be working but struggling to get through." – Islington VCS*

3.5.4 Resident groups not accessing services

Participants discussed a number of resident groups who are not accessing services effectively. These groups had significant overlap with the groups vulnerable to food poverty above.

- Homeless people were felt to be the most vulnerable group by several respondents.

  "The (homeless) are a group I feel would struggle a lot to access services, because doors are closed to them. They need to go to Camden Council to get vouchers, hear about night shelters, hostels etc. And not everyone wants to do this." – Camden VCS

- Residents with health problems or with learning disabilities were discussed by several participants.

  "Young people with special needs, (who) may be unable to communicate. They (don't feel) part of the community." – Islington VCS

  "People with mental health problems, including eating disorders, suicidal thoughts and self harm – which is a huge problem now." – Islington VCS

- Certain age groups were considered to be vulnerable, though each by a different participant:

  Children: *"If you're a child, it's hard for you to access services. Sometimes the children are actually the sharpest tool in the box in the family. They might be the person who is getting people out of bed in the morning, making sure things are done and everyone gets to school. But I doubt that person could access services in the way that an adult could." – Islington VCS*

Older people: *"The elderly. Sometimes we're standing there and I know we can help them, but they say 'no, we're fine, we get by, someone needs it more than us'."* – *Islington VCS*

- Some BAME groups were mentioned, which varied between services. Groups identified across all the professionals included: the Bangladeshi community, young Asian women, some African communities, black Afro-Caribbean males, the Somali and Chinese communities.

- One participant discussed in detail the issues faced by those residents who don't fall into any specific risk category: *"If you don't fall under a specific category, like being homeless, then you're not seen as 'in need' because funding organisations put people in boxes – but food poverty can affect anyone."* – *Islington VCS*

Most participants did not feel that the needs of groups at high risk of food poverty were well met by services, although many commented that services are making great efforts to reach out.

"Well, (their needs) are not being met, really. But I don't know what the answer is." – *Islington VCS*

"I like to think we make a huge effort (to meet their needs), as I'm a practitioner – but maybe services are not efficient enough?" – *Health service respondent*

Some participants discussed their experiences of the challenges of engaging with certain groups who are less able or willing to access services, despite efforts to target those groups.

"We do [reach] some vulnerable families, (but) the people we want to target I feel are the people who are hardest to get." – *Council respondent*

3.5.5 Barriers to accessing services

Key workers described multiple barriers to accessing services. These varied across services, but there were many common themes.

- The most common barriers mentioned were residents' feelings about accessing services, including embarrassment, shame, stigma, pride and dignity.

  "I think there is so much shame around poverty that for a lot of people it would be an absolute last resort to go somewhere where you have to be referred and admit that you're poor, that you're struggling, that you can't cope. I think people would have to hit a total rock bottom for that." – *Islington VCS*

- Issues with existing services were another very common theme. This affects the accessibility of services, and how appropriate residents perceive the services to be to address their needs. Issues included restrictive service criteria, the setting of services, flexibility with timing, facilities and accessibility, culturally appropriate services, and the

need for service outreach to connect with vulnerable residents. Some participants also mentioned residents finding services judgemental or expressing a lack of respect.

"The crisis loans through the Resident Support Scheme – they can get food money from them and money for electric and gas as well, but only if they're not on a key (energy) meter. If they're on a key meter they can't get any help, which is such a shame because they're the ones who really need the help." – Islington VCS

"People struggle with the fact that (foodbank parcels) are long life and tinned. We do get people who throw it all back at us and say 'I don't feed my children tinned food'." – Volunteer

"You have to make sure (services are) non-judgemental. Young people are very good at picking up on those things straight away. They need to feel comfortable and safe to talk to someone." – Islington VCS

- Most respondents mentioned barriers of language and cultural expectations amongst BAME groups as a significant problem.

  "Language barriers, definitely. I think they get thrown off at the first hurdle sometimes because they don't know how to express themselves. They don't understand the system, so they just go away and ask a friend for some money or something." – Council respondent

  "People from some communities are struggling but because of their culture they can't even ask for help. Even if there are six people in one bedroom, who are struggling with no appropriate accommodation, they won't access the services." – Camden VCS

- Most respondents mentioned the problem of residents lacking knowledge of services, including particular groups of residents with communication challenges such as illiteracy, being unable to use a computer, or dyslexia.

  "The vulnerable people are the ones who don't know how to access services, that's the problem. In outreach we do find people who just wouldn't know where to start." – Islington VCS

  "To manage your (benefits) claim online – lots of people can't read or write, never mind use a computer. So how are they supposed to do that?" – Islington VCS

- Some key workers also cited health problems as barriers to access, primarily mental health difficulties (including substance misuse), but also physical health issues causing accessibility issues.

  "Mental health is a barrier. Where they can't keep appointments and things like that. They're just not able to do it." – Islington VCS

  "That door (to the office) is a barrier to lots of people for lots of different reasons. It could be language, physical health, mental health, or just that they don't know where to go to get the help." – Islington VCS

- Fear of accessing services was cited as a barrier by two respondents.

"They set their own barriers – how they think people see them, and judgements about agencies. For example, with social services – we try to talk around things in a different way with 'early help', but it all comes back to the fear that their child will be taken away. It stops them getting the help they need." – Islington VCS

A wide range of other barriers to access were mentioned by some participants. These included:

Lack of confidence: *"I would see people coming and having a look but they wouldn't come in, because there was a reception. Because they don't have the confidence to actually come and speak to someone at reception. And people think that's a simple thing, but for lots of people it's not. So confidence is a barrier as well." – Islington VCS*

Behavioural difficulties and anger problems: *"A woman who has serious anger issues was extremely disruptive and difficult. But if you ban this woman, where does she go? It's a really vicious circle. And no-one wants to ban anyone." – Volunteer*

Competing priorities: *"If you are seriously struggling, going out to find out if there are services is not going to be top of your list. Just getting through the day and putting some food in front of your kids and not getting evicted is going to be higher on your list of priorities. You're not going to say right, what do I need, where do I found out where these services are, how do I access them? I don't think people who are that organised actually need us, because they have other resources." – Volunteer*

Summary: The interview participants cited a very wide range of groups who may struggle to access services, and reasons why these barriers to access might exist, which included individual factors and service-level factors. The barriers to access most commonly identified by participants were feelings of shame, stigma or guilt, problems with accessibility or appropriateness of services, language or cultural barriers, lack of knowledge about services amongst residents, and health problems (both mental and physical).

3.5.6 Perceptions of local services and partnership working

Key workers' views on effectiveness and availability of services addressing food poverty varied. However, there was strong consensus that although some services exist, there should be more services to address food poverty, and that uptake of existing services should be improved.

Many workers mentioned issues with funding cuts to services.

"The problem is, a lot of our partners have had their funding cut, and one of the first thing to go is (staff). Once they've been cut a couple of times, particularly council services, they don't have the capacity to (help). So I think they could do better, but I can understand why they're not." – Islington VCS

Some participants mentioned that many services deal with food poverty as a secondary issue, but few deal specifically with food poverty. They also emphasised the difficulty of dealing with the wider determinants of food poverty and the fact that many situations leading to food poverty are entrenched and long-lasting.

"I don't think many (services) address food poverty directly. They address the main issue for each individual, which could be joblessness, mental health, child issues, schooling issues… food poverty is a subsidiary issue." – Volunteer

"Foodbanks do sound amazing, and it's really good they exist, but it's an ongoing problem. Some families are going to be stuck in these situations for a long time." – Islington VCS

Participants' views of service uptake and usage varied, for example:

"Uptake is the biggest problem. Rather than creating more interventions, we need better uptake of what's here." – Health service respondent

"A lot of our clients are very adept at utilising all the facilities on offer in their borough. So they'll use charities, they'll use the council, they'll use us. Just to exist." – Volunteer

Although most participants felt that services were making significant efforts at promotion, most participants felt that services were not promoted effectively enough.

"The problem is the reach. Finding people, letting people know they're there. You can put it in local papers but people won't get to know. Even with (outreach work), I've been doing this for years and we still find people who say 'I didn't know you did that'." – Islington VCS

"There are hundreds of leaflets out there. Camden Companion is quite good. I've never seen anything in there about food poverty, though." – Camden VCS

"I think (services like Healthy Start) could be better promoted. Because when we do talk about it in the sessions, people don't say 'yes, I already know that'." – Council respondent

Several participants mentioned the need to use different and innovative promotion methods.

"Organisations are putting in the work, but may need more innovative ways to get the message out there. Those who need the help won't go looking for it – flyers would just go in the bin. Word of mouth (can be effective)." – Health service respondent

Views on partnership working also varied. Several participants mentioned successful partnership working and maintaining extensive networks of partners, including foodbank voucher referral partners.

"We contacted everyone who works with school age children in Camden to get them all together. We meet every 6 months and we are all quite aware of what's going on." – Health service respondent

"We're pretty knowledgeable. We have a partners' meeting every quarter. We have about 120 partners and usually about 30 of them turn up, and we bring these issues up – where are the gaps?" – Islington VCS

However, many participants identified significant challenges to partnership working, with variable success, and felt that this was an important area which could be improved across both council and VCS sectors.

"I think it could be better, honestly. I've been working here for over a year, and the services I've told you about are the only ones I really know about. So I think there could be a better

job of communicating across the services, and better referral pathways." – Council respondent

"If that person leaves, that's where the problems start again. You have to find out who that new person is – and is there one? So that's the problem, you get back to the same stage you were before and then someone else will leave." – Islington VCS

"My impression is that it's a bit pot luck – sometimes it works together and sometimes it doesn't." – Volunteer

3.5.7 Suggested changes to services

Every key worker had extensive and highly relevant suggestions on how services could be changed and become more effective.

The most common theme was communication and service linkage, which was suggested by six participants.

"Listening, communication, working together, and sharing good practice between organisations." – Islington VCS

"To link up with more people, to have an easier flow of communication between services so that we know where to direct these people. Just more information, more knowledge, more agencies that know about what's out there to help people." – Council respondent

Six participants also suggested a range of new services and ways to address current gaps in service provision.

"More markets in Camden." – Health service respondent

"Food vouchers or e-cards for those on lower incomes, like Healthy Start. This is used abroad – you can use it like a normal credit card so it's not obvious. (The card is) restricted so you can't buy alcohol or sweets, so it encourages people to buy healthy food." – Health service respondent

"More surplus food redistribution. It would be amazing to have an in-between organisation to drive (food donations to the charities who need them). And getting surplus food into communities that would never have it. So have family evenings in community centres… it can be a really nice family thing where people sit together and share food." – Islington VCS

Other suggested changes included:

- Public awareness and education about food and budgeting, and available services

  "Teaching budgeting, or that you can have (healthy) frozen foods and tinned foods as opposed to having to buy fresh all the time." – Council respondent

  "Food education with children. Enjoyable, playful food education, where they're growing food, trying new food, cooking food… that's a good way to start at the bottom with the children and educate the families that way." – Islington VCS

"Maybe a leaflet, or more local advertising. Something our advisers can take with them and distribute when they go out into the community. An online directory of services would be useful. It would be good to have a poster." – Camden VCS

- Increasing awareness of food poverty amongst professionals: *"Getting the word out that food poverty doesn't mean necessarily having to go to soup kitchens to eat, but it means maybe they are juggling different finances in their life." – Council respondent*

- Increasing uptake of current services: *"We need to address use of services rather than throwing more money at the problem." – Health service respondent*

- Changing services to be more culturally relevant and accessible, with simple, clear information provided.

  "Services need to be more relevant to the culture and ethnicity of specific groups. People may be more willing to engage if [there is] something specific, or someone from your culture leading the project." – Health service respondent

  "If things are too wordy, people are turned off. It can be a problem that the photos are not representing the community. If people don't see a good mix of nationalities, they can say 'it's not for me'. For example, 'it's not for me as an Asian person'. Or they perceive that it's only for men." – Camden VCS

- Improving accessibility of services: *"We need to make it as easy as possible for anybody residents come into contact with to say 'hang on a minute, among the many things we can give you, here's a foodbank voucher." – Volunteer*

- Many respondents also emphasised that changes would be needed to the wider financial environment and especially the benefits system. *"When people are taken off ESA because they fail an assessment, why can't they just automatically put them on JSA? Why do they then have to go back through the system and claim? That causes such problems." – Islington VCS*

Key messages: Qualitative interviews with key workers

- Key workers across sectors have extensive experience of seeing residents in food poverty.
- Many groups are at risk of food poverty. The professionals considered the foremost reasons to be financial (e.g. low income, benefits issues and fuel poverty) and knowledge/skills.
- Barriers to accessing services are widespread. Common reasons identified included feelings of stigma and shame, poor accessibility or knowledge of services, and language barriers.
- Key workers suggested a range of changes to services, especially improving communication between services.

3.6 Qualitative interviews: residents with lived experience of food poverty

Qualitative interviews were conducted with 6 residents across both boroughs (see **Appendix 7** for key to participants). The residents interviewed were all female, aged between 20 and 85 years, with three interviewees being retired. Most were white British, with one of other white European origin, and one of Caribbean origin. None were in paid employment. Two interviewees reported being in receipt of out of work benefits due to health reasons, and one interviewee reported being a carer. Although the aim was to gain an in-depth understanding of residents' experiences, and not to seek a representative sample of the resident population, it is important to note that we have not been able to incorporate a full range of perspectives due to time and resource limitations. In particular, these insights do not incorporate the experiences of men, people experiencing in-work poverty, or residents from a full range of ethnic groups.

3.6.1 Healthy diet: knowledge and difficulties in accessing

All six residents had good knowledge of what a healthy diet would consist of, supplying definitions such as such as *"Fruit, vegetables, water, protein, fish, and staying active" – R3*. Most residents identified areas of their diets which are healthy, such as *"They give us a healthy meal. You get greens and baked potatoes and things. That's at the lunch club for the elderly, twice a week at the moment."- R4*

Many residents demonstrated strong knowledge and skills in cooking and food preparation: *"Last week we made this terrific soup with cauliflower, broccoli, cabbage, and a couple of bits of celery. I tell you - I've not had such a lovely bowl of soup. I could have ate all of it - we made a big saucepan."- R5*

However, reported experiences of whether residents were able to eat a healthy diet were very varied, and all but one resident identified significant areas of their diet which were unhealthy.

3.6.2 Experience of food poverty and food insecurity

Five residents reported direct personal experience of food poverty and food insecurity to varying degrees. The range of reasons, severity and frequency for these issues were highly variable, but many interviewees described a constant struggle of food insecurity during vulnerable times in their lives: *"It's very difficult to explain to you how I'm feeding myself, because I just… it's very difficult at the moment."- R2*

Most participants reported experiencing a limited diet at times of food insecurity: *"You get enough money to buy food (on benefits) but not the type of food you want for a good diet." – R2*

Most participants also reported cutting down on their food intake in order to survive through times of food insecurity.

> *"So I never had breakfast this morning. I had my dinner today (at the lunch club) and I'll have a snack tonight." – R4*

"Well, it can get difficult. Because then what I tend to do, and what I try and get (my son) to do also, is instead of having a whole bowl of soup, for instance… so that we can prolong it, we have half a bowl and then maybe finish the rest the next day. And so I try and improvise with how much to eat and how much not to eat, you know." – R5

Several participants described experiences of extreme hunger at times of food insecurity.

"When I feel unwell (from mental health issues) I just don't eat. And I'll just eat the wrong food, just to stop the hunger pains. Or just drink milk." – R2

"Before, I remember I ran out of money and I had no food, and I was just eating bread and butter. It got to the point where I was going to the shop and getting a pound of butter and a loaf of bread for, I think it was 25p or something, a cheap version. And I would go home and eat bread and butter sandwiches, or chip sandwiches, or things like that. It isn't filling, and then I feel (terrible) as well." – R3

Most participants reported particular difficulties with food at certain times of the week or month before benefits are paid: *"Well, Sundays are a difficult day. Because you tend to get paid (benefits) on a Monday, and I don't know, I just don't seem to be able to manage on a Sunday." – R2*

Several participants described anxiety and distress as a result of food poverty:

"You put things in the fridge and then it goes, (so) where's all that food gone? You're worried because you can't go to the shops again. It's always costing and you can't keep up." – R3

"It can get difficult. Because I'm always worried about my (unwell son). Has he got enough food, oh I'll get two of these rather than one so he's got extra food. So yes, it is worrying." – R5

Several participants discussed the effects of mental illness and food poverty coinciding. They described how mental health problems can worsen food poverty:

"Because I'm worried about things, I haven't got much of an appetite. Yesterday (…) evening I thought, well I must eat something, and I couldn't eat because I felt anxious and worried." – R2

"Because of my worry, I just sit there, smoking. And that can stop you wanting to eat." – R2

They also noted ways in which food poverty worsens mental illness, such as one participant who only has a microwave to cook with as she can't afford to replace her broken oven or kettle:

"I'm petrified even when I put the microwave on. If I have to have it on for 2 minutes I'm standing there and I'm nervous. I don't like microwaves – they frighten me. I don't know why, but they do. The sound, the noise." – R2

Most participants described their experience of general poverty as being inextricably linked to their experiences of food poverty, with financial problems experienced concurrently with food insecurity as well as being a major contributor to their experience of food poverty and food insecurity. Examples included:

- Non-specific poverty. *"It's quite a wealthy area – and there's the rich and the poor here." – R2*

  "So it all adds up, and it's always penny pinching. And I get so fed up of it. I'm not extravagant." – R5

- Poverty relating to transport requirements. *"Yes, (taxi rides required due to poor mobility) do (add up). It is a worry." – R4*
- Poverty relating to buying clothing. *"When I go (further away) to Camden, I try and get in some cheap socks. But again, even if it's £1, it's extra money." – R5*
- One participant described severe fuel poverty: *"I tend to go in bed (in winter). I've got an electric blanket, and so that keeps me warm. But if the house is cold, then I need to warm it up too, you know." – R5*

Most participants described multiple experiences of social exclusion due to food poverty. These included:

- Limitations in where you could shop; *"I feel people (in Marks & Spencer) look at you and think, have you really got the money to be spending in here? I don't know why I even think like that, to be honest. But yeah. It's all working people that go in there and shop." – R3*
- Never being able to go out to eat socially; *"You can't ever go out socially to a restaurant because you just can't afford it. You are on benefits, and that's that. You just have to manage. And if you can't manage, well then, you go without. That's how they see it." – R2*
- Loneliness and social isolation. This was mostly mentioned by one participant, but it was a constant theme throughout their interview.

Case study 1: Loneliness and social isolation due to food poverty

Experience of an Islington resident aged over 80 years, who is reliant on clubs and events for socialising and food due to her ill health and poor mobility.

"*I do miss the dinners here (at the day centre). You all used to go in a hall and have dinner. We'd sit and we'd have a chat, and all that. I'm sort of a loner, until I met this (VCS organisation). (They) get me to a place on Christmas Day, which I'm grateful for, because I dread it – being on my own at Christmas, you know what I mean? So we get a good dinner there. It's all cooked! They get a lot of volunteers, and it's all lovely and hot when you get it.*

The hospital wants me to have 3 carers a day, but I don't want that because I can't stay in, I have to get out. I have to be with people, you know. I can go in a room and as long as (people are there) I'm happy. I'll sit there and watch them. I get upset though, because I can't dance any more. I used to love dancing."

Several participants expressed observations about food poverty in addition to their own experiences, especially concerns about how food poverty affects others.

> *"I'm sure it's hard for everyone, even if you're working. I mean look at my son. He's doing two jobs to ensure he pays his mortgage and feeds his kids, you know. So it's hard for everyone." – R5*

> *"I see my sister, and she's got kids, and they've actually left her with no money. How…? I know it's a job, don't get me wrong, but how does this apply when you have children?" – R3*

Several participants also talked a lot about helping others experiencing food poverty and food insecurity:

> *"I have spread the word (about a grant) and told many other people in my situation, and they've got a grant as well." – R2*

> *"I used to volunteer at the soup kitchen. That was useful, to help people." – R5*

3.6.3 Reasons for food poverty

The reasons for which participants had experienced food poverty were many and varied, with several participants reporting combinations of reasons and life events which had acted together to tip them into food poverty.

Financial reasons

Financial problems were by far the most common reason given for food poverty, mentioned repeatedly by five participants. These included low income, benefits issues and debt.

> *"I've asked for help, especially on a Sunday when I'm broke and don't get paid (benefits) until the Monday. One of my neighbours, if I say will you lend me £10 until tomorrow, he will." – R2*

> *"I went to TK Maxx and they had this grater for £12 reduced to £3. So I grabbed it. But again, it's an extra thing that OK, you don't buy every day, but because we needed it I got it. So that's £3 less in my purse. I try and get some cheap socks, but again, even if it's £1, it's extra money." – R5*

> *"Obviously with the money I'm on (from benefits), it doesn't stretch to cover (enough food). So obviously I do get help from my mum and things like that when I don't have money." – R3*

> *"At times when I got cut off with my benefits, I asked the social for emergency payments. They will question a payment and say oh, we're investigating. But for how long? So then you're waiting for a decision for weeks, like am I going to get my money or not? How can they leave people like that, especially people with mental health problems?" – R3*

> *"It's got to be the debts (before buying food). If you don't pay your debts, you'll probably go to custody, and then you ain't got no money. They'll stop your benefits, and then you have to start waiting for weeks when you come out to try and start them back up again. I've seen that*

happen to other people, but I haven't experienced it myself. So far. Which is quite good." – R3

The other key financial issue was affordability of food, with most participants reporting they were unable to afford current food prices.

"It's always a struggle to afford food when you're on benefits. You can't go out and buy what you want. It's too expensive. People go for cheaper products." – R2

"Food from the market is a vast difference in price to my local supermarket. As I said, basically I can only afford marked down prices." – R2

"I went to a Lidl when I went to visit family, and thought wow, the prices I could get – it was 20p for a roll. Here, the prices are so high, and every time you go there the prices go up." – R2

"Even if you are doing it yourself, fresh, it can still work out quite expensive. Especially if you're cooking a meal that's got several different ingredients to it, like a stew." – R5

"Food is difficult to afford so we have to be quite stringent, and ensure that if we buy something we can get (at least) two meals out of it." – R5

Several respondents said that affordability is a problem with healthy food but that unhealthy food is often less expensive.

"When I go to the supermarket, with the money that I'm on, healthy food is quite expensive." – R3

"The cheaper food is the fast food, like the unhealthy stuff. So I'm like, well why would you pick something so expensive but yet it's healthy, if you can pick something that you're going to enjoy but it's going to be cheap, and you're going to be able to spread the cost?" – R3

Many participants discussed the difficulties caused by high non-food bills, particularly energy bills and transport costs.

"On top of all that we've got to pay bills, not only for [my son] but me too. And with winter coming along, even though I get some subsidy with this fuel bill, (it's a) worry." – R5

"Yes, like (travelling to) Kentish Town – that costs £10, so I'm glad it's only once a month." – R4

In addition to non-food bills, two participants discussed smoking as another priority which competes for scarce financial resources.

"Oh, I think I'd choose cigarettes (over food). That is a problem. Cigarettes are a big problem." – R2

"I really have to cut down on my cigarettes because (I can't afford them). I watch them like a hawk. Ideally I'd try to cut down a little bit more, that would help me out a bit with buying food." – R5

Poor access to affordable healthy food

Most participants described poor access to affordable healthy food, and problems that they face with the local food environment, such as lack of affordable supermarkets in their local area.

> *"Well, my local supermarket is very expensive. I can't afford their food." – R2*

> *"We've got little shops around here, grocery shops, but they're too expensive. We've got a small Sainsbury's and Tesco, but [they're] still expensive." – R2*

> *"The area (where I live) is the West End. And it's not a cheap area. So it's very difficult (to afford food) locally." – R2*

> *"Asda's cheap. I like it in Asda because they have variety, you can go for the expensive or you can go for the cheap. It's just a journey to get to – Old Kent Road, the 168 bus goes there from Camden. So obviously you can't do a lot of shopping on your own, because it's carrying the bags. It'd have to be a bus because I am not paying for a cab all the way to the Old Kent Road! Transport is an issue." – R3*

Food choices for non-financial reasons

Four participants discussed food choices for non-financial reasons, such as tastes, preferences and habits, resulting in difficulties making healthier food choices.

> *"Yeah, it's the fast food that makes everyone eat (unhealthily). It attracts you. And because it's cheap as well, and nearby, and because it's fast." – R3*

This was a particularly important theme for one participant (R6) who mentioned such choices multiple times throughout the interview.

> *"It's not that difficult to get vegetables and salad, it's just difficult for me to eat them sometimes… it's just me being reluctant sometimes, not really fancying the vegetables."*

> *"It's difficult (to choose healthy food). Even if I did speak to that, I go back into my little zone where I want to have ice cream or some bits like that. But yes, I know that if you're eating a meal you should have these vegetables."*

> *"I eat a limited amount of food. There are only certain foods that I eat and you just can't get me to eat any of the others. And that's just me."*

Mental health problems

Four participants discussed experiences of mental health issues as reasons for food poverty, including substance misuse.

> *"Sometimes when I'm ill I feel very depressed and frightened. Anxiety and fear come over me. I find it hard to eat. And sometimes what I do is I'll just eat a bar of chocolate, or buns, or just a can of soup. Because you just don't want to cook. And that affects my health." – R2*

"My mental health problems… sometimes you don't want to eat – you just don't want to cook and do the dishes afterwards. And you try to push yourself. But because I'm worried this week, I haven't got much of an appetite." – R2

"Yeah, I feel pretty confident (preparing food). I have been doing it since I was a young age, because my mother was a recovering alcoholic. She had to go to AA meetings, so I would be cooking for my little brother and little sister. But when I was younger it was mainly microwave meals, or sandwiches or stuff like that, or pasta." – R3

Lack of culturally appropriate food

This was a significant reason for experiencing food poverty for two participants. It was an extremely important reason to both of them which came up throughout both interviews, although the type of culturally appropriate food was very different between the two.

One older participant who is no longer able to cook due to mobility problems is not able to access the types of food she grew up eating and enjoys.

Case study 2: Lack of culturally appropriate food for an older person

Experience of an Islington resident aged over 80 years

"*Well, they don't sell greens any more, do they? It's all this funny cabbage, with the curly edges. I don't like that. You go in a café and it's not proper greens any more, and half of them don't cook. They can't cook. You go in a coffee shop and you can't get egg on toast in there, or something with potatoes. They don't sell the food to fill you up like they used to. I go in places and try them, but it's not what I want, really.*

You can't find a café now that sells meat pudding. Now meat pudding's a lovely dinner, isn't it. You can't go in a café (for) meat pudding, because a lot of them don't have them. A (lunch club) does us meat pudding – we like that. I enjoy my food up there. Pie and mash is a London tradition, isn't it. My daughter didn't like eels, but she loves pie and mash, and liquor. But they don't put the sawdust on the floor anymore."

Another participant grew up in the Caribbean and doesn't enjoy eating some of the food available in London.

Case study 3: Lack of culturally appropriate food due to an unfamiliar food environment

Experience of an Islington resident aged 45-54 years who moved to the UK as an adult

"*When I was younger I used to eat a lot of vegetables, every day without fail. But when I came to London I don't really eat vegetables any more. Because in Jamaica we used to eat the vegetables outside, so we used to just go and pick them. It's a bit different seeing them in the shop. When I came here and saw it on a stall, I was wondering if it was fresh? I wasn't criticising, or anything, but it's just the change of environment. So I don't really eat vegetables any more. I have stopped for a long time – years and years and years.*

I don't buy tinned food (even though it's cheaper). The only thing I buy in tins is milk. I just wasn't brought up like that, so it's different. Food things (are) growing on the trees! It's just the way it is. But obviously if I don't eat I'm not going to stay alive too long, so I do occasionally eat it."

Lack of facilities to store or cook food

This problem was only mentioned by one participant but was a particularly stark issue for her. She only had a microwave to cook with, as her oven and kettle had both broken and she did not have money to replace them.

Case study 4: Lack of facilities to cook food

Experience of a Camden resident aged over 65 years

"*I don't have a (healthy diet) because I haven't got a cooker, I've only got a microwave. So I'm getting quite a lot of takeaways as well. And with the microwave, really it's just heating up these ready meals – it's not good. If I had the cooker then my diet would be much better. I'm missing out on (healthy food) – I really want to cook a good healthy meal, but I can't. I just have to carry on like this, until I get a cooker.*

I've burned myself, because I haven't got a kettle. So what I'm doing is putting my mug in the microwave with water to make tea. The mug has been burning me, so I've had to tip it into a cold cup. What a way to be. It's the 21st century, and I'm living like that."

Physical health issues and loss of mobility

This reason was only mentioned by one participant, but was a major cause of their food poverty.

Case study 4: Physical health issues and loss of mobility

Experience of an Islington resident aged over 80 years

"*I can't do any food shopping myself now because of my legs, so I have a carer who comes in every day. When I do want food my carer (buys it for me) because I can't get to the shops. I'll tell her what I want. They don't get a big shop in, I'll get it as I want it. I don't cook for myself anymore, because I have to lean on my shopper to stand up*

I can't go on outings anymore, because I can't get on the coaches – the steps. (A volunteer) took me to the pie and mash shop, but the step was too high so he said 'you're not going to get up there'. I couldn't get up the step to get in, so we sat outside. Luckily it was a lovely day."

Several other reasons for experiencing food poverty or food insecurity were noted by individual participants:

- Experience of abuse by one participant, which had caused her to undergo severe crisis-level food poverty.

"I was in a bad place at the time. I was in and out of hostels. I was in a domestic violence relationship. When I was with the perpetrator, my money used to go in his account so it would never reach my hand, it was always in his pocket. He controlled me in that sort of way – what I ate, what I spent money on, what I did, where I was… I was with him 24/7, didn't have no friends, didn't have no outside life, nothing. I felt really caged in, you know, and it's only since I've been away from him that I've realised that. Now I realise it, but at the time I was just denying it, pretending it's not happening. And I think a lot of people do that." – R3

- Caring responsibilities by one participant.

"And with winter coming along, because my son gets cold quite a lot, even though I get some subsidy with this fuel bill business, I tend to pass it on to (my son) and just keep a bit of it to myself. And then I tend to go to bed." – R5

- Cuts to local services were discussed by one participant, and were a serious problem for her.

"There were proper dinners (at the day centre) then. But when (a VCS organisation) took over they stopped the dinners. I used to moan about it. They wouldn't let the volunteers go out to get us something. They said something about that health and safety thing – I mean that's ridiculous, isn't it? But now it's different, (the manager) goes out and gets (food) or she sends a volunteer and I have food from the Co-op. Sometimes I have a prawn salad, that's about £3-4, so it's alright." – R4

3.6.4 Strategies for coping with food poverty

The residents discussed a wide range of strategies which they employ to deal with the effects of food poverty and food insecurity.

Shopping choices were the most common strategies mentioned by participants. These included the following.

- Choices of shopping venue were discussed by almost all participants

  *"It will be the market (to buy) fruit and veg. Chapel Street Market in Islington. You can walk there or get a bus, it's not far." – R2 (*Distance 1.5 miles from their home.)

  "I have tried all different supermarkets. I've been to Iceland, I've been to Sainsbury's. I went to Asda and it was well cheap in there. When I got to the till I couldn't believe how much I had spent. I was walking out with a big smile on my face." – R3

  "I know where all the bargains are. And I know where to get all the stuff that I want cheap." – R6

- These choices of shopping venue often involved travelling far afield, which comprised an enormous time investment for many participants. Several of the participants who discussed travelling further afield are older or retired with health problems. *"To be honest I'm running around all over the shops, up Holloway, up the Angel… to see if they've got any reductions on certain foods. I even go to Camden." – R5*

- One participant mentioned competition for reduced price food sources as a significant determinant of their shopping choices: *"There are a big crowd who go (to the local supermarket) when they mark down items, to wait for that, so it's difficult to get hold of (affordable food). So I walk out of the way. I just go further afield, and go and walk to Tottenham Court Road." – R2*

- Several participants also mentioned shopping content choices: *"My mum's got tins in the cupboard. It's my stepdad (who buys the tins) and he says well, if you can't find nothing in the fridge, there's always something in the cupboard. And I'm like, well done. And we won't go starving then, will we?" – R3*

Several participants mentioned alternative sources of food supply which they use when needed: *"They give free food when you come in (to the community centre), you can get little sandwiches and stuff here." – R6*

One participant discussed the effect of gaining budgeting skills on her ability to combat food insecurity. She had gained in skills and confidence in budgeting through engagement with a VCS organisation who helped her to escape from an abusive relationship. *"But now, because I've managed to control (my money) better, I can spread it more." – R3*

3.6.5 Services available for food assistance

Five participants had requested help with food at times of food insecurity.

- VCS organisations were the most common route for seeking assistance: *"There's a few services I've been to. And obviously (my support worker) gives me Sainsbury's or Tesco vouchers now and again."* – *R3*

- Several participants had asked for help from friends or family, with one of these mentioning help with food skills rather than direct help with money or food.

  "I've not (asked for) professional help (with food), but my neighbours I have. I've asked them especially on a Sunday when I'm broke." – R2

  "My foster carer started teaching me (to cook) at first. And then my sister, she loves to cook, so I started watching her." – R3

- Two participants had visited foodbanks: *"If I was in desperation, I'll say I've run out of food and I'll get a little foodbank voucher. But that's probably once a year, or twice a year, or something." – R6*

- One participant had used council services: *"Camden social services. But I'm not under them any more, so I can't get help from them. But that was where I went (for help)." – R3*

- One participant had accessed health services for help with food knowledge and skills: *"Well the nutrition course that I did, it was my doctor that referred me to a programme where I could lose weight, because basically I eat too much fat. So I was doing that for a couple of weeks, but I didn't find it enjoyable so I didn't go back." – R6*

One participant discussed in detail why the services had been helpful. The main theme which emerged was developing a rapport with the support service and key workers. *"Yeah, it's important (that it's someone I know), because I've built up a relationship with them. She's helped me through the ins and outs. So it's not having to repeat myself all the time, and seeing different people. Because I can't… I really don't like that." – R3*

Participants mentioned other services which they knew of but hadn't used. Again, these were VCS organisations, foodbanks, friends and family. Two participants also mentioned faith groups, including the church, free food from Hare Krishna, and a Salvation Army service specifically for women with drug addiction.

Two participants mentioned that they do not ask for help from services which they do use. *"No, no I haven't asked for help from (the VCS organisation). It's been advice about PIP and things like that, and housing. It hasn't been about food." – R2*

3.6.6 Barriers to seeking help with food

All five participants who had experience of food poverty discussed reasons why they would be reluctant to seek help with food, or which would stop them from gaining that help.

Feelings of pride, dignity, shame or embarrassment

These feelings were the most common barriers reported to seeking help.

"Maybe pride would come into it, and embarrassment, as I might know people in that place. I'd go out of the borough but there would be obstacles there – I wouldn't know where to go." – R1

"I think it would depend on how desperate we were. Because I won't ask if I don't need to ask, do you follow me?" – R5

One participant reported feeling ashamed to ask for help in the past, but that their experiences had changed that and they would now no longer feel ashamed: *"I have no shame (now) – in a good way, I have no shame in asking for help. I used to be ashamed, mind you, when I was younger. But now I think it's there because people need it. It's there to be used. What are you ignoring it for? It's not going to make you feel any better. It's going to make you feel better by going and asking for their help." – R3*

Several participants felt strongly that they 'should' be able to manage on their benefits money, indicating that they felt the income they were receiving from benefits should enable them to purchase adequate food.

"No, I've never (asked for help with food). Because I get paid (benefits) and I should be able to manage." – R2

"I don't think I would come here for advice about food. Because as I said, you get enough money (on benefits) to buy food, but it's [not] the type of food that you want." – R2

Most participants perceived their situation to be 'not that bad': *"If it was that bad, I could come here and talk to them about it, and maybe they could advise me where I could go, but at the moment no." – R2*

Two participants reported that they would face no barriers, despite relevant experience of food poverty for which they had not sought help: *"If I needed to, I would ask, because you've got to eat anyway." – R5*

Problems experienced with services

The other common barriers discussed by residents were various problems they had experienced with services. These included the following barriers, each mentioned by 2 participants:

Lack of knowledge of services:

"No, I don't know anyone, anywhere I would go or who to ask if I needed, say, some extra food. Except from the foodbank, I don't even know if there are any other organisations." – R5

"As far as (asking for help) with food goes, no, I'm clueless." – R2

Service criteria restrictions:

"The only thing that would (stop me) is if I'm allowed. You're limited to maybe say twice a year at the foodbank. That's the only thing that would stop me." – R6

"Once I went to (a VCS organisation) to ask if I could get food when I was short and they said no, it's only for girls who work on the street." – R2

Dislike of services:

> *"I don't feel like the benefits people help, to be honest. Sometimes when they haven't paid you your money I ask them why, and can I get an advance payment or something? They're so rude." – R3*

> *"Social services. I think that's the hardest one for me. I don't like them, I have issues with them… They have let me down on certain things. I asked to see my grandparents when I was younger and in care, and it all got rejected, and I resent you for that, do you know what I mean. Because you've obstructed me from building a relationship and now my grandparents are dead, and I've never met them." – R3*

One participant reported a further barrier to accessing services was communication difficulties, particularly those caused by anger and behavioural issues. They reported that it helps greatly with accessing services to have a support worker present.

> *"Because they know how to put it in better ways than I do. Like, they use better words, and better terms and things. And with me it just comes across really blunt. Because when I get so uptight, and I can get so angry really quickly... It's easier if it comes from another professional, they understand it more." – R3*

3.6.7 Suggested changes to local services

All residents suggested a range of changes to the local area which could help them to deal with food insecurity more effectively.

Changes to the local food environment

The most common suggestions involved changing the food environment.

Most participants suggested planning restrictions which could help to change the food environment and allow residents to make healthier food choices.

> *"Oh yes, Brecknock Road is awful. There are all these chicken shops popping up everywhere. I do the school runs, and there is temptation wherever you go." – R1*

> *"I think probably take away all them fast food places, McDonald's and things like that. There's too many of them. Have you seen how many there is? It's everywhere. There are just loads of fast food places, and nothing screaming out 'healthy'." – R3*

Changes to local shops were suggested by several participants.

> *"I would like there to be more local shops, more independent greengrocers and fishmongers. But as much as these shops are popping up you have two ends of the scale, you have people are affluent and can afford organic food and things, so there's a call for it, but (also) people who can't afford it." – R1*

> *"I wish we had a Lidl, people say it's really good. It's much cheaper." – R2*

Changes to services

Several participants discussed the importance of maintaining services for disadvantaged groups, making them accessible, and providing a social setting for services.

> *"(An older woman) said to me last week that if this (community centre) wasn't going, she wouldn't know what to do with herself. It's (good) to offer activities for them, to join in, but for people like my son who can't cope very well (due to mental illness), or find it really hard to manage on the money that they are – it's difficult." – R5*

Most participants emphasised the importance of ensuring that the attitude of services is welcoming and non-judgemental: *"I find it soul-destroying if help with food is seen as charity. I think it's very important to make the assistance and help not seem like you are begging to get it. Because when that happens it makes people feel terrible, and they don't want to ask for help." – R5*

Providing food venues which do not apply criteria for assistance was suggested by one participant.

> *"I think there should be some place like a foodbank, (but) instead of going to pick up a tin of beans, and you can only do that if you're recommended… I think there should be places where you don't have to be vetted, and where you can pick up a nice hot meal or a nice bowl of soup." – R5*

Increase support for individuals at risk of food poverty

The most common suggestion was cooking workshops. Several participants suggested these, and each was keen to emphasise ways in which they felt workshops were more likely to be successful.

> *"Last week I just finished a cookery class where we did a lot of healthy eating. Each class was cooking and we got the recipes. I found that one better than the theory (course) because I was actually doing a lot of practical work, and I could see the benefit of eating healthier. They used different oils from what I'd use, and they'd use different vegetables from what I'd use. But when they were cooked and I tasted it, I liked it. I mean I don't eat broccoli and stuff, but the way it was cooked, I would. Usually no-one would get me to touch those things." – R6*

> *"The (cookery class) was a group. We stuck it out for 4 weeks – I came every week. And now I'm going to get a certificate for it! (That) makes a difference. Yeah, because I've got a certificate now, so I'd better be eating vegetables." – R6*

> *"After school family cooking workshops. I think if you engage the child, you engage a parent." – R1*

One participant also suggested increased support for residents who wish to grow food: *"I wish I could plant and grow some vegetables. I would love to have a garden with scallions, spring onions, beetroot… everything." – R6*

Redistribution of surplus food

One participant suggested an increase in surplus food redistribution. *"We've got so many darned restaurants on Upper Street and up in Angel, that I can't see why they don't get together and offer a meal to certain people, especially the vulnerable ones." – R5*

This participant also suggested a scheme to show gratitude to retailers who help in ways such as agreeing to redistribute surplus food: *"I think that people who try to help, like shopkeepers and people like that, they should also get some gratitude or payback in some way. Just to say thank you. Even if they cut their rent in the shop that they're leasing out – it's quite expensive. And like everybody else they've got to make a living and they've got to eat too." – R5*

Summary: The overall impression from the resident interview data is that these interview participants had extensive experience of severe difficulties with food poverty and long-term insecurity, with an enormous variety of reasons for such experiences between different individuals. This emphasises the need for system-wide approaches to alleviate food poverty.

Key messages: Qualitative interviews with residents

- These residents have significant experience of food poverty, from long term food insecurity to severe crisis-level hunger, but several perceived their food issues to be 'not that bad'.
- The reasons for food poverty varied very widely. The most common were financial reasons and access to affordable healthy food in the local area. Lack of culturally appropriate food options was an important issue for two participants.
- Common barriers to seeking help with food were stigma (e.g. feelings of pride and shame) and problems with services (e.g. lack of knowledge of services, or restrictive service criteria).
- Residents suggested a range of changes which would help, including altering the food environment to enable healthier choices, and changes to services for increased support.

3.7 Resident surveys (anonymous)

13 survey responses were received. Household size ranged from 1 to 10 people, and 62% of households included children. 3 of the 13 surveys contained no positive answers to any of the questions indicating experience of food insecurity or food poverty, so the following results discuss the 10 surveys which recorded experience of food poverty.

3.7.1 Ability to eat a healthy diet

50% of respondents reported they do not eat a healthy diet. Reasons given for not eating a healthy diet covered a broad range of factors:

- 2 surveys reported too difficult to change food habits

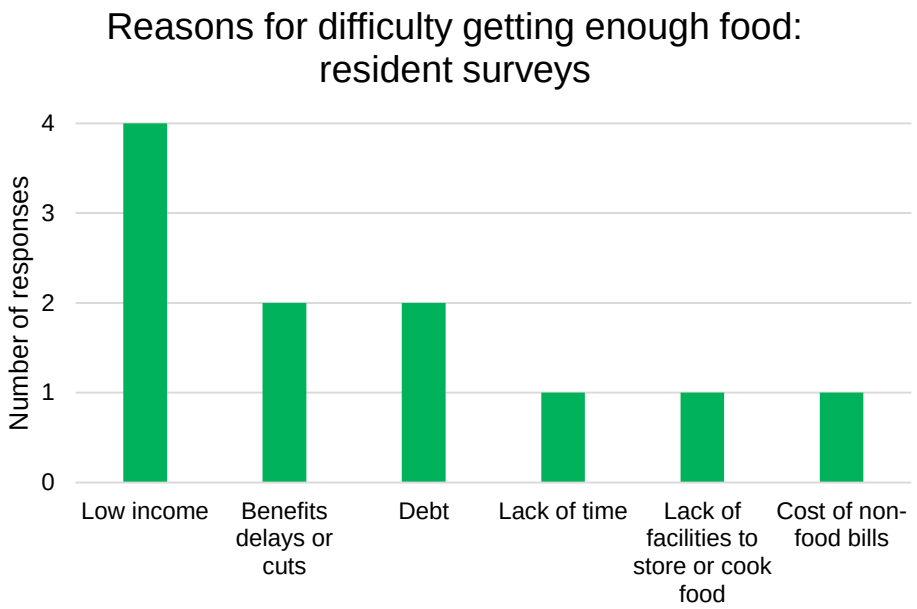
- 1 survey reported each of: food preferences; cost of food; cost of other (non-food) bills; lack of time to shop and cook; not confident with budgeting or cooking skills; and one respondent simply stated *"poverty"*.

Reasons for food poverty reflected here include affordability, including low income; habits and preferences, including the need for culturally appropriate food; and other factors such as skills and time. Some responses gave an indication that respondents have a good knowledge of what constitutes a healthy diet: *"Too (many) carbohydrates"*; *"We eat too many processed foods"*; *"I know how to prepare a meal for example pasta is cheap with a pack of vegetables"*.

3.7.2 Experience of food poverty

Difficulty getting enough food was reported by 30% of respondents, with reasons given including "*poverty*", "*substance use*" and "*due to a lot of bills*". Other reasons selected included the following.

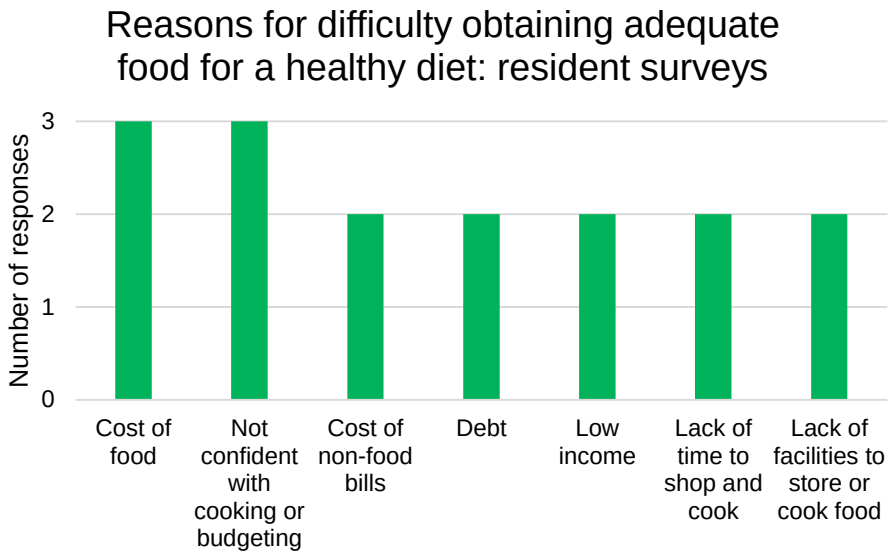
Figure 12: Reasons reported for difficulty getting enough food, resident surveys



Responses to this question indicate a broad range of reasons for difficulty getting enough food, with the strongest themes being poverty, low income, and benefit issues and debt often mentioned by the same respondents.

Difficulty obtaining adequate food for a healthy diet was reported by 60% of respondents, for a wide range of reasons including *"healthy food costs more"*, *"I wasn't taught how to cook properly"*, *"due to financial reasons"*, *"it is easier and quicker to prepare processed foods"* and *"lack of planning"*. Other reasons selected included the following.

Figure 13: Reasons reported for difficulty obtaining adequate food for a healthy diet, resident surveys



A very wide range of reasons were reported, with many respondents mentioning multiple reasons for difficulty. The most common reasons identified were affordability (including food prices, cost of living, and poverty/low income) but also skills, time and facilities.

3.7.3 Use of support services

Four respondents reported ever having asked for help with food supplies. Sources of support included family, Healthy Start vouchers, and a range of VCS organisations (Food Chain, Fulfilling Lives in Islington and Camden, Doorstep Homeless Families project). One respondent mentioned that they knew of *"foodbanks (you need to be referred)"* but had never used them. Several people who had reported experiences of food insecurity and food poverty did not report either using services or knowing of services. As only one respondent mentioned family support, it may be that other informal sources of support were omitted, as the interview findings above indicate that people may commonly ask friends and family for help.

3.7.4 Barriers to seeking help

Five respondents reported barriers to seeking help with food. Reasons given included *"money issues"*, *"pride"* and *"stigma. Foodbanks are embarrassing"* (this response was not from the single respondent who had mentioned knowing about foodbanks). One more unusual barrier reported was *"eating disorder"*; no details were specified, and this was not the respondent who had noted that a healthy diet was not possible due to their daughter binge eating. One respondent did not specify a reason despite having reported they would face barriers, possibly due to the sensitivity of the topic.

3.7.5 Suggested local changes

Seven respondents suggested changes to the local area to make it easier to eat a healthier diet. These mainly addressed affordability of food with lower prices for healthy food options, for example *"cheaper vegetables"* or *"cheap food choices"*, and one respondent suggesting *"a co-operative veg scheme subsidised by government"*. Several respondents mentioned accessibility of food, although this did not figure heavily in the reasons given for food insecurity above, with examples including *"more shops (which) provide fresh food"*, and *"more fruit and vegetable markets"*. One respondent suggested a change based on surplus food redistribution: *"giving food at stations, Pret a Manger and the like giving out more sandwiches/food"*.

Key messages: Resident surveys

- Affordability was the most frequently reason for food insecurity and food poverty, but a wide range of additional reasons and experiences were reported.
- Several respondents with experience of food poverty did not report knowing of any services who could help, and half of the respondents reported barriers to seeking help including pride, stigma and embarrassment at using foodbanks.
- Suggested changes to the local food environment emphasised improving access to affordable food, including co-operative vegetable schemes and surplus food redistribution

4 Conclusions

Food poverty is a complex concept to define, and also to measure. All the available data have limitations, as there is no standardised or routine measurement of food poverty or food insecurity, either on a national or a regional level. However, using a wide range of data sources enables us to build a baseline assessment of food poverty.

There is a high level of need in Camden and Islington relating to food poverty and food insecurity. Estimates from research figures indicate that food insecurity affects over 20,000 people in Camden and 19,000 people in Islington (10.1% of the population (10) (8)); these are approximate figures but the best estimates available, based on experience-based measures of food poverty undertaken in a nationally representative survey. Regional research indicates that almost 1 in 10 London children report going to bed hungry, with 1 in 5 London parents reporting skipping meals so that their children can eat (14). The level of need is also demonstrated by the high and escalating numbers of emergency food parcels provided by foodbanks and the extensive experience of many local services in dealing with aspects of food poverty.

Numbers of foodbank referrals show rising levels of need for emergency food aid, both at a national and local level (4) (23). These data only illustrate the 'tip of the iceberg' of food poverty, and while they do not conclusively indicate increased demand rather than supply, evidence given by local professionals both in the call for evidence and qualitative interviews strongly supports a trend towards seeing worsening levels of food poverty across both boroughs.

The negative impacts of food poverty are clear from a range of sources. Qualitative interviews with both professionals and residents gave graphic descriptions of local residents' experiences of food poverty, ranging from the long-term food insecurity to severe crisis-level hunger with food poverty, all of which have major negative impacts on health, wellbeing and quality of life (7) (8).

The reasons for which Camden and Islington residents experience food poverty mirror national data, with financial reasons being the most commonly cited (including poverty, low income, issues with benefits, and affordability especially of healthy food) (4). This held true across the call for evidence, local service-level data on foodbank referrals, and qualitative engagement with professionals and residents. However, there were many additional reasons reported for food poverty which varied very widely, including: competing priorities with housing and fuel costs; access to affordable healthy food in the local area; the need for increased knowledge, skills and confidence around budgeting and food preparation; and lack of culturally appropriate food. It is also crucial to consider the needs of residents 'shocked' into food poverty as well as those 'squeezed' into food poverty over long time periods. The resident interviews demonstrated clearly how widely the reasons for experiencing food poverty varied between individuals.

All the data presented indicate that a very wide range of population groups are vulnerable to food poverty. It is clear that food poverty reflects more general inequities within society; the risk is not confined to a small sector of the population, and many people are at risk. These findings emphasise the need for a system-wide approach to addressing food poverty.

The food environment in Camden and Islington carries risks of food poverty; for example, both boroughs have a higher fast food outlet density than the London and England average. Geographical mapping of supermarket locations showed areas of higher deprivation in both

boroughs which are far from large or discount supermarkets, with some of the existing large supermarkets outside the affordability price bracket for many residents at risk of food poverty. This illustrates areas in both boroughs at risk of food poverty due to poor access to affordable healthy food. Mapping of hot food takeaways showed that both boroughs have a high concentration of outlets, which are clustered along transport routes and in some areas of higher deprivation. Few secondary schools in either borough have no takeaway outlets within 400m of the school, putting many schoolchildren at risk of cheap, filling and non-nutritious dietary choices.

There is an extensive network of services addressing problems of food poverty in Camden and Islington. Many services not set up to deal with food poverty encounter this problem frequently in the residents they work with. There are areas of excellent practice but some gaps in services across both boroughs, and significant challenges exist in the current funding climate. Both professionals and residents indicated that raising awareness of available services and improving communication and networking between services would be key to enabling more effective action on food poverty. It is also vital that services recognise and seek to address barriers residents face in accessing services, including the stigma surrounding food poverty.

Professionals and residents alike shared extensive insights into changes which would help to address food poverty in Camden and Islington. Common themes emerging included changes to the food environment to improve access to affordable food and to enable healthier food choices. Both professionals and residents emphasised the need for stronger communication and awareness raising about food poverty.

4.1 Recommendations for action

4.1.1 Call to action on food poverty

These conclusions demonstrate a high level of need in Camden and Islington residents relating to food poverty and food insecurity. Our vision and ambition in tackling this issue must be that widespread food poverty is wholly unacceptable in London in 2018.

The problem of food poverty highlights gross inequities within society. These are inequities both of diet, shown by evidence from Camden and Islington residents demonstrating poor access to adequate healthy food for those on lower incomes; and inequities of diet-related ill health, such as the marked socioeconomic gradient seen in levels of obesity. Successfully addressing the issue of food poverty and reducing these inequities will require extensive action on the wider socioeconomic determinants of food poverty. Action to address food poverty must therefore include tackling wider issues of poverty and deprivation, and campaigning against or working to mitigate the impacts of further welfare reform and benefit cuts.

4.1.2 Collective ownership of action to tackle food poverty

To address food poverty successfully, we must acknowledge that it is all our responsibility to tackle this issue. Food poverty is a problem with complex causes, so wide-ranging actions will be required. The broad preventative approach needed will require engagement by a broad range of stakeholders. The complexity of the issue, and the breadth of vulnerable population groups, show that widespread collective and individual action will be required to reduce food poverty.

The complexity of the food poverty problem also means that many of the actions we take will have wider societal benefits. For example, increased community meal provision will also play an important role in tackling social isolation amongst vulnerable groups.

4.1.3 Aspirations for service provision

The evidence presented above shows that there is much we can do to build on existing areas of excellent practice in Camden and Islington, but that gaps in services remain.

In addition to addressing gaps in services, a key target must be to improve communication and coordination between services which work to support residents experiencing food poverty. This need was highlighted consistently by both residents and professionals.

We must also ensure that services are responsive to the needs of those experiencing or vulnerable to food poverty and food insecurity, whether they have experienced an event which ‘shocks’ them into food poverty or are ‘squeezed’ into food poverty over a longer time. Steps towards achieving this aim include increasing awareness of the issue of food poverty across all frontline staff, ensuring that services are delivered in a way which maintains dignity and minimises the stigma associated with food poverty, and working to improve accessibility of services to population groups who are vulnerable to food poverty and face barriers to accessing services (e.g. residents with disabilities, and the homeless).

Specific recommendations follow for a range of stakeholders and partners. Please see **Appendix 1** for full details of these recommendations, including potential local actions.

Recommendation 1: Local authority food poverty working groups

Next steps for the local authority working groups (Islington Food Strategy Group, Camden Healthy Weight Healthy Lives) should include the following.

- Develop the findings of this needs assessment into a Food Poverty Action Plan.
- Identify and develop a multi-stakeholder group in each borough to take ownership of the plan and ensure a strategic approach to action on food poverty.
- Identify a lead worker as a point of contact for external stakeholders.
- Improve communication and coordination between services by developing a network to improve publicity, links and signposting, and to share good practice.
- Strengthen links with other local authority work streams and external partners via the multi-stakeholder group.
- Seek ways to measure food poverty regularly at a local level, to allow monitoring and evaluation.

Recommendation 2: Local authorities: Working groups & wider partners

- Take steps to incorporate food poverty considerations into all local authority decision making.
- Ensure availability and adequacy of local welfare assistance and crisis support, for when prevention doesn't work and vulnerable residents face situations which 'shock' them into food poverty.
- Review service provision regularly and work to fill gaps in services addressing food poverty and its determinants.
- Increase access to affordable and healthy food across Camden and Islington, including:
    - Monitor and work to improve accessibility of low cost healthy food and ingredients, especially in deprived areas of the boroughs.
    - Strengthen use of the planning system to encourage a healthy food environment.
    - Promote a sustainable food system and infrastructure, including infrastructure to minimise food waste and encourage surplus food redistribution.
    - Ensure provision of healthy food in health and social care settings.
- Work to improve the wider determinants of food poverty across services:
    - Work to ensure a fair income for all residents, including those on benefits and pensions.
    - Work to ensure stable and affordable housing and transport for all residents.

Recommendation 3: Services for children and families, including Children's Centres, schools, play providers and youth services

- Review options to increase food provision at times of particular need, such as school holidays.

- Promote and champion the role of services for children and families in taking a holistic approach to improving nutrition, including maximising opportunities to increase food and budgeting knowledge and skills.
- Ensure consistent and clear messaging on healthy and affordable food, to increase education and engagement.

  See also Recommendation 6 for all services.

Recommendation 4: Services working with other high risk groups, including the elderly and low income residents

- Review and increase provision of food support services for the elderly and socially isolated, including Meals on Wheels and community centre lunch clubs.
- Review options to enable food provision at times of particular need, such as Christmas.
- Reinforce work to maximise residents' resources, including benefits entitlements and measures to reduce fuel poverty.

  See also Recommendation 6 for all services.

Recommendation 5: Emergency food aid providers

- Monitor numbers of clients and reasons for referral, and work with local authority to allow local monitoring of levels and causes of food poverty.
- Reinforce partnership working and signposting, by engagement with local authority working group and lead worker.

  See also Recommendation 6 for all services.

Recommendation 6: All services which support residents experiencing, or at risk of, food poverty

These recommendations apply across all services; statutory, VCS and private sector.

- Build awareness of food poverty in all frontline staff, including signs of food poverty, risk groups, and available help and resources.
- Commit to delivering services in a way which maintains the dignity of residents and minimises the stigma associated with food poverty.
- Work to improve accessibility and uptake of services, especially to vulnerable groups who face barriers to access.
- Maximise opportunities for residents to develop skills and knowledge in cooking, nutrition and budgeting, using all available resources.
- Promote development of services to enable shared meals and eating together.

Appendices

Appendix 1: Recommendations for action for key stakeholders, including local examples

Recommendation for key stakeholders	Action	Examples
1. Camden and Islington local authority food poverty working groups	• Develop the findings of the needs assessment into a Food Poverty Action Plan	
	• Identify and develop a multi-stakeholder group for strategic oversight to action on food poverty	• To include external stakeholders such as those identified in Appendix 2 • Stakeholder group meetings and email distribution list for external stakeholders
	• Identify a lead worker as a point of contact for external stakeholders	
	• Improve communication and coordination between services by developing a network to improve publicity, links and signposting, and to share good practice	• Engagement via multi-stakeholder group • Email distribution list for external stakeholder • Build on existing directories developed by council staff and local VCS organisations
	• Strengthen links with other local authority workstreams and external partners via the multi-stakeholder group	• Form links with councillors and Health & Wellbeing Boards • Strengthen food considerations in planning documents • Recognise and champion the role of children's services in improving nutrition, especially in the current challenging financial environment where both boroughs report potential reduction in Children's Centre funding

	• Seek ways to measure food poverty regularly at a local level, to allow monitoring and evaluation		• Annual snapshot view of local foodbank use • Service-level data including reasons for foodbank referral • Incorporate a question in annual schools' survey (Islington)
2. Local authority: working groups + wider partners	• Take steps to incorporate food poverty into all local authority decision making		• Contribute to Joint Strategic Needs Assessment • Use Health in All Policies approach
	• Ensure availability and adequacy of local welfare assistance and crisis support, for when prevention doesn't work and vulnerable residents face situations which 'shock' them into food poverty		
	• Review service provision regularly and work to fill gaps in services addressing food poverty and its determinants		• Annual review for the Sustain London Food Poverty Profile • See themes below and recommendations below
	Theme: increase access to affordable and healthy food	• Monitor and work to improve the accessibility of low cost healthy food and ingredients, especially in deprived areas of the boroughs	• Promote diverse sources of healthy food such as markets and community vegetable boxes • Support local independent shops to increase access to lower cost fruit and vegetables • Ensure availability of culturally appropriate foods • Maintain strong public transport networks to enable access to services
		• Strengthen use of the planning system to encourage a healthy food environment	• Build on existing work with takeaway outlet planning • Consideration of the need for additional services such as a community supermarket in Camden
		• Promote a sustainable food system and infrastructure, including infrastructure to minimise food waste and	• Increase engagement of local businesses and other partners, to link them with VCS organisations working on surplus food distribution such as FareShare • Maintain and build on current work with Capital Growth and Food Growing Schools in both boroughs

		encourage surplus food redistribution	• Consider broader support for community food-growing initiatives
		• Ensure provision of healthy food in health and social care settings	• Build on work towards Food For Life Served Here • Use opportunities such as Local Government Declaration pledges
	• Theme: work to improve the wider determinants of food poverty across services	• Work to ensure a fair income for all residents, including those on benefits and pensions	• Build on existing work with London Living Wage commitments • Work with national government to find opportunities to minimise adverse impacts of benefit reforms and delays on residents
		• Work to ensure stable and affordable housing and transport for all residents	•
3. Services for children and families (*See also Recommendation 6 for all services*)	• Review options to increase food provision at times of particular need		• Commit to funding school breakfast clubs • Increase holiday hunger provision through all available avenues, such as play providers and Children's Centres
	• Promote and champion the role of services for children and families in taking a holistic approach to improving nutrition		
	• Ensure consistent and clear messaging on healthy and affordable food, to increase education and engagement		
4. Services working with other high risk groups, such as the elderly and socially isolated	• Review and increase provision of food support services for the elderly and socially isolated		• Review Meals on Wheels and similar service provision • Support and develop community centre lunch clubs for the elderly
	• Review options to enable food provision at times of particular need		• Support delivery of Christmas meals for the elderly and socially isolated
	• Reinforce work to maximise residents' resources		• Improve knowledge of and signposting to partner services via involvement with multi-stakeholder group

(*See also Recommendation 6 for all services*)		• Reinforce measures to reduce fuel poverty, such as supporting provision of energy advice and support • Maximise access to advice services to help ensure benefit entitlement
5. Emergency food aid providers (*See also Recommendation 6 for all services*)	• Monitor numbers of clients and reasons for referral, and work with local authority to allow local monitoring of levels and causes of food poverty	
	• Reinforce partnership working and signposting, by engagement with local authority working group and lead worker	• Engagement with local authority working group and lead worker, to extend contacts with partner agencies • Explore options for co-location of services (e.g. debt services) • Build on current work with the Trussell Trust 'More Than Food' agenda
6. All services which support residents experiencing, or at risk of food poverty	• Build awareness of food poverty in all frontline staff, including signs of food poverty, risk groups, and available help and resources	• Collate and update resources in a central web space through the local authority working group • Incorporate food poverty into Making Every Contact Count (MECC) training
	• Commit to delivering services in a way which maintains the dignity of residents, and minimises the stigma associated with food poverty	• Linked to staff training and awareness (as above) • Consider a review mechanism through multi-stakeholder group
	• Work to improve accessibility and uptake of services, especially to vulnerable groups who face barriers to access	• Work to minimise barriers such as language or mobility barriers • Explore potential for different settings or co-location of services • Improve and develop information resources for residents, including resources in a range of formats, e.g. publicly available web resource space, printed formats to reach other groups such as the elderly

	• Maximise opportunities for residents to develop skills and knowledge in cooking, nutrition and budgeting, using all available resources	• Expand support for cooking courses in community centres and youth hubs, including those by VCS organisations such as Bags of Taste • Maximise use of existing resources such as settings with kitchens, such as schools and community centres
	• Promote development of services to enable shared meals and eating together	• Develop community food enterprise models, such as fostering links with community centres for meals provided by FoodCycle

Appendix 2: Service mapping

Organisations and services who responded to call for evidence

Camden Council departments
Health Improvement
Early Years
Children's Centres
Family Support & Complex Families
Education
Supporting People
WISH+

VCS organisations, Camden
Camden Chalk Farm Foodbank
Age UK Camden
Ageing Better in Camden
Voluntary Action Camden
Citizens' Advice Camden

VCS organisations, both boroughs
North London Cares
Fareshare
Bags of Taste
Single Homeless Partnership / Fulfilling Lives Islington and Camden
Family Mosaic
Kitchen Social

Other statutory organisations
London Metropolitan University
School Nursing Service, Camden
School Nursing Service, Islington

Islington Council departments
School Improvement Service
Environmental Health, Public Protection
Homes & Communities
Partnerships & Support Services
Children's Strategy & Commissioning
Social Work & Community Services
Youth & Communities
Children's Services
Financial Operations & Customer Service
Finance Department
Safeguarding & Family Support
iWork
Tenancy & Estate Services

VCS organisations, Islington
Islington Foodbank
Cripplegate Foundation
Help On Your Doorstep
Islington Play Association
Lift Youth Hub
Families First
Citizens' Advice Islington
FoodCycle

Additional services identified through stakeholder engagement and qualitative evidence

Council departments
SHINE (Islington)
Families Information Service
Social Fund

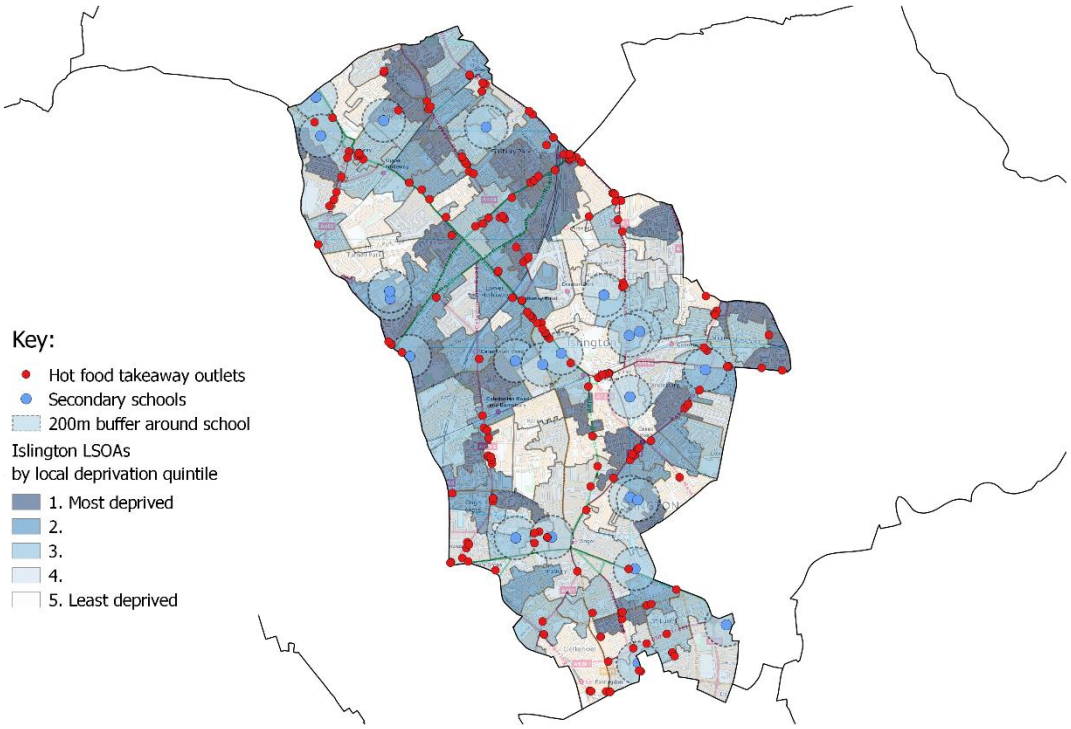
Other statutory services

VCS organisations continued
Doorstep Homeless Families project
Maiden Lane Foodbank & Community Centre
Feeding Camden
Community lunch clubs for the elderly
Clean Break mental health support
Prospex Community Centre

Mental health team (Camden and Islington Foundation Trust)
Families For Life universal service

VCS organisations
Plan Zheroes
Capital Mass
Skip Garden
Hole in the Wall
Mind Connect
Magic Breakfast
Fit Money
Islington People's Rights
Voluntary Action Islington
Camden Health Kick
Kids – Hayward Playground
Hare Krishna
St Stephen's Church soup kitchen
Salvation Army Faith House
Food Chain
New Horizon

Appendix 3: Islington hot food takeaway outlets and proximity to secondary schools (200m buffer zone)



Appendix 4: Call for evidence

Call for evidence: food poverty in Camden & Islington

Have you come across signs of food poverty in your work? Are you concerned that your clients don't have the money to buy healthy food, or that they are cutting down on food purchases to pay for fuel or rent?

If so, please get in touch! We are undertaking a needs assessment of food poverty across Camden & Islington, and we need to hear your views to help us understand the full picture.

We know that the experience of food poverty is widespread in Camden & Islington residents. This issue is seen across clients accessing a range of services, and is difficult for us to measure. We would like to hear from everyone with an interest in food poverty, or providing local services to those who may not be able to afford or access healthy food. We would also like to hear from community networks and organisations, even where food poverty is not the main focus of their work.

We would like to hear about:

- Your experiences and knowledge of the problem of food poverty;
- Any actions you have taken as a result; and
- Services that you know about or work with which address food poverty.

We'd be grateful to hear from you **by Friday 19th May**. Please let us know if you would be happy for us to get in touch with you to explore this further.

Many thanks for your help – we look forward to hearing from you.
Alexandra Smith, Public Health registrar, Camden & Islington
Alexandra.Smith1@islington.gov.uk

Appendix 5: Qualitative interview guide (key workers)

Semi-structured interview guide: professionals. Food poverty needs assessment, 19.07.17
Alexandra Smith, ST2 Public Health, Camden & Islington

Thank you very much for agreeing to take part in the interview. As you know, we are trying to understand the work that you and your organisation do around food poverty. Your views are really valuable and will help us to understand the local picture of food poverty. My colleague will be taking notes of our conversation and I will also be recording it so we can refer to the notes later. Everything you say will be kept safe and private, and won't be shared with anyone outside of the Public Health team. We will write up this research but we won't use your name, so no-one will be able to link your responses to you. Do you have any questions before we start?

1. To start with, can you tell me a bit about your current role? How often do you work with families/people/clients? How closely do you work with them? (*Use preferred terminology*)

2. When I say the term 'food poverty', what does that mean to you? *Once answered: When we say 'food poverty', we mean people struggling with buying or providing adequate healthy food for themselves (and/or their families).*

3. Please tell us about any work you have done with residents around food poverty?

4. What do you think are the most important reasons for food poverty in the residents you work with? *If prompts needed*:

    4a. From work that has been done in other parts of London, we know that benefit-related issues are often an important factor, such as housing benefit. Is this something that is important for your residents?

    4b. What about rising costs of food, rent and energy prices?

    4c. What about knowledge and skills in budgeting and preparing healthy food?

5. Do you know what services are currently available in the borough to support people experiencing food poverty?

    5a. How effective do you think these services are in tackling the problem?

    5b. Do you think these services are promoted enough? How much are they used by families around the borough?

    5c. Are there any particular groups who you feel are not accessing these services? For example, this might be single or young parents, homeless people, particular ethnic groups etc.

        5c.i. Why do you think this is?

6. Out of all the residents that you work with, which groups do you think are particularly vulnerable to experiencing food poverty?

    6a. How well do you think their needs are being met?

7. What barriers do your residents face in accessing these services? (*Clarify if needed: food poverty services.*)

8. How well do you think services in the borough work together around food poverty?

9. What changes would you make to services in the borough, to address food poverty more effectively?

These are all of the questions I have for you. Thank you for taking the time to speak with me. Is there anything I haven't asked you about that you think would be important for us to know?

Appendix 6: Qualitative interview guide (residents)

Camden & Islington Public Health

Camden & Islington Public Health: Semi-structured interview guide for residents, 18.09.17

Thank you very much for agreeing to speak with us. As you know, we're trying to understand the experience of Camden & Islington residents in getting enough food, and in buying and preparing adequate food for a healthy diet. Your views will help us to understand how different families do this and some of the ways it could be made easier in the future. [*Named colleague*] will be taking notes of our conversation, and I'll be recording it so we can refer to the notes later. Everything you say will be kept safe and private, and won't be shared with anyone outside of the Public Health research team. When we do the write up of this research, we won't use your name or any details about you. No-one will be able to link your responses to you. Do you have any questions before we start? Shall we begin?

1. Can you tell me a bit about yourself – how many other people do you live with?

   Prompt if needed: This is to help us understand who you need to buy food for.

   Prompt: How many adults and children do you live with?

   Prompt: Are you the person responsible for buying food in the house?

2. When we say a 'healthy diet', what does that mean to you?

   Prompt: What types of food do you think you should eat to have a healthy diet?

3. Do you feel you [*and your family*] are able to eat a healthy diet?
   a. Can you explain why you have said that?

4. Have you ever found it difficult to get enough good food to eat a healthy diet?
   a. [*If yes*:] Could you tell me more about that?

   Prompt: How often has this happened?

   Prompt: Could you tell me why this happened?

5. Have you ever asked for help with getting food?

   5a. [*If yes*:] Which services did you speak to?

   5b. [*If no*:] Do you know of any services that could help, if you or someone you know didn't have enough food?

6. Is there anything which might stop you from seeking help if you had problems with food?
7. What changes can you suggest for your local area that would make it easier for you to eat a healthier diet?

Those are all the questions I have for you. Thank you very much for taking the time to speak with me. Is there anything I haven't asked you about that you think would be important for us to know? Do you have any questions for us?

Appendix 7: Key to resident interview participants

R1	Camden resident, 45-54 year old female
R2	Camden resident, 65+ year old female
R3	Camden resident, 25-34 year old female
R4	Islington resident, 65+ year old female
R5	Islington resident, 65+ year old female carer
R6	Islington resident, 45-54 year old female

Appendix 8: Resident survey

Camden & Islington Public Health survey:
Residents' experiences of problems with food

Camden ISLINGTON
Working in partnership

Thank you for completing this survey. Your views will help us understand the experience of Camden & Islington residents in getting enough food to have a healthy diet, and some ways this could be made easier in future. Any information you provide will be anonymous and kept strictly confidential. When we write up the project, no-one will be able to link your responses to you.

Please return your responses by Thursday 12th October 2017 to the service provider who gave you this survey. If you have any questions, or would like information about the results, please contact Alex Smith in Camden & Islington Public Health, by email (Alexandra.Smith1@islington.gov.uk) or by phone on 0207 527 1363.

1. **Do you feel you and your family eat a healthy diet?**

Yes ☐ No ☐

If no, please can you tell us the main reason for this?

Are there any other reasons? (Tick all that apply below)

☐ Difficult to get to local shops	☐ Cost of food	☐ Cost of other (non-food) bills
☐ Food preferences	☐ Too difficult to change habits	☐ Lack of healthy food in local shops
☐ Lack of facilities to store or food	☐ Lack of time to shop and cook	☐ Not confident with budgeting or cooking skills

2. **Have there been any times when it has been difficult to get enough food?**

Yes ☐ No ☐

If yes, please can you tell us the main reason for this?

Are there any other reasons? (Tick all that apply below)

☐ Lack of time to shop and cook	☐ Not confident with budgeting or cooking skills	☐ Lack of facilities to store or cook food
☐ Not enough money coming in	☐ Benefit delays or cuts	☐ Debt
☐ Cost of other (non-food) bills	☐ Cost of food	☐ Difficult to get to the local shops

3. **Have you ever found it difficult to buy or prepare enough food for a healthy diet?**

Yes ☐ No ☐

If yes, please can you tell us the main reason for this?

1

Are there any other reasons? (Tick all that apply below)

☐ Cost of food	☐ Cost of other (non-food) bills	☐ Difficult to get to the local shops
☐ Benefit delays or cuts	☐ Debt	☐ Not enough money coming in
☐ Not confident with budgeting or cooking skills	☐ Lack of time to shop and cook	☐ Lack of facilities to store or cook food

4. **Have you ever asked for help with getting food, or getting enough food for a healthy diet?**

Yes ☐ No ☐

If yes, who did you speak to?

Do you know any services that could help, if someone didn't have enough food?

5. **Is there anything which might stop you from seeking help if you had problems with getting food?**

Yes ☐ No ☐

If yes, what might stop you seeking help?

6. **What changes can you suggest that could be made in the local area that would make it easier for you and your family to eat a healthier diet?**

7. **Who else do you live with?**

Adults (number)		Children (number)	

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