Royal Borough of Greenwich
Food Poverty Needs Assessment

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Executive Summary

Food poverty can be defined as the inability for individuals to afford, or to have access to, foods that make up a healthy diet in ways that are socially acceptable to them. This could include:

- Having limited money for food after paying for other household expenses;
- Living in areas where food choice is restricted by local availability and lack of transport;
- Lacking knowledge, skills, cooking equipment or space necessary to prepare healthy meals.

The Royal Borough of Greenwich Food Poverty Needs Assessment was conducted to investigate how food poverty is experienced in Greenwich and to identify potential local-level solutions.

The findings and recommendations from this report will be used to inform a number of strategic plans for the borough, including those focusing on anti-poverty and welfare reform, the twin priorities of obesity prevention and improving mental wellbeing under the Greenwich Health and Wellbeing Strategy, and the wider work to address health inequalities in the borough.

Findings of the needs assessment reflect those of national and London-level research, confirming that food poverty in Greenwich is a significant issue that has increased in recent years and is predicted to grow worse. Statistics suggest that large numbers of adults and children living in low income households in Greenwich are at risk of food poverty. As lower income groups tend to have poorer diets, with fruit and vegetable and fibre intakes below national recommended levels, low intakes of some vitamins and minerals and high sugar intake, these residents are likely to be experiencing compromised nutritional intakes that may put their health at risk. Those who are particularly vulnerable include; low income families with young children, the homeless and those living in poor housing, recently arrived migrants, the elderly, those with mental health problems and drug and alcohol users.

A wide range of factors causing food poverty were identified. These factors do not usually occur in isolation and were reported to combine, producing highly complex and stressful situations that are hard to manage or resolve. Financial problems were found to contribute most significantly to food poverty, as being on a low income reduces the amount of money available for food. This is compounded by a lack of food-related knowledge and skills, which restricts the ability to purchase the foods required for a healthy diet on a limited budget. Physical access is also a problem. A number of deprived areas of the borough have been identified where it is hard to access affordable and healthy foods but where unhealthy foods are readily available to local residents. The impacts of these problems were seen to cross the full spectrum of food insecurity, ranging from mild to severe food poverty.

The findings of the needs assessment indicate that, whilst a wide range of activities are taking place to address food poverty in Greenwich, there is still a great deal more to be
done. A full set of recommendations for action are presented on pages 83-85 of this report and include:

- Reviewing and updating the existing *Good Food in Greenwich Food Poverty Action Plan*;
- Annual monitoring of food poverty levels in Greenwich;
- Maximising opportunities for low income households to improve their financial situation and manage conflicting demands on income;
- Building on and strengthening work to improve access to affordable, healthy food in deprived neighbourhoods as part of wider social regeneration and community development in the borough;
- Supporting community meals provision to vulnerable groups;
- Maximising services that support the development of food-related knowledge and practical life skills;
- Ensuring that advice and support services for people experiencing food poverty are widely publicised and available to those with greatest needs.
1. Introduction

Food poverty is a long-standing problem that partners have worked hard to address in Greenwich for many years. There is increasing national and London-level evidence of rising levels of food poverty. Foodbank use is a high profile issue and Trussell Trust data documents the increase in numbers of people experiencing food poverty at a crisis level. Less evident is the long-term household food insecurity believed to be experienced by many more people, also documented by a number of recent national reports.

As part of the London Food Poverty Campaign, an annual survey of local authority action to address food poverty is conducted. The first report of their findings, Beyond the Food Bank - London Food Poverty Profile, was published in 2015 and documents the work underway in Greenwich to address food poverty. The report covers support provided from infancy through to old age, focusing on initiatives that help put more money in the pockets of those in need and that help provide access to affordable, healthy food. The Royal Borough of Greenwich was highly commended for their work on food poverty, with the depth and breadth of supported interventions being noted as exemplary. However, it is recognised that there is still much to be done.

In 2015, the Good Food in Greenwich Food Poverty Subgroup took the decision to evaluate the local situation in order to have a firm basis from which to develop further strategic action. A needs assessment was undertaken to investigate how food poverty is experienced in Greenwich and to identify potential local-level solutions.

1.1 Aim & objectives of the needs assessment

This research aims to assess the extent of food poverty/food insecurity in Greenwich and ways in which it is experienced, to inform policy & practice.

Objectives:
- To establish a baseline measure of food poverty within Greenwich;
- To conduct a mapping exercise to identify areas of the borough where there is poor access to healthy, affordable food;
- To conduct observational work in these areas to investigate further, including auditing local facilities and conducting interviews with local residents about local shops, transport links, community safety issues etc.;

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2 Hungry for Change. Fabian Commission on Food and Poverty. 2015.
4 Cooper N, Purcell S, Jackson R. Below the Breadline: The relentless rise of food poverty in Britain. Church Action on Poverty, Oxfam GB and Trussell Trust. 2014.
5 Beyond the Food Bank - London Food Poverty Profile. Sustain. 2015.
6 Good Food in Greenwich is an alliance of organisations and individuals working together to make food fairer, healthier and more sustainable in the Royal Borough of Greenwich.
To gain insight into factors affecting food poverty across a wide range of demographics in Greenwich by conducting interviews with staff in organisations and services supporting the most vulnerable within society and with individuals with experience of food poverty;

To produce a report presenting findings of the above research and to provide recommendations for action to reduce food poverty in Greenwich.

1.2 Definition of food poverty
Through the work of the Good Food in Greenwich partnership, food poverty in Greenwich has been defined as: the inability for individuals to afford, or to have access to, foods that make up a healthy diet in ways that are socially acceptable to them. This could include:

- Having limited money for food after paying for other household expenses;
- Living in areas where food choice is restricted by local availability and lack of transport;
- Lacking knowledge, skills, cooking equipment or space necessary to prepare healthy meals.

The definition we have used includes both crisis level food poverty and longer-term food insecurity. Food insecurity can be defined as:

The inability to acquire or consume adequate quality or sufficient quantity of food in socially acceptable ways, or the uncertainty that one will be able to do so7.

The diagram below represents the different levels of food poverty, ranging from mild through to severe food insecurity8. The terms food poverty and food insecurity are used interchangeably throughout this report.

Figure 1. Levels of food insecurity on a scale of increasing severity

1.3 Overview of the report
The following section of this report summarises evidence from national research and reports about the nature and extent of food poverty. The methodology for the Greenwich Food Poverty Needs Assessment is defined in section three and findings

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presented in section four. The methodology and findings are presented in five parts, each relating to the Needs Assessment objectives, as follows:

- Monitoring levels of food poverty;
- Mapping of food retailers;
- Insight from priority areas, including shopping basket survey;
- Key worker interviews;
- Survey and interviews with people experiencing food poverty.

Conclusions are drawn at the end of the report and recommendations made for further action to alleviate food poverty in Greenwich.
2. The National Picture
In recent years, a number of key national reports and academic studies have documented the rise in food poverty in the UK. A call for urgent action to address the causes of food poverty is presented in the report of the All-Party Parliamentary Inquiry into Hunger in the United Kingdom, which concludes that:

At the end of this Inquiry we are left with two abiding impressions. The first is that hunger is here to stay in Britain until counteraction is taken. The second is that appropriate action is not only desirable but possible.

2.1 Levels of food poverty
Levels of food poverty in the UK are not known, as there is currently no national measure for food poverty. Recently published data from an international survey conducted by the Gallup® World Poll for FAO/UN in 2014 suggests that 10.1% of people aged 15 or over in the UK reported experiencing a struggle to get enough food to eat. Of these people, 4.5% experienced a severe level of food insecurity, typically having experienced a time when they had gone a whole day without eating because they could not afford enough food. Although nationally representative, this survey involved only a small sample of 1000 people, and therefore should be interpreted with caution.

Similar data was collected in the 2003-2005 Low Income Diet and Nutrition Survey. Despite being dated, this comprehensive national survey of the most deprived 15% of the UK population included a similar measure of food insecurity. It found that around 30% of respondents had experienced some constraint on food buying because of lack of money or other resources. 39% regularly worried about running out of money for food and 20% said they reduced meal size or skipped meals because of lack of money for food.

Further insight is available from a London survey of 522 parents and 522 children aged 8-16 published in 2013. The survey found that 42% of parents had cut back on the amount of food they bought in the past year. 21% of parents reported having skipped meals so that their children could eat, while 8% indicated that their children had to skip meals as there was not enough food to eat. 9% of the children said that they sometimes or often go to bed hungry.

At the other end of the life-cycle, data from the English Longitudinal Study of Aging suggest that food insecurity is a growing problem in people aged above fifty. The proportion of older people who reported that having too little money stopped them buying their first choice of food items rose significantly from 5.3% in 2004 to 9.1% in 2012. The proportion of older people who reported that they (or someone else in their

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household) had skipped meals or reduced the size of their meals in the last year because there wasn’t enough money for food also rose significantly from 1.6% in 2004 to 2.8% in 2012.\(^\text{13}\)

Foodbank data provides insight into levels of food poverty at the higher end of the food insecurity scale. The Trussell Trust supports a large network of foodbanks across the UK and has collected data since 2008. Figure 2 shows numbers of vouchers used at Trussell Trust Foodbanks annually and illustrates the dramatic rise in crisis-level food poverty in the UK in recent years.\(^\text{14}\) It is important to note that these figures do not represent overall food poverty in the UK; as people use the foodbank at times of emergency, when they have no money for food, foodbank data represents more extreme food poverty. It does not reflect the type of lower-level, long-term household food insecurity experienced by many on low incomes who manage to get by but find it an ongoing struggle. Other issues such as embarrassment or lack of a bus fare also prevent people from accessing food banks. Data from Canada, where food insecurity is measured at a national level, suggests that only one fifth of those experiencing food poverty use foodbanks.\(^\text{15}\)

Figure 2. Numbers given three days’ emergency food by Trussell Trust Foodbanks

### 2.2 Causes of food poverty

Food poverty is caused by a complex interplay of economic, environmental, social and cultural factors. The most significant of these is a lack of money. Weak wage growth and recent welfare reform have resulted in further restrictions on household budgets for low income households. Added to this are increases in key living costs such as housing and energy, which can result in tighter food budgets. Increasing food prices mean that less can be purchased with a limited budget.\(^\text{16,17}\) Data from the national Family Food survey show that low income households spend less on food than those with higher income but that food costs are higher as a proportion of overall household expenditure (an average 11.1% of all household spend went on food in 2014 but for

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\(^{15}\) Time to count the hungry: the case for a standard measure of household food insecurity in the UK. Food Poverty Workshop Report, London; 2016.

\(^{16}\) Hungry for Change. Fabian Commission on Food and Poverty. 2015.

the lowest 20% of households by equivalised income\textsuperscript{18} it was 15.7%)\textsuperscript{19}. Food is the third largest item of household expenditure for low income households, after housing, fuel and power costs. These conflicting demands on income mean that food is often squeezed out, as it is generally considered to be a more flexible budget item.

Sudden changes to income can result in more severe food insecurity and there is a large amount of evidence showing the negative impacts of benefits sanctions and delays or a sudden loss or reduction in employment\textsuperscript{20} \textsuperscript{21} \textsuperscript{22}. Figure 3 shows that the vast majority of Trussell Trust Foodbank referrals were made because of problems with benefits and low income\textsuperscript{23}.

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure3.png}
\caption{Primary reasons for referral to Trussell Trust Foodbanks}
\end{figure}

However, low income does not necessarily equate with food poverty. Those with a good knowledge of what constitutes a healthy diet and effective budgeting, shopping and cooking skills can manage to achieve a healthy diet and there is evidence that many people on low incomes manage their limited food budgets effectively\textsuperscript{24}. On the other hand, there is much evidence that food-related knowledge and skills are being eroded and for many the inability to budget, shop and cook will add to limited income to compromise food choices. Further limitations to achieving a healthy diet are poor domestic facilities experienced by many low income households. These can make it difficult or impossible to prepare home cooked meals.

\textsuperscript{18} The income a household needs to attain a given standard of living will depend on its size and composition. Equivalisation adjusts a household’s income for size and composition so that the incomes of all households are comparable.
\textsuperscript{20} Hungry for Change. Fabian Commission on Food and Poverty. 2015.
\textsuperscript{21} Cooper N, Purcell S, Jackson R. Below the Breadline: The relentless rise of food poverty in Britain. Church Action on Poverty, Oxfam GB and Trussell Trust. 2014.
\textsuperscript{23} https://www.trusselltrust.org/news-and-blog/latest-stats/
Additional factors limiting access to a healthy diet relate to people’s geographical situation. Low-income households are more likely to live in deprived areas where studies have shown there to be a limited availability of healthy foods in local shops and often higher food prices\textsuperscript{25, 26}. Low income households are more likely to be dependent on often unavailable or unaffordable public transport to reach bigger shops with better prices. These factors combine to make everyday goods and services more expensive for low income households; this is the so-called poverty premium.

Whilst availability and access to healthy food may be restricted in deprived areas, there is growing evidence that, with the rise in numbers of takeaways, unhealthy food is becoming increasingly available\textsuperscript{27}. When cooking skills, facilities, and often time, are limited and takeaways offer increasingly cheap meal deals, it is all too easy for those with low incomes living in deprived areas to choose these unhealthy options.

\subsection*{2.3 Impact of food poverty
Dietary inequality}

There is a large body of qualitative evidence providing insight into the experiences of people living in food poverty in the UK. This shows that people on low incomes have to trade down to the cheapest food products, as reflected here by evidence from a member of the Fabian Commission’s Expert Panel of people with experience of living in poverty\textsuperscript{28}.

“When you only have £19 for food each week, you end up with the crap stuff.”

When money becomes too short, restrictions extend from the quality of food to the quantity.

There are multiple cases of parents – usually mothers – going hungry to feed their children or having to prioritise calories over nutrients to afford their weekly food shop. Many people are feeling a deep sense of anxiety from the struggle to manage serious squeezes in household budgets that arises from the cost of living rising faster than income\textsuperscript{29}.

We have spoken to people living on one meal a day, drinking hot water and lemon to tame hunger pangs, trying to think how they can survive on a household budget

\textsuperscript{26} Master’s Thesis N°107277 (Supervisor: Steve Cummins). Assessing Neighbourhood Accessibility to a Healthy Diet in Inner London: a Cross-Sectional Study Using Food Price Data and Geographic Information Systems. London School of Hygiene & Tropical Medicine; 2014.
\textsuperscript{27} Force-fed: Does the food system restrict healthy choices for typical British families? The Food Foundation. 2016.
\textsuperscript{28} Hungry for Change. Fabian Commission on Food and Poverty. 2015.
\textsuperscript{29} Hungry for Change. Fabian Commission on Food and Poverty. 2015.
of £6 a week. More than half a million children in the UK are now living in families who are unable to provide a minimally acceptable diet.\(^{30}\)

An adequate diet with the right amounts of a variety of nutritious foods is essential to good health. Data from the National Diet and Nutrition Survey (NDNS) confirms that some food and nutrient intakes vary by income level. These differences show that those in lower income groups tend to have poorer diets, particularly with respect to fruit and vegetable consumption. Whilst fruit and vegetable and fibre intakes were below national recommended levels for the population as a whole, the NDNS showed consumption was significantly lower in the lowest income group compared with the highest income group. Intakes of some vitamins and minerals were also significantly lower in the lowest income groups. Sugar intake was above the recommended level in the population as a whole, but, for adults, the intake of sugar was highest in the lowest income group.\(^{31}\) Similar data from the national Family Food survey, presented in Figure 4, compare intakes of foods from the main food groups in all household and low income households with the national healthy eating guidelines known as the Eatwell Plate.\(^{32}\) The data show lower intakes of fruit and vegetables and higher intakes of food and drinks high in fat and/or sugar in low income groups compared to all households.

Figure 4 Eatwell Plate comparisons for low income and all households

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\(^{30}\) Cooper N, Purcell S, Jackson R. Below the Breadline: The relentless rise of food poverty in Britain. Church Action on Poverty, Oxfam GB and Trussell Trust. 2014.


Health consequences
These imbalances of certain food and nutrient intakes contribute to poor health for those in lower income groups. A poor diet is associated with a range of ill health, including:
- Overweight and obesity;
- Some cancers;
- Type 2 diabetes;
- Heart disease and stroke;
- Poor mental health;
- Poor oral health;
- Increased falls and fractures in older people;
- Low birth-weight and increased childhood morbidity and mortality.

People from lower income groups experience higher rates of many of these conditions. One of the paradoxes of food poverty is that those on low incomes are likely to depend on cheap foods which are high in fat, sugar and salt and this dependence can lead to overweight and obesity. Children and women from lower income groups are more likely to be overweight or obese, although the pattern is less clear for men.

Malnutrition, in terms of under-nutrition, causes a range of problems including:
- Impaired immune responses;
- Increased fatigue;
- Vulnerability to hypothermia;
- Delayed recovery from illness and depression;
- Stunted growth in children resulting in increased risk of ill health.

Social consequences
In addition to health consequences of poor nutrition, there are a range of negative social consequences. Short stature resulting from stunted growth can negatively impact on an individual's economic opportunity and psychological wellbeing through poorer educational and employment prospects. A number of studies have reported a social gradient in height between British children, with children from lower socio-economic groups having a lower average height than children from more affluent backgrounds, and a recent study of UK school children using National Child Measurement Programme data had similar findings. This study also identified social inequalities in height of children from Asian as well as white British ethnic groups. Although the study did not look at links with nutritional status, the authors point out that the detrimental impact of poor nutrition caused by food poverty is implicit in these findings.

In a related survey of teachers conducted for the Greater London Assembly in 2012,
97% of surveyed teachers said going to school hungry impacted negatively on pupils’ concentration, 83% said it adversely affected behaviour and 75% considered it led to lower attainment.38

Those experiencing food poverty report a range of negative emotional and social consequences including fear, stress, shame and social exclusion.39 For example, when there is no money for food it is not possible to go out to eat with friends, neither is it possible to invite them for a meal at home.

There may also be economic consequences, for example, those who are malnourished are more likely to have greater sickness time off work due to reduced immunity and be less productive due to fatigue.

3. Greenwich Food Poverty Needs Assessment methodology

In order to establish a firm evidence base from which to develop further strategic action, in 2015 the Good Food in Greenwich Food Poverty Subgroup took the decision to investigate the situation in the borough. The needs assessment followed a whole-systems approach to investigating food poverty. To ensure that a full picture of the broad range of causal factors described earlier in this report was captured, key partners advising on the methodology and implementation included Royal Borough of Greenwich (RBG) Public Health and Wellbeing, RBG Environmental Health, RBG Planning and Greenwich Cooperative Development Agency (GCDA), with ad hoc engagement with other organisations and services as required.

The following methodology was devised to examine how food poverty is experienced in Greenwich and to identify potential local-level solutions.

3.1 Monitoring levels of food poverty

The first objective of the Food Poverty Needs Assessment was to establish a baseline measure of food poverty in Greenwich. As no routine, borough-level survey was identified to accommodate a question on food insecurity, the Needs Assessment looked at the following secondary data to provide an indication of levels of food poverty in Greenwich:

- Greenwich Foodbank vouchers;
- Healthy Start vouchers;
- Free school meals;
- Household level income;
- Income deprivation affecting children;
- Index of multiple deprivation.

**Greenwich Foodbank vouchers**

Foodbank data provides insight into crisis level food insecurity, where people have no money for food. Greenwich Foodbank provided anonymised voucher data for years 2013-14 and 2014-15 as well as monitoring reports produced for years 2013 to 2016.

**Healthy Start vouchers**

Healthy Start is a means-tested Government programme providing eligible pregnant women and children under the age of four years with food vouchers and vitamin supplements. Healthy Start food vouchers can be exchanged for fresh milk, infant formula, fresh and frozen fruit and vegetables. Healthy Start vitamins are available from Children’s Centres. Data from the Department of Work and Pensions (DWP) shows numbers of children and pregnant women eligible for Healthy Start in Greenwich, providing an indication of low income families who may be vulnerable to food poverty. Data are also available on the uptake of the scheme. Those eligible but not taking up the scheme are likely to be particularly vulnerable to food poverty.
Free school meals
Children of families in receipt of certain means-tested benefits are eligible for free school meals. Free school meals data therefore give an indication of the numbers of children in low income households who may be vulnerable to food poverty. Those who are eligible for but not taking up free school meals are likely to be particularly vulnerable. Department for Education data were used to assess the trend in uptake of free school meals.

Household level income
Poverty is commonly defined in relation to low income. Individual income data were not available, therefore household income data were used to research poverty levels in Greenwich. A relative poverty measure, whereby household income is compared to a 60% median income in London, was used. London median income was included as a benchmark, because it captures a higher cost of living in London compared to elsewhere in the UK. The number of households which earned less than 60% London median income was estimated from Pay Check household income data for Greenwich.

DWP, Nomisweb and Office for National Statistics data on out-of-work benefits claimants in Greenwich were also used, as people in receipt of benefits are often at risk of food poverty.

Indices of Deprivation
The Index of Multiple Deprivation (IMD) takes into account many of the factors contributing to food poverty. This measure includes: income deprivation; employment deprivation; education; skills and training deprivation; health deprivation and disability; living environment deprivation; housing deprivation and crime. IMD data is calculated at neighbourhood level (Lower Super Output Area or LSOA) and thus gives a good insight into deprivation and hence possible experience of food poverty in small areas of the borough.

For some of the analyses, one of the indices of multiple deprivation, Income Deprivation Affecting Children Index (IDACI), was used. The income deprivation domain includes all residents who receive the following benefits:

- Income Support;
- Income-based Jobseeker’s Allowance;
- Income-based Employment and Support Allowance;
- Pension Credit;
- Child Tax Credit and Working Tax Credit;
- Asylum seeker's support.

3.2 Mapping food retailers
The second objective of the needs assessment was to conduct a mapping exercise to identify areas of the borough where there is poor access to healthy, affordable food. Food premises data were obtained from the Food Standards Agency (FSA) website and categorised according to the following classification:
• Markets;
• Supermarkets (> 280 sqm);
• Grocery Stores (< 280 sqm);
• Grocery Stores selling predominantly ethnic products (< 280 sqm);
• Independent shops (bakers, butchers, delis, fishmongers, and greengrocers);
• Takeaways;
• Other premises selling confectionary and snacks (kiosks, newsagent, off-licences, post offices, petrol stations, pharmacies and pound shops).

Accessibility to food retailers was measured in terms of walking distance, defined as 400m distance from the retailer. The 400m buffer zones were mapped using the Cartesian method. In order to check whether more deprived areas in the borough had poorer access to food, the retailer data were overlaid with IMD data at the LSOA level.

Supermarkets are the type of retailer most likely to offer a good range of healthy and affordable foods. Therefore, to identify geographical areas where residents are likely to be experiencing poor access to healthy, affordable food, maps of supermarkets overlaid with IMD data were created. Areas with highest deprivation not within walking distance of supermarkets were selected for further investigation. Grocery stores in these areas were identified for inclusion in the shopping basket survey described in the following section of this report.

To assess school children’s access to cheap convenience foods high in fat, salt and sugar on journeys to and from school, locations of primary, secondary and special schools were added to maps of takeaways and other premises.

Finally, shops accepting Healthy Start vouchers were mapped together with locations of children’s centres. This mapping exercise was intended to investigate whether Healthy Start beneficiaries may have difficulty accessing registered retailers in any areas of the borough.

3.3 Outreach to priority geographical areas and shopping basket survey
Having identified areas of the borough with possible poor food access, the next objective was to conduct observational work in these areas. The Public Health Community Food Worker conducted observational audits of facilities in areas with highest deprivation which had no supermarkets within walking distance. The audits included:

• Collection of price and availability data of a basket of representative healthy food items in local shops;
• Types of takeaways & cafes;
• Transport links;
• Community food provision e.g. lunch clubs;
• Community safety issues.
Shopping basket survey
To evaluate access to a healthy diet, a basket of representative healthy food items was surveyed in local shops. The items in the basket were those used for recent research conducted in neighbouring Lewisham. The basket, based on nationally recognised research, takes into account UK healthy eating guidelines and ethnic differences in food preference in the borough of Lewisham, which has a similar population to Greenwich. The basket contains 22 items, including fruits and vegetables, meat and fish, milk, bread, tinned baked beans, spaghetti, oven chips, porridge oats, Weetabix and brown rice. The list of items is presented in Appendix 1 with the criteria used for pricing.

Availability and prices of the 22 food items were collected in 35 shops in the selected areas. For comparison, availability and prices were also collected in two large supermarkets (Tesco and Lidl) in Woolwich.

Using the data collected, prices of a healthy food basket were generated for eighteen shops using fifteen food items. Shops and items with low availability were removed to minimise missing data. The resulting basket is a vegetarian basket due to the low availability of meat and fish in the studied shops. Particular attention was paid to the selection of the 18 shops to avoid bias: their prices were representative of the 35 shops. Of the excluded shops, none were especially cheap or expensive. With the resulting set of data, only 18 prices of the 270 prices were missing (6.6% of the prices). Missing data were imputed using the average price of the item considering all shops.

Additionally, prices of a fruit and vegetable basket (apple, onions, tomatoes, lettuce and peppers) were generated for all the shops where the five items were available. Yam, grapes and frozen berries were not considered due to their low availability.

3.4 Key worker interviews
The next objective of the needs assessment was to gain insight into factors affecting food poverty across a wide range of demographics in Greenwich. Interviews were conducted with staff in organisations and services supporting the most vulnerable within society. The selection process for organisations and services is outlined below.

A recent report of research into food poverty in Scotland identified the following groups as being particularly at risk of experiencing food poverty:

- Families with young children/mothers;
- Young adults (including those at risk of homelessness);
- People with mental health problems;
- Destitute/homeless;
- Refugees/asylum seekers;

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Those with underlying health problems.

The RBG Health Improvement Specialist and Community Food Worker generated a list of organisations/services working with these groups. This was supplemented by the Advisory Group, with reference to existing anti-poverty work in the borough, and by suggestions from those who were interviewed. Forty-six organisations and services were identified and key contacts within them identified. Requests to conduct interviews were emailed, with an outline of the nature of the needs assessment. As a result, thirty interviews were conducted.

Interviews with key workers were structured using a topic guide adapted from the one used by the Scottish research group. This asked participants about:

- Their perceptions and views of food poverty within the Greenwich context;
- The extent to which they believe their client group experience food poverty;
- Their views about the causes of food poverty;
- The impact of food poverty on their client group;
- Their organisation’s role in addressing food poverty;
- Their ideas for local-level solutions.

All interviews were recorded, with participants’ permission. Seven of the thirty interviews were fully transcribed. The transcripts were analysed independently by two members of the Food and Health Team to identify key themes. These themes were compared, any discrepancies discussed and resolved (these were minor) and a set of themes and sub-themes agreed. The interviews were coded using this thematic framework and the data entered into an Excel spreadsheet designed for this purpose. Due to time limitations, the remaining twenty-three interviews were not transcribed and were coded straight from the recording.

3.5 Lived experience interviews and surveys

The final objective of the needs assessment was to gain insight into factors affecting food poverty by conducting interviews with individuals with experience of food poverty. As limited time was available for this purpose, the Advisory Group suggested a survey would be an additional, more efficient means of extending this insight. The methodology for both the survey and interviews are described here.

Survey of people experiencing food poverty

A survey was designed to gather qualitative information about ways food poverty is experienced in Greenwich, with a particular focus on long-term household food insecurity. The survey questions were adapted from those used in the national Low Income, Diet and Nutrition Survey. The numbers of questions were limited so that the self-completion survey would not take longer than fifteen minutes to fill in. Questions covered the following areas:
To reach people experiencing food poverty, the survey was distributed through services and community centres working with vulnerable groups in the borough including Families 1st, Age UK, Middle Park Older People’s Lunch Club and a cookery club for people in recovery from drug and alcohol addiction. The aim was to complete about 100 surveys.

**Interviews with people experiencing food poverty**

To gain more in-depth insight into people’s experiences of food poverty and to explore strategies used to manage food poverty, interviews were conducted with individuals experiencing food poverty. The interviews were semi-structured and a script was developed covering the same themes as the survey. Open questions were used to enable full exploration of the themes.

A number of individuals with experience of food poverty were identified through the key worker interviews. Key workers approached their clients to explain the purpose of the research and where individuals were willing to participate, key workers arranged the interviews. These were then conducted by the Health Improvement Specialist and a student of nutrition. All interviews were recorded, with participants’ permission, and fully transcribed. As with the key worker interviews, themes were identified and the transcripts were analysed using an adapted version of the thematic framework used for the key worker interviews. Data was entered into an Excel spread sheet created for this purpose.
4. Findings

4.1 Monitoring levels of food poverty

**Greenwich Foodbank data**

Greenwich Foodbank monitoring reports provided the number of food vouchers used alongside the number of adults and children in households receiving those vouchers. Data are available from the time the Foodbank was established in Thamesmead in April 2012 through to 2016. Table 1 presents the figures for these years alongside the change in Foodbank use compared to the previous year. The data show a significant increase in Foodbank use between the years 2012-13 and 2013-14, as it became more established within the borough. Numbers of agencies making referrals increased from 60 in 2012 to 78 in 2013 and to more than the double in 2014, with 122 agencies. As the numbers of agencies making referrals increased, numbers of vouchers used increased; during 2013-14, the numbers of vouchers used (2,513) increased six-fold compared to 2012-13 (415). As a result, the Foodbank served 4,148 (364%) more people in 2013-14 than the previous year.

Foodbank use continued to increase in 2014-15, though at a slower rate; the number of vouchers used rose by 228 (9.1%) serving a total of 1,190 (22.5%) more people compared to the previous year. In the year 2015-16, the number of vouchers, the number of adults and the total number of people served by these vouchers had dropped slightly (although it is still much higher than during 2012-13 and 2013-14). However, it is noted that the number of children benefitting from food vouchers increased by 82 (2.9%) compared to the previous year. Numbers of referring agencies have continued to increase but at a slower rate, with 145 in 2015 and 169 in 2016.

**Table 1 Number of Foodbank users and per cent change from previous year**

<table>
<thead>
<tr>
<th>Year</th>
<th>N vouchers (% change from previous year)</th>
<th>N adults (% change from previous year)</th>
<th>N children (% change from previous year)</th>
<th>Total N (% change from previous year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012-2013</td>
<td>415</td>
<td>560</td>
<td>581</td>
<td>1,141</td>
</tr>
<tr>
<td>2013-2014</td>
<td>2,513 (506%)</td>
<td>3,175 (467%)</td>
<td>2,114 (264%)</td>
<td>5,289 (364%)</td>
</tr>
<tr>
<td>2014-2015</td>
<td>2,741 (9.1%)</td>
<td>3,673 (15.7%)</td>
<td>2,806 (32.7%)</td>
<td>6,479 (22.5%)</td>
</tr>
<tr>
<td>2015-2016</td>
<td>2,732 (-0.3%)</td>
<td>3,545 (-3.5%)</td>
<td>2,888 (2.9%)</td>
<td>6,433 (-0.7%)</td>
</tr>
</tbody>
</table>

Greenwich Foodbank Welcome Centres increased in number from four in 2012 to eight in 2014 to accommodate increasing numbers of referrals from increasing number of referral agencies in the borough. At present Greenwich still has eight Welcome Centres.

It is not possible to estimate the number of actual people using Foodbanks in Greenwich, as individuals may visit on more than one occasion and up to three vouchers can be issued to an individual. Further analysis of the 2013-14 data showed that around 80% of the postcodes were repeated. This might indicate that a large proportion of Foodbank users relied on a Foodbank more than once. Though we cannot estimate the exact number of people using Foodbanks, the data presented here show an increase in demand for the Foodbank that suggest an increase in food poverty in Greenwich.

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42 Personal correspondence with Greenwich Foodbank.
Figure 5 presents the most prevalent reasons for using a Foodbank in 2013-14. For around 40% of cases the reason was unknown (given as “Other”), out of the remaining options income-related crises were the most prevalent. The high percentages of Greenwich Foodbank users affected by delays and changes to benefits reflect those reported by the Trussell Trust at a national level (see Figure 3, p10).

Research suggests that only one fifth of those experiencing food poverty use food banks\(^{43}\) and it must be emphasised that data on Foodbank use only represent the tip of the iceberg when considering food poverty.

**Healthy Start eligibility and uptake data**

Currently within Greenwich there are 3,367 children (0-4 years) and pregnant women who are eligible for Healthy Start. These low income families are potentially at risk of food poverty. However, there are only 2,334 Healthy Start beneficiaries within Greenwich (the data does not indicate how many of the beneficiaries are children or pregnant women), which is a 69% take up of the scheme.

Food vouchers are worth £3.10. Pregnant women receive them from their tenth week of pregnancy until they give birth and children under the age of one year receive two per week (worth £6.20) and one voucher per week from 1-4 years. The 31% of our eligible population not registered to receive these vouchers are at an even greater risk of food poverty. The food vouchers are intended to alleviate this risk, adding money to the pockets of those most in need, and there is work to be done to improve the uptake of these vouchers in the borough.

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\(^{43}\) Time to count the hungry: the case for a standard measure of household food insecurity in the UK. Food Poverty Workshop Report, London; 2016.
Free school meals eligibility and uptake data
Currently within Greenwich, 7,596 primary and secondary-school age children are eligible for free school meals. Of those who are eligible, only 5,878 children are taking up these meals. This indicates that 1,718 (23%) children from low income families are not claiming these free meals, adding unnecessary expenditure to these families’ household budgets and potentially increasing their vulnerability to food poverty.

These data give an indication of the numbers of children in low income households who may be vulnerable to food poverty in Greenwich. The introduction of universal free school meals at Key Stage 1 in 2014 has potential to skew the data, as many eligible families do not register for free school meals when their children start school since the meals are now free anyway. However, the gap between eligibility and uptake in Greenwich has been around 20% since 2007, suggesting the same numbers of children are potentially vulnerable.

Income deprivation affecting children (IDACI)
According to the 2015 IMD data, around 27% of children were affected by income deprivation. Children were defined as age 0-15 years old. The Greater London Authority (GLA) estimated that there were around 60,225 Greenwich residents in that age group in 2016. Using these figures, it can be estimated that around 16,260 Greenwich children were affected by income deprivation in 2016. This suggests a much larger number of children in the borough are at risk of food poverty than indicated by free school meals data. Eligibility for free school meals relates to all the benefits included in the income deprivation domain of IDACI except Working Tax Credit. This benefit is designed to top up your earnings if you work and are on a low income. The estimate presented above therefore includes children in low-waged families who are not eligible for free school meals. These children may be at a greater risk of food poverty, since they lack the safety net provided by free school meals.

Household level income
According to the Pay Check 2013 data, the median income in London was £31,700 and the 60% cut-off was £19,020. Due to the data limitations it was not possible to estimate the number of households earning below this cut-off, and instead the number of households in Greenwich earning below £20,000 was estimated.

In 2013 in Greenwich there were 30,088 households earning below the 60% London median income; around 30% of all Greenwich households. Poverty was not uniformly distributed across the borough; the proportion of household earning below 60% London median income in Greenwich Lower Super Output Areas (LSOAs) ranged between 49% and 6% (Figure 6). Note that these estimates do not take housing costs into consideration and the proportion of households in relative poverty is likely to be higher once the housing costs are considered.

46 http://data.london.gov.uk/demography/population-projections/
Looking further into the income data, to consider levels of low paid employment and numbers of unemployed in receipt of benefits, London’s Poverty Profile indicates that in 2014 21% of employees living in Greenwich were in low paid jobs and 11% of working age residents were in receipt of out-of-work benefits\(^{47}\). Of those receiving out-of-work benefits, Emergency and Support Allowance (ESA) and Incapacity Benefit (IB) claimants are the largest claimant group in Greenwich (11,140 people or 61%). A further breakdown of ESA and IB claimants show that 50% suffer from mental ill health and behavioural disorders. People with long-term health problems and mental ill health have been identified as at higher risk of food poverty. These statistics therefore suggest a large number of out-of-work adults in the borough are vulnerable.

**Index of Multiple Deprivation**

The final source of data providing insight into food poverty is the Index of Multiple Deprivation (IMD). This has been used for the food access mapping, the findings of which are reported in the following section.

**Summary**

When interpreting these data, it is important to remember that many people on low incomes have effective budgeting, shopping and cooking skills that enable them to manage their limited resources effectively and avoid food poverty\(^{48}\). However, although these data cannot tell us how many people are experiencing food poverty in Greenwich, they suggest that large numbers of adults and children living in the borough are likely to be experiencing food insecurity at some point on the scale described earlier in this report (see p6).

\(^{47}\) [http://www.londonpovertyprofile.org.uk/indicators/boroughs/greenwich/]

4.2 Mapping food retailers

Grocery stores

Figure 7 shows the distribution of grocery stores in Greenwich, with 400m buffer zones indicating walking distance. These data were overlaid with Greenwich deprivation data (IMD) for 2015 at Lower Super Output Area (LSOA) level, with most deprived areas highlighted in darker red. This map shows supermarkets and small grocery stores to be fairly evenly distributed around Greenwich, with clustering in town centres such as Woolwich, Plumstead, Eltham, Central and East Greenwich, Lee and Deptford. Apart from Eltham, distribution is more dispersed in the south of the borough; however, the map suggests that overall there is good access to general food stores across the borough.

Figure 7 Food premises in Greenwich & LSOA IMD Greenwich quintiles

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The borough is served by only three street markets, in Deptford, Woolwich and Central Greenwich. However, the latter is more a source of takeaway food and does not have fruit and vegetable stalls. Street markets are a particularly good source of reasonably priced fruit and vegetables and it is clear that residents of the borough, particularly in the south, have poor access to this opportunity.

Independent stores tend to cluster more in town centres. Small ethnic grocery stores are mainly located in Deptford and Woolwich, suggesting that some people may have to travel further to access specialist cultural foods. However, many of the small grocery stores also stock these types of food. Due to time limitations, we were unable to study this in more detail.

A number of areas within more deprived LSOAs fall outside walking distance of these grocery stores. When all grocery stores except supermarkets (where affordable, healthy food is most likely to be available) were excluded from the map, areas of higher deprivation not within walking distance of a supermarket were identified. The following areas, suspected to have poorer access to affordable and healthy foods, were then investigated further.

- Thamesmead Moorings and areas of West Thamesmead;
- Small areas of Abbeywood;
- Glyndon/Barnfield/Herbert Road/ Woolwich Common;
- Woolwich Dockyard;
- Some areas of Charlton;
- West Eltham;
- Horn Park, Middle Park, Coldharbour and Averyhill estates.

Outreach was conducted in these areas and a shopping basket survey conducted in the small grocery stores that serve them. The findings of this outreach work are presented in the next section of this report.

**Takeaways**

Figure 8 shows the distribution of takeaways in the borough, with 400m buffer zones indicating walking distance. These data were overlaid with Greenwich deprivation data (IMD) for 2015 at Lower Super Output Area (LSOA) level, with most deprived areas highlighted in darker red. The large numbers of takeaway outlets is evident and it can be seen that few areas fall outside the 400m walking zones, particularly most deprived residential areas. Closer inspection of the map reveals that many areas outside the 400m zones are parks and green spaces rather than residential areas. As expected, the takeaways cluster around town centres.
The high concentration of takeaways across the borough, particularly in town centres, is not clearly shown by Figure 8, as many of the blue dots sit on top of each other. A heat map was therefore created to provide further insight. Figure 9 shows the red zones of highest density of takeaways around Deptford, the centre of Greenwich, the lower road connecting Greenwich and Woolwich, Woolwich town centre, Plumstead High Street, Herbert Road and Eltham High Street.
Knowing that many school children will eat takeaway food during lunch break and/or after school, the location of takeaways in relation to schools in the borough was investigated. Figure 10 shows that only one secondary school falls outside the 400m walking zones of takeaways, although not by much. Only four primary schools are more that 400m from a takeaway, although again, not much further. It is clear that children in all areas of Greenwich have ready access to unhealthy food from takeaway outlets.
Other retailers selling confectionary and snacks

Another source of unhealthy food for school children are shops such as newsagents, off-licences and post offices which sell food items including confectionary, crisps and sugary drinks. Figure 11 presents a similar situation to Figure 10, showing the wide distribution of this type of store around the borough and the clustering around most schools (although to a slightly lesser extent than takeaways). Once again, this demonstrates the ease of access to unhealthy food items for children in all areas of Greenwich.
Healthy Start registered retailers

Healthy Start vouchers can be exchanged for fresh milk, infant formula, fresh and frozen fruit and vegetables in registered food retailers and pharmacies, theoretically improving access to these foods for people on low income. Healthy Start vitamins can also be obtained from children’s centres. To see how easy it was for people in low income areas of the borough to use Healthy Start vouchers, shops accepting Healthy Start vouchers were mapped together with locations of children’s centres. Figure 12 shows Healthy Start registered premises by type alongside the Children Centres in Greenwich. These data were overlaid with Income Deprivation Affecting Children (IDACI) data at LSOA level, with most deprived areas highlighted in darker red. It is clear there is a large area of the south of the borough, including a number of more deprived areas, where no retailers are registered with Healthy Start. This indicates that low income families in receipt of vouchers are likely to struggle to use them in this part of borough. The South West of the borough is an area of concern, as there are high levels of deprivation and the registered Healthy Start retailers serving this area are mainly located some distance away in Eltham High Street. Of particular concern is the fact that there are few grocery stores, where vouchers can be used for fruit and
vegetables. Whilst there are also a number pharmacies, beneficiaries are only able to purchase formula milk at these outlets.

Figure 12 Map of proximity of children’s centres to Healthy Start premises by index of income deprivation affecting children (IDACI) quintiles

Summary
In summary, the mapping demonstrates that there is easy access to unhealthy foods from takeaways and ‘other’ stores selling foods such as confectionary, crisps and sugary drinks in most areas of the borough. Access to healthy foods more likely to be
obtained in grocery stores appear to be good; however, when only supermarkets are considered, areas of deprivation that may be experiencing poor access to affordable, healthy food are identified. Findings from further investigations in these areas are presented in the next section.
4.3 Insight from priority geographical areas and shopping basket survey
Audits of areas of higher deprivation considered likely to be experiencing poor access to affordable, healthy food confirmed that in all areas it is relatively easy to purchase less healthy foods from cafes and takeaways but many local grocery stores do not provide a good range of healthy food items at affordable prices. Detailed findings of the shopping basket survey carried out in these grocery stores are presented below.

All the priority areas are well served by bus routes that connected with local town centres where larger supermarkets are located. However, in some larger estates those with limited mobility may struggle, as bus stops located on main roads are often a long walk from some residential areas. People with no money for a bus pass or Oyster card top-up may also be limited to using the local shops with limited availability of affordable, healthy food.

A small number of community projects aiming to improve access to affordable, healthy food were identified in these areas. These included:

- Middle Park Community Centre - providing a breakfast club for school children and an older people’s lunch club;
- Woolwich Common Community Centre – providing a lunch club and fruit and vegetable stall;
- Fruit and vegetable stalls in Central Greenwich Children’s Centres.

Further information about these projects is provided on p81 of this report.

Shopping basket survey
Availability of healthy foods
Availability of the 22 items in surveyed shops in more deprived areas shows wide variation (Figure 13). Semi-skimmed milk was the item with the highest availability, in 86% (30 out of 35) of shops, followed by baked beans and onions, in 83% (29 out of 35) shops. Frozen berries and salmon were the items with the lowest availability, in only 9% (3 out of 35) shops, followed by yam in 20% (7) of shops. Meat also had a low availability, with chicken breast present in only 31% (11) of shops and lean minced beef in 34% (12) of shops. Other items available in less than half of shops were brown rice and grapes.

Figure 14 shows the percentage availability of the 22 items in the 35 shops. Only one shop stocked 21 (96%) of the 22 items and two others had 20 items (91%) available. The other 32 shops show a wide range of availability, which indicates that there may be limited access to healthy food in some of the deprived areas of Greenwich. However, to gain full insight into availability by area, further mapping of the shops is required, taking into account the number of items available. This has not been possible within the time period available.
Price of healthy foods
Figure 15 shows the huge variation in prices observed. In particular, wide ranges were found for porridge oats (from £1.19 to £8.92 per kilo), olive oil (from £0.62 to £5.98 per 500 ml), grapes (from £1.20 to £7.95 per kilo) and brown rice (from £1.11 to £5.78 per kilo). This is partly due to the variation in pricing, for example olive oil was sold in bottles of 250ml to 4L, while brown rice was sold per bag of 500g to 4kg. Nevertheless, this is a reality for the people living in these deprived areas and it contributes to the food poverty premium. As indicated earlier in this report, this is the
extra cost that people on lower incomes can pay for goods and services, compared with the cost that is paid for the same goods and services by higher-income families.

Figure 15 Minimum, average and maximum prices for the 22 food items considering all shops.

![Food Item Prices](image)

The prices of a healthy food basket (15 items) are presented in Figure 16 for the 18 selected shops. For the same basket, prices range from £18.40 to £34.50, with an average of £24.40. The same basket cost £12.60 and £12.50 in two supermarkets in Woolwich, respectively, Tesco and Lidl. Therefore, in the studied deprived areas, the average price of the healthy basket is double that of the supermarket and can even go up to triple for the most expensive shops. This confirms that these areas have poor access to affordable, healthy food.

Figure 16 Prices of the healthy food basket in 18 shops in deprived areas with predicted poor access to healthy food (blue) and in 2 supermarkets (orange).

![Healthy Food Basket Price](image)
Similarly, the prices of the fruits and vegetable basket are presented in Figure 17. The cheapest costs £5.51 and the most expensive £11.42, with an average price of £7.55. The same basket costs £5.69 in Tesco and £5.37 in Lidl. Therefore, unlike the general basket, some of the local shops in deprived areas offer affordable fruits and vegetables, as described elsewhere in London. However, others are still very expensive, and the same basket was found to cost double the price of Lidl in one shop.

Figure 17 Prices of the fruit and vegetable basket in 13 shops in deprived areas with predicted poor access to healthy food (blue) and in 2 supermarkets (orange).

Summary
Although availability of the items of the healthy food basket is not limited in all shops, many do not stock a number of the foods that make up a healthy diet such as salmon, lean meat, frozen berries and brown rice, and those of cultural significance such as yam. It has also been clearly demonstrated that people living in these areas are likely to suffer from the poverty premium, with food prices in local shops much higher than those in supermarkets, except, in a few cases, for the fruits and vegetables.

4.4 Key worker interviews
Thirty interviews were conducted with a wide range of organisations and services working with vulnerable groups in Greenwich. A list of these is provided in Appendix 2. The interviews provided an insight into the extent of food poverty in Greenwich, a large amount of evidence for the causes and impacts of food poverty, information about help and support available for local residents experiencing food poverty and ideas for action to help alleviate food poverty.

4.4.1 The extent of food poverty in Greenwich
Most respondents talked about food poverty in terms not just of insufficient food but also as insufficient healthy food and all believed they had clients experiencing food poverty. Some services, including the Citizens Advice Bureau, Greenwich Migrant Hub and the Christian Life Centre Breakfast Club, felt this applied to most or all of their clients.

Almost all respondents believed that levels of food poverty have increased and that different types of people have started to experience food poverty in recent years, for example those in low-waged employment. Several people expressed concern that that problem will continue to increase with further welfare reforms, particularly the introduction of Universal Credit and the new benefit cap. This is discussed further in section 4.4.2 below.

“People are genuinely going hungry and resorting to things unimaginable ten years ago.”
Community worker – older people

“I've worked as an adviser for ten years, and I didn't see the number of destitute clients that I do now. Five years ago I'd never heard of a food bank but now it's a regular part of what we do. More often people are in crisis or destitute.”
Finance/benefits adviser

4.4.2 Causes of food poverty in Greenwich
Respondents talked about a wide range of factors they have observed to cause food poverty among their clients. The picture presented is complex and most respondents talked about a number of causal factors. Many of these factors are interrelated and people were generally considered to be experiencing multiple factors. When combined, these make eating a healthy diet increasingly unattainable.

Reported causes have been categorised and presented here under the following headings:
- Financial reasons for food poverty;
- Lack of knowledge and skills;
- Poor physical access to affordable, healthy food;
- Vulnerable groups experiencing multiple causal factors.
**Financial reasons for food poverty**

All key workers talked about financial reasons for food poverty, many reflecting on the increasingly precarious financial situations their clients find themselves in.

“(people experiencing food poverty are) ... those who struggle to make ends meet, people on such a low income, or having no income at all in some cases, where they can’t afford to buy quality food... that’s important for their health & wellbeing.”

Finance/benefits adviser

“People are in dire straits; on the edge of destitution.”

Older people’s service provider

“I see clients, increasingly, who are destitute and have no money, including for food.”

Finance/benefits adviser

“Somebody who has funds so scarce that they are reliant on services such as the food bank to help themselves and their families.”

Community worker

**Benefits**

The most common financial problem referred to was benefits. 77% of respondents talked about the fact that benefits are insufficient to cover living expenses, including money for food.

“Benefits rates are not linked to living costs, they are not enough to cover living expenses.”

Finance/benefits adviser

“Food poverty comes up when you are addressing other problems like benefits. You’ll ask, ‘are you able to feed your child/do the shopping?’ It goes under the radar a lot.”

Children & families service provider

“I’m thinking of YMCA (cookery club), most of those people, maybe 80%, were either on benefits or low wages, with children, and struggling to feed the family healthily or in a balanced way for one reason or another.”

Community Food Worker

Recent welfare reforms were cited by half of respondents as having exacerbated food poverty. These changes to the benefits system were observed to be affecting local residents in several ways, including the introduction of stricter sanctions, the benefits cap and benefits delays.
“The impact of welfare reform has been that people who would never have been through the doors of a foodbank, could manage their finances, now all of a sudden are finding that they haven't got the money for food.”

Young people’s service provider

Benefit sanctions were reported to be causing significant financial problems by many respondents (53%) and were often cited as the thing that pushes people from a situation of long-term food insecurity into that of crisis level food poverty.

“Once they are sanctioned that's it, they're for the food bank.”

Children & families service provider

“A lot of people get a four-week sanction but challenging that sanction at that time isn't going to get them the money. So they just cope with it and get through the four weeks... managing with hardship payments or the food bank.”

Finance/benefits adviser

“The most recent one (recipient of food bank voucher) was a lady who’d lost her job, in her sixties. She’d never been in this situation before. She’d waited until all she had in her cupboard was tea and coffee. She hadn’t eaten for a couple of days. Her money had been stopped; for three weeks she was getting no income. She forgot to declare an annual insurance policy. It paid her something like fifty pounds a year. When it came up on her bank statement, they told her, ‘you haven’t told us about this’. Instead of listening to her, she could have explained it, as she did to me, they sanctioned her money for three weeks while they investigated.”

Finance/benefits adviser

Delays in receiving benefits, for example when processing claims, were also reported as resulting in people going for long periods of time with no income (43%). Particular concerns were expressed about the impact of Universal Credit, which has started to be introduced in Greenwich, because of the long delay between submission of a claim and receipt of the money.

“People simply do not have any money to last them because of benefit delays... it’s taking too long to process claims.”

Finance/benefits adviser

“Universal Credit can take five to six weeks to come in, it is a problem bridging those gaps.”

Finance/benefits adviser

“I’m working with a mum who just split with her partner and is applying for income support now. She’s got a young child and all the bills to pay. At the
moment she just gets child benefits, altogether about £60 and she has to pay water, gas, phone, travelling... so she was suffering. When Universal Credit hits Greenwich we will have queues and queues of people wanting help.”

Children & families service provider

“This is the most vulnerable time - any transitional stage will cause issues if not planned for. With Universal Credit, they're going to have six week's wait for the money.”

Young people’s service provider

Several respondents (20%) also referred to reductions in benefit levels due to recent welfare reforms and expressed concern that the problem will grow worse with the introduction of a new benefit cap.

“In the three years since the introduction of welfare reforms we’ve seen it (food poverty) more and more, foodbank use has definitely gone up. It will get worse because of further reductions; the benefit cap in autumn will take it down £57 for a family. It's a massive amount. An estimated three hundred extra families will be affected in Greenwich.”

Finance/benefits adviser

“I think it's going to get worse with things like the benefits freeze for the next four years. They've even frozen the Local Housing Allowance, as if private rents are going to stay the same for four years.”

Finance/benefits adviser

“...having to pay Council Tax (15%) that's eaten into that very small budget they had. That's destabilised it a bit... two to three pounds a week is a lot for someone who's only getting fifty-eight pounds.”

Young people’s service provider

Low-waged employment

Many respondents (40%) identified low-waged employment as a cause of food poverty, together with related issues such as job insecurity and redundancy. Some respondents considered people in low-waged employment to be more financially insecure than those receiving benefits.

“...these are people who are really struggling, more than those on benefits. Living costs have increased so much; rent and travel. Rents have gone mad. They cannot afford good quality food.”

Children & families service provider

“We've got other people who need food bank vouchers who are working, both working, on low incomes, the rent is really, really expensive. The last couple I spoke to, they'd been homeless before. So they'd paid their rent and had no money left at the end of the month for food. They couldn’t afford nappies for their
little boy who’s 14months old and had no cot for him. So people are really struggling and I don’t think it’s going to get better, I think it’s going to get worse.”

Finance/benefits adviser

“We've got quite a few working parents who are finding it increasingly very difficult so they come in and they say, ‘Anything today..?’ And usually at the weekend it makes life a bit easier for everyone. You know, if someone gives you a bunch of bananas that’s £1 for something else.”

Community worker

Nil recourse to public funds
People with no recourse to public funds were considered to be particularly vulnerable by 27% of respondents.

Conflicting demands on income
Most respondents talked about clients on low incomes having to manage conflicting demands on the limited money they had available. The main conflicting demands on income were reported, by 67% of respondents, to be basic household expenses including rent, bills and fuel. Some of these respondents also referred to debts such as rent arrears and credit card bills putting household budgets under pressure.

“When your rent is half or maybe nearly three quarters of your monthly income it's startling.”

Mental health service provider

“In our last session... there was a lady nearly crying, telling me she has £10 to last for the rest of the week and she didn’t know whether to buy some food for her children or to put some electricity on the meter to get hot water and a bit of heating.”

Finance/benefits adviser

“People on asylum support, they may need toiletries and food or a new winter coat - that eats into their money.”

Migrant support worker

Fuel poverty in particular was highlighted as a significant issue, mentioned by 50% of respondents. Clients having to choose between heating their homes and eating was particularly felt to be a problem in winter months.

“They're having to choose between what to eat and having to put money on their electric card.”

Children & families service provider

“If they are experiencing fuel poverty as well, especially in some of older properties, if they are on low income it may come down to food or fuel.”

Community Food Worker
“People are struggling, particularly in the winter with fuel. They get the worst deal for gas and electric cards.”

Older people’s service provider

“There have been occasions when we've loaned people £3 petty cash for electricity.”

Children & families service provider

As expenses such as rent and bills have to be prioritised to avoid debt, 57% of respondents observed that food is the most flexible budget item. The amount of money available for food will vary and can become severely restricted.

“It is very common to find clients who have to choose either/or (e.g. food/fuel/rent) and because of the threat of enforcement action, for example if fuel bills or rent not paid in time, they tend to prioritise those things. We often find that when we are looking at someone’s expenditure, the one thing that always fluctuates is their week shopping budget because they have to squeeze it.”

Finance/benefits adviser

“We do an activity where we get people to sort their needs out and regularly you’ll get food drop right down the list.”

Young people’s service provider

“Bills and rent have to be prioritised. The biggest problem is for people in arrears. They focus everything on paying back debt and forget to look after themselves.”

Young people’s service provider

“The cost of living in London has gone up so much, it’s bad even for those who work. By the end of the month people were not having enough food and were coming to the food bank. But if it cost £1500/month to rent a flat in London, at the end of the month there’s not a lot left. It’s terrible to think you go to work all month and there's not enough to feed your family.”

Community worker

A number of respondents (30%) talked about their clients spending money on items such as cigarettes, drugs and alcohol. This was particularly, though not exclusively, in relation to people with drug and alcohol dependence.

“It’s difficult with our client group... we do detailed weekly budgets with them and you do have money coming out on cigarettes and drugs.”

Young people’s service provider

“A lot of them (young mums) smoke... so they choose to spend their money on some things they should probably cut back on but obviously, with the stress and everything, those cigarettes are their lifeline. So it's hard isn't it, to be really draconian and say ‘you shouldn't be spending your money on this’?”

Children & families service provider
Conflicting demands on income due to spending on items such as expensive branded smart phones, tablets and TVs were also mentioned by a small number of respondents. Unlike food, these items are not required for basic living needs (although phones are essential when looking for work) but are generally considered to be an everyday requirement in social and cultural terms today. As mentioned in the quote above, it is difficult to judge people for wanting these items, as without them it could be argued that people are excluded from the ordinary living patterns and experiences of contemporary British society; a further manifestation of relative poverty.

17% of respondents identified the poverty premium as a problem (the extra cost that people on lower incomes can pay for goods and services, compared with the cost that is paid for the same goods and services by higher-income families), in relation to food and fuel. The lower response may be due to a lack of awareness of this issue, which is recognised as important in the national literature.

“Supermarkets provide best deals but they have to use their money on smaller packets or amounts when that money could be used more sensibly.”
Community food worker

“When they have a prepayment meter they don’t have access to all the tariffs in the market place. On average it costs them £400 (extra) a year because they can’t get the cheaper tariff. That’s average.”
Finance/benefits adviser

Food price increases are also highlighted as making a significant contribution to food poverty in the national literature but were mentioned by surprisingly few respondents (5%).

“Food prices have increased... although it may be only £2-3, for some parents that’s the difference between a decent meal and something quick and not as healthy.”
Children & families service provider

**Lack of knowledge and skills**
The second most significant cause of food poverty was considered to be lack of knowledge and skills. Most respondents described service users as experiencing long-term food insecurity characterised by a dependence on cheap food with poor nutritional quality. Lack of money for food was seen as being compounded by lack of understanding of what constitutes a healthy diet and/or the importance of eating nutritious food, combined with limited budgeting and cooking skills, resulting in an inability to shop for and prepare healthy meals on a budget.
“Linking to that is education around food. There’s this thing that ready meals and cheap food are an option and people spend money on these types of food when maybe knowing how to shop, what to buy and how to cook it could help.”

Finance/benefits adviser

Poor budgeting & shopping skills
Closely linked to and overlapping with financial causes of food poverty is the inability to budget and shop for food effectively. Just over half of respondents (57%) talked about their clients’ poor money management skills leading to a limited amount of money available for food.

“You get those who are really savvy and go to Lidl for better deals but you get others who just buy bread and milk when they need to, with no understanding of what's the cheaper place to go or do you make a shopping list before you go.”

Young people’s service provider

“They may have grown up in a family on benefits so they’ve got no idea how much the rent ever was or the council tax. Then they’re on benefits. They might get a job for a short period of time... lose the job and come back onto benefits but now it’s Universal Credit so they’re given all of their rent and everything. They’ve got no idea of the priority bills so they get rent arrears for the first time.”

Finance/benefits adviser

In relation to budgeting skills, two respondents were again particularly concerned about the impact of Universal Credit, where money is paid on a monthly basis. Having to manage money over a longer time period will provide an even bigger challenge to people with limited budgeting skills.

“Managing monthly benefits is a big learning curve, they are used to living from day to day or at least weekly.”

Children & families service provider

“With Universal Credit now you have to manage money over a month. That's interesting. Some people don’t think beyond next couple of days.”

Finance/benefits adviser

Lack of healthy eating knowledge
Many respondents (60%) also talked about a lack of healthy eating knowledge leading to the poor food choices associated with food poverty. A number of these also highlighted the lack of understanding of the health impacts of a poor diet.
“They don't know how to shop or eat healthily and they don't know the impact on their life chances.”

Young people’s service provider

“It's the lack of information to make an informed choice that concerns me.”

Young people’s service provider

Linking back to financial reasons for food poverty, several respondents mentioned the perception that healthy food is more expensive as something that restricts their clients’ food choices.

“They think that cheaper food means things that can’t be healthy. So they think the cheapest way is to buy some oven chips and some whatever rather than cooking from scratch. It’s an education and awareness thing.”

Finance/benefits adviser

“There’s been loads of occasions I’ve tipped a bag of ingredients out (at a cookery club) and more than one person has gone, ‘Oh, I couldn’t afford that.’ And sometimes that could be a bag of wholemeal pasta... numerous occasions people have said they couldn’t afford what we’re cooking and been surprised when I’ve said how much it cost, pleasantly surprised.”

Community food worker

“People say to me, it's cheaper to eat in a café than to buy the ingredients and cook a meal. But, as I say to them, it could cost you a fiver for a meal in a café and with that money you can buy the ingredients for not just one meal but a couple of meals.”

Community food worker

Related to limited healthy eating knowledge, four respondents (13%) also referred to lack of understanding of best-before and use-by dates as an issue that can result in food waste, putting further pressure on limited food budgets.

“... throwing stuff away when it's still ok... they need to reduce food waste.”

Community food worker

Lack of cooking skills
Closely linked to the problems of poor shopping skills and lack of healthy eating knowledge is that of poor cooking skills, mentioned by 60% of respondents.

“I had a client who went on a cookery club to learn the very basics, he couldn't even boil rice. People lack basic life skills.”

Mental health service provider
We ran a fruit and veg stall with a cookery club in a children’s centre and I met a girl who had never cooked, she’d always eaten TV dinners, but by the end of it her kids were eating raw tomatoes, she could make pasta bake and she realised it was a lot cheaper.”

Community worker

Changing food culture - dependence on cheap, poor quality food

Another finding of relevance here is the change in food culture, which was seen as a significant factor by a third of respondents. It was observed that the lack of knowledge and skills required to buy and prepare healthy meals reflects this change in food culture, with a move away from home-cooking and increasing dependence on pre-prepared convenience food, much of which was considered to be high fat, salt and sugar ‘junk’ food. Most respondents (73%) referred to people having a high intake of cheap, processed convenience and takeaway foods with poor nutritional quality and a low intake of fresh food. For example, low consumption of fruit and vegetables was mentioned by 43% of respondents, whilst several respondents referred to a reliance on cheap takeaway food, particularly £1 or £2 deals from chicken shops.

“For a lot of clients the concept of going out and shopping for fresh ingredients for a meal or budgeting for good food is a bit foreign.”

Community worker

“They’ll get a £25 home delivery from Iceland lots of bulky processed foods with trans-fats and carbohydrates rather than five a day, so they won’t feel hungry.”

Older people’s service provider

“They’ll go somewhere like the Coop and buy all the cheap deals... but it's not the best quality... relying on frozen foods and convenience food rather than fresh foods.”

Children & families service provider

People who rely on £1 pizza, chicken and chips. I can see their reasoning with it, it’s cheap, but they're not thinking about nutrition.”

Finance/benefits adviser

“They want it as quick and simple as possible... can't be bothered... ready meals and takeaways are cheap and filling.”

Young people’s service provider

“It frightened the life out of me what they were feeding their kids (parents at a school cookery club). Chicken and chips, Iceland four for £2. It's full of sugar, salt and fat, which is why you see our kids getting chubbier and chubbier. We see it when they bring lunch at the summer scheme; triple decker sandwiches with sausages or burgers plus this sweet, that sweet, this chocolate biscuit, three bags of crisps. It's really cheap stuff. In Iceland you can get a pack of ham for £1 and it...
does six to eight rounds of sandwiches, so that does a week and a loaf of white bread for 59p. Scotch eggs and stuff like that, the kids have loads of them.”

Community worker

As mentioned in the quote above, it was also recognised that because of the cheap energy-dense, nutrient-poor foods many people are resorting to, food poverty is increasingly being manifested as overweight and obesity.

Linking back to earlier observations about fuel poverty, two respondents also mentioned that getting a takeaway saves on fuel for cooking if there is no money for gas or electricity.

“If they’re worried about income, it’s cheaper to get takeaway as they are saving on gas/electric.”

Community worker

This erosion of a healthy food culture was also considered in an intergenerational context by 13% of respondents; once skills are lost by one generation of parents they cannot be passed to the next.

“There’s a lack of role modelling – if parents haven’t been shown different ways of doing things they won’t do it with their own children.”

Children & families service provider

At times it was difficult to determine to what extent reliance on low-cost, convenience foods is a coping strategy for those in food poverty or increasingly just a normal response to the junk-food culture we live in. In some cases, particularly in relation to young people, it was felt that for many clients choosing cheap takeaways is a matter of preference, and, therefore, there was uncertainty about whether this constituted food poverty.

“It's so difficult to say because they are eating cheap chicken and chips because they want to... that's their meal of choice. It's cultural. We used to make Spanish omelette with the young people. Lots of them would make it and not eat it... because it was unfamiliar food. I would think that when you don't have much money to survive on, they would take it. Some of them would pack it up, take everyone's, but not very often. Most would not eat what they've cooked. We did tomato based pasta they also wouldn't eat it. Now we do jacket potatoes because they are simpler and more acceptable to the young people.”

Young people’s service provider

A range of other related social and cultural factors come into play here too. In relation to shopping on a budget, some respondents referred to the belief that more expensive
branded goods are better quality, which can lead to shopping bills being higher than would be the case if own-brand alternatives were chosen.

“We need to educate people that you don’t need to buy more expensive branded food, to have a sensible budget for food.” Finance/benefits adviser

“When weaning they buy the pouches/jars – they want to do the best (for their baby).” Children & families service provider

A search on Tesco online reveals that one 125g jar of branded carrot and potato baby food cost 65p, providing one meal, whereas 1kg of carrots costing 45p and one large potato at 30p can be used to make several meals for 75p, just 10p more (Figure 18).

Figure 18 Price comparison of shop-bought, branded and homemade baby food

<table>
<thead>
<tr>
<th>Branded</th>
<th>Homemade</th>
</tr>
</thead>
<tbody>
<tr>
<td>125g jar of carrot &amp; potato = 65p</td>
<td>1kg carrots + large potato (approx. 300g) = 75p</td>
</tr>
</tbody>
</table>

However, the desire for better quality produce was not limited to a preference for branded foods. The same respondent who mentioned branded baby foods, mentioned that other young mothers bought good quality, nutritious food when money was available, but did not budget for the future, so that eating well could be sustained. Young mothers endeavouring to adopt healthier eating habits were also mentioned by another respondent. This is documented in the national literature. It is unfortunate that this motivation, the change brought about by having a child, is being compromised by financial restraint.

“They’ll buy the good stuff when they get their benefits e.g. fresh salmon, best for the kids, but then run out of money.” Children & families service provider

Finally, in relation to cooking skills, a number of respondents talked about vulnerable, socially-isolated clients who may be able to cook but do not want to due to a lack of motivation.

“We hear it all the time (from older clients), 'It’s not worth cooking just for me.'” Older people’s service provider
Poor physical access to healthy, affordable food

70% of respondents mentioned factors limiting physical access to affordable, healthier food. 23% of key workers talked about people being unable to get to bigger shops with better prices. Five of these (17%) indicated that this was due to limited mobility, whilst only two mentioned a lack of transport to shops, suggesting that public transport is adequate in the borough. The options available to people who are depending on smaller local shops were often reported to be more expensive (23%) and stocking a limited range of items (23%).

“People don’t have access to some of the big shops where they can get more for their money.” Community food worker

“Some people can't get off the estate; it's taking advantage - £1.25 for milk when it should be 99p.” Community worker

Another factor relating to access, mentioned by 30% of respondents, was the proliferation of fast food outlets offering unhealthy foods at low prices in many areas. This facilitates the dependence on fast food discussed in the previous section. Figure 19 shows Greenwich takeaways offering low-priced meal deals.

“We've got a chippy, a Chinese and an Indian. Then there's the hot food bar in the shop, where you can get a sandwich for £1. Then there’s a café around the corner. You've got a sweet shop over there, you know, I just think it's all too much. And an ice cream van sitting out there summer and winter.” Community worker

“Abbeywood village is only a few yards away and you've got four fish and chip shops there, a kebab shop, an Indian takeaway, in just a few 100 yards of shops.” Community food worker

“Some of the areas they live in there are a lot of takeaways and they all do these cheap deals... It's almost too accessible.” Children & families service provider

“People cannot access healthy, affordable foods late at night when returning from work so get takeaway.” Community worker
Vulnerable groups
Although some respondents felt that food poverty can be experienced fairly indiscriminately, most identified certain groups who are particularly susceptible to food poverty. These groups are more likely to experience the causal factors described above. A number of additional social issues relating to food poverty are also experienced by these groups, including homelessness, poor housing, social isolation and a poor support network. These factors are not generally exclusive and were reported to combine to produce highly complex and stressful situations that are hard to manage or resolve. Often vulnerable individuals are those in particular need of good nutrition, due to poor health, so it is even more concerning that they are unable to eat well.

“We see vulnerable groups on a daily basis, including disabled, elderly, people with young children. All of them will need some basic amount of nutrition to see them through and unfortunately if they are on a low income or in receipt of benefits it’s extremely difficult to accommodate for all the essential expenditure and have a good, constant budget for food.” Finance/benefits adviser
“Some of the people we are working with are privately renting so they’ve got a room, they haven’t got their own kitchen. They have mentioned if they do have food and leave it in the kitchen it goes missing. So you can imagine the kitchen’s not going to be the best environment, not ideal for trying to cook a nice family meal. Some people who are working, or are depressed, are not going to think, ‘I could cook a really nice wholesome meal tonight and we’ll all sit down and eat’. So that’s why you’ve got McDonalds and KFC and all these chicken places. Young people, they’re all eating it. The chip shop is absolutely packed a lunchtime. It’s just the way families are; there’s so much going on and it’s very difficult to prioritise a really good wholesome meal with fresh fruit and vegetables when it’s easier (not necessarily cheaper) to have rubbish because it’s so readily available.

Finance/benefits adviser

Low income families with young children
Many respondents (47%) identified families on low incomes as being especially vulnerable to food poverty. Single parents were considered vulnerable by 20% of respondents and young parents, for example teenage mums, by a further 20% of respondents. 13% of respondents expressed concern about young children’s vulnerability to food poverty and large families being affected by the benefit cap was mentioned by one respondent.

“Families don’t have a lot of money so purchasing food can be tight.”

Social worker

“The children are growing & developing, so they are suffering.”

Children and families service provider

“Particularly larger families will be affected by benefit cap.”

Finance/benefits adviser

“One of the clients was talking about struggle to try to save money to give child a holiday and budget for good food.”

Drug & alcohol service provider

Those working with families and children talked about children coming to school or children’s centres hungry (see following section 4.3.3). Hunger during school holiday periods, when children do not receive their free school meals, was only mentioned by one key worker but is recognised nationally as a significant problem. A recent audit of school holiday meal provision at schools, community centres and play schemes in Greenwich suggests that this provision is very low50.

Respondents reflected on the difficulty of addressing problems such as poor diet when families are experiencing so many complex problems.

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50 School Holiday Food Provision. Needs assessment to tackle holiday hunger in the Royal Borough of Greenwich. Robert Green and Jasel Burroughs. GCDA.
“People have such transient lives, there is no family life. They need stability before you can address the other problems.” Children & families service provider

“I have a new client, a young mother of three children, a baby under nine months I think, and she’s had to go back to work... her partner’s been made redundant. She goes to work, she’s struggling with post-natal depression amongst other things, her job is zero hours contract and is also very low paid as well. She’s trying to juggle all of this by herself. She has very little money. The amount she does spend on food is quite scarce but also it has quite poor nutrition. But she can’t see a way out of it. And she’s isolated, she doesn’t have family around her or friends that she can call upon to help. So she sacrifices her own needs to support her family members.” Mental health service provider

Young adults

20% of respondents working with young people felt that their clients were definitely experiencing food poverty but that the young people did not recognise this. There was a general consensus that, for many young people, food is not seen as a priority, particularly when there are other demands on their income.

“If they’ve got lots of life stresses going on, then it (eating well) gets neglecting. It’s just, you know, oh I’m hungry, I’ll just eat whatever. They’ve got lots of things going on in their lives; it doesn’t take so much priority.” Young people’s service provider

“We tried to have a conversation about what a balanced meal looks like, some of them are just not interested. Like salad, we offer it with the jacket potatoes but so many times we’ve had to chuck it away; now we ask them, do you want it? It’s a really nice salad with dressing, avocado. They just won’t touch it, it’s not something their taste buds are used to.” Young people’s service provider

Young people considered particularly at risk were those leaving care and those who are homeless. Having to be independent at a very young age means many young people have lacked the time and support to develop life skills. Many were reported to have grown up in families consuming food with poor nutritional quality, further contributing to a lack of knowledge and skills. Lack of teaching about food and nutrition, practical cookery skills and budgeting in schools was considered to exacerbate the situation.

“Some of it is about parents not seeing their children as children, leaving them to fend for themselves... they don’t see it as their role to provide for them at sixteen/seventeen... they see them as adults. They haven’t necessarily had the boundaries or the guidance they need... they end up homeless.” Young people’s service provider
“They still want to go out with their friends, don’t prioritise keeping a roof over their heads and food.” — Young people’s service provider

“We had a young person the other day, he didn’t see his priority as food even though he wanted a roof over his head. He said, ‘I’ve got a packet of biscuits that’ll have to do’, so we tried to rally round and see what we had in our lockers. He was nineteen and couldn’t go to children’s services to get money, it was too late to get a food bank voucher.” — Young people’s service provider

“There is a total lack of knowledge around what they can do to improve their skills... Just knowing the right things to do around food; how to shop; how much a meal costs and how long that meal could last you if you are suffering from food poverty; how a set of ingredients could last you for the whole week instead of it just being one to two days. Like a readymade meal that’s only going to last you one day as opposed to cooking a meal that’s going to last you 2-3 days and those same ingredients making up another meals too.” — Young people’s service provider

Adding to the problems that young people are experiencing is the change in food culture discussed earlier in this report. This seemed to particularly relate to young people, many of whom have no experience of eating home-cooked meals, having grown up during the convenience food era. Young people’s workers expressed frustration and resignation when discussing their service users’ attitudes to food.

“Young people want to eat chicken and chips; it's cultural. There's something about cooking for yourself too. Why go to all that bother when you can just go to the chicken shop, eat it from the box and chuck it in the bin. There's so much other stuff changing in their lives, let's not change this as well. It's something they have complete control over, they don't want that control taken away from them.” — Young people’s service provider

“That’s a trend I see quite a lot: it's easier for me to do what I've always done. It's probably not the best option but I know what it's like so I'll do it again. It's repetitive...just getting stuck. And not realising when the cycle doesn't work anymore and they don't break out of it because they don't see that it’s a problem and then they get stuck further. There's some 'can't be bothered'. There’s a lot of 'I don't know what I'm doing.' Confidence has a lot to do with it... Real resistance to doing something you think you might do wrong. It's scary.” — Young people’s service provider

**Older people, particularly the socially isolated**

37% of respondents felt older people were vulnerable to food poverty. This was the only group of people where the causes were not always considered to be financial,
although money may become tight during colder period when heating bills become high. One respondent also pointed out that those older people below pension age could be more vulnerable.

“Pensioners have a bit of a cushion, as their benefits increase, they get a bit more for subsistence. But they are struggling, especially in the winter when they need money for fuel.” Older people’s service provider

“Between 55 to pension age is vulnerable if people are receiving benefits.” Older people’s service provider

For many older people food poverty was considered to have causes apart from those of a financial nature. A loss of motivation to cook for themselves, for example, after the loss of a partner, was described by 20% of respondents as well as health problems that makes it difficult or impossible to prepare meals (7%).

“On their own, they don't bother to cook. That's why they can get food here four days a week.” Community Worker

“Many people living alone can't be bothered. It’s particularly a problem if a carer’s not coming in. There’s a lack of fresh food, everything is processed. Particularly for people in a lot of pain, with arthritis, especially in the back, it means they can't stand up for long to prepare meal, pots are too heavy.” Older people’s service provider

It is often assumed that older men struggle to cook for themselves after the loss of a partner; however, one key worker had a different experience of this.

“A lot of single men are able to look after themselves when push comes to shove. They are more likely to cook from fresh when possible, because that's what they have learnt and because they haven't done it all their lives, it's not such a task as for a woman who's been doing it for 60 years. In a lot of cases the men are looking after themselves better.” Older people’s service provider

Social isolation and loneliness were considered to contribute significantly to the lack of motivation to eat properly. Once again, the change in culture and social values relating to food and community were cited.

“Our clients (frail elderly) are at home all day, alone with only TV for company. Food is something that should be shared. It has cultural significance but it's become something very solitary.” Older people’s service provider

Another factor considered to contribute to food poverty in this group was a different mind-set, where older people are used to coping with what they have and find it demeaning to rely on help such as the Foodbank.
“Older people are very proud and don’t like to ask for help, so my elderly neighbours I pop in to see won’t ask for help, if they need food they won’t ask for a food voucher. There’s a whole generation of people who would never dream of coming to ask for handouts, that’s how they see it, and they’re the ones who will go without.”

Finance/benefits adviser

For those who need support from a carer, concern was expressed about the level of care provided, as there is not always time for carers to prepare a proper meal. One key worker described how many housebound older people feel they must order pre-prepared meals that they are dependent upon a carer to prepare, but which take longer to cook than the carer is able to take on a visit.

“They are dependent on a carer. A carer will go 1-3 times, depending on need. Carers don’t have time to prepare proper meal, perhaps not the skills.”

Older people’s service provider

“A lot of them feel that have to accept these Wiltshire Farm Foods which are frozen, which a lot of them really don’t like. Meals are delivered on a monthly or bimonthly basis. The best results are in oven, they take 50mins - if somebody has a carer in for 30mins, how will they get best results from those foods?”

Older people’s service provider

The change in the Meals on Wheels service was also noted to contribute to social isolation, as meals are now simply delivered rather than prepared by the provider who would be company for an older person while they are present.

“Meals on Wheels don’t remain anymore.”

Older people’s service provider

A recent audit of community meals for older people in Greenwich confirms this change in Meals on Wheels provision, resulting in a lack of social contact that can be so valuable for a socially isolated older person. This audit also identified that community lunch clubs, which also provide meals to older people together with an opportunity to get out and socialise, are experiencing a number of restraints that have resulted in a reduction in provision in the borough. This is discussed further on page 61.

Recently arrived migrants

20% of respondents expressed concern about migrants who had arrived relatively recently in the UK, especially those with nil recourse to public funds. Problems particularly experienced by this group of people include lack of income, lack of English, poor housing and homelessness.

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“Those most in need are those who don’t have an application pending with Home Office and don’t have asylum support so they are reliant on friends, charities, the food bank.”

Social worker

“For immigrants, often their English is not good, so they struggle. You need to call to apply for benefit, how can you do that without interpreter? You can get that but only once you are in the system. They get poorly paid jobs like cleaning... One mum was sleeping on a church floor. How is she going to feed her children? We encouraged her to come to the school, she had a school lunch, that's how we helped her.”

Children & families service provider

“There are more eastern European people coming in who haven’t been able to find work, coming in with children, no-where to live, sofa-surfing.”

Finance/benefits adviser

“I spoke to one lady who's an asylum seeker, she said, 'It's really hard to cook for one person'. She’s in a shared house, with lots of problems with people not getting along.”

Children & families service provider

Homelessness and those living in poor housing
33% of respondents talked about the impact of housing insecurity and homelessness on their clients in relation to the impact it has on their ability to feed themselves and/or their families. Homelessness, as mentioned above, was particularly mentioned by those working with vulnerable young people and migrants in the borough. For those in poor quality housing, the problem of a lack of cooking & storage facilities was raised.

“Multiple-occupancy housing is a major issue, when you’ve got eight families in one house...cooking and keeping food safe from others is a problem. Instant noodles can be prepared in room.”

Children & families service provider

“A lot of them (young people in care) don't cook because they have to share a kitchen in hostel/shared accommodation. There’s poor food hygiene so they will go for takeaways. By the time they are living independently, the habit is established.”

Young people’s service provider

“Some families don’t have a freezer or have tiny freezer space. If you have one, they need money to fill it. Also a lack of equipment – families have only basic kitchen equipment.”

Children & families service provider

Long-term health problems or disability, including poor mental health
Many respondents (43%) considered people with long-term health problems or disabilities to be particularly vulnerable to food poverty. Being unable to work, experiencing problems with benefits, lacking motivation or understanding of the importance of eating well were all consequences of these conditions that can lead to
food poverty. A lack of life skills was also identified by one mental health work as a particular problem when people have been cared for and not had the opportunity to develop these abilities.

“The most concerning thing is some of these people have serious disabilities and they need good nutrition to back that up.”  Finance/benefits adviser

“People with a learning disability don’t know where to turn for crisis support.”   Older people’s service provider

“There is a lack of basic skills when institutionalised or cared for by family.”   Mental health service provider

27% of respondents referred to mental health problems as a cause of food poverty. The quotes below show that people with mental health problems are experiencing multiple causal factors for food poverty, resulting in highly complex social and economic problems that can only exacerbate their illness.

“Sixty five per cent of our calls relate benefits; ESA appeals. We know these problems have a knock on effect to housing, diet and mental health. People with mental health problems can't cope... they are not motivated to eat well so they get takeaways.”  Mental health service provider

“People with mental ill health or a learning disability (are vulnerable). It’s not easy budgeting your money even if you haven’t got any of those problems. If you’ve got one of them it’s more difficult, quite often people have got more than one, so lots of things going on. So when people come into see Fair Finance they've got piles of unopened letters, everything is going wrong, they’ve got no budgeting skills at all, so they don’t tackle it because they just can’t, they don’t know where to start.”  Finance/benefits adviser

“Some people with poor mental health will get a loan and have a spend up because they feel bad because their kids haven’t got what they want to give them. So they get a Wonga loan, which is only going to cause more problems down the line but at that particular time that’s what they feel they need to do.”  Finance/benefits adviser

“We had a referral from a children’s centre. A client with big debts, the bailiffs knocking on door so couldn’t ignore it anymore. She had disclosed this to the preschool who said they could get her an appointment with Fair Finance but she couldn’t come here because she’s agoraphobic. The initial meeting was very difficult but they had over £15k debt, not through extravagant life but they’d got the wrong loans with massive amount of interest. We managed to get a debt relief order, so they got loads of it wiped off. You just wonder where that would have gone without that support. People say, she could just go to CAB, but obviously she
can’t. And also when you’ve got problems with mental health, by the time you’ve got an appointment you’re so stressed out that you can’t go.”

Finance/benefits adviser

“A recent referral from a health visitor: a young mum; her baby’s premature; she’s got some learning disabilities; loads going on and a massive amount of debt. So we’ve got her an emergency appointment for Fair Finance tomorrow. She’ll probably be taken on as a case because it will take a while for them to get her where she needs to be but that’s fine because she’s local so she’s not far to come and, with the help of the health visitor as well, hopefully it’ll make a big difference.”

Finance/benefits adviser

People with drug/alcohol dependency

43% of respondents considered those with drug and alcohol dependency to be vulnerable to food poverty. The conflicting demands on income that is often limited mean that food is seldom a priority. A lack of budgeting, shopping, cooking skills and/or poor cooking facilities in inadequate shared housing were also considered to particularly affect this group.

“People have gone for a long time without looking after themselves, maybe years, so the last thing they were thinking about was sitting down making a list and buying nutritious fresh food. It’s easy for me to sit here and say, just make a list. If you haven’t got the experience it’s not is it?”

Drug & alcohol service provider

4.4.3 Impacts of food poverty

Key workers observed a number of impacts of food poverty. Reliance on cheap, energy-dense foods was reported most frequently, by just over half of respondents. This was often described as the high fat, salt and sugar convenience foods and takeaways highlighted in the previous section of this report but several respondents also referred to biscuits or toast replacing a proper meal and 13% (4) of respondents also talked about people relying on starchy foods for meals, as they were unable to afford the other ingredients to make a balanced meal.

“Meals replaced with a cup of tea and a few biscuits.”

Community Food Worker

“People who’ve told me them and their children are going to have a crisp sandwich for their evening meal... I’ve met somebody who had egg and chips every day, twice a day because he could buy eggs cheap and whacking great packs of chips cheap.”

Community Food Worker

“Just getting by...you know, there’s people that are eating just beans and crackers and that’s what they survive on.”

Young people’s service provider

“... filling up on starchy carbs with very little nutritional quality, like pot noodles.”

Children and families service provider
“Their priority is to fill their bellies rather than have something healthy.”
Migrant support worker

“People do go to Iceland cos you can get a big bag of crappy sausages for £1 and that can feed all of you for 2-3 nights... What can you do? You fill up on cheap rubbish.”
Community worker

47% of respondents talked about their clients missing meals because there was insufficient food and 23%, mainly those working with families, reported that parents will miss meals so that their children can eat.

“One lady told me she only has two meals a day because of money.”
Finance/benefits adviser

“... people are unable to eat three times a day so are just eating twice.”
Children and families service provider

“People are used to eating once or twice a day.”
Mental health worker

“They’re feeding the children but living on toast.”
Children and families service provider

“Then you come across other families where there is food poverty but they say, ‘Oh it’s not that bad, as long as the kids eat’ and the mum’s not eating every day. Or people say, ‘It’s all right weekdays, cos the kids can have a school dinner’. Weekend is the biggest struggle because you’ve got all the kids at home and they all need feeding. And the school holidays as well.”
Finance/benefits adviser

27% of key workers had observed that people are experiencing hunger.

“Some of them come to us and they haven’t eaten for a week.”
Church breakfast club

Those working in schools and children’s centres mentioned this in relation to children.

“Between eight to ten children in each classroom are coming in without breakfast and their learning is suffering. By 10am to 10.30am, during literacy or maths, they are flagging, if not earlier.”
Children & families service provider

“When we provide snacks and you see children eat and eat and you think, this child is hungry.”
Children & families service provider

20% respondents mentioned loss of weight as an indicator that people are going hungry. This was particularly mentioned in relation to children, older people and those with mental ill health.
“We see a decline in their health, they’re getting more frail, more ill.”
Older people’s service provider

“One girl is so skinny, her mum says she doesn’t eat at home but when we get the snacks out she eats and eats. Mum has mental health problem, so maybe it’s related.”
Children and families service provider

Half of respondents indicated that people come and ask for support when they are short of money for food.

“People telling us, ‘I have no money/no food in the cupboard’ or ‘I can’t feed my family’.”
Social worker

“It takes a lot to make people come in and ask for food. People are embarrassed, but needs must. It’s got to the point when people are going hungry. People are in a bad situation.”
Community worker

“I had a mum in last week, she’s in a bad way. Her money had run out and she’d run out of toilet roll. I thought, if she’s asking for toilet roll, it can’t be good.”
Community worker

4.4.4 Help and support provided by key workers

The most frequently cited source of support was Greenwich Foodbank, mentioned by 63% of respondents. Some respondents (37%) mentioned the stigma attached to using the Foodbank and felt that this may put some people off; however, several respondents (23%) talked about an increasing social acceptance of the Foodbank.

“Some people will tick the box on our form but not take the Foodbank voucher. They might say, not yet, maybe later or they really don’t want the Foodbank voucher. They’ve got no experience of them and would rather not have dinner than go to the Foodbank.”
Finance/benefits adviser

“A few are concerned about stigma but not generally. I don’t think they like doing it but they’ve all accepted it and used it. I think they’re kind of accepting that that’s the way of life now, isn’t it, there’s no choice.”
Children & families service provider

“People seem really grateful for the vouchers.”
Finance/benefits adviser

In addition to Greenwich Foodbank, a number of key workers reported providing food parcels to their service users, including a church, two of the community centres and two children’s centres, so it can be assumed that there is also a considerable amount of informal and ad hoc food bank provision in the borough.
“... I said, come on, let’s have a look in here (store cupboard) and she went away with 2 carrier bags of stuff.”

Community worker

Free financial assistance was the second most frequently mentioned source of support. Half of respondents referred to this, mentioning a range of services and organisations providing financial support and advice that provide a valuable way to help people on low income maximise their income. Organisations and services mentioned include the Citizens Advice Bureau, the Emergency Support Scheme, Welfare Rights, Age UK advice line, Advocacy for Older People and Money House training for young people leaving care.

“A lot of people are not getting what they are entitled to, particularly people on disability benefits.”

Finance/benefits adviser

Half of respondents reported clients relying on free food. This included obtaining meals provided by organisations, such as free school meals, breakfast and lunch clubs and community cookery clubs and also food from family and friends and food provided by staff themselves.

“There have been occasions when young people have cleared out snack box/taken food from fridge at end of the day. It indicates that some of our young people have no food at home. Some will say, ‘I’ve no food in the cupboards’.”

Young people’s service provider

“We are providing food to young people. I always ask, ‘have you eaten today?’ Often I give them a snack.”

Young people’s service provider

“We always have soup in the freezer here, if somebody needs it.”

Community worker

A number of organisations providing lunch and breakfast were identified, including churches, Gurudwaras, community centres, Greenwich Migrant Hub and the Age UK day centre. However, a recent report indicates that many community lunch clubs are struggling to continue providing this valuable service, as restraints such as limited funding and reliance on volunteers can restrict levels of provision. In addition, a lack of funding for transport for elderly service users means that those most in need of this service are often unable to attend. This lack of transport resulted in low uptake of a number of the lunch clubs surveyed.

Community cookery clubs and shopping clubs were mentioned by 30% of respondents as a good source of knowledge and skills.

“Teaching people how to shop on budget, make better use of their money.”

Older people’s service provider

“It helps people when they are the road to recovery.”

Drug and alcohol service provider

Four respondents (13%) working with families and children mentioned Healthy Start vouchers as a good source of support. The fruit and vegetable stalls recently set up in a number of children’s and community centres were also mentioned by three people (10%).

“People are very happy with fruit stall. It has good prices; you get a lot. They can now take Healthy Start vouchers. Some parents, we just give them, or say pay bit by bit.”

Children & families service provider

4.4.5 Long term solutions identified by key workers

The most frequent solution put forward by key workers to address food poverty was better education, suggested by 57% of respondents. The importance of education across the life course was highlighted, including suggestions for better nutrition and food skills to be taught in schools as well as courses for young people, for new parents and for older people.

“I think we still need to do a lot with children, like where their food comes from, the effect on their health. And also for parents.”

Community food worker

“It needs to be taught in school. Not like Food Tech but proper everyday budgeting where they walk away with that kind of skill. Not cakes and flapjack but home cooking of some description; practical meals, like a week’s worth of stuff... Also as part of the move-on process (leaving care) they must learn how to cook. Accreditation is an incentive; we get a few who are interested in going into catering. You could get a young person as the tutor so it’s peer led.”

Young people’s service provider

“Training in practical skills for people, how to feed yourself and family healthy meals on a budget.”

Finance/benefits adviser

37% of respondents talked about the benefits of joining up services that tackle the causes of food poverty, particularly making these services more accessible to people. The idea of a ‘community hub’ with a range of services under one roof was popular.

“Getting more universal services into centre on a regular basis e.g. cookery club with crèche, money management - removing barriers and pressures.”

Children and families service provider

“What we will have is an energy shop, or energy advice cafe, a permanent kind of home... So people can come along, they can get some healthy affordable tasty food and get advice about whether they want to buy some LED low bulbs for their...
home, or they want to learn about getting their debt paid off... we will still do some kind of outreach stuff and go to where people are. Because not everybody would come across our radars otherwise.” Finance/benefits adviser

Community action to address food poverty was suggested by 30% of respondents.

“We need to step back a few paces and think at grass roots, schools and families are a big part of that.” Children and families service provider

“Supporting and empowering people to help themselves.” Mental health service provider

“Advocacy drop-ins could be organised as social event with information and refreshments. They would act as a meeting place and help reduce social isolation.” Older people’s service provider

Action to reduce food waste and make use of food surpluses was suggested by 27% of respondents.

“Help make limited money last longer, waste less food.” Finance/benefits adviser

“If you're on a budget and you're throwing stuff away, that’s a waste... Supermarkets should do more, their price reductions are quite often not significant. If you're going to throw it away, you should give it away.” Community food worker

“I was watching a lady going through a skip at the back of Iceland. She came away with two carrier bags of food... It's cheap to buy in bulk but then it gets wasted. People need to know what to do with it.” Mental health service provider

Other suggestions included:

- Action to reduce numbers of takeaways;
- A kinder, more consistent approach to sanctions;
- Lobbying local and national government;
- Lunch clubs;
- Community-based fruit and vegetable stalls.

23% of respondents stressed that food banks are not a long-term solution to food poverty and that action to tackle root causes is essential. This is a view shared by those who run Greenwich Foodbank and promoted by The Trussell Trust at a national level.

“It’s a good thing that we have the Foodbank but we’re a first world country and you shouldn’t need it.” Finance/benefits adviser

“The government thinks food banks are good. No it’s not, it’s shaming you, basically.” Community food worker
Several respondents highlighted the fact that the Foodbank cannot address a great deal of food poverty, particularly for more vulnerable groups who are more likely to lack the bus fare to travel to the Foodbank and for people from cultures where cooking from fresh ingredients is the norm and for whom tinned and packaged foods, provided out of necessity by the Foodbank, are unfamiliar.

“It helps in emergency cases but not the majority of people who just struggle a bit.”
Drug and alcohol service provider

“It’s not fresh food, it’s tins that people don’t always recognise. If you’re homeless, you don’t have anywhere to cook it. You may not be able to travel there. Two people we issued vouchers to had not used it, they couldn’t get there.”
Migrant support worker

“We refer a lot. Some people tell us they don’t use the voucher, African families in particular will say, ‘my children won’t eat the food, it’s unfamiliar’. They don’t use the tins. One lady will take the food home, select what her children will eat and return the rest of the food to the food bank.”
Social worker

“It’s not used a lot by young people... I'm not sure they'd know where to go for the vouchers or have the confidence to go there.”
Young people’s service provider

“There can be problems with opening hours. One parent had to go to Plumstead.”
Children and families service provider

**Summary**

All key workers believed they had clients experiencing food poverty and the majority felt that levels of food poverty have increased in recent years. Respondents talked about a wide range of factors considered to cause food poverty among their clients. Most significant were financial reasons such as problems with benefits and low-waged employment. These financial problems are reported to be exacerbated by lack of knowledge of what constitutes a healthy diet, a lack of skills to budget for and prepare healthy meals and poor physical access to affordable, healthy foods. The picture presented is complex and most respondents highlighted a number of causal factors. Many of these factors are interrelated and people were generally considered to be experiencing multiple factors that make eating a healthy diet increasingly unattainable. Certain groups were identified as being particularly vulnerable to food poverty, including: low income families with young children; young adults, particularly the homeless or those leaving care; older people; recently arrived migrants; the homeless; people living in poor quality housing; people with long term health conditions or disabilities and those with drug and alcohol dependencies.

Key workers observed that people in Greenwich are experiencing all levels of food insecurity, ranging from reliance on cheap, energy-dense foods, through to missing meals and experiencing hunger.
A number of sources of help and support for people experiencing food poverty were reported, including Foodbanks, services offering free financial support, free school meals, breakfast clubs, lunch clubs and support from family and friends.

Key workers suggested a range of long term solutions to food poverty, including: better education across the life-course; better joining up of services supporting those in food poverty; action to reduce food waste; action to reduce the number of fast-food retailers and community food projects such as lunch clubs and fruit and vegetable stalls.
4.5 Lived experience interviews and surveys
Twenty-five surveys were completed by people at risk of or experiencing food poverty and five in-depth interviews conducted. Two interviewees were users of a church breakfast club for people with addictions and long-term illness; two were young mothers on low income and one was a user of Greenwich Migrant Hub. The five interviewees were all unemployed, four in receipt of benefits and one had nil recourse to public funds. Three of the respondents had families with young children.

Despite the survey response rate being much lower than hoped for, the data gathered still provides useful insight into eating and shopping habits and food insecurity. As expected, findings of both the survey and interviews largely reflect the themes identified in the key worker interviews, with one or two exceptions (lower consumption of takeaways than expected and better budgeting skills than reported by key workers). The findings of the survey and interviews are presented and discussed together here, alongside quotes from the interviews.

4.5.1 Causes of food poverty
Reflecting findings of the key worker interviews, those with experience of food poverty reported a wide range of causal factors. A very similar picture of the complex situations affecting people when multiple factors are experienced emerged.

As in the previous section of this report, reported causes have been categorised and presented here under the following headings:

- Financial reasons for food poverty;
- Lack of knowledge and skills;
- Poor physical access to affordable, healthy food;
- Vulnerable groups experiencing multiple causal factors.

**Financial**
As expected, financial reasons were cited most often by survey respondents with regards to compromising on both quality and quantity of food consumed.

- As shown in Figure 20, the main reason survey respondents stated for not having a healthy diet was the high cost of healthy food, indicated by seventeen out of twenty-five respondents (41%).
- One of the main problems experienced when shopping, by 41% of respondents, was the high cost of food.
- Figure 21 shows that for the 60% of respondents (fifteen out of twenty-five) either reporting to be consuming enough food but not the kinds they want or not having enough to eat, 60% indicated this was because there was not enough money for food.
Figure 20 Factors that prevent respondents from eating healthier food. (100% = 17 respondents) The other reasons cited were health problems (2), lack of fridge and freezer (1) and alcohol problem (1).

Figure 21 Reported causes of food poverty. (100% = 15 respondents) The four ‘other’ answers were related to a lack cooking skills (1), alcoholism (1) and dependence on other people’s choices (2).

Financial problems were also the main reason for being in food poverty for all the interviewees. Reflecting findings from key worker interviews, four of the five interviewees indicated that food is the first thing to be cut back when living on low income and three talked about conflicting demands on income such as fuel, rent, bills and debts. Two of the five interviewees reported paying higher fuel prices due to their key meter, showing that people are experiencing the additional financial demands of the poverty premium.
“I’m not working and he’s signed off sick (ESA) and we’re a bit behind on rent and council tax and that so we have to pay a bit extra to top that up. Then there’s the gas and electric and then travel. When we had the car it was always a tight budget. We haven’t got the car at the moment so that’s saving on petrol and he’s stopped smoking so that’s saving some money there.” Young mum, 3 children

“(Money for food) varies because I’ve only got benefits so I’ve got electric, rent, TV licence, council tax and then I’ve got to get shopping.” Breakfast club user (female)

“Say if we are low on gas and electric, we’ll put that on.” Teenage mum

Surprisingly, only one interviewee commented on high food prices.

“I think if the prices of food weren’t so high it would be a lot easier to maintain actually being able to eat a lot more, a lot better... The ideas are not the problem it’s not having the ingredients. There’s so many things we’d like to eat... So stuff like meals we do enjoy, they are healthy and we enjoy them but it’s just too expensive to buy. That is the struggle.” Teenage mum

**Lack of knowledge and skills**

**Budgeting and shopping skills**

The survey did not address budgeting skills directly; however, 67% of respondents indicated that the principal factor influencing where they shop is the cost of food, indicating that many people are prioritising value for money when choosing where to shop. In contrast to the findings of the key worker interviews, with high numbers reporting poor budgeting skills, all five interviewees talked extensively about the way they budgeted carefully and shopped around to get the best value from their limited food budgets.

“So we think of the good set meals we have, then we have a certain amount of money, a target, and we’ll go around and get all those things, add them up on my phone calculator and then if we’ve got anything left we’ll just go around and pick what we want after that... If I don’t calculate up, I always spend more than I want to and we can’t deal with spending more money than we want to at the moment.” Teenage mum

“So we have our set budget and we work out what we can get... I get a pen and paper and in the corner I put the days I’ve got to budget for and then I just put food down like sausage and mash. Then I work out how much money I’ve got left (after bills, gas/electric) and that’s what I’ve got for shopping. You never get everything you want, always got to cut stuff down... I always do a shopping list and
I’ve got loads of books at home that’s got each payment in and what gets spent and working out how much you’ve got for shopping.” Young mum, 3 children

Interviewees talked about shopping for filling foods, prioritising those that will meet their energy requirements, and not being able to afford foods of higher nutritional value such as fruit and vegetables.

“So like we’ll get stuff for sandwiches and sausage rolls and that. We’ll get the stuff that we know will fill us up... I want to make changes but it all turns down to what you’ve got and making it last cos when the kids are hungry, fruit doesn’t last as long as a pack of biscuits... I can get a few packs of biscuits (5 packs for £2 in Iceland), which could last probably the week, and then spend the same amount on the grapes that could last 2 days.” Young mum, 3 children

They also talked about the monotony of eating the same meals all the time but lacking the financial flexibility to risk trying new ones.

“That’s like our meals really, that’s it. They’re easier to make, we know the kids will eat them and we know how much they cost and we can work it out when we do our shopping, how much it’s going to cost us.” Young mum, 3 children

All five interviewees expressed a preference for shopping in large supermarkets where food is more affordable and all showed an extensive knowledge of prices in the shops they use regularly.

“Lidl, Iceland, Aldi, Wilkinsons – cheap shops. I very rarely go in Morrisons because I think it’s very expensive.” Breakfast club user (female)

“You have to weigh up the options cos sometimes you can get chicken in Iceland for £4 and say you can get that in Tesco for £2.50 but how much are you getting out of it, like in Iceland it’s more expensive but I can do more with that (larger pack will do more meals). I’ve shopped there for quite a while so I roughly know what I’m getting.” Young mum, 3 children

Special offers and bargains were reported by all five interviewees as an important factor in the choice of the shop.

“That’s probably the first thing we’ll look at, if we want something we’ll see if there’s any offers on first.” Teenage mum

“I go in Poundland because they’ve got some good bargains like 12 toilet rolls for £1 – if I go in Iceland it’s 9 for £1. That’s what you have to do.” Breakfast club user (female)

“I usually go to Iceland cos you can get quite a bit in there. Milk in there is only 50p (UHT carton). I mainly prefer it as cheaper. I’m a person who likes to get more for my money so I always look around for a bargain so I’ve always know Iceland is a bit cheaper than some supermarkets.” Young mum, 3 children
“Iceland have a deal on their milk at the moment; four pints for 89p. We’ll go down to the town centre because it’s a better deal and it’s on the doorstep. There at the little shop it’s £1.50 for the same amount.” Breakfast club user (female)

Three of the five interviewees mentioned that they were shopping around in different shops, taking advantages of the best deals of each shop.

“You know, you get something there, something there, depending on the prices. You can save a fiver like that on your shopping.” Breakfast club user (male)

Sharing shopping to decrease cost was also mentioned by one interviewee.

“I’m helping my sister out at the moment because she hasn’t got any money... So we combine my bit of money with her bit of money and we do a big shop.” Breakfast club user (female)

Lack of healthy eating knowledge
The survey findings showed people to have a fairly sound understanding of healthy eating. Most respondents indicated that healthy eating involved eating fruit and vegetables (70% and 79% respectively), 67% indicated reducing sugar whilst 63% of respondents mentioned reducing salt and sugar and increasing fibre as important. Other responses chosen by just over half of respondents were eating a variety of foods, eating less junk food and eating less ready-made meals. However, as this was a multiple choice question, the respondents were guided to these responses. The interviews asked open questions about healthy eating and revealed more in-depth misunderstandings about the balance of different foods required for a healthy diet. Three of the five interviewees in particular showed a lack of healthy eating knowledge.

“As long of you have your 5 a day... I mean, I’m eating lots of beans so I’m ok. I used to have chips every day in my own chip pan but I’ve cut back now. So I’m lucky if I have chips once a week... I don’t eat much veg other than tinned stuff. The only veg I like is cucumber and tomatoes. Yes, I think my diet is healthy. It does what it does. At the end of the day I get by doing what I do.” Breakfast club user (female)

“A balanced diet, that includes everything really. Cos if you’re just eating vegetables and all that, that’s not really very healthy. You need the bad stuff and the good stuff to have a good diet. I suppose for us, we’ve been leaning more on the bad side. Like, I don’t know how to explain it... we have our meals and our crap food... With [her 1 year-old baby] we give her as much proper food as she can have and then we have the crap food... So it’s kind of like that’s our balanced diet. But for her, she’ll have her meals then for a snack, she’ll have a biscuit. So that’s her balanced diet.” Teenage mum

Regarding views of healthy eating, 13% of survey respondents reported that their diet was not healthy and 63% that it could be healthier. Only one out of five interviewees felt that their diet was healthy; however, insight into her eating habits suggested that
this is not the case. The reasons stated for not having a healthy diet by survey respondents are shown in Figure 20 (p67). Main reasons were high cost by 41% of respondents, lack of cooking skills by 29% of respondents and the difficulty of changing habits by 23%.

“My own diet’s not healthy. I like eating crisps, biscuits, chocolate. I’m trying to change but it’s really hard to resist.” Young mum, 3 children

Lack of cooking skills
Only half of survey respondents reported being able to prepare a meal from scratch and, as indicated above, one of the main reasons stated for not eating a healthier diet, by 29% of respondents, was a lack of cooking skills (Figure 20).

Only one of the five interviewees had good cooking skills and was able to cook a complete meal from scratch. This interviewee also reported batch cooking to save on fuel.

“(Cook from scratch) once in a week; I put it in the fridge or freeze and then defrost when we are ready to eat. It’s cheaper to do it like that.” Migrant Hub user

The other four interviewees had limited cooking skills. Although they all reported preparing meals, there was a reliance on pre-prepared ingredients.

“It’s easier for me to use tinned stuff and packets. I mean the only thing I cook from basics is rice. At the moment I cook very rarely because I’m more tired than anything because I’m not well. Mainly I’m putting meals together from packets rather than cooking from scratch, just basic really.” Breakfast club user (female)

“I’ve not always cooked so I’ve not got to the stage I can make meals from scratch. So say I’m making spaghetti bolognaise, I’d do the mince and use a jar sauce instead of making my own.” Young mum, 3 children

This lack of cooking skills, combined with financial limitations, severely restricted interviewees’ diets. All five talked about having to rely on the same meals and how monotonous this becomes but being unable to see a way out of this situation.

“That’s where the same meals come in again cos you sit there trying to work out what to get for shopping. See we have our set budget and we work out what we can get. We have our set foods so I wouldn’t know where to start.” Young mum, 3 children

Changing food culture
As with the key worker interviews, the survey and interview findings described above show people increasingly depending on ready-made, convenience foods and losing the culture of preparing home-cooked meals from basic ingredients. Only one of the five interviewees reported eating a more traditional, home-cooked diet.
“My kids they like more African food - vegetables, meat & rice”

Migrant Hub user

However, in contrast to the findings of the key workers interviews, most survey respondents reported not consuming takeaways regularly. 30% reported eating takeaways one to three times a week, 26% one to three times a month and 35% rarely or never. None of the five interviewees reported eating takeaways regularly.

“I cook nearly every day, there are only odd days when we go for a takeaway, usually the chip shop.”

Young mum, 3 children

However, 30% of survey respondents reported having sugary drinks more than once a day and this was also reported by two of the interviewees. This reflects National Diet and Nutrition Survey findings of high sugar intakes.

“I have them all the time, more than once a day.”

Teenage mum

High consumption of high fat, salt and sugar processed foods was also revealed through more in-depth discussions in the interviews. Two interviewees in particular, both young mothers, expressed a preference for junk food. However, they were eating less than they had prior to starting their families. This improvement in diet with parenthood was also observed by some key workers working with young people. Although both women still reported eating a lot of high fat, salt and sugar snack foods, they also reported preparing meals for their families daily.

“Like we used to eat junk food and not really eat meals at all but now it’s a lot better, like half and half... like chocolate or biscuits, stuff like fizzy drinks. I wouldn’t say it’s bad bad, cos I’ve cut down a lot.”

Teenage mum

The impact of a lack of food-related knowledge and skills on food poverty can be clearly illustrated by comparing two of the surveys. Case studies 1 & 2 presented below provide insight into the different profiles that can be associated with food poverty. Case study 2 demonstrates the potential that effective budgeting, shopping and cooking skills and a better knowledge of healthy eating have for minimising the impacts on food poverty.
Poor physical access

The survey indicated that the majority of people do not have difficulty with physical access to food shops. Most survey respondents reported shopping in large supermarkets (92%), with 29% also reporting shopping in corner shops. The survey showed the most common ways of travelling to the shops are walking (57%) and the bus (52%), suggesting low car ownership. Linked to this is the high reporting of carrying heavy bags as a problem experienced when shopping (mentioned by 41% of respondents as their main problem along with high cost of food). It is therefore not surprising that the second most reported factor influencing where survey respondents did their shopping (after the cost of food) was whether shops were nearby (54%). As the mapping has shown, the distribution of supermarkets in Greenwich is fairly even and where deprived areas are outside 400m walking zones around supermarkets, the borough is also quite well served by bus routes. It is therefore not surprising that physical access does not appear to be a significant problem.

However, the five interviews cast more light on problems of poor food access in more deprived areas, suggesting that for some people this is a problem. Interviewees reported a high availability of cheap junk-food and limited availability of affordable, healthy food. These findings reflect evidence from the mapping, shopping basket survey and key worker interviews reported here earlier. Three of the interviewees in

Case Studies 1 & 2

Survey 22 was completed by a White British female aged between 25 and 34 years old. The respondent reported that she doesn’t know how to cook and that it’s too difficult to change habits. Even though she said that she doesn’t understand healthy eating, she thinks that healthy eating is expensive. She rarely or never eats fruits, vegetables, beans, pulses, and oily fish. On the contrary, she reported eating takeaways, chocolate, biscuits, sugary drinks and savoury snacks more than once a day. As a result, even though she spends £120 a week to feed 4 adults and 2 children, she doesn’t have a main meal one to three times a week, due to a lack of money.

The opposite situation is illustrated by survey 7, completed by a Black British female aged between 45 and 54 years old. This person, who reported having damp and mouldy kitchen storage and having problems with shopping and cooking due to health reasons, nevertheless reported a healthy diet. She eats fruits and vegetables more than once a day and beans, pulses and oily fish between one to three times a week. She rarely or never consumes red meat, processed meat, takeaways, chocolate, biscuits and sugary drinks. She reported spending £30 a week to feed 3 adults and 1 child and not having a main meal once every two weeks or less. Therefore, with a much lower budget than respondent 22, this person is able to follow a much healthier diet and, apparently, to provide more meals for her family.
particular talked extensively about higher prices in the local shops and two about the limited options and poor quality in local shops.

“Like if you want to get a meal you have to go to the Co-op. There’s no other place you can go and that’s really expensive. But if you wanted to get junk food then there’s shops everywhere for that. So it’s like, in my eyes they’re promoting too much junk food to the healthy food. Because you step out there, there’s takeaways left-right-and-centre and there are tiny little shops that sell everything but normal food. It’s hard to say no when you’ve got the money and you don’t know what else to buy.”

Teenage mum

“The Co-op is closest if we just needed some milk or sugar but we wouldn’t do a big shop there cos it’s too expensive... That is a problem. Cos like if I wanted to make fajitas, if I was to go to Asda’s, all that would cost under £10 but at Co-op just the chicken would probably cost £10. ... there isn’t a big shopping centre around. So all the expensive food in the Coop, sometimes we can’t even afford to buy it.”

Teenage mum

Despite the finding that the borough is well served by buses reported earlier in this report, two of the five interviewees said a lack of transport to shops limited their ability to shop cost-effectively.

“I would like to eat differently... Where there’s like a big shop in Asda it depends because like there’s a limited time we’ve got to go there because we have to wait because we haven’t got a car. That tends to be only at weekends so it’s hard to do that. So normally we just go to the Coop and get normal things we always have to buy there but it’s expensive. So if we want to get mincemeat, it would be like £7 in the Coop but at Asda it’s a fiver... I’d like to live next to a big shopping centre, to be honest. I’d love it but obviously I can’t.”

Teenage mum

Poor housing and facilities
As reported in the key worker interviews, poor housing and kitchen facilities were highlighted as a problem by the survey and interviews. Whilst all survey respondents indicated having a kitchen, only 54% have a freezer and only 58% a table where they can seat to eat. 29% of the respondents had neither of them. 37% of respondents were not satisfied with their storage facilities, mainly because of a lack of cupboard space.

During interviews, the main problem discussed, by three of the five interviewees, was limited storage, in particular limited freezer space.

“And then with our freezer, where it’s so tiny we can only fit food in there that would last about a week, a week and a half max... It does (influence shopping) cos sometimes we buy too much and can’t fit it in the freezer for it to last so it’ll go in the fridge and then we’d have a time limit to eat it otherwise it’ll go off... And then we’re stuck with no food.”

Teenage mum

One of the five interviewees had a more serious problem with housing. She shared a house with friends and therefore had a shared kitchen.
“You know, I don’t know if I can complain, someone has given us the house... so I just manage in it ... This person is doing help for us ... I cook in the kitchen and we eat in the room.”

Migrant Hub user

4.5.2 Impact of food poverty

As described in the introduction of this report (p6), there are different levels of food insecurity that range from worrying about the ability to obtain food through to experiencing hunger. The survey and interviews indicate that many people in Greenwich are experiencing food insecurity at all these levels.

Respondents to the survey reported having to compromise on both quality and quantity of food consumed:

- Only 35% of respondents reported having enough of the kinds of food they want to eat;
- 44% reported having enough food but not always the kind of food they would like to eat;
- 22% reported not always having enough food.

Of those reporting cutting back on quality and quality of food consumed, 19% reported missing a main meal due to a lack of money (rather than other reasons, such as lack of time) between one to three times a week. A further 14% reported missing meals once every two weeks or less.

More detailed insight into impacts of food poverty was gained through the interviews. All five interviewees said they sometimes or often worry that they will run out of food because of a lack of money.

“The freezer was low and I didn’t have the money. I panicked and then I though, Rich Tea biscuits and a bit of cheese on top, that’s a meal. I’ve been known to do that.”

Breakfast club user (female)

“We do worry but that’s why we try and make it last.”

Teenage mum

As described above, and reflecting the findings of the key worker interviews, all interviewees reported a reliance on cheap, energy-dense foods, thus compromising the quality and variety of foods eaten. Many of the foods mentioned were the types of processed, high fat, salt and sugar convenience foods referred to earlier in this report but one interviewee talked about relying on filling, starchy food.

“We eat rice all the time, it’s filling and that’s cheap.”

Migrant Hub user

“We’ll get the stuff that we know will fill us up. Like sausage rolls should fill you up because of the pastry and that so you’ve got those kinds of foods that take away the hunger for a while.”

Teenage mum

“Normally I’d try to fix something up, like stupid things, like I make it into something I could eat that stopped me from being hungry. Like if I got pasta I
would have just dry pasta with maybe some parmesan cheese to give it a bit of taste.”

Teenage mum

All interviewees said that they can’t afford to eat as much fresh food as they want.

“No, I don’t eat as much fresh food as I’d like to, I tend to eat more tinned food.”

Breakfast club user (female)

“I’ve gone off of chicken because I can’t buy the sort I want to eat, cos I can’t afford it.”

Teenage mum

Both the survey and interview findings reflect the low fruit and vegetable consumption reported by key worker interviews and National Diet and Nutrition Survey data. Figure 22 shows only 32% of survey respondents reported eating fruit more than once a day and 43% of respondents eating vegetables at least once a day. As those eating fruit and those eating vegetables once a day were not necessarily the same individuals, results suggest that many people have fruit and vegetable intakes below the national recommendation of at least five varied portions daily.

Figure 22 Reported average consumption of specific food items (100% = 23; 1 respondent didn’t answer).

The five interviewees all reported low fruit and vegetable consumption.

“If I’d got the veg we’d have veg with it (meals)... the majority of times there hasn’t been veg to put veg in there... Fruit is probably a luxury, if I can’t afford to get it I won’t.”

Young mum, 3 children

In addition to low intakes of fruit and vegetables, the survey findings suggest other imbalances in people’s diets. Figure 22 shows higher than recommended consumption
of red and processed meats and high fat/salt/sugar processed foods and lower than recommended intakes of oily fish and wholegrains.

Four of the five interviewees responded positively to the question, ‘Are there times when you cannot afford to eat balanced meals?’

“Oh yeah, it’s probably like that all the time cos like I’ve said, it depends on how much you’ve got, which depends what you can buy to make them balanced meals. It’s not always going to work.” Young mum, 3 children

“I’d just make sure all the necessary things are paid for rather than worry about food. You can always get by with some mismatch of food you’ve got indoors. What bits and pieces I’ve got, like a tin of carrots and something I can easily make a meal. It’s a bit of a mess sitting there on the plate but just emptying a tin into a pan and warming it up.” Breakfast club user (female)

“Cos they’re fussy with sandwiches I usually get toast (for lunch).” Young mum, 3 children

The last quote was in response to a question about managing midday meals during the school holidays. Earlier in the interview this mother had mentioned how free school meals helped a lot, taking the pressure off her to prepare a full evening meal, as she knew two of her children had eaten a balanced lunch at school. She was clearly struggling to feed her children during the holidays. This problem is experienced by many families in receipt of free school meals, as money for extra meals is not available during holidays. It is likely that many children’s nutritional intake is compromised during holidays and many may be experiencing hunger.

In response to the question, ‘Are there days when you miss a main meal because of a lack of money?’ two of the five interviewees responded positively.

“All the time - or let’s say sometimes, because when the friends give us money, we have food. If they don’t give us money, we don’t have.” Migrant Hub user

“I’ll go without and then I sleep. Take all my worries away.” Breakfast club user (female)

Among the three respondents with children, two reported prioritising food for children before themselves.

“It all depends on money I’ve got. Sometimes if it’s a really small amount it’s a bit tight... So you’d go without but you make sure kids have something. Try to make sure they’re eating all right.” Young mum, 3 children

What some interviewees considered as a meal, for example toast or biscuits, would generally be considered as a snack and this could therefore be interpreted as missing a meal. Insight from other parts of the interviews suggests that missing main meals may be more frequent than reported.
“I don’t really eat breakfast and lunch. That’s where I do wrong cos I usually just pick, like pick at a couple of biscuits or a pack of crisps or porkpie.”

Young mum, 3 children

Of the two people who did report missing meals, one interviewee answered positively to the question ‘Are you ever hungry because of a lack of food?’ in relation to both her and her children.

The interview findings therefore indicate that two out of five interviewees were compromising quality and variety of foods consumed, two were reducing quantities and one was experiencing hunger.

4.5.3 Help and support
Although not all survey respondents responded to the question about help and support, of those that did (17/25 (68%)) the most frequently mentioned source of help and support was food from relatives, neighbours or friends. This was reported by 40% of respondents. Four of the five interviewees also talked about having support from their family in situations of crisis and two received support from friends.

“He’s asked his dad (who owns a shop) so when we had the car we took it down there and his did said, ‘take what you want’. He doesn’t like asking cos he’s off work ill so he has that feeling his dad’s going to moan at him.”

Young mum, 3 children

“There are a few days when we’re like, ‘what shall we have?’... But then when it come to them days I’ll just end up texting mum and say, ‘Can you bring round something for us to have dinner?’ and she will... So it’s stuff like that that tends to help but obviously we’ve got family there to help but obviously we can’t lean on them too much so it does vary quite a lot.”

Teenage mum

“Even if I don’t (have food), if I’ve run out and I’m low, I can ask my mum to lend me a fiver. That’s hardly ever.”

Young mum, 3 children

“My sister put me in touch with these people I can get PIP from. So I help her out because she found out about it for me and she hasn’t always got money. We help each other out. Without each other we’re lost.”

Breakfast club user (female)

“... when the friends give us money, we have food.”

Migrant Hub user

The food bank was the second most frequently mentioned source of support, with 36% of survey respondents reporting having used it sometimes. Three of the five interviewees also reported having using food banks.

“The food bank is ideal, I just say if I need some coffee, if they’ve got it they’ve got it.”

Breakfast club user (female)
However, the concern of food banks providing culturally unfamiliar foods that was mentioned by some key workers was also expressed by one interviewee from a non-UK background.

“Last week the social worker gives us food bank. And today, food bank. Unfortunately, the food they give us, my kids don’t like it.” Migrant Hub user

Free meals in school or community settings were reported as a source of support by many, for example, breakfast clubs were used by 33% of survey respondents and 20% indicated that school meals were a source of free food. Of the interviewees, the mother with school age children who are entitled to free school meals (the other mother of school age children had no recourse to public funds) talked about what a big support these are during term time.

“Even if it’s only beans on toast for dinner, I know the kids have had a full dinner at school so it’s not going to harm them.” Young mum, 3 children

The importance of community meals such as lunch and breakfast clubs was also highlighted by the two users of the church breakfast club interviewed and by the user of the Migrant Hub.

"This place has been a diamond; I’ve only been coming for a few months. If it hadn’t been for these ladies and their help and support I don’t know where I’d be. They’ve got a mobile phone and I was able to get help with the hospital and doctors.” Breakfast club user (female)

Two survey respondents reported receiving free food from community centres and one from church.

Healthy Start Vouchers were identified as a good support for families by two interviewees and one person in the survey.

“It’s not necessarily the fruit and veg we struggle with cos of my coupons I’ll always have some sort of fruit and veg in this house.” Teenage mum

Finally, one of the interviewees reported having improved his diet after attending a 5-week community cookery club.

“I used to eat much more junk food but I changed my diet lately, thanks to the cookery club, among other things. And I feel much better inside now.”

Breakfast club user (male)

**Summary**

Findings of both the survey and interviews largely reflect the themes identified in the key worker interviews. In relation to the causes of food poverty, financial problems were cited most often. These were reported to be exacerbated by a lack of knowledge of what constitutes a healthy diet; a lack of skills to prepare healthy meals; a changing
food culture with increasing dependence on high fat, sugar and salt convenience foods and, for some, poor physical access to affordable and healthy foods. However, contrary to the beliefs of key workers, those with experience of food poverty demonstrated good budgeting skills and reported lower consumption of takeaway food.

The survey and interviews indicate that people in Greenwich are experiencing all levels of food insecurity ranging from reliance on cheap, energy-dense foods, through to missing meals and experiencing hunger.

Similar sources of help and support to those mentioned by key workers were reported, including support from family and friends, foodbanks, free school meals, breakfast clubs, lunch clubs and Healthy Start vouchers.
4.6 Good practice in Greenwich

Middle Park Community Centre
The centre provides services for the local community, including younger and older residents. Each day two meals are provided to children at the centre’s breakfast and after-school clubs. Middle Park works closely with the local primary school, which refers children considered to be in need to the centre. A lunchtime meal is provided for older residents four days a week, together with activities and advice sessions. Meals are provided all year around; during school holidays the children’s meals are incorporated into the centre’s holiday play scheme. Middle Park has a relationship with Marks & Spencer via the Neighbourly scheme. Three times a week they collect back-of-store surplus produce. This is mainly fruit and veg but can include other produce such as eggs and bread. Produce not needed for meals at the centre is provided to centre users in need. A church in Lee also donates breakfast cereals, teabags and baked beans.

Woolwich Common Community Centre (WCCC)
The centre provides services for the local community, including a weekly lunch club and fruit & veg stall. Food is provided free to local residents experiencing hardship, including soup from the centre kitchen and food parcels. The centre hosts a Fareshare Local Collection Point, from which surplus food is distributed to local organisations and services registered with Fareshare. The Migrant Hub described below is also located at WCCC.

Greenwich Migrant Hub
This service runs on a Tuesday, 11am-2pm, at Woolwich Common Community Centre and offers a welcoming social space to migrants in Greenwich. The Migrant Hub aims to tackle social isolation, whilst supporting people to formalise their status and become eligible for support. The Hub has a housing adviser, immigration adviser and, at times, a domestic violence adviser. A hot lunch is provided and people can take food home when it is available.

Central Greenwich Children’s Centres fruit and vegetable stalls
Mulgrave, Pound Park and Eglington Children’s Centres each run a weekly fruit and vegetable stall for their service users and the local community. GCDA source and distribute wholesale produce to the children’s centres, which means there are no additional costs to the centres apart from the wholesale cost of the produce. The stalls are set up and run by children’s centre staff. As this project supports the children’s centres to achieve one of their core roles (meet parents and the community), they are happy to invest staff time. These elements ensure this project is a sustainable model. The Children’s Centres are registered with the Healthy Start scheme, so that families can exchange their vouchers for fresh fruit and vegetables. Stalls are currently selling around 500kg of fruit and vegetables each week.

53 https://www.neighbourly.com/
Charlton Manor Primary School Summer Booster Programme
This programme aims to negate learning loss over the summer break by providing educational activities in school and community settings during the holidays. The programme also aims to help to narrow the attainment gap between pupils from more deprived backgrounds and their peers by offering a targeted service for specific pupils. To address the food poverty that some children face at this time, a healthy lunch is provided. In 2016 the programme is being delivered in partnership with Charlton Triangle Homes, enabling expanded provision for sixty years four and five pupils for five weeks of the holidays.

Positive Steps Thamesmead
Positive Steps Thamesmead offers a wide range of advice and support services to residents of Thamesmead and the surrounding area. Run as a partnership between Trust Thamesmead and various services that form the project’s Thamesmead Advice Providers’ Forum, Positive Steps Thamesmead aims to link vulnerable residents with essential services by reaching them in community settings. Volunteer Advisers run drop-ins at Lakeside Health Centre, Waterways Children’s Centre, Windrush School, Greenwich Recovery College and the Thamesmead Foodbank. Advisers establish what support is required and submit a referral form. People are then contacted to set up appointments with the relevant support agency. The support available includes debt advice, immigration advice, support with mental or physical health and employment advice. Foodbank vouchers are issued regularly, together with support to tackle the underlying issues causing food poverty.

The Money House
Offering free training to help young people aged 16-24 cope better with their finances. Training is delivered in a real life flat, giving a realistic impression of what living independently is like with gas bills, rent letters and electricity bills. Five-day AQA accredited training or one-day intensive training are offered. Topics covered include attitudes towards money and household costs, preparing a personal budget, understanding bills, different types of benefits and tenants’ rights and responsibilities. A healthy, affordable meal is also prepared as part of the five-day training.

Other financial and benefits advice services
A wide range of other organisations and services offer free support to Greenwich residents to help maximise incomes. These include the RBG Welfare Rights and Welfare Reform services, Citizens Advice Bureau, Age UK advice line, Advocacy for Older People and Greenwich MIND. The Greenwich Welfare Reform and Families 1st services are taking more direct action to help alleviate food poverty by providing budgeting, shopping and cooking support to clients, for example, by providing meal plans and recipes to clients.
5. Conclusions and Recommendations for Action

The Greenwich Food Poverty Needs Assessment reflects the findings of other national and London-level research, confirming that food poverty in Greenwich is a significant issue that has increased in recent years and is predicted to grow worse.

Statistics suggest that large numbers of adults and children living in low income households in Greenwich are at risk of food poverty, and, therefore, likely to be experiencing compromised nutritional intakes that put their health at risk. Those who are particularly vulnerable include: low income families with young children; the homeless and those living in poor housing; recently arrived migrants; the elderly; those with mental health problems and drug and alcohol users.

A wide range of factors causing food poverty were identified. Financial problems are the most significant. As financial restrictions reduce the amount of money available for food and a lack of food-related knowledge and skills limit the ability to eat well on this restricted budget, the ability to purchase the foods required for a healthy diet is compromised. Physical access is also a problem and we have identified deprived areas of the borough where it is hard to access affordable, healthy foods but where unhealthy foods are readily available. The impacts of these problems were seen to cross the spectrum of food insecurity, ranging from mild to severe food poverty.

The good work underway to address food poverty in Greenwich is acknowledged; however, there is still much scope for wider action to address food poverty. The recommendations below are based upon suggestions from the key workers interviewed and findings from the wider research in this report.

**Recommendation 1**

The findings and recommendations arising from the Food Poverty Needs Assessment will be used to review and update the *Good Food in Greenwich* Food Poverty Action Plan (FPAP) in order to ensure a clear, coordinated and strategic approach is taken to address food poverty in the borough.

- Progress against the FPAP will be fed back to the Health and Wellbeing (H&WB) Board as part of the wider implementation of the H&WB Strategy for Greenwich.
- A lead officer should be identified to coordinate the review and, moving forward, to act as a link worker, maintaining and building partnerships with the wide range of organisations required to support the implementation of the FPAP.
- The findings of the Food Poverty Needs Assessment and the updated action plan should be presented to the Fairness Commission and other relevant forums to inform their work.

**Recommendation 2**

The *Good Food in Greenwich* Food Poverty Sub-group should monitor levels of food poverty annually, using measures identified in this report. Additional measures that provide more detailed insight into income deprivation at individual level will be sought to support this monitoring.
Recommendation 3
Working with key partners and building on existing good practice in Greenwich, maximising opportunities for low income households to improve their financial situation and manage conflicting demands on income.

- Working with the Department of Work and Pensions in Greenwich to reduce benefit delays, errors and sanctions that may exacerbate food poverty, which has been identified as a key action in the Improving Mental Wellbeing action plan under the wider H&WB Strategy for Greenwich\(^5^4\).
- Building upon work to increase London Living Wage, particularly targeting small local businesses and the service sector.
- Maximising uptake of Healthy Start vouchers and free school meals.
- Expanding provision of energy advice and support to more deprived local communities to reduce fuel poverty.

Recommendation 4
Building on and strengthening the Good Food in Greenwich Food Environments work, to support and coordinate a range of initiatives to make healthier food available in more deprived neighbourhoods, including:

- Expanding provision of Healthy Start registered fruit and veg stalls to children's centres and/or community centres in areas of poor food access.
- Encouraging local retailers to register with Healthy Start.
- Exploring the concept of and opportunities for healthier convenience stores.
- Expanding the healthier catering commitment to target outlets in deprived areas with highest concentrations of cheap takeaways, particularly in the vicinity of schools.
- Developing healthier food retail strategy for Greenwich, including business opportunities for local people using surplus food e.g. community cafes/kitchens.
- Exploring ways to maximise use of existing levers within planning regulations to improve healthier food retail in Greenwich.
- Exploring the potential for linking new developers with the Public Health commissioned Good Food in Greenwich Food Environments initiative, so that opportunities for healthier food retail can be explored during the early stages of planning new developments.
- Conducting a survey of healthy options in a wider range of convenience stores, to enable calculation of Modified Retail Food Environment Index at ward level (ratio of healthy: unhealthy retailers) to inform planning of new developments in the borough.

\(^5^4\) 50% of the people on ESA in the borough have some level of mental illness as a primary diagnosis and who are particularly vulnerable to sanctions
Recommendation 5
Building on the existing work of Good Food in Greenwich, to provide services that support the development of food-related knowledge and practical life skills to those likely to experience food poverty and those providing care and support to them.

- Working with partners, to explore ways to provide further targeted cooking and budgeting skills training to vulnerable groups identified in this report, including families on low income, young people leaving care, people in recovery from drug and alcohol addiction and those with mental ill health.
- Exploring opportunities to provide practical healthy eating and cookery training for carers of older adults, people with learning disabilities and those with mental health problems.
- Building on Food in Schools work, to identify opportunities to teach more practical cookery and budgeting in schools.

Recommendation 6
Building on the existing work of Good Food in Greenwich, to support the provision of community meals to vulnerable groups in Greenwich.

- Developing a borough-level infrastructure for surplus food redistribution, including four to five Fareshare Local Collection Points.
- Supporting community projects such as community lunch and breakfast clubs to access surplus food.
- Expanding school breakfast club provision.
- Expanding existing school holiday meal provision.
- Exploring ways that the Greenwich Meals on Wheels service can identify isolated older people and those at risk of malnutrition and develop and provide enhanced support for these individuals.

Recommendation 7
Building on existing good practice in the borough, to ensure advice and support services for people experiencing food poverty are widely publicised and available to those with greatest needs. This should include:

- Developing training and resources for front-line staff in community centres and services to raise awareness of food poverty and ways it can be addressed in the borough.
- Exploring ways the Greenwich Community Directory and Early Help Directory can be used to identify support services for people experiencing food poverty as part of the wider implementation of the borough’s ‘plan for prevention’.
- Exploring ways to make support services more accessible to those in need across the borough. For example, using adviser-led drop-ins at ‘community hubs’ such as community centres, schools, children’s centres and health centres.
- Ensuring there is a strong, linked focus on addressing food poverty in the roll out and further development of the Well London initiative in the borough, (also part of the implementation plan for the Greenwich H&WB Strategy), to engage with communities in areas of high deprivation with poor food access to identify need and plan action to address this need.
Appendices

Appendix 1 - Shopping basket of healthy food for data collection

<table>
<thead>
<tr>
<th>Basket</th>
<th>Measuring Unit</th>
<th>Reference Weight (g) / Volume (ml)</th>
<th>Brand (if stocked)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baked beans</td>
<td>Weight (g)</td>
<td>415 g</td>
<td>Heinz</td>
</tr>
<tr>
<td>Wholemeal Bread</td>
<td>Weight (g)</td>
<td>800 g</td>
<td>Hovis</td>
</tr>
<tr>
<td>Spaghetti dry</td>
<td>Weight (g)</td>
<td>1000 g</td>
<td>Own brand</td>
</tr>
<tr>
<td>Potatoes oven chip</td>
<td>Weight (g)</td>
<td>1000 g</td>
<td>McCain</td>
</tr>
<tr>
<td>Porridge Oats</td>
<td>Weight (g)</td>
<td>1000 g</td>
<td>Quaker</td>
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<tr>
<td>Weetabix</td>
<td>Piece (unit)</td>
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<td>Weetabix</td>
</tr>
<tr>
<td>Brown Rice</td>
<td>Weight (g)</td>
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<tr>
<td>Yam</td>
<td>Weight (g)</td>
<td>1000 g</td>
<td></td>
</tr>
<tr>
<td>Semi-skimmed milk</td>
<td>Volume (ml)</td>
<td>568 ml (1 pint)</td>
<td></td>
</tr>
<tr>
<td>Low fat yogurt</td>
<td>Weight (g)</td>
<td>500 g</td>
<td></td>
</tr>
<tr>
<td>Low fat PUFA(^1) spread</td>
<td>Weight (g)</td>
<td>500 g</td>
<td>Flora Light</td>
</tr>
<tr>
<td>Olive oil</td>
<td>Volume (ml)</td>
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<td></td>
</tr>
<tr>
<td>Apple</td>
<td>Weight (g)</td>
<td>1000 g</td>
<td>Royal Gala/Braeburn</td>
</tr>
<tr>
<td>Grapes</td>
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<td>1000 g</td>
<td></td>
</tr>
<tr>
<td>Frozen berries</td>
<td>Weight (g)</td>
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<td></td>
</tr>
<tr>
<td>Onions</td>
<td>Weight (g)</td>
<td>1000 g</td>
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</tr>
<tr>
<td>Fresh tomatoes</td>
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</tr>
<tr>
<td>Lettuce</td>
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<td>Iceberg</td>
</tr>
<tr>
<td>Peppers</td>
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<tr>
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<td>Weight (g)</td>
<td>1000 g</td>
<td></td>
</tr>
<tr>
<td>Chicken Breast</td>
<td>Weight (g)</td>
<td>1000 g</td>
<td></td>
</tr>
<tr>
<td>Salmon fillets</td>
<td>Weight (g)</td>
<td>1000 g</td>
<td></td>
</tr>
</tbody>
</table>

\(^1\) polyunsaturated
Appendix 2
Organisations and services for key worker interviews

Greenwich Foodbank
RBG Public Health Food & Health Team
Greenwich Cooperative Development Agency
Good Food in Greenwich Community Cookery Clubs
Greenwich Community Food Coop
Woolwich Common Community Centre
Middle Park Community Centre
Age UK Men in Sheds
Age UK Befriending Programme
Age UK Day Care
Advocacy for Older People
Pound Park Children’s Centre
Cardwell Children’s Centre
Abbeywood Children’s Centre
Gallions Mount Primary School
Family Nurse Partnership
Migrant Hub
RBG Nil Recourse Team
RBG Welfare Rights Team
RBG Welfare Reform (Housing Options)
Citizens Advice Bureau
Change, Grow, Live (alcohol & drug service)
Christian Life Centre
South East London Community Energy
Oxleas Mental Health
Greenwich MIND
The Money House
The Point (Young People’s Services 16-18+)
Trust Thamesmead - Positive Steps