

Food poverty in Oxford:
A qualitative study in Barton and Rose Hill
With recommendations for Good Food Oxford



Barton Food Surplus Café, November 2015

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Executive summary

This study was commissioned by Good Food Oxford (GFO). GFO aims to identify and catalyse actions by individuals and organisations that will promote a healthy, fair, ethical and environmentally sustainable food system in and around Oxford¹. It is also concerned with making Oxford's food system equitable: a central tenet of its Charter is "ensuring all people have access to affordable, healthy and tasty food, regardless of income". As such, GFO is interested in understanding the nature and drivers of food poverty in Oxford, and exploring ways in which it may engage with residents in Oxford's most deprived neighbourhoods.

Food poverty is present when "a household or individual are unable to obtain a nutritionally adequate diet"². It manifests as "worse diet, worse access, worse health, higher percentage of income on food and less choice from a restricted range of foods. Above all food poverty is about less or almost no consumption of fruit and vegetables"³. An estimated four million people in the UK suffer food poverty.

Oxfordshire is one of the most affluent counties in England, and yet one in four children in the city of Oxford live below the poverty line⁴. We know from other studies that food poverty exists in Oxford, but we know little about the extent and nature of the problem, or how it is experienced by those who endure it. This study explores the existence, nature, and underlying drivers of food poverty in Oxford from the perspective of residents in two of Oxford's most deprived wards, Barton and Rose Hill. We interviewed 57 residents, as well as 12 professionals working in Oxford's regeneration neighbourhoods, and asked them about difficulties related to food in the home, the relevance of GFO's core messages, and community activities that could help to relieve the difficulties. The sample is small and is not representative of the population of the neighbourhoods, so we cannot generalise our findings, but they are indicative of the lived reality of residents in those neighbourhoods.

Findings

We found that just over one half of our interviewees have experience of food poverty. For most, food poverty manifests as uncertainty and anxiety about food, poor dietary quality and limited diversity, and/or having to reduce the quantity of food eaten or skip meals. For the majority, diets are lacking in sufficient fruit and vegetables, and for some, they are high in processed foods with excess fat, salt and sugar. The most common underlying driver of food poverty is economic – low income relative to food prices. Poor physical and/or mental health, physical disability, living alone, lack of cooking and/or storage facilities, and the inability to pay for fuel also contribute to food poverty. Interviewees related a number of ways in which they minimise or cope with food poverty,

¹ See <http://goodfoodoxford.org/about-us/>

² Europe Economics and New Policy Institute, 2010. *Markets and Households on Low Incomes*. Office of Fair Trading. Available at: http://npi.org.uk/files/5213/7528/8327/markets_and_low_income_households.pdf

³ Lang, T., Barling, D., and Caraher, M., 2009. *Food Policy: Integrating health, environment and society*. Oxford: Oxford University Press.

⁴ Child poverty 2011, HM Revenue and Customs in Fransham, M., 2015. *Our Changing City. Social Trends in Oxford*. Oxford Strategic Partnership. Oxford City Council. February 2015. Available at: https://www.oxford.gov.uk/downloads/file/2123/social_trends_in_oxford

including careful management and budgeting of household resources, avoiding waste, and using charitable food provision.

With regard to the five core messages on GFO's Charter (see Annex 5), interviewees concurred with three: the importance of eating more fruit and vegetables, of cooking homemade meals with fresh ingredients, and of cutting food waste. Two of the five messages did not resonate: interviewees would like to eat more, not less, meat; and the price of food is the primary criterion for food selection, rather than food provenance or production methods. In all cases, economics – and to some degree health – drive dietary choices, rather than a concern with animal welfare or the environmental footprint of food production.

Residents and professionals indicated a number of activities that could help to increase exposure to healthy eating options and build a resilient food culture, including increased access to information, the development of new skills, alternative outlets with healthy food options, community-led social and cultural activities using food, and better organisation of Food Bank resources for multiple purposes in the community. GFO could contribute to such initiatives in a number of ways, including the promotion of educational activities for adults, youth and children, facilitating connections between regeneration neighbourhood organisations and local initiatives, being active in local lobbying, and helping local actors to access funding opportunities. It should do so in collaborative fashion, partnering with and supporting the efforts of existing community organisations rather than introducing its own new set of activities. With such an approach, GFO can continue to grow a nurturing network that helps to make Oxford's food system not only more healthy, ethical and sustainable, but also more equitable, serving the needs of all in Oxford, regardless of income.

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1. About this report

We know that food poverty exists in Oxford. But we know little about the extent and nature of the problem, or how it is experienced by those who endure it. A recent report on food poverty and food surplus redistribution in Oxford⁵ presented information on food poverty from the point of view of providers of food assistance. In this report we present information from Oxford residents with lived experience of food poverty, sometimes in their own voices.

The report was commissioned by Good Food Oxford (GFO). GFO aims to identify and catalyse actions by individuals and organisations that will promote a healthy, fair, ethical and environmentally sustainable food system in and around Oxford⁶. It is also concerned with making Oxford's food system equitable: a central tenet of its Charter is "ensuring all people have access to affordable, healthy and tasty food, regardless of income". As such, GFO is interested in understanding the nature and drivers of food poverty in Oxford, and exploring ways in which it may engage with residents in Oxford's most deprived neighbourhoods.

The research was conducted in two of Oxford's seven regeneration areas, Barton and Rose Hill. The regeneration areas are among the 20% most deprived areas in England according to the 2015 English Index of Multiple Deprivation⁷. The research was undertaken by Frances Hansford (independent researcher) and Rachel Friedman (GFO intern, funded by Oxford University's Environmental Change Institute), with the support of GFO Manager Hannah Fenton, and partially funded by a grant from the Oxford Strategic Health Partnership. We explored three themes:

1. The nature and drivers of food poverty in Barton and Rose Hill;
2. Awareness of GFO activities and the relevance of GFO's key messages among residents in Barton and Rose Hill;
3. Ways in which GFO, GFO's partners, and other local actors may engage with residents in Barton and Rose Hill.

We begin the report with a brief review of evidence on food poverty in the UK and Oxford. This is followed by information on our methods and sampling. We then present our findings, organised by the three themes listed above, and propose ways in which GFO may contribute to community initiatives in Oxford's regeneration neighbourhoods. Finally, we address the limitations of the study and some avenues for further research.

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We are extremely grateful to our interviewees, who willingly gave up their time to speak with us about sometimes difficult subjects. We are equally grateful to the professionals who helped us to craft our approach to the research, and to the organisations that supported our work in practical and logistical terms. These include: in Barton, the Barton Neighbourhood Association, the Roundabout

⁵ Lalor, D., 2014. *Feeding the Gaps: Food Poverty and Food Surplus Redistribution in Oxford*.

⁶ See <http://goodfoodoxford.org/about-us/>.

⁷ English Indices of Deprivation. Department of Communities and Local Government, September 2015 (<https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015>).

Children’s Centre, and the Barton Advice Centre; in Rose Hill, Green Square Housing Association, the Children’s Centre, and Rose Hill’s Community Cupboard.

2. The context: food poverty in the UK and Oxford

2.1 Food poverty in the UK

Food poverty is present when “a household or individual are unable to obtain a nutritionally adequate diet”⁸. It manifests as “worse diet, worse access, worse health, higher percentage of income on food and less choice from a restricted range of foods. Above all food poverty is about less or almost no consumption of fruit and vegetables”⁹. Food poverty can be acute – when an individual cannot obtain enough food and faces hunger. It can also be chronic, an enduring set of circumstances that conspire to produce a diet poor in quantity and quality, which may in turn lead to malnutrition (low or excess body weight¹⁰ and/or micro-nutrient deficiencies) and poor long-term health. It is estimated that four million people in the UK suffer food poverty, and over 500,000 people rely on food aid, such as food parcels and food banks, for part or all of their diet¹¹. The use of food banks has risen sharply in the last few years. The Trussell Trust provided a food box with three days of emergency food supplies on 129,000 occasions in 2011/12 and on over one million occasions in 2014/15¹².

The drivers of food poverty – the circumstances that bring it into being – are many, complex, and often interrelated. A number of studies find that low incomes are the chief driver of food poverty¹³, particularly in the present economic climate, as the cost of living has been rising more quickly than incomes. Price, value, and money available to purchase food were found to be the most significant factors in determining diet in the 2007 Low Income Diet and Nutrition Survey; nearly 40% of respondents stated that they could not eat a balanced diet because of cost and worried about running out of food before getting more money¹⁴.

Physical access to affordable and nutritious food is another major driver of food poverty. Food shops are often sparse in low-income neighbourhoods¹⁵, and those that exist tend to offer limited choice, particularly of fresh foods, including fresh fruit and vegetables. Prices also tend to be higher in

⁸ Europe Economics and New Policy Institute, 2010.

⁹ Lang, T., Barling, D., and Caraher, M., 2009.

¹⁰ Excess body weight can be the consequence of a poor quality diet high in fats and sugar, and can co-exist with micro-nutrient deficiencies.

¹¹ Cooper, N., and Dumbleton, S., 2013. *Walking the Breadline: the scandal of food poverty in 21st century Britain*. Manchester/Oxford: Church Action on Poverty/Oxfam.

¹² The Trussell Trust (<http://www.trusselltrust.org/>).

¹³ Fabian Commission on Food and Poverty, 2015. *Hungry for Change. Fabian Policy Report*. London: the Fabian Society; Nelson, M., Erens, B., Bates, B., Church, S., and Boshier, T., 2007. *Low Income Diet and Nutrition Survey: Summary of Key Findings*. Norwich: The Stationery Office.

¹⁴ Nelson et al, 2007.

¹⁵ Hilmers, A., Hilmers, D.C., and Dave, J., 2012. Neighborhood Disparities in Access to Healthy Foods and Their Effects on Environmental Justice. *American Journal of Public Health*, 102(9): 1644–1654. doi: 10.2105/AJPH.2012.300865.

neighbourhood 'convenience stores', including those of the major supermarket chains¹⁶. Many people in these neighbourhoods may be unable to afford transportation costs to get to larger, more affordable food stores, which have been moving to the outskirts of towns¹⁷. Low-income households are thus frequently forced to pay a 'poverty premium' as they spend more of their income on food (and other essential goods and services) than those able to get to cheaper outlets.

A recent study by the Fabian Commission on Food and Poverty identified low incomes and physical access as the two principal drivers of food poverty in the UK¹⁸. The study also identified a number of other factors, many of them recent trends, which interact with these major drivers and militate against healthy dietary choices. They include: local food environments, and particularly the huge increase in fast food outlets in low-income neighbourhoods¹⁹; food marketing that predominantly promotes foods high in fats, salt and sugar and low in micronutrients²⁰; a decline in cooking skills across the population²¹; the reduction in time available for meal preparation across the population, given an increase in the average number of hours worked; and a food culture in low-income households more concerned with 'getting fed', sustenance and survival, than health or social dimensions, due to financial worries.

Adult educational attainment may also play a role. Adults with lower levels of education have been shown to consume fewer vegetables and key nutrients than their more educated counterparts²², and maternal education has been identified as an important factor in pre-school children's nutrition²³. As education and income are closely correlated, these findings may reflect low income, along with limited access to information and learning opportunities. A Public Health England report for

¹⁶ Fabian Commission on Food and Poverty, 2015.

¹⁷ Europe Economics and New Policy Institute, 2010.

¹⁸ Fabian Commission on Food and Poverty, 2015.

¹⁹ The number of fast food outlets in the UK is estimated to have risen by 45% between 1990 and 2008 (Burgoine, T., Forouhi, N.G., Griffin, S.J., Wareham, N.J., and Monsivais, P., 2014. Associations between exposure to takeaway food outlets, takeaway food consumption, and body weight in Cambridgeshire, UK: population based, cross sectional study. In *BMJ* 2014;348:g1464); a recent review found that lower income neighborhoods have a greater density of fast food outlets (Hilmers et al, 2012).

²⁰ A 2009 systematic review of evidence of food marketing to children found that between 50-80% was for low nutrition foods (Cairns G., Angus K., Hastings G., Caraher M., 2013. Systematic reviews of the evidence on the nature, extent and effects of food marketing to children. A retrospective summary. In *Appetite* 2013 Mar;62:209-15. doi: 10.1016/j.appet.2012.04.017).

²¹ The Fabian Commission's report observed that cooking skills have declined across the population, in part due to the lack of teaching in schools, as identified by the 2013 School Food Plan commissioned by the education secretary (Dimpleby, H and Vincent, J., 2013. *The School Food Plan*. Available at:

<http://www.schoolfoodplan.com/wp-content/uploads/2013/07/School-Food-Plan-2013.pdf>). Poor cooking skills may leave low-income households more at risk of a poor quality diet, as higher income households are protected by the spending power to buy more nutritious ready meals and/or eat in high quality restaurants.

²² Nelson et al, 2007; Roberts, K., Cavill, N., Hancock, C. and Rutter, H., 2013. *Social and economic inequalities in diet and physical activity*. London: Public Health England.

http://www.noo.org.uk/uploads/doc/vid_19253_Social_and_economic_inequalities_in_diet_and_physical_activity_04.11.13.pdf.

²³ Watt, R.G., Dykes, J., and Sheiham, A., 2001. Socio-economic determinants of selected dietary indicators in British pre-school children. *Public Health and Nutrition*. 4(6): 1229-1233. DOI: 10.1079/PHN2001202.

example, found that women with lower levels of education had fewer opportunities than their more educated counterparts to observe and learn good food-related practices²⁴.

Low income frequently translates into a poor quality diet. The 2007 UK Low Income Diet and Nutrition Survey found that average sugar and fat consumption were above the UK maximum guidelines, and average fruit and vegetable consumption was about half of the recommended daily amount in low-income households²⁵. It also found that obesity among women was higher than the national average²⁶. A review of studies conducted in the UK and the US found that individuals of higher social class were more likely to consume “whole grains, lean meats, fish, low-fat dairy products, and fresh fruit and vegetables”²⁷. Similarly, the Royal College of Physicians found that “people on low incomes eat more processed foods which are much higher in saturated fats and salt. They also eat less variety of foods”²⁸.

Poor diet, in turn, translates into poor health. Public Health England recently declared poor diet to be a higher health risk factor than smoking in the UK²⁹. A poor quality diet increases the risk of serious conditions such as heart disease, Type 2 diabetes, and some cancers, and can shorten life expectancy³⁰. Hunger and poor diet can also impair children’s ability to learn and do well at school. Food poverty and poor diet also increase the risk of mental health problems like stress, anxiety and depression, both as a direct consequence of poor diet, and as a consequence of the worry and stigma associated with food poverty. Poor physical and mental health can, in turn, limit people’s ability to acquire and prepare healthy food in sufficient quantity, leaving households trapped in a vicious cycle of poverty and ill-health.

²⁴ Roberts et al, 2013.

²⁵ Nelson et al, 2007.

²⁶ Thirty-three percent, compared to the national average of 23.9% (2013). The same differential is not observed among men

(https://www.noo.org.uk/NOO_about_obesity/adult_obesity/UK_prevalence_and_trends). The relationship between social class and obesity is complex: see El-Sayed, A.M., Scarborough M., and Galea, S., 2012. Unevenly distributed: a systematic review of the health literature about socioeconomic inequalities in adult obesity in the United Kingdom. *BMC Public Health* 2012 12:18. DOI: 10.1186/1471-2458-12-18.

²⁷ Darmon, N., and Drewnoski, A., 2008. Does social class predict diet quality? *American Journal of Clinical Nutrition*. 87(5): 1107-1117.

²⁸ Mwatsama, M. and Stewart, L., 2005.

²⁹ Newton, J.J., et al, 2015. Changes in health in England, with analysis by English regions and areas of deprivation, 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013. *The Lancet* 386(10010): 2257-2274. [http://dx.doi.org/10.1016/S0140-6736\(15\)00195-6](http://dx.doi.org/10.1016/S0140-6736(15)00195-6)

³⁰ Cooper and Dumpleton, 2013.

2.2 Food poverty in Oxford: what we already know

Oxfordshire is one of the most affluent counties in England. And yet fifteen areas of the city of Oxford are among the 20% most deprived wards in England, according to the 2015 English Index of Multiple Deprivation³¹, and one in four of Oxford’s children live below the poverty line³².

Barton and Rose Hill, the neighbourhoods that form the focus of this study, are among the most deprived wards in Oxford. The proportion of children living in poverty rises to over a third in Barton (36%) and nearly one half in Rose Hill (44%). Both neighbourhoods have a higher rate of unemployment and long-term sick/disabled, a higher proportion of individuals with no qualifications and on out-of-work benefits, and a higher proportion of households in social housing, compared to the city of Oxford as a whole (see Annex 1).

Table 1. Key health and nutrition indicators in Oxford, Barton/Sandhills and Rose Hill/Iffley

	Key health and nutrition indicators	Oxford	Barton/ Sandhills	Rose Hill/ Iffley
1	All circulatory diseases standardised mortality ratio	89.4	107.7	91
2	All cancers standardised mortality ratio	106.5	125	110.6
3	Life expectancy at birth (male)	78.7 years	75.6 years	78.2 years
4	Life expectancy at birth (female)	83.1 years	81.6 years	85.1 years
5	Obese adults	16.4%	21.7%	23%
6	Overweight or obese children (reception)	19.5%	27.2%	27.5%
7	Overweight or obese children (year six)	33%	37.7%	35.6%
8	Healthy eating adults	31.5%	24.1%	24.8%

Notes to table: all data from Oxford Community Partnership Areas Health Statistics. Indicators 2 and 3: Standardised mortality ratios, England = 100. Reference periods: 2006-08 (indicators 5, 8); 2008-12 (indicators 1, 2, 3, 4); 2010-13 (indicators 6, 7). The aggregation of statistics for Barton and Rose Hill with more affluent adjacent neighbourhoods is likely to dilute the values for the regeneration neighbourhoods alone.

We know little about the extent of food poverty in Oxford, or the composition of diets in low-income households. However, the nutrition and health indicators for the neighbourhoods we visited, relative to those in the city as a whole³³, are suggestive of food poverty and poor quality diets (see Table 1). The incidence of circulatory diseases and cancers is higher than in the city of Oxford as a whole, and life expectancy is lower – by as much as three years for men living in Barton or Sandhills. Excess weight is also higher in both neighbourhoods among both adults and children. The proportion of ‘healthy eating adults’ is lower in both neighbourhoods than the city as a whole, an indicator that is backed up by data collected in the 2014 Quality of Life survey³⁴. The survey found that over 19% of

³¹ English Indices of Deprivation, Department of Communities and Local Government, September 2015 (<https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015>).

³² Child poverty 2011, HM Revenue and Customs in Fransham, M., 2015. *Our Changing City. Social Trends in Oxford*. Oxford Strategic Partnership. Oxford City Council. February 2015.

³³ The same is true relative to indicators for the county of Oxfordshire and England as a whole.

³⁴ Kirri, A., Gardiner, J., and Huang, C., 2014. *Quality of Life 2014: Report on Oxford’s Seven Priority Neighbourhoods*. Oxford: The Student Consultancy.

the population of Barton and 10% of the population of Rose Hill consumed less than four freshly-cooked meals per week, and the average number of portions of fruit and vegetables eaten per day across all seven of Oxford's regeneration areas was 2.55, half of the daily recommendation of five.

The level of charitable food assistance provided in the city also indicates that the problem of food poverty is very real. Oxford Food Bank delivers surplus food to sixty local organisations, which redistribute food as parcels or as meals embedded in their services. The Food Bank estimates that its deliveries provide meals for up to 7000 people each week³⁵. The staff of some of these food service providers stated in a recent study³⁶ that they believe there is still a high level of unmet need, that "food poverty is rife in their area, and ... their work is only scratching the surface". The report indicated five particularly vulnerable groups that service providers believe are falling outside of current service provision: people with low-paying jobs who cannot get to emergency food providers during their opening hours; families with children over the age of five that are ineligible to use Children's Centre services; those transitioning out of services; asylum seekers and refugees who receive extremely low support payments and delays in payments as they transition in status; and many people living in the most deprived areas of the city who are not reached by existing services. This concern echoes that of the Fabian Commission, that charitable food usage is not an accurate indicator of the extent of food poverty, because many who experience food poverty do not use charitable services because they are inaccessible, or they don't know about them or how to access them, or they are fearful of the stigma attached to using charitable food services.

The drivers of food poverty identified by service providers interviewed for the Feeding the Gaps study in Oxford are similar to those found at national level: low wages, issues with benefit payments, and rising food prices; food deserts and lack of exposure or access to healthy food; lack of cooking skills or facilities; poor self-management and a lack of life skills; mental health problems; and lack of social and cultural dimensions of food³⁷. Two structural problems in Oxford's economy exacerbate these conditions for many low-income families. One is the cost of housing: house prices are ten times earnings at the lowest end of the market, and rents are amongst the highest outside London³⁸. The other is the structure of the labour market: Oxford has an increasingly polarised market with many high-wage, high-skill and low-wage, low-skill jobs, but few intermediary jobs that could help lift individuals out of poverty³⁹.

A mapping study undertaken for GFO in conjunction with this research⁴⁰ confirmed that healthy food options are not readily accessible in Barton and Rose Hill. Both neighbourhoods have a local convenience store with a limited variety of foodstuffs, including limited fresh fruit and vegetables, at higher prices than in the major larger supermarkets. The study found that a medium-size banana

³⁵ The Oxford Food Bank newsletter summer 2014 (<http://oxfordfoodbank.org/about-us/news/>).

³⁶ Lalor D., 2014.

³⁷ Lalor, D., 2014.

³⁸ Fransham, M., 2015. *Oxford Profile 2015*. Oxford City Council. Available at: https://www.oxford.gov.uk/downloads/file/2122/oxfords_profile_2015

³⁹ Fransham, M., 2015. *Our Changing City. Social Trends in Oxford. Oxford Strategic Partnership*. Oxford City Council. February 2015.

⁴⁰ Bright, D., Hong, T.K., Yeung, A., and Walker, J., 2015. *Mapping project of food outlets in Rose Hill, Blackbird Leys and Barton*. The Student Consultancy, Oxford University. 30 November 2015.

costs approximately 60% more in the convenience stores than in larger supermarkets in adjacent neighbourhoods⁴¹; this differential is likely to carry over to many other food products. The study also calculated the distance, by road, from various points in each neighbourhood to the nearest larger supermarket with more affordable fruit and vegetables. The average distance for Barton households was 1.3km, and the distance from the furthest point in the neighbourhood was 2.4km. In Rose Hill, those distances were 0.8km and 1.3km⁴². These distances may create access difficulties, at least for households without a car (38% of Barton households and 40% of Rose Hill households⁴³). Unlike many low-income neighbourhoods, Barton has only one fast food outlet, a fish and chip shop, as well as a community café in the Barton Neighbourhood Centre. Rose Hill, in contrast, has five takeaways in the neighbourhood, only one of which was assessed to offer some 'healthy' options.

3. Methods and sampling

3.1 Methods

This was a primarily qualitative study using interviews and a focus group discussion. We conducted semi-structured interviews with 12 key informants, all professionals working in one or more of Oxford's regeneration neighbourhoods (see details in Annex 2). Interviews were recorded and lasted between 60 and 90 minutes. We obtained written consent before beginning interviews. The interviews focused on three topics:

1. Contextual information about each neighbourhood, including the nature, extent and drivers of food poverty;
2. Activities that could be introduced in the neighbourhoods to help alleviate food poverty and engage residents in positive food-related activities;
3. How to conduct the research, including how to identify and approach residents with lived experience of food poverty.

We subsequently attended a mix of regular activities in Barton and Rose Hill (see details in Annex 3) where we conducted short semi-structured interviews, lasting between 15 and 30 minutes, with 45 residents. The mix of activities was designed to give us access to residents with a variety of characteristics. The interviews focused on three topics:

1. Food-related difficulties in the home, including not being able to buy certain types of foods, worrying about not having enough to eat, or sometimes not having enough to eat;
2. Awareness of GFO activities and relevance of GFO messages;
3. Attendance at existing food-related activities in the neighbourhood, and interest in new activities that could bring residents together in efforts to help relieve some of the difficulties.

⁴¹ A medium-sized banana cost 30p at the Barton Spar and 35p at the Rose Hill Premier, compared to an average of 20.3p at the Rose Hill Coop and the Headington branches of Sainsbury's, Tesco and Waitrose. The differential may be higher if compared to prices in the superstores on the outskirts of Oxford.

⁴² Rose Hill is slightly better served than Barton as it has a cheaper supermarket (The Coop) on its fringes.

⁴³ Barton and Rose Hill Area Profiles

(<http://www.oxford.gov.uk/PageRender/decC/CommunityPartnerships.htm>).

We explained the aims of the research and how the information would be used before starting the interview, and sought oral consent from our interviewees, including explicit permission to use anonymised quotes in our report. We didn't record the interviews to avoid inhibiting responses on sensitive issues. We also chatted informally with staff present during the activities and have incorporated some information from them into our report.

We didn't organise focus group discussions as we were advised by our informants that attendance would likely be low (due to time pressures, research fatigue, and/or low self-confidence among some residents) and that many would be more likely to speak about difficulties in the home in an individual interview. We did however hold a discussion with an existing group, the Asian Women's Group in Rose Hill, whose members were comfortable speaking as a group. There were 12 participants in the discussion.

The key informant and neighbourhood interviews and the group discussion were conducted between 4th November and 2nd December, 2015. We collected basic anonymised sociodemographic data about the 45 residents who were interviewed, allowing us to characterise our sample and gain an impression of the extent of food poverty in the sample.

3.2 Sampling

We spoke with a total of 57 residents, all but two of whom were resident in Barton (n=28) or Rose Hill (n=27). The two exceptions were residents of Blackbird Leys who were attending an activity in Barton or Rose Hill. We decided to include them in our data, as Blackbird Leys is a regeneration neighbourhood similar in many ways to Barton and Rose Hill. The sample size was dictated by budget and time constraints. While a bigger sample would have yielded greater confidence in our findings, we nevertheless felt we had access to a wide range of individual circumstances and views. We initially planned to include Blackbird Leys in the study, but eventually dropped it due to budget and time constraints.

We sought to maximise variation on a number of socio-demographic characteristics by attending activities in a mix of community settings (Children's Centres, Advice Centres, GP surgeries, Community Cafes and lunch clubs, Food Bank distribution points, and sheltered housing) and purposively selecting interviewees for sex, age, and ethnicity. The characteristics of the sample are shown in Annex 4. The 12 focus group participants are not included in the table as there was insufficient time to collect individual data; there were one Hindu and eleven Muslim women originating from three countries – Bangladesh, India and Pakistan – aged between their late twenties and early fifties.

The sample includes many more women than men, as women more commonly frequent the kinds of activities we attended. Many of the women are mothers of young children attending Children's Centre activities. About two-thirds of the sample are under 50 years of age. Just over half have one or more child of 18 years or under living with them. The majority of interviewees are British white (71%), but there are enough interviewees from other ethnicities, including the 12 Asian women in the group discussion, to give an idea of food poverty across the major ethnic groups living in the

neighbourhoods. Almost half have incomplete⁴⁴ or complete secondary education⁴⁵ and sixteen percent have a first degree or higher. The ethnic and educational profile of our sample reflects demographic data for Barton and Rose Hill⁴⁶.

The sample is small and is not representative of the population of the neighbourhoods, so we cannot generalise our findings, but they are indicative of the lived reality of residents in those neighbourhoods. The methods we used to access interviewees may have created a bias in our sample towards individuals who regularly attend activities or engage with services. We are cognisant of the fact that we did not interview residents struggling with problems that may prevent them from attending activities and services, such as poor physical and/or mental health, disability, social isolation, addictions, and serious debt. These residents may experience food poverty more deeply than our interviewees. This bias was in some degree compensated for as our key informants and interviewees provided insight into the difficulties faced by others in their neighbourhoods.

4. Our findings

4.1 Food poverty: existence and nature, drivers, coping mechanisms

4.1.1 The existence and nature of food poverty

We asked interviewees if they sometimes face or have faced difficulties in relation to food for themselves and their families. We then categorised individuals and their households as experiencing or not experiencing food poverty using the criteria in Box 1, adapted from the United Nations Food and Agriculture Organisation's (FAO) Food Insecurity Experience Scale.

Box 1: Criteria for food poverty classification

1. Sometimes worries about running out of food
2. Sometimes compromises on dietary quality or variety (goes without non-luxury foods, diet appears to lack sufficient healthy and nutritious food, dietary diversity is limited)
3. Eating is sometimes disorganised or chaotic (snacking only rather than eating cooked meals, not knowing where the next meal will come from)
4. Quantity of food consumed is sometimes reduced, skipping meals
5. Sometimes runs out of food

Adapted from United Nations Food and Agriculture Organisation's Voices of the Hungry Food Insecurity Experience Scale: <http://www.fao.org/economic/ess/ess-fs/voices/en/>

⁴⁴ Incomplete secondary education covers leavers of 14 years of age or over who didn't complete Sixth Form.

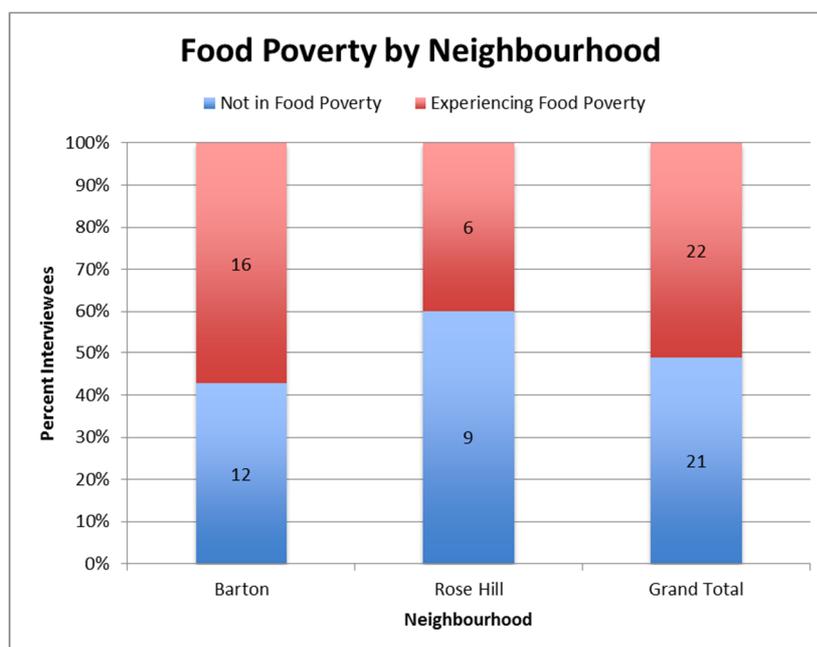
⁴⁵ The proportion of interviewees with incomplete or complete secondary education may be higher; 31% of the sample did not provide information on their education.

⁴⁶ See Barton and Rose Hill Area Profiles;

<http://www.oxford.gov.uk/PageRender/decC/CommunityPartnerships.htm>.

Using these criteria, we found that just over half of our interviewees (53%) have experience of food poverty (57% in Barton, 100% in Blackbird Leys and 40% in Rose Hill) (see bar chart below⁴⁷). We believe this is probably an underestimate given the sensitive nature of the topic; we had the impression that some of our interviewees were reluctant to state that they sometimes face difficulties. Although our sample is small and not representative of the wider population in each neighbourhood, these figures suggest that food poverty in its various guises is widespread in the neighbourhoods we visited.

Chart 1: Experience of food poverty by neighbourhood



Of those with experience of food poverty, most meet the first four of the five criteria, that is they experience uncertainty and anxiety about food, are forced to compromise on dietary quality and diversity, eat in some way that is disorganised, and/or the quantity of food consumed is sometimes reduced. A few respondents stated that there have been occasions in the past when they have run out of food. These were always due to specific circumstances or triggers, like a spell spent homeless, job loss, chronic ill-health, or a period living with a partner who made no contribution to household income and welfare. That we did not encounter more people running out of food among our interviewees may reflect the nature of our sample. We heard about others in the neighbourhoods with greater difficulties in relation to food from our interviewees and our key informants. These included families with chronic debt problems who attend the Advice Centres, the long-term unemployed, families receiving free school meals that find it difficult to feed their children during

⁴⁷ As the Blackbird Leys sample is so small (two individuals), we have not included it in the bar chart.

the school holidays, people suffering mental ill-health (depression, anxiety, stress), and older residents, particularly widows and widowers who are isolated, lonely, and sometimes depressed.

There is no particular social patterning to the presence of food poverty by socio-demographic group in our sample: most analyses showed that between 40-50% of interviewees in each ethnic group and with all levels of education, and of households with and without children living at home, have some experience of food poverty.

We are able to say very little about who in the household may bear the brunt of hunger when the quantity of food is reduced or food runs out, other than that several parents stated they prioritise their children's needs and go without themselves when things are difficult:

"[I] might skip meals as long as my children eat",

"[My partner and I] would go hungry, but the kids come first".

This is a common finding in food poverty studies in the UK and elsewhere⁴⁸.

4.1.2 The drivers of food poverty

For most of our interviewees, the immediate driver underlying food poverty is **economic**: not being able to afford a healthy, balanced, and nutritious diet due to low household income in tandem with the perceived high cost of food – especially animal-source foods and fruit and vegetables. A range of circumstances underpin the economic difficulties, including: a single low wage in a household with several children, or with several adult offspring who cannot afford to move out; dependency on a monthly salary and difficulties 'making ends meet' towards the end of the month; single parenthood, particularly for non-working mothers dependent on benefit payments; job loss or underemployment; reductions or delays in benefit payments; chronic ill-health among wage-earners; disability and dependence on a Disability Living Allowance; high energy bills during the winter, particularly for those with a lack of mobility associated with disability, ill-health or age. We frequently heard comments like:

"It's a nightmare with money, trying to ration it – I have to buy the food and nappies, all the essentials....",

"Sometimes we have food in the fridge, sometimes it's nearly empty",

"[We] try to make something out of nothing",

"If I ain't got enough for the electric I go without a meal".

Many interviewees commented specifically on the high cost of healthy foods, especially fresh fruit, vegetables and meat:

"Food is so expensive, very, very expensive, especially if you want to live a healthy life",

⁴⁸ See for example <http://www.trusselltrust.org/resources/documents/Press/1-in-5-parents-struggling-to-feed-children.pdf>; Fabian Commission on Food and Poverty, 2015.

“As a mum you do what you have to do [but] good food is expensive”,

“Healthy food should be cheaper”.

This was contrasted with the low cost of less nutritious food, including processed foods and cheap, nutritionally-poor ready meals:

“I can get a meal for a pound from Iceland”.

Economic difficulties are experienced across the board, among families and individuals living on their own, all ethnic groups, and independent of the interviewee’s level of education (e.g. a number of interviewees with first degrees and vocational qualifications find themselves in low-income jobs). The only notable exception is older people, most of whom manage to make ends meet without feeling the need to compromise on diet, although they are clearly living frugally. As some of our older interviewees stated:

“[My pension]....stretches, so I don’t have to go without”,

“When you’re on your own you don’t buy a lot”,

“When you get to our age you get what you can”.

Physical access to affordable food stores did not surface as a major issue in our sample. The mapping study showed that affordable food shops are lacking in Barton and Rose Hill; many interviewees noted that the foods available in their local ‘convenience’ stores are lower quality and more expensive than the range found in the bigger supermarkets, and there is a lack of variety. Most manage to avoid shopping in their local stores because they have a car, or someone with a car (usually a family member) regularly takes them to a bigger food store, or by shopping online on specialist discount food websites or with stores that offer a discount on delivery charges.

Difficulty accessing the larger, more affordable stores was only mentioned by a few older interviewees with limited mobility who cannot get to shops outside their neighbourhood independently, and do not have transportation on offer from family or friends. One older Barton resident stated that his diet is poor because he cannot get to a local market and:

“The local Spar only sells old, tired vegetables and a bit of fresh meat, it’s mainly tins and packets”.

Several older Rose Hill residents concurred that they would appreciate seeing more fresh fruit and vegetables at the shops in Rose Hill because, although Sainsbury’s is just over the bridge:

“it is a bit long of a walk for most of us”.

We uncovered a number of other factors driving food poverty among our interviewees or other residents in Barton and Rose Hill. **Poor physical health** is a barrier to obtaining a good diet for some older interviewees who live alone and either are not mobile enough to get to the shops to buy fresh food⁴⁹, or are not well enough to cook a meal for themselves (in two cases, because they cannot

⁴⁹ Although some of the older residents in Rose Hill receive Food Bank deliveries to their homes.

stand for long enough). We heard that these problems are common among older people who frequently resort to eating low-cost and nutritionally-poor ready meals, even if they don't like them. **Physical disability** may similarly interfere with some individuals' capacity to access a healthy diet. We only interviewed one resident with a disability. She shops online as she cannot get to food shops, and struggles to buy certain kinds of foods (especially fruit and vegetables) due to her dependence on benefits and high energy bills.

Poor mental health can also be a barrier to healthy eating. Only one of our interviewees talked about mental health issues. That may be partly due to the stigma attached to mental health problems, but is also likely to reflect the nature of our sample; individuals suffering depression, anxiety, or other mental health problems are less likely than others to attend the sort of community activities we attended. Nevertheless we heard that poor mental health is a factor leading to poor diet among older individuals such as those living in sheltered accommodation in both neighbourhoods, some of whom are lonely, isolated, and often depressed, and rarely leave home. These individuals may lack the networks, the motivation, and the self-organisation necessary to buy and prepare healthy meals; we were told that many of them rely on microwaved ready meals. Some of our key informants stated that younger residents with mental health issues face similar difficulties.

Living alone can function as a barrier to eating well even for those who are not in ill-health, again particularly among older and widowed individuals. Some interviewees stated that they buy few vegetables because, with the quantities in which they are sold by supermarkets, they frequently rot before they are used up. As one widower commented:

"it's easier to use tins when it's for just one person, there isn't as much waste".

Sometimes it is more about motivation, or the lack of a social dimension to eating. A widower who had always cooked for his family stated:

"I can't be bothered to cook for one".

In contrast to the healthy family meals that he had eaten when his children were living at home, he characterised his present diet as "chaotic and opportunistic".

A lack of cooking or storage facilities or the inability to pay for fuel for cooking is an issue for a few interviewees who are living in particularly unstable or precarious circumstances. For these people, microwaved ready meals or a reliance on charitable provision of cooked meals is the norm.

Several of the drivers of food poverty identified in other studies do not seem to apply in our sample. The presence of **fast food outlets** in the neighbourhoods we visited does not seem to pose a significant problem, as most of our interviewees are judicious with their limited budgets and avoid spending money on takeaway meals. We heard from our key informants that some residents do rely heavily on takeaways from commercial fast food outlets, but we do not have enough information to understand why. The Asian women from Rose Hill participating in the focus group discussion expressed a concern with the desire among their children to use these outlets, stating that:

"My kids are junkies",

and rather than showing any interest in learning to cook:

“The next generation will be living on takeaway”.

Food advertising does not seem to have a strong influence on the eating habits of our interviewees; most avoid relying on processed foods high in fat, sugar and salt, although some stated buying processed meats when they cannot afford to buy fresh meat, or resorting to processed frozen foods when they are short of time for food preparation. Those eating processed ready meals largely do so for lack of other options rather than out of preference. We found some evidence that food advertising shapes the preferences of children. One mother commented on the pressure from her children to buy sugar-laden breakfast cereals, and several stated that their children ask to eat at McDonalds or Burger King as a treat (rather, for example, than the Community Café, which seemed to carry stigma for some children).

A **lack of cooking skills** does not seem to be an issue among our interviewees; the majority told us that they cook most days, and use fresh ingredients as much as they can. At the same time, many feel that they have a narrow repertoire and would like to learn new recipes and skills.

We also found little evidence among our interviewees of a **food culture that lacks appreciation for the social and cultural dimensions of eating**. Food was generally not seen as purely instrumental, just for ‘filling bellies’. Family mealtimes seemed to be important to interviewees living with family members. Those without family appreciate lunch clubs, Community Cafes and food events as a way to “*get out of the house*”, “*for a chat*”. One of the women living in Alice and Margaret House (a sheltered residence for older people) in Rose Hill said of the lunch club:

“[It’s] an excuse not to be sat on your own, having your meals on your own”,

and a Barton resident stated:

“I’m an adult on my own with mental health needs, it can be very lonely. [A food event] allows me to feel part of the community, meet people, chat, it can be quite a good meeting place”.

Those with family also recognise the value of food activities for bringing people together, helping them to meet their neighbours and to build community.

4.1.3 Coping mechanisms and strategies

What strategies do people facing constant or intermittent food poverty use to manage their situations? Our interviewees described a number of mechanisms to minimise or cope with food poverty. **Careful management and budgeting** and living frugally is key. As a couple of mothers stated:

“We live within our limits, you have to, you have no choice. As a mum you do what you have to do”,

“You have to feed [the children] at the end of the day, food you can’t go without. They have to have three good meals a day. Then you go without something else. So don’t spoil them with high-tech things. Just the basic necessities. Clothes from the sale”.

Most of our interviewees said that they shop around for the cheapest food, using discount food stores (particularly Aldi, Lidl, and Iceland) and websites. Some make use of economies of scale, buying bulk (big bags of potatoes and carrots for example), and cook and freeze what they can't use immediately. Some buy reduced foods that are at their sell-by date, and cook and freeze them immediately. **Avoiding waste** is part of careful management. Many women told us that they are careful to cook only as much as will be eaten, and if there are leftovers, they freeze them to be used later, or reuse them in a different format so that they will be eaten by men and children who are not keen on leftovers. As one woman said:

"I only put on the plate what people can eat, I only cook what people can eat. It's just me trying to save money".

These careful management strategies are essential for people confronted with, or at risk of, food poverty. Many of our interviewees are – in the words of a Fabian Commission Advisor – acting as 'true economists'. One of the downsides to the need to be extremely cost-conscious, in health terms, is the limited dietary diversity it necessarily entails: buying in bulk means buying fewer varieties, and avoiding waste discourages experimentation with new foods in case they are rejected by household members.

Using charitable food provision is another way of coping with food poverty. Picking up food items or getting a hot meal at services supported by the Oxford Food Bank is a huge help for some and a lifeline for others. Interviewees at the Rose Hill Community Cupboard stated:

"[It]...has helped a hell of a lot. I look forward every week to...[a hot meal]",

"It's really important because I live in a tent",

"Coming down here helps me a lot".

Similarly, residents at the Barton and Rose Hill Food Bank distribution points stated:

"[It]...helps a lot, I pick up extra things that I wouldn't be able to afford that day",

"[It helps]...feeding our families with no pressure".

For some, picking up produce from the Food Banks is the difference between eating and not eating fruit and vegetables. This is a huge benefit, although, as some observed, the availability of fruit and vegetables from Food Banks is variable and unpredictable; sometimes there is little or no fruit and vegetables, and sometimes the quality is very poor. As one Rose Hill resident noted:

"Sometimes the fruit and veg is nice, but others it is not...things are past the date".

Being able to attend events at which **hot lunches** are served at a heavily-subsidised price or at no charge, such as the Food Surplus Café in Barton in November, Christmas dinners, and other community events, also helps some residents. Many of our interviewees stated they cannot afford other ways of eating outside the home, although a few do occasionally eat out in affordable ways, for instance treating their children to a meal at a cheap, fast food outlet like McDonald's.

4.2. GFO activities and messages

Only one of our interviewees was aware of being at an event with a community activity supported by GFO (the smoothie-making bike at the Barton Bash, provided by Community Action Groups). This is not surprising given that GFO is a relative newcomer and has, as yet, supported few activities in Oxford's regeneration neighbourhoods.

We received a mixed response when we asked interviewees about the 'Five Simple Things' outlined on the back of the GFO Charter (see Annex 5) that can help to underpin a sustainable food system while enhancing individual health and community life. Overall we found that some messages resonate while others do not – and for those that do it is generally because they support the necessity of most residents to be cost-conscious and economical in their food choices.

Two of the five messages refer specifically to dietary changes that can help to improve health, enhance animal welfare, and reduce the environmental impact of food production: **eat more plants (Item One on the Charter)** and **less meat and dairy products (Item Three)**. The importance of eating fresh fruit and vegetables for health reasons, as well as for the taste and variety they add to meals, was widely recognised, but only a few of our interviewees are able to eat fresh fruit and vegetables as regularly as they would like. Most stated that the amount they can eat is limited by cost. Food Bank distribution plays a very important role in this respect; for many it provides fresh fruit and vegetables that they would not otherwise be able to eat.

Only three interviewees stated that they grow some fruit and vegetables; others stated that they don't because it is expensive (the cost of seeds, compost, pest control and water) and/or time-consuming or, in one case, because she lacks the know-how. That so many of our interviewees acknowledged the healthfulness of fresh fruit and vegetables may demonstrate the success of the '5-a-day' campaign. Their inability to consume them would seem to confirm Kirri et al's finding that residents in Oxford's regeneration areas are eating on average 2.55 portions of fruit and vegetables per day, and corroborates Lang et al's assertion that "above all food poverty is about less or almost no consumption of fruit and vegetables"⁵⁰.

The benefits of reducing consumption of animal-source foods were not widely-recognised. Meat is perceived as a core part of the diet, required for a complete meal and, at the same time, symbolic of status or of 'doing ok'. Most aspire to eat it every day:

"I like my meat every day",

"We try to eat it every day",

but many are not able to do so due to cost. For some it is a luxury, added to meals 'to taste', and they would eat more if they could. As one Barton resident said:

"We only have a little meat, to taste. The children would like more".

Some choose to eat cheaper processed forms of meat rather than fresh meat to increase the frequency with which they can eat meat. Few stated that they consume alternative, more

⁵⁰ Lang, T., Barling, D, and Caraher, M. 2009.

environmentally-friendly sources of protein (fish and seafood, eggs, beans and lentils or meat-free alternatives such as Quorn), and we only came across three vegetarians (one interviewee, the others family members of interviewees). Certainly few are aware of, or concerned with, the environmental impact of producing animal-source foods, and buying higher quality, more expensive cuts from trusted sources is not an option. The consumption of dairy, on the other hand, seems to be low – mainly milk and butter – again due to cost. For most, other dairy products, such as cheese and yoghurt, are luxury items, with the exception of some mothers who regularly buy cheese for their young children. But the absence of dairy products is not lamented in the same way that meat is.

Most of our interviewees stated that they **cook most days, and generally ‘from scratch’ (Item Four on the Charter)**, although tinned, bottled or frozen foods are sometimes used as a time-saver, particularly by mothers preparing meals for a family. As one mother with four young children said:

“It can’t be complicated or take long[er], I’d lose the plot”.

Quite a few mothers are interested in learning new cooking skills and recipes, particularly meal ideas to get fussy children eating a greater variety of foods and more vegetables. Some would like their children to be exposed to cooking from an early age so that they take an interest in where food comes (not just ‘out of a box’) and how it is prepared. Most interviewees said they believe it’s cheaper to cook meals ‘from scratch’, although a few disagree, saying that a ready meal with meat, potatoes and vegetables can work out cheaper than buying all the fresh ingredients. The latter were mainly people living alone who perhaps don’t get the cost benefits of buying in bulk. A few of our interviewees stated that they are forced by circumstances to eat ‘ready meals’ even though they don’t like them. These circumstances were usually related to advanced age or ill-health (the inability to go shopping for fresh foods or to cook), or a lack of cooking facilities. Many interviewees recognised the important social dimensions of cooking and eating, both in the home and in community settings; a number showed an interest in more community-organised lunches as a way to ‘get out of the house’ and meet people, particularly older people, parents with young children, and people living alone.

The importance of **knowing more about our food – particularly where it comes from and how it’s produced, for both health and environmental reasons (Item Five on the Charter)** – was recognised only by a few, who stated a concern with GMOs and pesticides, food miles, lower freshness and quality of imported fresh foods, or the level of salt or calories in processed foods. Almost all stated that the price of food is the primary or only criterion they use in deciding what to buy. Only three interviewees stated that they buy free-range meat, and one of those, only if she finds it among reduced goods at the supermarket that have reached their sell-by date. A few others stated that they would like to buy free-range meat and eggs or organic produce but cannot due to the cost. One Barton resident said that due to her food budget:

“I’d love to but can’t even think about it”,

and another stated:

“If they want people to eat it, it should be cheaper”.

Those who struggle most to get enough to eat made it clear that the concern with food provenance and production is irrelevant. One stated:

“You don’t care where your food comes from or what goes into it, not when you’re in my position”,

and another felt that it doesn’t matter:

“...as long as there’s food in it”.

The only group in our sample who consistently take notice of the source of food products are Muslim women (primarily in the Asian Women’s Group) concerned to make sure that the meat they buy is halal.

Almost all interviewees concurred that **food should not be wasted (Item Two on the Charter)**, although the rationale was usually economic – that they can’t afford to throw food away – rather than a concern with reducing our environmental footprint. We heard over and again phrases such as:

“Food costs too much to throw away”,

“I hate wasting food, there’s so little as it is”.

As we saw in the last section, many of our female interviewees use careful management strategies to avoid any waste, such as cooking the right amount in the first place, freezing leftovers to be used later, or turning leftovers into a new meal so that they will be eaten by men and children who are not keen on leftovers. Some of the women in the Rose Hill Asian Women’s Group seem to face most resistance to serving up leftovers. As one woman said:

“My husband wants fresh”.

Only two interviewees mentioned composting leftover food, but most do recycle leftovers, with the exception of those living in flats who are not provided with food caddies by the council.

4.3. Ways in which local actors may engage in Barton and Rose Hill

We asked our interviewees what kinds of food-related activities they currently attend, and what new food-related activities they would like to see in their neighbourhood. We present the ideas on new activities by neighbourhood, as some differences in interests emerged. The ideas mentioned most frequently are presented first.

4.3.1 Views of Barton residents

More community-led lunches

There are already several community lunches held regularly in Barton: a Wednesday lunch club for older people at the Neighbourhood Centre, and Sunday lunches for Barton Community Church attendees. There are also occasional lunches, served at subsidised rates, at events such as the Barton Bash, Christmas and Easter parties, and one-off events such as the recent Food Surplus Café combined with the Neighbourhood Centre’s Health and Wellbeing Day.

There was interest in more community-organised lunches, including:

- Lunches on weekends that parents and children can attend together;
- Lunches during the week for older people and for parents with young children not yet at school;
- Lunches for children during the school holidays, combined with children's activities, particularly for children who get a free school lunch but whose parents struggle to give them a hot meal out of term;
- Delivery of freshly-cooked meals to less mobile older people who can't get to the Community Café. Apparently this was done by the Community Café some years ago;
- International/multi-cultural 'bring and share' lunches that bring people of different cultures together and give exposure to new foods and dishes. Cooks could be provided with Food Bank food, and the cooking could be done at home or in the Neighbourhood Centre kitchen;
- Assistance organising and sourcing ingredients for a weekly or fortnightly communal lunch at Meadow Brooks assisted living home (managed by Green Square). There is currently a fortnightly lunch organised by some of the residents, but instead of cooking, they pick up orders from the local chip shop. They would like help organising a healthier cooked lunch.

Almost everyone who mentioned an interest in community lunches had two benefits in mind: one was having access to a low-cost hot meal; the other was social, creating opportunities to get out of the house and have company (particularly for older people, and for others who live alone), and to meet and socialise with friends and neighbours.

Cookery classes

There was a lot of interest among women in cookery classes for both adults and children. There was a 'cooking on a budget' course some time ago but nothing has been organised recently. Some women mentioned that they would like to learn new recipes, so that they can vary the meals they make, particularly easy and quick meals for children that help introduce them to new foods and get them eating more vegetables. Others mentioned wanting to learn recipes that would help them make use of the vegetables they find at the Food Bank or reduced on the supermarket shelves; perhaps implicit is the need to develop the skills and confidence to experiment and improvise with whatever comes along on a particular day. The interest in learning new cooking skills came from women who are already cooking regularly, not from those who for one reason or another cook infrequently and rely heavily on processed or canned foods and ready meals.

Mothers mentioned cooking activities for young children, which could be held at the Neighbourhood Centre's Play and Stay sessions, or at the Roundabout Centre. They see exposure to cooking as a fun way of getting children more interested in the food they eat and how to prepare it. Some were also interested in cookery activities for older children.

Information on food and nutrition for young children

Several mothers with young children stated that they would like information sessions on feeding young children, including information on best weaning practices. There was a particular concern to learn ways to encourage children of all ages to eat more vegetables.

Barton Community Cafe

The Barton Community Café (Eatwells) serves breakfast, lunch and snacks at subsidised rates from 9.30am to 1.30pm on Monday to Thursday. Very few of our interviewees currently use the Community Café and few were interested in using it in the future, except for the kinds of organised lunches described above. Staff say that the footfall has never been high and it is used mainly by retired residents and a few parents with young children. The reasons for the low footfall seem to be mixed, and include not having money to spend on eating out of the home, not liking what is on offer, not enjoying mixing with other residents and possibly, for older children, a sense of stigma attached to using a subsidised community setting. In some cases parents stated that if they want to take their children out to eat somewhere, they are more likely to take them to McDonald's, which is seen as 'a treat'. Only some of the older people at the Wednesday lunch club expressed the wish that the Café be open seven days a week so that they could '*pop in for a cup of tea and a chat*'.

Sports activities and exercise classes

Several interviewees mentioned that they would like to see more sports activities for children and exercise classes for adults (e.g. Tai Chi). While this is not directly related to food and to GFO activities, we thought it worth documenting given the high levels of child and adult excess weight in Barton.

Gardening courses

One resident was interested in learning more about growing vegetables. She currently grows a few vegetables in her garden but would like to learn more. Although no-one else mentioned this, courses that teach how to grow fruit and vegetables on a budget could be of wider interest given that many of our interviewees stated they would like to eat more vegetables but don't because of the cost.

Community market

One Barton resident suggested organising a monthly community market in Barton at the same time as the Saturday Swap Shop, with fresh local produce and bread on sale. A member of the Low Carbon Barton group, she was interested in encouraging people to eat local produce, and in increasing access to a greater variety of food, given that the local shop carries little fresh fruit and vegetables.

4.3.2 Views of Rose Hill residents

Information on food and nutrition for young children

Nutrition and healthy diets for young children was a strong theme in Rose Hill. Four women in the Rose Hill sample have attended the HENRY course⁵¹, which provides information and assistance on healthy lifestyles (food, nutrition, activity) and parenting skills for under-fives and their families in order to tackle childhood obesity. They all found it extremely useful. There was an interest in more courses like this that help parents to encourage good eating habits in infancy and early childhood.

⁵¹ <http://www.henry.org.uk/homepage/>.

The Asian women participating in the focus group discussion were also concerned with finding ways to encourage their children to eat more healthily, including more fruit and vegetables.

There seemed to be little awareness of information sources on healthy eating and nutrition; a couple of interviewees mentioned online sources, and one mother said the online version of Ella's Kitchen Cookbook, which deals specifically with early childhood nutrition, has helped her a lot. It may be useful to build a repository of resources and disseminate it through Children's Centres and Community Centres.

Cookery classes

The other major activity raised by interviewees in Rose Hill was cooking classes. The Children's Centre used to offer cooking courses, and those who participated mentioned the courses were useful in broadening their horizons. There have also been courses with a nutritionist on cooking healthy and nutritious food on a budget at the end of which participants went home with recipes and a bag of ingredients.

There was most interest from younger parents who cook, but not always from scratch. One father saw cooking classes as a way to expand his currently limited repertoire (and to instil more colour and adventurousness into his daughter's eating patterns). A mother said she needed a guide – a recipe with instructions – in order to try new combinations and cuisines. As one of our key informants pointed out, sometimes people need help in order to know what to do with some of the items – vegetables especially (e.g. avocados) - that arrive from the Food Bank.

There was also interest in cooking activities for children. One woman who recently moved from Cambridge mentioned that some of the Stay and Plays there provide lunch and engage the children in food preparation (e.g. chopping, mixing). She said that this helped the children feel like "*we made it so we should have it*" - in a positive light, as they would eat foods not normally consumed.

These courses could be held at the Children's Centre or the new Community Centre, which those who were interested frequent. The South Oxfordshire Food and Education Academy (SOFEA)⁵² may provide training in food preparation at the new Community Café (see next section).

Community Café

The Rose Hill Children's Centre used to have a café, in partnership with Green Square, at which volunteers (mainly from the Asian Women's Group) prepared food from scratch. Green Square is now working with the council to set up a café at the new Community Centre, which may be run by SOFEA, with food sourced from Thames Valley FareShare⁵³. It was unclear how much use will be made of a new Community Café, especially given the low level of use of the Barton Community Café.

⁵² <http://www.sofea.uk.com/>.

⁵³ <http://www.sofea.uk.com/fareshare-thames-valley/>.

Informal knowledge exchanges

Informal knowledge exchanges came up as a helpful way to get tips and try new things. One woman organises a weekly group called Little Chuggers at the Littlemore Village Hall, where parents swap tips for quick and healthy meals. Asian women in the focus group discussed how doing ‘food swaps’ allows them to try different methods and varieties of common dishes (e.g. biryanis and curries). One woman raised the idea of cross-cultural food exchanges; people could bring food from their country, exchange recipes, and prepare dishes that are easy and in which children can participate.

Community kitchen and refrigerators

Several Rose Hill interviewees attending the Rose Hill Community Cupboard do not have adequate facilities for preparing, storing and refrigerating food, due to lack of stable housing or difficulty paying energy costs. One man at the Community Cupboard brought up the idea of communal cooking and storage facilities. He thought it would be a good idea if the kitchen at the Methodist Church was open for people without cooking and storage facilities to cook food for themselves and others. He said he’d cook up a large pot of spaghetti bolognese! Such community facilities may be of most interest to those in deeper food poverty.

Organised lunches

There are currently a couple of lunch clubs for older Rose Hill residents, one for over 60s at the Community Centre organised by Silver Threads, the other for residents of Alice and Margaret House. Alice and Margaret residents also have regular lunch outings in and beyond Oxford, as well as a weekly coffee morning. There was limited vocalised interest in organised lunches beyond these groups and the Asian Women’s Group. This may be because the existing Community Centre has a small kitchen inadequate for preparing lunches for large groups. There may be more interest in organising group or community lunches in the new Community Centre, which will have a large and fully-equipped kitchen. The Asian Women’s Group is interested in restarting their cooking activities using the new Community Centre facilities. They hope to prepare a lunch once per month, and get food from the Food Bank to defray the cost of staples like rice and cooking oil, chillies, tomatoes, and onions, and the group leader is looking for grants for cooking equipment. The Food Surplus Café is also interested in running a regular lunch event at the new Centre, using surplus food from the Food Bank and SOFEA.

4.3.3 Views of key informants and other professionals

We also asked our key informants and other professionals at the activities we attended what kinds of new activities they believe could help to alleviate some of the food poverty and food-related difficulties faced by residents in Barton and Rose Hill.

There was widespread support for **using food as a way to build stronger communities**, to create a sense of community cohesion by bringing people together who might not otherwise meet and socialise. The Community Centres are seen as the most obvious venues for organising these kinds of activities. In Rose Hill there is a sense of renewed optimism about organising activities at the new Community Centre, due to open in January 2016. There are also plans to refurbish the Barton

Community Centre during 2016. The opening of 'refreshed' community settings may be an opportune moment to engage residents in new activities.

Several of our informants feel there is a need for more **information and informal education** around healthy eating and lifestyles in the neighbourhoods. One of them is a General Practitioner who regularly sees the health consequences of poor diet in the Barton surgery. One idea discussed was that GFO or its partners could have a presence at the planned Barton Healthy Living Centre. The Healthy Living Centre will organise drop-in sessions for residents to meet representatives of different non-profit, community and local government organisations (for example, Go Active, Fluid Motion, Age UK and Aspire Job Club) that encourage health promotion and preventative healthcare.

Several informants mentioned that they would like to see **diversification of the kinds of activities currently on offer for youth**, which usually revolve around sports activities, to include more food-related activities. For example, if there are kitchen facilities available at youth club venues (as there are in Barton, and will be at the new Rose Hill Community Centre), cooking activities could be introduced, using Food Bank foods. The activities could be combined with the development of employability skills, perhaps with formal certification, such as food preparation and food hygiene.

Similarly, informants felt that **professional development opportunities and skills training** should be an integral part of food-related activities for adults. For example, volunteers at community-organised lunches or working at the Community Cafes could be certified in skills like food preparation and food hygiene. This was seen as a possible strategy for increasing the level of interest in volunteering at and participating in activities organised by the Community Associations, which is currently low.

Better publicity of and information about Food Bank distribution was a concern among several informants. We found that many interviewees struggling on tight budgets were not aware of the Food Bank distribution points, and among those who were, many did not realise that anyone is entitled to pick up food; they thought only certain people were eligible (e.g. only the homeless, or only those referred by the GP), or that it was necessary to first register and undergo checks. Better publicity would help to ensure that those who really need the help provided by Food Banks get it. It may increase the demand for food from the Food Banks, an issue that would need addressing by Oxford Food Bank. According to the Feeding the Gaps report⁵⁴, Oxford Food Bank has the capacity to deliver more food, if recipient organisations have the capacity to receive, store and distribute it. On a practical note, one informant also felt that it would be helpful to have **refrigeration at the distribution points** so that dairy products (particularly milk) can be safely left out for collection.

There was also concern to overcome the **stigma associated with using Food Banks** among some residents. In Rose Hill the Food Bank has been reframed as a 'save food from landfill' project, so that users are recognised for their contribution to the reduction of food waste in the city of Oxford. This approach could be adopted in other neighbourhoods.

⁵⁴ Lalor, 2014: p40.

5. Conclusion and recommendations: what role for GFO?

The material we collected for this study confirms that food poverty is a reality for a significant proportion of the residents of Barton and Rose Hill. The struggle to manage on a tight budget manifests as uncertainty or anxiety about food, limited dietary diversity, and/or a poor quality diet lacking in sufficient healthy and nutritious foods. We don't have precise information on dietary intake in these households – that would require in-depth dietary studies –but our information indicates that for the majority, diets are lacking in sufficient fruit and vegetables, and for some, they are high in processed foods with excess fat, salt and sugar content.

We also know from our interviews that others in Barton and Rose Hill experience more serious difficulties and deeper food poverty. Some of these residents are likely to face a serious chronic shortfall in nutrients, and possibly calories. Some survive on extremely chaotic and unhealthy diets, including an excess of cheap, processed food and commercial fast food, and very little, if any, home-cooked food and fresh fruit and vegetables.

We were somewhat surprised – positively – at the number of interviewees who regularly cook homemade meals using fresh ingredients, seek to consume fresh rather than processed foods whenever they can, avoid eating takeaway meals, and claim they would increase their consumption of fruit and vegetables if they could. It is possible that some interviewees over-reported 'good behaviour' and under-reported 'undesirable behaviour', in order to create a favourable image, creating a 'social desirability' bias in our data. The fact that most interviewees did not concur with our suggestion that the consumption of animal-source foods should be reduced, or that it is important to understand the provenance and production methods of our food (two of the five propositions on the GFO Charter), suggests otherwise. A more plausible explanation is that we were meeting engaged and motivated people who already use a variety of community services and have some interest in improving their lifestyles and well-being.

What can be done at the local level to tackle problems of food poverty and poor diet, to increase access to affordable, healthy food? Importantly, local change initiatives can do little to make inroads on some of the deeply-entrenched, underlying structural drivers of food poverty. They cannot tackle the economic impoverishment that lies at the root of food poverty – low incomes relative to food prices, under- and unemployment, and the inadequacy of benefit payments coupled with the increasing use of benefit sanctions. Decent work and wages, and adequate welfare provision, are the responsibility of government and business.

They can also have little impact on factors that shape the local food environment and influence food choices, such as the relative prices of healthy and unhealthy foodstuffs, the power of food advertising and marketing, the siting of food outlets, the easy access to cheap fast and processed foods, and lack of affordable fresh foods in low-income communities. These require government intervention and business responsibility, including the use of regulation and policy levers such as taxation and subsidisation.

Even putting these structural obstacles aside, improving access to healthy foods and changing people's eating habits is no easy task. That said, we heard ways in which local change initiatives supported by local councils, social enterprises, non-profits, and community initiatives have helped to

ease some of the problems associated with food poverty and to modify eating habits, mainly through exposure to healthy foods and by modelling a positive food culture: children and youth have discovered foods they might not otherwise have come across (hummus, pitta bread, vegetable sticks, pineapple, kiwi) at Children’s Centres and youth clubs; parents have learned new recipes suitable for tight budgets; some residents have learned to cook vegetables that they had not seen or heard of before they turned up at the Food Bank; community-led lunches have exposed residents to healthy home-cooked food. Service providers interviewed for the Feeding the Gaps report⁵⁵ similarly felt that the provision of healthy meals integral to their services has helped to improve eating habits of service users in the long term.

The activities outlined in section 4.3 of this report – increased access to information, the development of new skills, alternative outlets with healthy food options, community-led social and cultural activities using food, better organisation of Food Bank resources for multiple purposes in the community – all have the potential to increase exposure to healthy eating and build a resilient food culture, while also strengthening community cohesion.

How might GFO contribute to these initiatives? Below we propose a number of spaces that GFO and its partners could occupy. We recommend that GFO and its partners take a collaborative approach, partnering with and supporting the efforts of existing community organisations rather than introducing its own new set of activities. We also recommend that GFO monitor the uptake of new activities, perhaps conducting occasional surveys at new activities, once established, or speaking with key professionals, to ensure that resources are wisely spent.

5.1 An educational role in communities

Adult education. There are a number of ways in which GFO could support informal adult education initiatives in Oxford’s regeneration areas. They include supporting efforts to provide more information on healthy and sustainable diets, perhaps through a presence at the Barton Healthy Living Centre and at community events; creating a resource centre for professionals to use and disseminate; and supporting efforts to build and share skills, including in ways that empower local residents to take the initiative and draw on skills they already have. Efforts that help parents to encourage healthy eating habits in children of all ages will be helpful. Activities for families with young children will become all the more important given proposed cuts to Children’s Centres that see them withdrawing courses with open access to any parent with a child under five. Support for local organisations to secure official certification of skills training may be helpful.

Work with children and youth. The formation of new attitudes and habits among the young is arguably the most powerful way to shift food demand towards the kinds of healthy and sustainable diets that are needed to improve public health and support an ethical and sustainable food system⁵⁶. There are many opportunities to involve children and youth in food preparation activities that can create a healthy interest in good food and where it comes from, including activities at Children’s Centres, youth clubs, homework clubs, and out-of-term activities. GFO could help to expand the

⁵⁵ Lalor, 2014.

⁵⁶ Essentially towards the kind of diet described in Low Carbon Oxford’s 2013 report *FoodPrinting Oxford. How to feed a city*. Available at: <http://www.oxfordmartin.ox.ac.uk/publications/view/1004>.

repertoire of fun activities on offer to children and youth in Oxford's regeneration areas to include, for example, foraging, bread and preserve-making, and grow-your-own activities. This could involve facilitating connections between community organisations and GFO partners (such as food surplus organisations, local farms, and community gardens), and helping the latter understand how to adjust their services to meet the needs and interests of residents in Oxford's regeneration areas.

5.2 Facilitate connections between regeneration community organisations and local initiatives

GFO has access to an amazing network of local organisations specialising in fun and creative activities that can help to strengthen Oxfordshire's food system. Staff working in local government services, community organisations and non-profits in Oxford's regeneration areas (including community and neighbourhood associations, Children's Centres and church-run lunch services) have heavy workloads and limited time to access information about activities offered by other organisations. GFO could play an intermediary role, facilitating connections among organisations, which, together, can facilitate community-led social and cultural activities that promote and celebrate local food cultures based on healthy eating. Some useful connections have already been mentioned above – organisations that can provide cookery courses, fun activities for children, skills for food-growing, surplus food use, and accreditation of skills training for adults and youth. GFO has already circulated a directory of local organisations that run food-related activities, which could be made more widely available.

5.3 Local lobby

GFO can make use of its influence as a strong and respected network to lobby local authorities to support actions that are conducive to healthy food environments and an ethical and sustainable food system. This might include influencing local planning decisions, such as the approval to site healthy food outlets and rejection of proposals for more fast food outlets in Oxford's regeneration neighbourhoods. There may be an opportunity to influence the development of public resources in Barton Park, a new development of over 800 homes, which is to include a food store, a community garden, and allotments.

5.4 A bridge to funding opportunities

GFO could help local actors to identify and explore funding options that help to support and expand community initiatives (for example the Rose Hill Asian Women's Group cooking activities). It could also support local research that can provide evidence on local conditions and needs (such as this report) for use in funding bids by local actors.

6. Study limitations and further research

This is the first study we are aware of that explores the existence and nature of food poverty in the city of Oxford from the perspective of residents, and details some of the activities that are of interest to residents in Oxford's regeneration neighbourhoods. As such, it provides valuable information for GFO and others interested in working in these communities.

The study has various limitations. Firstly, the methods we used mean we had access to residents who already, to some degree, engage with community activities and services and may be motivated to attend new activities. We don't see this as a problem, as these are the people who are most likely to engage with activities facilitated by GFO and others to help alleviate the effects of food poverty. But it does mean we have less understanding of the lived reality of residents experiencing food poverty more deeply. This kind of research would require more time to build trusting relationships with key social work professionals working in the neighbourhoods and their client groups.

Secondly, the study covers only two of Oxford's seven regeneration neighbourhoods. There may be important differences in the extent and nature of food poverty, the response to GFO's key messages, and the interest in new activities, among the neighbourhoods. We estimate that approximately nine days of researcher time would be required to incorporate each additional neighbourhood (set-up, key informant interviews, neighbourhood interviews, analysis and write-up), given that the research framework and data collection instruments are in place.

Thirdly, we don't have an accurate measure of the extent and nature of food poverty in these neighbourhoods. In fact, no validated tool for measuring household food insecurity in the UK exists⁵⁷. There is an opportunity to develop and test such a tool in neighbourhoods such as Oxford's regeneration areas, perhaps using the approach of the FAO's Voices of the Hungry Food Insecurity Experience Scale.

Fourthly, we have only limited information on the drivers of food poverty and the triggers that lead to food poverty. The study could be extended using the case study approach to elucidate the pathways that create and exacerbate food poverty, and equally, the pathways out of food poverty and into healthier and more sustainable diets.

Lastly, we don't have an accurate picture of what people are eating and we don't know how much a social desirability bias has influenced the information given by our interviewees. We also don't know how food is shared within households – who gets how much of what. Some of the national-level studies of low-income household diets mentioned in the introduction to this report give us some insight into diets in low-income households in the UK. But diets can be highly context-specific, influenced by local factors such as the local job market and wages, the cost of other household expenses, particularly housing costs, and the accessibility of affordable food stores. Unfortunately, to collect accurate data would require costly, in-depth dietary studies that are hard to justify in this case.

⁵⁷ Fabian Commission on Food and Poverty, 2015.

7. A final word

We believe GFO can bring valuable resources to Oxford's regeneration areas, helping to build a positive food culture and promote eating habits that are beneficial to individual health, community life, animal welfare, and the environment. It must do so in a sensitive way, listening to the interests and needs of local people and ensuring that its actions are contextually appropriate. We hope that this report helps by giving voice to some of the residents of Barton and Rose Hill.

The best way for GFO to approach the work is in collaborative fashion, partnering with and supporting the efforts of existing community organisations rather than introducing its own new set of activities. With such an approach, GFO can continue to grow a nurturing network that helps to make Oxford's food system not only more healthy, ethical and sustainable, but also more equitable, serving the needs of all in Oxford, regardless of income.

Annex 1: Key demographic indicators for Barton, Rose Hill and Oxford

Key demographics	Barton	Rose Hill	Oxford City
1. Population	3,748	3,422	158,000
2. Age (% population)			
Under 18	28	30	19
18-24	10	9	20
25-44	33	31	32
45-64	19	20	18
65+	9	10	11
3. Ethnicity (% population)			
White British	63	58	64
Other White	9	9	14
Mixed	5	4	4
South Asian	7	14	7
Other Asian	6	6	5
Black	9	9	5
Other	1	1	1
4. Religion (% population)			
Christian	54	47	48
Buddhist	1	1	1
Hindu	1	3	1
Jewish	0	0	1
Muslim	6	15	7
Other	0	1	1
No Religion	31	26	33

Not Stated	7	6	8
5. Education Qualifications (% population 16+ years)			
Degree or Higher	23	19	43
2 A-Levels	8	7	18
Apprenticeship	2	3	2
5 GCSEs (A*-C)	14	13	9
Below 5 GCSE (A*-C)	17	15	8
Other	8	10	7
No Qualifications	28	34	14
6. Population in Poverty (% population)			
Children	36	44	22
Working Age	21	19	8
65+ Years	38	28	17
7. Other Poverty Indicators (% population/households)			
Unemployed (16+ years)	6	7	3
Long-term sick/Disabled (16+ years)	6	6	3
Out of Work Benefits (all) (16-64 years)	17	19.3	7.4
Social Housing (% households)	46	49	21
8. Car ownership (% households)			
Don't Own a Car	38	40	33

Notes to table: All data are from Oxford City Council Area Profiles

(<http://www.oxford.gov.uk/PageRender/decC/CommunityPartnerships.htm>). All data are 2011, except % of working age and 65+ years in poverty (2008) and % drawing out of work benefits (2013).

Annex 2: Key informant interviews

Key informant name	Role
Barton	
Azul Strong	Oxford City Council Locality Officer for Barton
Sue Holden	Barton Neighbourhood Association Company Secretary
Andrew Collins	Barton Surgery GP
Christine McDermott	Relish Social Enterprise Director, Blackbird Leys resident
Blackbird Leys	
David Growcott	Oxford City Council Locality Officer for Blackbird Leys
Mikko Enticknap	Blackbird Leys Children's Centre Extension Services Coordinator
Rose Hill	
Cheryl Snudden	Oxford City Council Locality Officer for Rose Hill
Fran Gardner	Rose Hill Community Worker at Green Space Housing Association
Cathy Gibbs	Rose Hill Low Carbon Group member, Oxford Food Bank volunteer, ex-Secretary Lenthall Road allotments
All/other Oxford regeneration areas	
Rosa Curness	Aspire Job Club Coordinator
Phil Jones	Oxford City Council Locality Officer for Wood Farm
Gerbeen Groot	Oxford City Council Leisure and Community Services, Healthy Choices Project Coordinator

Annex 3: Activities attended and number of interviewees

Date	Activity	Number of interviewees
Barton		
14/11	Barton Neighbourhood Centre Health and Wellbeing Day/Food Surplus Café	5 ⁵⁸
17/11	Barton Neighbourhood Centre Stay and Play	4
17/11	Barton Neighbourhood Centre Food Bank	3 ⁵⁹
19/11	Roundabout Children's Centre Nursery	5
19/11	Roundabout Children's Centre Little Explorers	1
24/11	Barton Neighbourhood Centre Food Bank	1
25/11	Barton Neighbourhood Centre lunch club	4
25/11	Barton Advice Centre	1
2/12	Barton GP surgery	2
2/12	Barton Neighbourhood Centre lunch club	2
Total number interviewees, Barton		28
Rose Hill		
18/11	Community Cupboard	2
23/11	Rose Hill Children's Centre Stay and Play	3
25/11	Rose Hill Children's Centre Food Bank Drop	2 ⁶⁰
25/11	Community Cupboard	2 ⁶¹
26/11	Alice and Margaret Lunch Club	3
26/11	Rose Hill Asian Women's Group	12 ⁶²
30/11	Rose Hill Children's Centre Stay and Play	2
2/12	Rose Hill Children's Centre Food Bank Drop	1
2/12	Community Cupboard	2
Total number interviewees, Rose Hill		29
Total number interviewees, Barton and Rose Hill		57

⁵⁸ One of the individuals interviewed at the Barton Health and Wellbeing Day is resident in Blackbird Leys but has lunch at the Barton Community Café once or twice a week. We included his data in the Barton group.

⁵⁹ One of the individuals interviewed at the Food Bank moved to Sandhills 18 years ago but was resident in Barton for 61 years and still participates in various activities in Barton. We included his data in the Barton group.

⁶⁰ One of the individuals interviewed was from Littlemore, but as she uses the Children's Centre services and engages with others in the community, her data were included in the Rose Hill group.

⁶¹ One of the individuals interviewed at the Community Cupboard lives on London Road, which is in Barton. Her data were included in the Barton group.

⁶² This was conducted as a focus group discussion.

Annex 4: Sociodemographic characteristics of interviewees

Socio-demographic characteristics	Barton	Blackbird Leys	Rose Hill	All
Sex				
Male	3	2	2	7 (16%)
Female	25	0	13	38 (84%)
Age group				
18-29 years	7	0	3	10 (22%)
30-49 years	9	0	9	18 (40%)
50-69 years	5	1	3	9 (20%)
70+ years	6	1	0	7 (16%)
Not reported	1	0	0	1 (2%)
Education				
No Education	1	0	1	2 (4%)
Secondary incomplete	11	0	1	12 (27%)
Secondary complete	6	1	3	10 (22%)
Vocational Training	1	0	0	1 (2%)
First degree	4	0	0	4 (9%)
Postgrad degree	1	0	1	2 (4%)
Don't know	1	0	2	3 (7%)
Not Reported	3	1	7	11 (24%)
Country/region of origin (United Nations regional designations)				
UK	21	1	11	33 (73%)
Europe (not UK) & Central Asia	2	0	0	2 (4%)
Africa Region	3	0	1	4 (9%)
Asia Pacific	2	0	3	5 (11%)
Latin America/ Caribbean	0	1	0	1 (2%)

Ethnic Group				
White British	21	1	10	32 (71%)
White Other	2	0	0	2 (4%)
South Asian	1	0	4	5 (11%)
Other Asian	1	0	0	1 (2%)
Black African	3	0	1	4 (9%)
Afro-Caribbean	0	1	0	1 (2%)
Religion				
Christian	5	1	1	7 (16%)
Muslim	1	0	5	6 (13%)
Other	1	0	0	1 (2%)
None	18	1	4	23 (51%)
Not Reported	3	0	5	8 (18%)
Number of children 18 years or under living at home				
0	13	1	5	19 (42%)
1	5	0	1	6 (13%)
2	3	0	6	9 (20%)
3	4	0	1	5 (11%)
4	3	0	1	4 (9%)
Not Reported	0	1	1	2 (4%)
TOTAL in sample (excluding focus group)				45

Annex 5: GFO Charter “Five Simple Things”⁶³

Here are **FIVE SIMPLE THINGS** you can do today to make the food you eat better for you, better for the planet, better for your pocket and better for other people:



1. Eat more plants

Enjoy lots of delicious, seasonal fruit and vegetables – five or more a day. Affordable, tasty and good for you!



2. Waste less food

Incredibly, 1/3 of all food produced is never eaten. Cutting waste saves money and reduces our environmental footprint.



3. Quality not quantity

Meat and dairy are responsible for a high proportion of emissions. Reduce the amount you eat, and buy from trusted, high animal welfare suppliers.



4. Cook!

Enjoy cooking and eating food together, using fresh, seasonal ingredients. Start simple – ask around for recipes and share your favourites.



5. Know your food

Ask where your food comes from and how it was produced, get to know producers at local markets, and choose trusted labels like MSC for fish.

⁶³ See the Good Food Oxford Charter at: <http://goodfoodoxford.org/good-food-charter/>.