

FOOD FOR THOUGHT



A Report on the National Conferences on Food, Health and Poverty held on 12 March in St Colmes, Edinburgh and 8 May in Paisley Town Hall.



Health Education Board for Scotland

ACKNOWLEDGEMENTS

The Scottish Community Diet Project and the Health Education Board for Scotland would like to thank all of the following people for their contribution to the ***Food for Thought*** conferences.

David Allan, Possil/Parkhouse Community Health Project
Prof Annie Anderson, Dundee University
Beverly Armstrong, Community Health Network Project
Marilyn Beagley, Barri Grub
John Bowcott, Bargeddie Food Co-op
Moria Burns, Lothian Health
Chris Clark, Edinburgh Community Food Initiative
Anne Ellaway, MRC Medical Sociology Unit
Damian Killeen, Poverty Alliance
Ann Foster, Scottish Consumer Council
Prof Tim Lang, Thames Valley University
Eric Laurier, Aberdeen University
Matthew McCann, Govan Healthy Eating Project
Lynn McDougal, Inverclyde Regeneration Partnership
Linda McKie, Aberdeen University
Hannah McIntyre, Renfrewshire Food Federation
Willie Merritt, Near Not Dear Food Co-op
Christine Reilly, Ferguslie Community Health Project
Graham Robertson, Health Education Board for Scotland
Debbie Stewart, Poverty Alliance

Both days could not have run as smoothly as they did without the assistance of our colleagues from HEBS/SCDP and the staff at St Colme's Centre, Edinburgh and Paisley Town Hall.

We would also like to thank the "volunteer" note takers, without whom we could not have compiled this conference report.

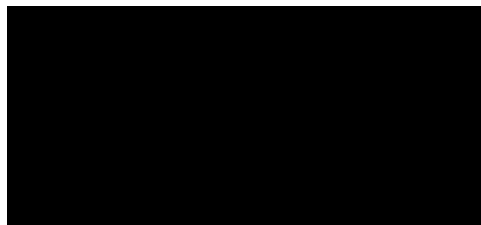
Last, but certainly not least, we must thank those who attended the conference. From volunteers about to set up their first food co-operative to leading academics and policy managers, everyone's opinions were not only welcome but essential in ensuring an event that accurately reflected the needs, concerns and hopes for the future of all those working to rid Scotland of the scourge of food poverty.

Bill Gray
National Project Officer
Scottish Community Diet Project

Emma Witney
Programme Manager (Community)
Health Education Board for Scotland

"Food is a battleground of competing interests."

"MAFF, a ministry dedicated to keeping up the value of land."



"Governments cannot accept a problem exists and then do nothing."

"We have had the rhetoric of partnership while

Food poverty – What are we to do?

Now that the election is over, we should not be romantic about the food situation. Before the election of the Conservatives in 1979 was by no means rosy. The Black report on Inequalities in Health in 1980 drew attention to under-nutrition among the young and called for an extension of school meals to reduce the effect on the children of the poor¹.

Caroline Walker had shown in 1977 how Supplementary Benefit was inadequate to cover the nutritional needs of the largest 8 to 10 year old children, however efficient their mothers' food purchasing behaviour². Studying 50 families on Supplementary Benefit, she found they spent around 40% of their income on food, compared with the national average of 22%.

Michael Nelson showed in 1979 the connection between the amount of money spent on diet per person per week and growth rates in children in a study of 231 at-risk children in poor areas of London between 1973 and 1976³. Nelson found a close relationship between restriction of income, poor diet and small size of child. The study concluded that "at least 11 per cent of the children in this study are mildly to moderately malnourished" and called for dietary intervention⁴.

These studies raised many questions, but the 1979 general election made them obsolete. The newly elected Government determined that welfare itself was the problem and that salvation for the nation as a whole lay in revitalising a market economy. Government has persistently denied food poverty and faced with this intransigence, critics have had to prove it all over again. Nearly 20 years have been wasted, having to prove all over again that unfettered markets create or exacerbate food poverty. But in re-proving it, some new arguments have emerged – notably that changes in food retailing are an additional dimension to the problems the poor have in squaring health and choice.

Reviewing the last 20 years, my conclusion is that we all had to fight a new web of subterfuge wrapped round the issue of food poverty. Some argued that it didn't exist; others that it did, but it was the poor's fault; and still others that there was nothing that could be done about it. A fourth, and I think honourable strand, have said not only does food poverty exist, but that it is morally wrong to condone it and that, if collectively we have dug a hole, we can not only stop digging but also dig our way out. Food poverty is made by human action; it is not a god-given or natural state of affairs. In the talks I itemised some of the key themes that have led me and others to this conclusion.

¹ P Townsend and N Davidson, *Inequalities in Health*, Penguin, 1982, 119-120, 183-8.

² C Walker and M Church 'Poverty by administration: a review of supplementary benefits, nutrition and scale rates', *Journal of Human Nutrition*, 1978, 32; 5-18.

³ M Nelson and D Naismith, 'The nutritional status of poor children', *Journal of Human Nutrition*, 1979, 33, 33-44.

⁴ M Nelson and D Naismith, *op cit*, p44.

(For those who want to read the detail that I gave in my presentations, they are in my chapter in the new Child Poverty Action Group book: T Lang. 'Dividing up the cake' in A Walker and C Walker, eds, *Divided Britain*. London: CPAG 1997).

In summary, I argued that:

1. With the 1979 election, food poverty (like wider inequalities in health) were wrapped in an officially sanctioned culture of secrecy. Thank goodness, since the 1997, this culture looks to be changing, but we need to keep our eyes firmly on it.
2. Evidence about food poverty mounted up alarmingly, immediately after the attempted suppression of the Black Report. An alliance of NGO's and academics began to paint in detail the enormous difficulties people on low income have in eating a decent diet. This collective picture showed how people on low incomes juggle endlessly and cut back on food to make ends meet because it is a flexible item in the budget. I have summarised this changing picture in the table at the end.
3. For over a decade, 1984 onwards, a furious row raged about whether it is possible to eat healthily on a low income. In 1986, a letter from John Major, then Minister for Social Security, rather ingenuously said that "the Review of Social Security did not pursue questions of adequacy (of benefit to meet health eating criteria) as it was felt this would not be fruitful". He continued: "there is no agreement on what constitutes adequacy" and concluded that "...each claimant is free to decide how to budget their income according to their individual requirements¹". After denying there was a problem in the 1980s, by the 1990s the weight of evidence forced even the Conservative Government to admit there was a practical problem.
4. As unemployment rose in the early 1980s, the Government began to fray the food element of the welfare safety net. The 1980 Education Act abolished nutrition standards for school meals, propelled by the argument that standards were not needed, yet between 1979 and 1986 the proportion of school children taking free school meals rose from 12% to 18%². Then, the 1986 Social Security Act drastically reduced eligibility for free school meals.
5. Food poverty is always an ideological issue – at its starkest, of individualism v's collectivism. Under the Conservatives, individualism was in the driving seat. The 'Look After Your Health' (LAYH) campaign, under junior Minister, Mrs Edwina Currie, de facto asserted that it was now the responsibility of the poor if they ate badly. Responding to a study on the Northern Health Region indicating a link between ill-health and material deprivation³, she stated that the key issue was "ignorance...and failing to realise they (the poor) do have some control over their lives"⁴.
6. If much of the 1980s debate was having to reinvent the social policy wheel, one feature was genuinely new. This was the argument that changes in the food economy, particularly the arrival of supermarkets, had altered the shopping and dietary options of the poor. Studies in London⁵, Hampstead⁶, Wales¹ and

¹ J Major, Parliamentary Under-Secretary of State for Social Security, letter to Director of London Food Commission, 17 January 1986.

² M Whitehead, *The Health Divide*, in P Townsend, N Davidson and M Whitehead, *Inequalities in Health*, Penguin, 1988, p336.

³ P Townsend, P Phillimore and A Beattie, *Inequalities in health in the Northern Region: An Interim Report*, Northern Regional Health Authority/Bristol University, 1978.

⁴ quoted in P Townsend, N Davidson and M Whitehead, *Inequalities in Health*, Penguin, 1988, p12.

⁵ J Lewis, *Food Retailing in London*, London Food Commission 1985.

⁶ C Mooney, Cost, Availability and Choice of Healthy Foods in Some Camden Supermarkets, Hampstead Health Authority Department of Nutrition and Dietetics, 1987.

Lancashire² and others found the lowest availability of healthy food was in the most deprived area, and the healthier basket of food cost much more. Worst-off pensioner couples, mainly dependent on state benefits, could be out of pocket by up to £8.40 per week, over 10% of total income, depending on whether they had available the cheapest goods in hypermarkets or the most expensive in small shops³.

The key issue uncovered was not just the price advantages of the multiples with their superior buying power, but the fact that for people on low incomes, travelling to the shops now became an additional cost. In economic terms, the cost of transport is externalised by the retailers and born, disproportionately by the poor. An 80p bus journey either way mounts up, as was noted in a Newcastle study⁴, and may be debited from money that otherwise would have gone on food. In 1994, the Ferguslie Women's Poverty Group estimated that each shopping trip added £2 in transport⁵. The general trend that shopping generally within Britain has become more infrequent and more long-distant⁶ hits the poor particularly hard. They do not have such access to cars and can ill afford to have to have one.

7. In 1992, the Government signalled a change of policy. Having for 13 years denied the poverty ill-health connection, the 1992 Health of the Nation White Paper, steered by the Department of Health, but signed by all government departments, tacitly acknowledged it. The change of line was manifest in different ways. Within the Health of the Nation, although social class didn't feature, concern was expressed about "variations in health"⁷. From now on, accommodation was to be reached with its critics.
8. In the face of growing poverty, a new generation of creative projects had emerged, dedicated to supporting people on low incomes⁸. But these are essentially palliative. They are useful learning exchanges but do not transfer resources from rich to poor. Groups have opened shops, cafes, run coupon and transport schemes, Local Exchange Trading Schemes (LETS), worked with special interest and needs groups, and run cooking classes⁹. These are a testament to the grit and energy of activists and communities, but are at best curative rather than preventive. For instance, the teaching of cooking skills is needed not just for the poor but for everyone, since in England the national curriculum removed practical skills from the classroom¹⁰.
9. In 1994, the Department of Health set up the Low Income Project Team, part of the Nutrition Taskforce in the wake of the Health of the Nation. This reported in 1996, having been prevented from talking about money!¹¹ Despite this handcuff, the LIPT

¹ Welsh Consumer Council, Shopping for Food: a study of food prices and availability in Wales, WCC, 1990 p10

² Chief Environmental Health Officer, Lancashire County Council, Report to Committee, Lancashire County Council, 1988.

³ D Piachaud and J Webb, The price of food: missing out on mass consumption, STICERD, London School of Economics, 1996, p29.

⁴ S Speak, S Camerson, R Woods and R Gilroy, Young single mothers: barriers to independent living, Family Policy Studies Centre, 1995.

⁵ S Leather and T Lobstein, Food and Low Income, National Food Alliance, 1994, p16-17.

⁶ H Raven and T Lang with C Dumonteil, *Off our Trolleys?*, Institute for Public Policy Research, 1995.

⁷ H M Government, *Health of the Nation*, HMSO, 1992.

⁸ S Leather and T Lobstein, Food and Low Income: A practical guide for advisors and supporters working with families and young people on low incomes, National Food Alliance, 1994.

⁹ See *Get Cooking!* Newsletter, National Food Alliance, 1994ff

¹⁰ On the class divide in cooking, see T Lang, M Caraher, P Dixon and R Carr-Hill, Class, income and gender in cooking: results from an English survey, paper to the International Conference on Culinary Arts and Sciences, Bournemouth, June 25-28 1996.

¹¹ Department of Health (1996). Low income, food, nutrition and health: strategies for improvement. Report by the Low Income Project Team for the Nutrition Task Force. London: Department of Health.

report made useful inroads on Government complacency. First, it acknowledged that there was a problem of poverty-related ill-health. Secondly, it mapped out a number of strategies for tackling the problems. Most importantly, it recognised that the food retailing revolution had by-passed and excluded the poor and that this situation had to be reversed. This, then, is the intellectual legacy the new Government inherits. I repeat, the challenge to us all is how to move from problems to solutions.

10. The insult is that there is plenty of food. We should not be surprised by this picture of food. In its way, food poverty in the UK echoes findings elsewhere in both rich and poor countries. There are of course important differences between our own and, say, African experiences of food poverty. The differences are both absolute – we have no kwashiorkor – and relative, but at both global and European levels, circumstances and policies echo our own in an eerie fashion. This is due to neither zeitgeist nor accident but to the triumph of a particular view of political economy which argues that economic progress will only come from reducing the state role, placing responsibility on individuals for their own fate and emphasising competitive trade as the motor force for growth. Undoubtedly, this recipe yields huge bonuses for its winners, but for the losers the outcome is both humiliation and exclusion.

The United Nation's Children's Fund estimates are that one in five persons in the developing world suffers from chronic hunger – 800 million people in Africa, Asia and Latin America and that “over 2 billion people subsist on diets deficient in the vitamins and minerals essential for normal growth and development, and for preventing premature death and such disabilities as blindness and mental retardation”¹.

Even in the rich world, the possibility of feeding people well and producing food in a socially just and an environmentally sustainable manner is fracturing before our eyes. Under the ‘set-aside’ system, a feature of the reforms of the Common Agricultural Policy introduced by the European Union's Agriculture Commissioner Ray MacSharry in 1992 and which were modelled on schemes in the USA, European farmers were paid handsomely not to produce food on up to 15% of their land. In 1991, the Common Agricultural Policy cost European consumers £24.9 billion in 1991². Worse, 80% of this direct support to farmers goes to the largest 20% of farms³.

Poverty amidst plenty is an old, old story. Since the Irish Famine a century and a half ago, it has become commonplace that food may be exported under the noses of the malnourished. Food will go to where prices are best for the trader. And if people lack purchasing power, they starve. In his study of Africa, Phil Raikes argues that European attempts, in the name of aid, to modernise African agriculture have merely “modernised hunger”, allowing wealthier farmers and more fertile areas to gain at the expense of others. As the British supermarket shopper browses along rows of produce, flown thousands of miles from Kenya and Tanzania to grace our dinner tables, we should remember that relatively close by – Zaire, Mozambique, for instance – there is rank malnutrition. Social exclusion has an international dimension. The last 20 years should teach us that tackling food poverty requires complex solutions from simple truths, at home and abroad.

¹ UNICEF, *Food, Health and Care: the UNICEF vision and strategy for a world free from hunger and malnutrition*, United Nations Children's Fund, 1993.

² Ministry of Agriculture, Fisheries and Food, *Agriculture in the UK: 1991*, HMSO, 1992.

³ House of Lords, *Development and Future of the Common Agricultural Policy*, HL Paper 79-1, HMSO, 1992.

- 1978** Caroline Walker study of 50 families finds Supplementary Benefit inadequate to provide a nutritionally adequate diet.
- 1979** Michael Nelson finds at least 11 per cent of 231 at-risk children in poor areas of London in this study “mildly to moderately malnourished” and a close relationship between restriction of income, poor diet and small size of child.
- 1980** Black Report expresses concern about diet of children in low income households. Recommends free school meals for all and a national strategy to improve quality.
- 1980** Education Act sections 22 & 23 abolishes nutrition standards for school meals.
- 1984** Maternity Alliance estimates a nutritionally adequate diet for a pregnant mother would use 32% of income from Supplementary Benefit.
- 1986** DHSS Diets of British Schoolchildren survey finds three quarters of 10-15 year olds gaining excessive proportion of energy from fats and three quarters of young girls with inadequate iron intake.
- 1986** Social Security Act reduces eligibility for free school meals by a third; 400,000 children lose entitlement. Now illegal to provide free milk for children of low wage parents.
- 1986** Junior Minister for Health, Mrs Edwina Currie stated that poor people’s worse health was mainly due to “ignorance...and failing to realise they (the poor) do have some control over their lives”².
- 1987** Statutory Maternity Pay and Allowance replace by flat rate payment from the Social Fund. The number of women qualifying was reduced³.
- 1988** Special dietary additions abolished: no more special payments for medically prescribed diets.
- 1988** Local Government Act introduces compulsory competitive tendering for school meals.
- 1988** Social Funds replace single payment grant schemes for cookers and fridges.
- 1991** Ann Widdecombe, Social Security Minister, says poor people should not buy ready-made food from supermarkets but go to street markets instead.
- 1992** Common Agricultural Policy reform introduces ‘set-aside’ payments for farmers not to grow food on up to 15% of their land.
- 1992** National Curriculum has no component giving practical food skills; only some health education theory is compulsory.
- 1995** Government opts out of EU scheme subsidising milk in school meals.
- 1996** Low Income Project Team of the Nutrition Task Force reports that there is a problem of food poverty and maps out some strategies for improvement. It is not allowed to consider welfare benefits, money or taxes!

¹ expanded and adapted from S Leather, *The Making of Modern Malnutrition*, Caroline Walker Trust, 1996

² quoted in P Townsend, N Davidson and M Whitehead, *Inequalities in Health*, Penguin, 1988, p12

³ L Durward, *Poverty in Pregnancy*, 1988 update, Maternity Alliance, 1988, pi

AN AUDIT OF COMMUNITY FOOD INITIATIVES IN SCOTLAND

Presented by Professor Annie Anderson, University of Dundee and Ann Ellaway, Researcher in the MRC Medical Sociology Unit at the University of Glasgow.

Annie and Ann explained the objectives and methods applied to their research which was commissioned by the Health Education Board for Scotland and published in August 1996.

As well as reviewing the published and unpublished literature on the subject the research team had also used questionnaires and interviews to elicit the views of initiatives, their customers and their funders.

A key finding, clear from the tables on the next page, is the wide range of settings, activities and numbers of users amongst community food initiatives. The research also highlighted a similar spread when management structures and funding arrangements were looked at.

The research concluded that Scotland had “an impressive range of projects” built on local enthusiasm. It also noted scope for more support from the authorities and the need for better monitoring and evaluation of the impact community food initiative’s have on food supply and food selection.

The database set up by the researchers has now been incorporated into the HEBS database both on CD and via its website (<http://www.hebs.scot.nhs.uk>). It also formed the basis for the **Food in the Community** directory jointly published by HEBS and SCDP and launched at the first **Food for Thought** conference in Edinburgh.

“Through the strong motivation and enthusiasm of people in local communities, an impressive range of projects has been initiated, involving local people in design, implementation and development.”¹

“Projects which are part of larger community development projects, in particular community health projects and are supported by wider networks, appear more likely to be sustained.”²

“It is clear that realistic expansion of community food initiatives will only take place if political willingness and financial support are present.”⁴

¹ Weekly Use	No of CFI's	%
1-20	15	28
20-50	12	22
50-100	8	15
100-200	7	13
200-500	6	11
500-1000	2	4
1000-1500	2	4
10,000	1	2
205,000	1	2

² Activities	No of CFI's
Nutrition/Health education	41
Information	36
Cooking Skills	30
Food Co-op	27
Price discounts	25
Community cafe	22
Research	4
Money Advice	2
Others	22

³ Settings	No of CFI's
Community Centres	30
Schools	16
Community flats	16
Mobile resource	8
Supermarket	6
Shop unit	6
UCRC	3
Clinic/Health care	3
Temporary buildings	2
Others	30

^{1, 2, 3} "Community Food Initiatives in Scotland" A Anderson, R Callander, A Ellaway, S MacIntyre, K McColl, J Oswald, Dept of Human Nutrition, University of Glasgow; MRC Medical Sociology Unit.

SCOTTISH DIET ACTION PLAN



“A camel is a horse designed by a committee”

Graham Robertson, Deputy Chief Executive of the Health Education Board for Scotland gave an overview of the Scottish Diet Action Plan

Graham highlighted how recognition by government that the Scottish diet was no one agency or department's responsibility, alongside their acceptance of a multi-agency approach to the production of a Scottish Diet Action Plan¹ was both the correct and at the same time the most difficult way to devise a strategy.

Graham went on to explain the Diet Action Plan in its historical context as a crucial progression from the James Report² which had, amongst other things, set national dietary targets. The Diet Action Plan went on to examine WHAT was required to reach these dietary targets, by WHOM and by WHEN.

The Plan also represented a major step away from placing all the responsibility for diet on the individual. “Getting the message across” merited only one section out of nine, while the other eight [see opposite page] looked at the activities and responsibilities of the other stakeholders.

The Scottish Diet Action Plan contains 71 practical recommendations requiring action at all levels of Scottish society, many also requiring co-operation between key players. It is therefore fitting to view not just the Plans objectives but also their pursuit in terms of an at first sight clumsy but in reality more complex and sophisticated beast such as a camel rather than opting for the traditional but less adaptable horse.

“...surveys show that people know what makes a healthy diet and what does not. It is the widespread failure to act on that knowledge which is the reason for this Action Plan, and for the complex, widely cast but practical and effective things to do that make up the group's recommendations.”²

¹ *Eating for Health: A Diet Action Plan for Scotland* – Scottish Office July 1996

² *The Scottish Diet* – Scottish Office Dec 1993

SCOTTISH DIET ACTION PLAN

Section Headings¹

PRIMARY PRODUCERS	CATERERS	THE NATIONAL HEALTH SERVICE
MANUFACTURERS AND PROCESSORS	PREGNANCY, PRE-SCHOOL & SCHOOL STUDENTS	LOCAL AUTHORITIES
THE RETAIL SECTOR	COMMUNITY ACTION	GETTING THE MESSAGE ACROSS

Dietary Targets For The Year 2005²

<i>Fruit and vegetables</i>	average intake to double from the present intake of 17 grams per day.
<i>Bread</i>	intake to increase by 45% from present daily intake of 106 grams, mainly using wholemeal and brown breads.
<i>Breakfast cereals</i>	average intake to double from the present intake of 17 grams per day.
<i>Fats</i>	(i) average intake of total fat to reduce from 40.7% to no more than 35% of food energy. (ii) average intake of saturated fatty acids to reduce from 16.6% to no more than 11% of food energy.
<i>Salt</i>	average sodium intake to reduce from 163 mmol per day to 100 mmol per day.
<i>Sugar</i>	(i) average intake of NME sugars in adults not to increase. (ii) average intake of NME sugars in children to reduce by half to less than 10% of total energy.
<i>Breast-feeding</i>	the proportion of mothers breast-feeding their babies for the first 6 weeks of life to increase to more than 50% from the present level of around 30%.
<i>Total complex carbohydrates</i>	increase average non-sugar carbohydrates intake by 25% from 124 grams per day through increased consumption of fruit and vegetables, bread, breakfast cereals, rice and pasta and through an increase of 25% in potato consumption.
<i>Fish</i>	(i) white fish consumption to be maintained at current levels (ii) oil rich fish consumption to double from 44 grams per week to 88 grams per week.

¹ *Eating for Health: A Diet Action Plan for Scotland* – Scottish Office July 1996

² *The Scottish Diet* – Scottish Office Dec 1993

“AN AULD MAID’S FAMILY IS AYE THE BEST BROCHT UP”

Bill Gray, the National Project Officer of the Scottish Community Diet Project (SCDP) used the above proverb to highlight the importance of basing any strategy for tackling food poverty on the experience and understanding of those living and working in Scotland’s low income communities. He went on to commit SCDP to listen to and involve Scotland’s community food initiatives and the professional staff working with them.

Bill listed the practical measures available to the project to ensure it meets its responsibilities, as outlined in recommendations 21 and 22 of the Scottish Diet Action Plan.

The fact that ***Food for Thought*** was initially almost 200% oversubscribed proved that conferences and seminars were a popular means of disseminating information and encouraging networking. A future seminar on rural food issues was already being planned and others would follow.

Fare Choice is the project’s quarterly newsletter. The first edition (April 1997) contained information on SCDP, profiles on particular initiatives, an opportunity for local project’s to swap information and a column on nutrition.

Networking is also enhanced through the ***database*** of community food initiatives set up by HEBS. This information is available on “HEBS on CD”, the HEBSWEB site on the Internet (<http://www.hebs.scot.nhs.uk>) and also as a paper directory ***Food in the Community*** produced jointly by HEBS and SCDP.

It was highlighted that the project also intends identifying and addressing the training needs of those involved in community food initiatives.

Last, but certainly not least, the ***grant funding*** was explained. It was noted that applications (between £500 and £7,000) would almost certainly outstrip the £60,000 available to the project. However, it was noted the SCDP would ensure the £60,000 would be distributed as effectively as possible.

Bill concluded that the SCDP, in the 18 months it was still funded for, had to concentrate its efforts on ensuring that the energy and enthusiasm of Scotland’s community food initiative’s is given the recognition and support it deserves and that it is harnessed to pursuing effective solutions at all levels of Scottish society.

ACTION ON CHILDREN’S DIETS

Workshop presented by Chris Clark, Co-ordinator of the Edinburgh Community Food Initiative along with (in Edinburgh) Marlyn Beagley from the Barri Grub project in Pilton and (in Paisley) Matthew McCann from the Govan Healthy Eating Project.

Children's Diets were looked at both at a practical level and from a wider theoretical perspective.

Starting from a critique of 'victim blaming' the workshops went on to place children's diets in the broader spectrum of poverty and food poverty. The recently published reports from Save the Children Fund¹ and the National Food Alliance² were used to set the social, economic, and environmental context for community responses.

A number of practical local responses were examined.

Provision of Fruit in Primary Schools – (Barri Grub Project)

Involving the provision of fruit to six primary schools everyday. Primary 7 children sell the fruit to other children.

Munch Box Initiative – (Edinburgh Community Food Initiative)

A healthy choice week was run at a Crèche in the Western Hailes Shopping Centre to encourage parents to provide healthy packed lunches for their children.

Fun Food and Football (ECFI)

A three day event was held last October which linked healthy eating with football for 5-13. Since January a 'Food & Fun' club has been operating on a weekly basis.

Milk Token Initiative (Govan Healthy Eating Project)

GHEP operate a scheme in local pre-five units whereby mothers in receipt of milk tokens can obtain the milk along with a fruit and veg dividend.

***Pam-Pam Fruit Game
and Healthy Dots (GHEP)***

Both examples of early intervention education strategies linking food and health with literacy and numeracy.

Practical issues discussed included the difficulty in reaching teenagers, profit-motivated school tuck shops, ensuring hygiene when encouraging immediate consumption and problems around facilities and insurance for 'outside' workers when organising "hands-on" initiatives with children.

¹ "Out of the Frying Pan: The true cost of feeding a family on a low income" Save the Children, April 1997

² "If they don't eat a Healthy Diet, It's their own fault: Myths about Food and Low Income" National Food Alliance, April 1997

FOOD POVERTY IN RURAL COMMUNITIES

Workshop lead by Linda McKie (*Food for Thought 1*) and Eric Laurier (*Food for Thought 2*), both from the Department of General Practice at the University of Aberdeen.

A presentation on research carried out in the Western Isles on food availability and choice was used to look at the particular problems faced by rural communities and consider what could be done to improve the situation.

Many of the problems were clearly interlinked with rural poverty and the incomes, opportunities and lifestyles that accompany it. Access, cost and particularly choice were highlighted as key issues.

The essential service supplied and role played by rural shops was examined as was the importance to many of mobile initiatives, particularly the elderly.

Issues such as the isolation experienced, the domination of processed foods and declining cooking skills were also highlighted.

The best hope for the future, it was agreed, lay with working at all levels to produce “local” solutions involving consumers, retailers and producers.

It was agreed that sensitivity and understanding when dealing with rural food issues was the best guarantee of appropriate and effective solutions.

“You buy food not because you need it today, but because it may not be there when you need it...”¹

“We have a siege mentality because we have a fear that there won’t be a boat. It only comes every other day, so you have to stock up.”²

“In the mid 1950s everybody was living on condensed milk out of cans; home baking stopped in favour of white bread from Glasgow.”³

“There is a feeling that if you are buying processed foods then you’re more affluent than if you are making up meals.”⁴

^{1,2,3,4} *“Food Availability and Food Choice in Remote and Rural Areas” by Clark G M, MacLellan M, McKie L, and Skerratt S. Published by HEBS 1996*

WORKING WITH RETAILERS

Workshop lead on both occasions by Christine Reilly from Ferguslie Community Health Project and assisted in Paisley by Mike Green from the Institute of Grocery Distribution (IGD).

The workshop concentrated on three key questions.

1. ***Are there new opportunities for joint initiatives with the retail sector?***
2. ***How do we go about working with retailers?***
3. ***What expectation do we have of what they should deliver?***

Christine presented Ferguslie Park's experience of working with retailers. She described how the Paisley peripheral scheme merited the title 'food desert' and the monopolistic tendency of the very limited shopping available. She also noted the existence of a major retailer sited just outside the scheme, close to the motorway, but too far to be an option for many in a community with a very low rate of car ownership and poorly served by public transport.

The readily available support of the London based Institute of Grocery Distribution was highlighted as crucial to their recent campaign for a 'community' shop. Existing examples of community retailing from Edinburgh were also examined.

Mike explained the purpose of the IGD an independent research and training organisation with 360 corporate members drawn from every stage of the supply chain. He particularly highlighted its 'social concerns' and commitment to assisting industry to meet the special needs of disadvantaged consumers, low income groups, elderly and disabled consumers.

Christine went on to note that assistance through the Co-operative Wholesale Society (CWS) Community Care grant scheme was important in setting up Ferguslie Park's community run fruit and veg bulk buying membership club. It was also noted that the Scottish Co-op were currently looking at co-sponsoring a national "get cooking / get shopping" initiative along with the Scottish Federation of Community Food Initiatives.

How to make contact, what to expect and the usefulness of accessing training from retailers was discussed.

It was also noted that developing a relationship with retailers need not be all one-way and that working with community groups could prove a valuable experience for retailers and their staff and many already viewed it as a training opportunity.

THE ROLE OF COMMUNITY PROJECTS

Workshop lead on both occasions by Beverly Armstrong from the Community Health Network Project and assisted in Edinburgh by John Bowcott from the Bargeddie Food Co-op and David Allan from Possil and Parkhouse Community Health Project and in Paisley by Willie Merrit from the Near not Dear Food Co-op.

The workshop looked at the particular contribution community projects can play in tackling food poverty, the problems they face and the support they require.

Everyone discussed their own varied experiences and applied these to working, or attempting to work, at neighbourhood, local (ie local authority or health board) or national level. Some had experiences at only one level some at two and a few, particularly those who networked locally and nationally, had experience of pursuing objectives at all levels. There was also a great difference in the experience of those present, from thinking about setting up a community initiative to servicing a well established local network. However, there was a clear empathy between initiatives whatever stage they had reached and a willingness to help each other.

When looking at what was most helpful in starting up or developing their work, the participants all agreed that accessing funding was crucial as was guidance and encouragement to apply for it.

Good publicity for initiatives and raising the profile of the work was also seen as beneficial, both with regards funders and the confidence of those involved.

Good communication and making contacts, normally through visits to other initiatives or meeting up at events, was also highlighted as a vital tool in improving practice. Learning from others and not repeating other peoples mistakes seemed to be common sence.

The sustainability and effectiveness of local work was also seen to benefit from making alliances or partnerships with like-minded local groups/agencies. Similarly, work at local and national levels was seen as most effective when there was strong working relationships between groups and organisations.

Federations or networks of food co-ops were noted as a particularly effective way of benefiting from economics of scale as well as a vehicle for negotiating and lobbying at other levels.

When it came to looking at constraining factors, an inability to access funding, particularly when there was scope to develop, was a common concern. The geographical and professional boundaries of potential partners was seen to hinder the building of productive alliances at local and national levels. Issues around accountability and personal agendas were also discussed.

More consistency from funders alongside the application of a more strategic overview and better co-ordination were all recognised as key factors in developing the unquestioned potential of community food initiatives to productively contribute at all levels of Scottish society in the battle against food poverty.

ANTI POVERTY AND REGENERATION ISSUES

Workshop lead in Edinburgh by Lynne McDougal, Health Development Officer at the Inverclyde Regeneration Partnership and in two workshops at Paisley, where one was again lead by Lynne and the other by Debbie Stewart, a development worker at the Poverty Alliance.

The workshop involved case studies, one looking at the planning behind the Inverclyde Regeneration Partnership and particularly its food and low income feasibility study. The other concerned the Foodworks Enquiry supported by the Poverty Alliance, which has involved at various times the communities of Castlemilk, Ferguslie Park, Easterhouse and Drumchapel.

The workshop looked at how the supply of food to low income groups is as much an urban regeneration and anti-poverty issue as a health issue. Food was also highlighted as both a specific set of local conditions and also a manifestation of national and even international circumstances..

Access and availability to fresh and affordable food supplies was generally agreed to be a symptom of urban decline and therefore a legitimate part of any multi-sectoral urban regeneration or anti-poverty initiative.

Key factors discussed included the importance of involving all the main players (retailers, planners, etc) and, most importantly, enabling effective community involvement in the process.

Other issues covered included the frequent reliance on voluntary activity to maintain community food initiatives. It was felt that encouraging employment opportunities within food initiatives could benefit both the social and economic agendas. It was also felt that low income communities should not be expected to accept second-rate solutions and have the right to a level of public and private services available elsewhere.

Food security was highlighted as an essential aspect of a sustainable community and conversely that sustainability was an essential aspect of local responses to food insecurity.

The fundamental point raised by the workshop was that food and food poverty cannot be assigned to any one agency or at any one level of society. Similarly the notion of working together in partnership must also be applied at all levels.

A crucial finding from the workshop was the unique contribution that can be made by adequately represented, resourced and supported local communities. It was agreed that token or ineffectual community involvement would almost certainly be counter productive.

It was agreed that there was much to be learned by those developing local regeneration and anti-poverty initiatives from agencies **and** communities who have previously or are currently participating in multi-sectoral ventures.

COMMENTS



"A valuable first step"

"Very impressed by the commitment and energy of people involved with initiatives"

"Like minded individuals sharing ideas"

"Thought provoking"

"Raised important issues"

"... received a variety of useful resources"

"Talking to other people, makes you feel less isolated"

"The links were made clearly between food poverty and poverty in general"

"The people in need are the people to listen to"

"Workshops are a great way to learn from others and make contacts"

"So many people working to a common goal ... we must communicate"

"Inspirational input by Tim Lang"

"In an information saturated age, its not so much knowing (though that's important) but acting on information"



"I would like to see more key influential people invited to hear and see what the people on the ground are doing"

"... parking!"

"... Sharing a room with another workshop"

"... rooms were cold"

"Political undertones"

"Account of Scottish Diet Group: excellent but I already knew it all"

*“... too much was crammed into
one day”*

“Heard it all before”