



Impact of the economic downturn for CFHS conference delegates and the communities they work with

October 2009

The Community Food and Health (Scotland) (CFHS) annual networking conference, in October 2009, was an opportunity to engage with those working in food and health across Scotland. In particular, CFHS wanted to use this opportunity to consider the impact of the current economic climate upon food and health activities in vulnerable communities across Scotland. As a result, CFHS prepared:

- a survey to ask delegates about their experiences of the economic downturn both within the communities that they work and also for themselves;
- a 'shopping list' exercise to explore the kind of support that the sector felt would be helpful.

This short report considers the responses we received for the survey. The responses received for the shopping list exercise have been reported separately. The key messages extracted from this report are detailed on page 10.

From the survey, we received 36 responses from 175 delegates (approximately a 20% response rate). Although the networking conference was a valuable opportunity to ask questions about the effect of the economic climate upon food and health activities across Scotland, it should be noted that the survey does not provide a representative sample and should only be considered as a snap shot. This could potentially be explored further or considered with other sources of information to gradually build a picture of the effects of the economic climate and in turn how people and communities are responding.

As the sample size for this survey was small it was not possible to consider any geographical variations or any particular food and health activities being affected. As such, outlined below is a brief summary of the role/job title of respondents to the survey along with their locations.

Respondents who completed the survey included:

- | | | |
|-------------------------------|------------------------------|--------------------------|
| ▪ REHIS presenter | ▪ Dietitian in Public Health | ▪ Community Learning and |
| ▪ Volunteers | ▪ Senior Youth Worker | Development Officer |
| ▪ Social workers | ▪ Community Health Worker | ▪ Development/Capacity |
| ▪ Network development Officer | Employment Development | Building Officer |
| ▪ Project workers/managers | Officer | |
| ▪ Health Improvement | ▪ Catering Adviser/Cooks | |
| Practitioners/Managers | ▪ Nursery Officer | |

Of those who completed the survey there were representatives from:

- | | | |
|---------------------|-----------------|-------------------------|
| ▪ Grampian | ▪ Renfrewshire | ▪ Fife |
| ▪ Perth and Kinross | ▪ Tayside | ▪ Dumfries and Galloway |
| ▪ Glasgow | ▪ Lanarkshire | |
| ▪ Edinburgh | ▪ Scotland wide | |

About your community...

Within this first section of the questionnaire we asked respondents to describe the effects of the recession for the communities they work within. We asked about any changes in demands for food and health activities within local communities – if respondents felt they had ‘increased’, ‘decreased’, ‘stayed the same’ or if they ‘didn’t know’. We also asked respondents to describe the most important changes they have seen.

Figure 1 below demonstrates that most respondents felt the demand for food and health activities has increased as a result of the recession. Whilst there were some respondents who didn’t know or felt that demand had stayed the same, it is notable that only one respondent felt that demand for food and health activities had decreased. Further analysis of how respondents described these changes is provided in more detail below.

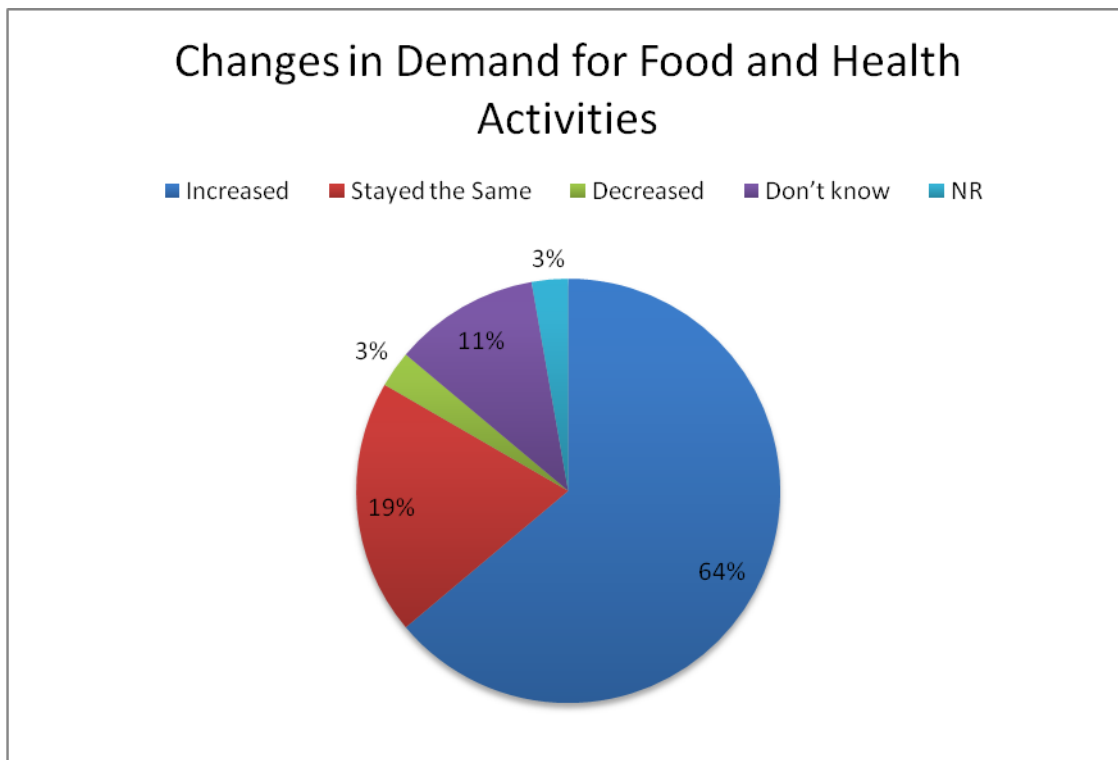


Figure 1: Changes in demand for food and health activities

Below is some analysis of the responses we received when asking people to describe the most important changes they have seen.

Decreased demand

One respondent felt that demand for food and health activities had decreased. This respondent worked in a cafe and commented that:

'Fruit and veg ---- sales have dropped although we still provide soup packs at a small cost'.

Although this drop in sales has been reported as decreased demand, it could also indicate that people living within the community are making different purchasing choices due to the recession.

Don't know about demand

Of the four respondents who said they don't know what changes in demand there have been for food and health activities, only one provided further comment:

'maybe people are buying fruit + veg from ASDA...HUGE ASDA opened down the road'

Demand has stayed the same

There were seven respondents who said that the demand for food and health activities had stayed the same and within the comments there were different views for why this was the case:

'Increase in supermarket 'wars' means people have good opportunities to buy healthy food more cheaply e.g. Lidl have locally sourced fruit and veg but those in rural areas have more difficulty accessing these and smaller local shops are closing down because of supermarkets'

Although this comment suggests that some individuals may have more opportunities to purchase cheaper fruit and vegetables due to competition amongst retailers, the impact upon access is also recognised. One respondent also had contrasting comments:

'Rise in prices of food has affected low income families who are already struggling to buy good quality foods hence affecting their overall health and wellbeing'.

In addition to this there were also reflections on increased interest from communities for growing their own food, for example:

'More people trying to grow their own food'

Finally, another issue which arose from one respondent was in relation to funding available:

'Food and health activity increasing due to money coming into the area for healthy weight initiatives'

Increased demand

The majority of respondents, 23 in total, felt that demand for food and health activities had increased. There were a number of themes which emerged from the additional comments received including: cooking skills; growing; food co-ops; early years and affordability. Further details are provided below:

Cooking skills

A number of respondents reflected on the increased demand for work to support people in low income and vulnerable communities to develop their cooking skills. This included cooking classes, food safety and shopping on a budget.

‘Increased demand for cookery skills courses - and the numbers of participants that complete the course’

‘We now have a waiting list for our healthy cooking groups’

In addition to this there were a wide range of target groups mentioned in these responses including, babies or school children, young mums, older people, families and people recovering from substance misuse.

In addition to this some respondents also described how they were reacting to an increased demand for cooking skills:

‘We have started to address these issues by providing a nutritional education programme looking at healthy choices, healthy cooking and shopping on a budget’

However, one respondent highlighted the challenges to addressing this increased demand as ‘there are a lack of funding opportunities to meet the need/resource groups’.

Growing

For some, the increased demand for food and health activities was through an increased interest for growing projects within communities:

‘our community has become more aware and enthusiastic about growing and eating produce from their surrounding area and that they don't have to pay for as they have grown it themselves’

‘Demand for allotments and efforts being made to support existing allotments, as well as identifying sites for new allotments’

There was also a strong recognition of how this work could reduce food miles.

Food Co-ops

A number of respondents reflected how their takings at fruit and vegetable co-ops have been increasing. There were however also comments relating to 'supermarket wars' which were driving down prices and increasing competition within local areas.

Affordability

A number of respondents commented on the increased pressures people are facing on money available for food. Looking for opportunities to cut costs and convenience foods, for example '4 meals for £5', were commonly reported as ways of reacting to less money available for food.

'Clients have even less money to spend on food and are eating more convenient foods... more are struggling to keep a roof over their heads and getting into more and more debt.'

'People are more apathetic, stressed and find the cost of healthier foods more expensive in comparison to frozen ready meal offers.'

As well as these issues there were also a couple of respondents who felt there was an 'increased dependence on the voluntary sector' and that 'membership is up as are enquiries'. There were also reflections from an organisational point of view where one respondent said 'organisations/groups we are working with are really struggling to find funding to deliver interventions' and 'the main change for us has been the fact that other agencies we work with have been affected with budgets being limited and therefore they are stretched and are less interested in undertaking new projects/initiatives'.

About you...

In this second section of the questionnaire we asked respondents to describe how the economic downturn has affected their food and health, as individuals. We asked about the effects the recession was having, how they were responding to these changes and how they felt this was affecting their health.

Firstly we asked respondents to tell us how the recession was affecting them. We provided the options of 'household budget available for food', 'higher cost of food' and 'local access to food' as these issues were felt to be most relevant for food and health. Table 1 on page 7 shows the number of responses which were received for respondents experiencing these effects.

Recession affecting:	Number of respondents
Higher cost of food	24
Household budget available for food	21
Local access to food	7
No response	3

Table 1: Impact of recession for individuals

However, nearly half of the respondents to the questionnaire were experiencing a combination of effects. Figure 2 below details these different combinations.

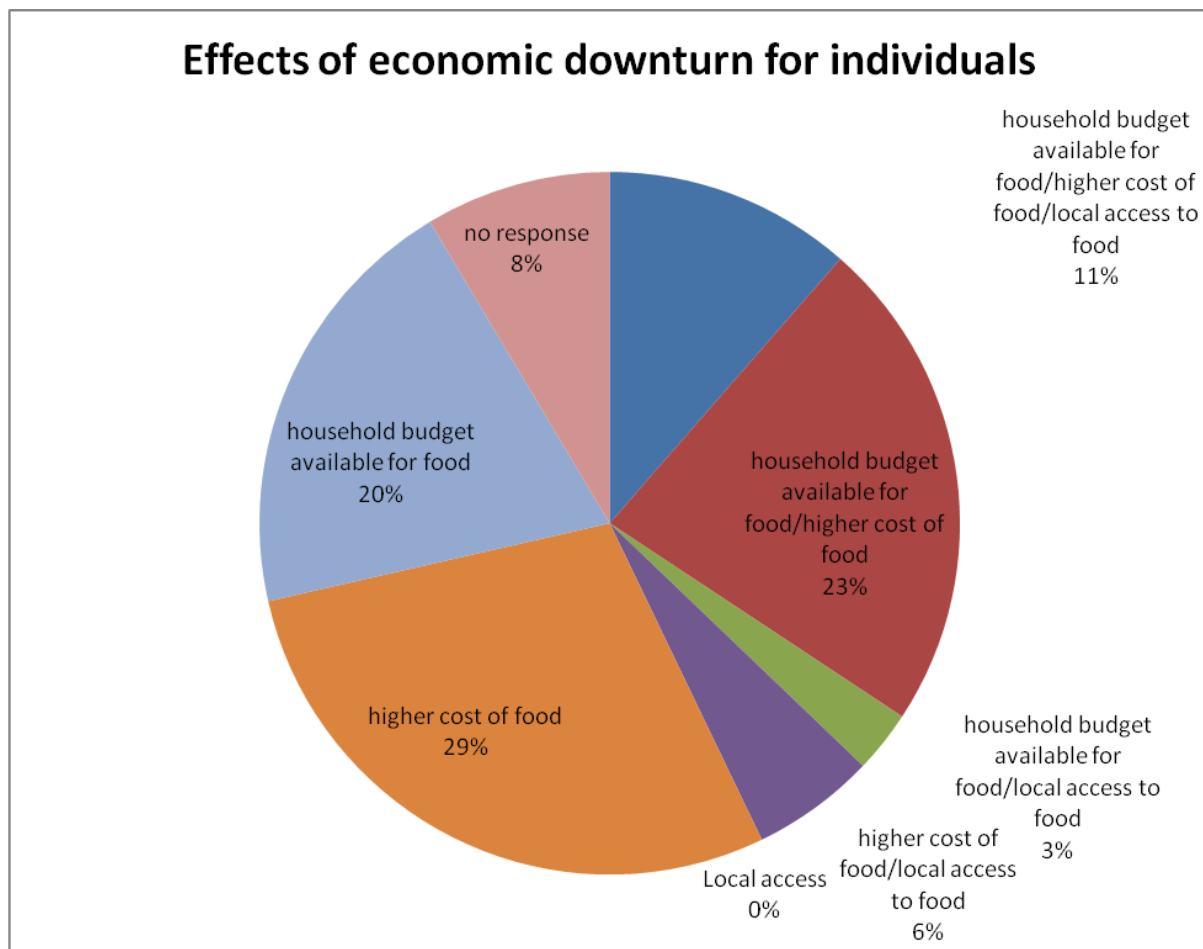


Figure 2: Effects of economic downturn for individuals

When looking at the responses for each of the options provided in the questionnaire, table 1 indicates that respondents were experiencing effects relating to financial issues, as opposed to shop closures and availability of food locally. When considering the combination of effects that respondents were experiencing, no-one felt that local access was an issue in its own right.

In addition, respondents were asked if there were any 'other' effects they were experiencing as a result of the economic downturn. The most popular response was the effects of increased fuel costs meaning respondents are travelling less/thinking twice about the need to travel. In addition, there were comments about the 'cost of living', 'less hours paid work available' and one respondent has needed to prioritise food so 'cut back on other things rather than reducing food budget'. Finally, only one respondent commented that they 'haven't noticed any effects'.

Respondents were next asked to tell us what they were doing as a result of any effects they have experienced due to the economic downturn. Table 2 details the responses provided.

As a result of the economic downturn:	Number of respondents (% of respondents)
Eating out less	20 (56%)
Growing more of your own food	7 (19%)
Shopping more locally	8 (22%)
Shopping at food co-ops	5 (14%)
Cooking more 'from scratch'	20 (56%)
Eating more convenience foods	1 (3%)
Buying different types of food	9 (25%)
Buying cheaper brands/stores	18 (50%)
No response	2 (6%)

Table 2: Changes made as a result of effects of economic downturn

In addition, respondents were asked if there was anything else they were doing differently as a result of the effects they were experiencing from the economic downturn. A small number of respondents (5) commented on the changes. Three of these comments were related to participants already shopping locally, growing their

own food and cooking from scratch, prior to changes in the economic climate. There were also a couple of comments about changing cooking practices, for example:

‘Made me focus on going back to basics – e.g. extending foods we use by adding more vegetables to meat etc.’

Whilst these results indicate that some respondents have changed the way they shop (e.g. food co-ops or more locally) or where they source their food (e.g. growing their own) the majority of respondents have changed what they are shopping for. Although only 25% of respondents said they are shopping for ‘different types of food’, 50% said they were buying cheaper brands and 56% said they were ‘cooking more from scratch’. In addition to this 56% were eating out less.

The final question within this survey was an open ended question asking respondents to describe the changes they were experiencing and how they felt they were affecting their health. This question was completed by 23 respondents (64%), of which only 8 directly referred to health. There were a number of themes which emerged from the comments received including: changed cooking practices; changed eating habits; choices becoming expensive and growing your own.

Changed eating habits

There were seven respondents who commented on the changes they have made to their eating habits, however, there were varying opinions as to whether these changes led to improved eating habits or not. Two respondents commented on their potentially improved eating habits, including:

‘fewer temptations for HFSS foods. Has made me focus on good nutritional quality i.e. making it count!’

However, there were respondents who commented on the difficulties they were experiencing for purchasing healthy foods, due to affordability, for example:

‘I think that food shopping on a budget means that health is not always the priority’

For one respondent time was also an issue as they are now working more hours so food preparation time was less.

Changed cooking practices

There were a number of comments about using cheaper ingredients for cooking. This included using cheaper cuts of meat and cheaper fruit and vegetables, whether this was through ‘bargains’ or purchasing seasonal produce. There were also comments about reducing waste and using up ingredients through making soups and making food in bulk. Only a few respondents considered the impact of these changes on their health and felt there would be no change, for example:

'Even though I have had to make changes I have I don't feel that my health will be compromised - I have just become more creative!'

Choices becoming expensive

There were three respondents who reflected on the increased cost of produce they would ideally chose to purchase. This included no longer being able to purchase organic produce and although one respondent felt 'a lot healthier and fitter' for 'eating more fruit and vegetables than meat' they were noticing a big difference in food bills when eating this way.

Growing your own

One respondent reflected on their change to growing more of their own food:

'Hopefully because I am growing more of my own food I might be healthier!'

Key messages...

Due to the limitations of this survey it is not possible to draw any clear conclusions from the analysis. However, there are some key messages which come from the findings:

- The majority of respondents, who are working in food and health across Scotland, in particular within vulnerable communities, have seen an increased demand for food and health activities.
- Due to pressures on resources, particularly financial resources, support for the community and voluntary sector to respond to increased demands for food and health activity is needed now more than ever. There are different opportunities to work with communities to respond to these demands, however, local circumstances and local resources are influential to this response, both now and in the future.
- Individuals are experiencing the effects of the economic downturn, primarily through cost issues, and are reacting in different ways. It is therefore not possible to say how these changes will impact the health of individuals/families, however, people are making changes.