



**community
food and health**

(scotland)

Linwood Community
Development Trust
for the Community, by the Community



COMMUNITY LED - GOOD FOOD RESEARCH



JULY 29, 2016

LINWOOD COMMUNITY DEVELOPMENT TRUST
Unit 19, Mossedge Industrial Estate, Linwood, PA3 3HR

Introduction

Linwood Community Development Trust (LCDT) was formed on the 7th December, 2011 by a group of community members motivated by a passion to improve community facilities and the health of local people.

This report describes an NHS funded community led research project that explores the relevance of the issue of 'food security' to a range of adults, with different life experiences and current life circumstances who live in the area. Following a profile of Linwood and outline of the general aims and work of LCDT the methods, aims and findings of this research will be discussed in some detail. The subsequent discussion and conclusions indicate that the context for food security in Linwood is entangled with wider social and cultural factors. There are therefore no simple solutions to improving the food habits and resilience of people who live in the area. However LCDT is well placed to work with people to share existing skills and knowledge and in doing so promote the development of skills and resilience alongside awareness-raising of wider structural issues.

Linwood Profile

The most recent Scottish Government census undertaken in 2011 gives an understanding of the general profile of Linwood. Generally the population of 8591 is relatively stable and ethnically homogenous. Out of a population of 8591, 98% of the population is white with no other ethnic group exceeding 0.70% of the population.

- One in nine households or 451 households were lone parent families of which 427 were female one parents and 44% were not in employment.
- One in four people have their day to day activities limited in some way with one in five people aged 50 -64 having their day to day activities limited a lot.
- 21% of households are owned outright, 36% are owned with a mortgage and 41% are rented from either the Council, social landlords or private landlords.
- 38% of people aged 16 and over have no educational qualifications.
- 65% of the working age population were economically active and 38.3% were in full time employment, 14.2% were part timed employed, 3.4% were self-employed and 3.3% were full time students.
- 27% of households are not deprived in any dimensions i.e. in employment, education, health or housing, but 34% are deprived in one dimension, 29% in two dimensions and 10 % in three dimensions.
- In 2001, 12 data zones were identified in Linwood. According to the 2012 Scottish Indices of Multiple Deprivation (SIMD), two of these were considered to be in the 5-10% most deprived vigintiles of data zones in Scotland, one is considered to be in the 10-15% most deprived vigintile.

It is clear that deprivation in parts of Linwood is worsening and there is an increasing number of people in Linwood claiming job seekers allowance and pension credits. We know that this has a negative impact on the health of

Linwood's residents. From previous research carried out by LCDT we found evidence of differences in the health of local residents when compared to both other parts of Renfrewshire indeed Scotland as a whole. This concern around the growing health inequalities affecting the population of Linwood has had a foundational influence on the aims of the trust. Our main considerations are to:

- Have a positive influence on the health of people who live in the area
- Work with local people to generate opportunities for health improvement
- Identify local resources which will help improve their health and well being

Aims

The Community Food and Health (Scotland) research clearly aligns with our mission to improve health by working alongside community members to identify problems and opportunities. We therefore unreservedly agreed to take part in this study which focuses on food security.

The specific ambition of this project is to 'dig deeper into the perceptions, aspirations and experience of those living with food insecurity/poverty'. This knowledge will allow us to develop interventions and approaches to working with people which directly respond to their issues, concerns and interests and are therefore more likely to generate improvement. This approach also gives us insight into issues which cannot be addressed at a local level but require advocacy and awareness raising among policy makers and elected members.

Method

Our approach to this project involved consideration of who we should talk to and the most effective approach to gather information on 'perceptions, aspirations and experience'. Five volunteers and one member of staff worked intensively to develop an approach that would be widely accessible and relevant to a range of local people. As time was limited decisions were made based on what was most achievable in a short time frame.

As the research brief aims to achieve an understanding of 'perception' and 'experience' we decided to adopt the qualitative approaches of interviews and focus groups. While we considered undertaking a wider survey this would not have given the depth of information that face to face discussion affords. We decided to focus on adults across a span of ages as this would give insight into generational changes. We also aimed to achieve gender-balance as this would give us insight into any gender related differences in perception and experience. We used local knowledge and contacts to purposefully invite participation from individuals and groups that would offer a meaning range of experience.

Some of the people interviewed are currently experiencing financial hardship, while others have an understanding of economic challenges as they experienced this when younger. We engaged with 20 people through the following approaches:

- Three focus groups with; older women; middle aged to older men; younger adults
- Seven individual interviews involving 4 men between 45-60 and 3 adult women

Number	
1	Interview with woman aged 25-45
2	Focus group with a mixed group of 5 people aged 45-65+
3	Focus group with 3 women aged 65+
4	Interview with man aged 45-60
5	Interview with woman 25-45
6	Interview with woman 25-45
7	Focus group with a mixed group of 5 people aged 45-65+
8	Interview with man aged 45-60
9	Interview with man aged 45-60
10	Interview with man aged 45-60

Quotes below are referred to by number

Use of both focus groups and interviews allowed us to connect with the deep experience of some people who may not have felt comfortable disclosing some of the difficulties faced with a bigger group. The focus groups promoted discussion and group reflection on wider concerns and gave a sense of shared important issues. These people were chosen to be representative of the wider population of Linwood. One group omitted from the research which may have had an impact on our findings, is the under 20's. This group would have received considerable exposure from schools over the past 15 years and this might have been reflected in some of their responses. Notwithstanding this absence we gained indirect insight into youth issues through the experience of contributors who were parents and grand-parents.

We developed a semi-structured interview schedule that covered the central questions from the brief:

1. What would/could food security look like and mean for people?
2. How would this be different from where they are now?
3. What would need to happen in people's communities to achieve food security for all?

We agreed in the early stages that the term 'food security' would not be widely understood by contributors we therefore decided to use more accessible questions which probed general attitudes toward and habits with regard to food then move into questions which explored how satisfied contributors were and what might lead to improvements. This gave us detail on food security without having to use the term.

Ethical Issues

While everyone who contributed was an adult with full capacity we recognize that discussion of health and issues around poverty can be emotive and distressing for some people. We therefore made sure that contributors were fully familiar with the themes of the project and expectations from them in advance of the sessions, through a plain language information sheet. This gave them the opportunity to decide whether or not to take part and to ask any questions. We sought agreement for audio recording and did not record where this was not appropriate to do so. We also undertook training and rehearsal of conducting interviews and focus groups. This allowed us to develop awareness of the position of the 'researched' in order that we could show sensitivity toward people. The individual interviews and small focus groups allowed us to gauge during the course of the session how to pitch questions appropriately and sensitively and offer support to people. We gave people a gift of a fruit basket from our fruit and vegetable unit in order to recognize the time and effort that contributors made.

Analysis

The interview and focus group sessions were transcribed and shared between the group. We then undertook three intensive sessions where we discussed the transcripts and generated a set of themes which emerged as important from our shared understanding of the data.

Findings

The data generated touches on a range of issues not all of which will be covered in this report. We have focused on the key themes that recurred across the interviews and focus groups that had a direct relationship to the wider project themes and concerns. These will be discussed under the broad areas of knowledge and skills; impact of resources; environment; gender; agency; life events and generational influences. Although these overlap in different ways they emerged across the process as the most significant for contributors and in relation to the key themes. To ensure anonymity the quotes used are referenced by focus group.

Good Food Knowledge and Skills

The opening question invited contributors to discuss what type of food they considered to be healthy or good for them and to what degree their regular diet reflected this. This question in particular allowed contributors to talk about where their knowledge of food and cooking skills came from. What is immediately apparent is that across the range of contributors people had a fairly standard view of what is healthy, generally fish, chicken, fruit vegetables, low sugar and low fat foods. Although contributors reported very different eating habits this knowledge of what might be considered healthy food was commonplace.

Food Knowledge

Contributors largely reported healthy food knowledge as common sense, something that you are brought up with and then choose to follow depending on your own circumstances and interests:

Just basically common sense tells me that - I remember the way I was brought up with good decent food and I've been told what's good for you and what's bad, you know, the usual - to me it's common sense (5)

This common sense knowledge was accompanied by health information from the NHS, Scottish/UK Governments and the media through health campaigns on particular products and issues.

Yes there's adverts on TV with sugars and there's adverts on social media about how there's like, 30 sugars or something in one can of coke em and how you can clean trucks and stuff with it, so yeah I think I've become a lot more aware from news or whatever and definitely with Redbull - I know a few people who have passed away with drinking it, I don't touch it, my daughter drinks it and I go mad. (1)

Many contributors offered this type of information on specific campaigns. However often these were reported with a degree of skepticism - a point that will be discussed in more depth later - indicating that contributors were more likely to trust common sense judgment accrued from family and experience.

Relationship between being able to cook and healthy eating

Contributors across the age range reported a strong link between home cooking and cooking healthily. This is evident in the following statement:

I finish work quite early and shop on a daily basis, because I cook for myself I look for healthy options. I am a good cook and enjoy cooking.

(4)

To endorse this point from the alternative direction another contributor claimed that being unable to cook meant eating unhealthily:

I don't think it would be very healthy cause I'm not that good at cooking

(1)

As will be discussed in the next section home cooking by those with skills was seen as a cost effective healthy eating option. However as indicated in the following comment this was not experienced by one contributor who reported a lack of cooking skills.

Oh yeah definitely - because you know what annoys me, I make a pot of soup, my first pot of lentil soup - no it wasn't chicken and noodle the amount of ingredients, fresh this and fresh that, garlic cloves and these fresh things and my mum went J that's not a normal pot of soup, chuck this in and chuck that in, because I used to hear, but it cost me a fortune, whole chicken, boil a whole chicken, I did the whole shebang to make chicken soup, and it was a fortune and I thought hey I'm not doing that again. (5)

Cooking Skills

Cooking skills particularly those from older female contributors were assumed as something that you learned as you grew up. This suggests that contributors acquired their skills in home cooking informally. One contributor reported how her daughter learned from her even though she did not consider herself a good cook:

Well I had a conversation with my youngest daughter once and she - I said, I've never really been a cook and she said, "mum that's lies - because you showed me how to cook" and she's a very good cook (6)

This same contributor spoke of a perceived loss of education in school, as this was where she learned. She expanded on this point to talk about the value of not just cooking skills but budgeting:

I do believe that people, years ago, in the years past eh the kids got taught Home Economics - how to make food and how to prepare everything and that's something that's being taken away from a lot of schools, which I think is ridiculous because it is a must as far as living is concerned, whether it be boy or girl it's a must, so Home Economics to me is what really made me, when I was in need, when I was only in my 20s and on my own, that was where I learned. That is where the use for the Home Economics experience and I just feel as if, ehm if everybody has that little bit of experience then they can cope but the kids are not getting that just now and I think that's wrong. (6)

This perceived change in knowledge and skills across generations is a point that occurred relatively frequently and will be returned to in the section on generational influences.

Impact of Resources

Contributors spoke in various ways about how the impact of the loss of and acquirement of resources influenced their ability to eat well. What is apparent from most of the interviews and focus groups is that access to resources changed for people at different life stages and due to different life events. So while some contributors identified as financially comfortable at the time of interview, they nevertheless recalled how they managed differently when they had less money. Conversely some contributors reported present difficulties. Managing to eat well on a limited budget was therefore linked to the individual's skills knowledge and circumstances at the time. Perhaps counter intuitively reports suggest that there was not a simple equation of less money equals less healthy eating. In fact often the opposite was the case.

Managing on a budget

As can be understood from the following two statements one contributor did report that it was more affordable to buy cheap processed food than to buy fresh:

Yes I mean you can go in and get a box of fish fingers for 22p or something or you can make your own or, make something healthy but it's dear (1)

I think that the healthy food is quite accessible, I just think that some of it is a bit expensive, like strawberries £3 a packet for about eight in it - you know (1)

However others reported that a lack of money did not necessarily lead to less healthy eating. In many cases contributors reported that during times when they were less financially well off they in fact ate more healthily. These comments evidence this point:

I know what to eat and I know what to avoid. A lack of money is a problem but I think I eat healthily and can cook for myself (4)

I think probably because I could either make it in bulk and it would do more than one day or, I could, make something that I couldn't have bought because I was scrimping and scraping because I was really, at that time, finding the pinch as I was only in my twenties and had the two girls. But I don't think ehm that I did without and I don't think the girls did without but, anything I really fancied, I would either put by and wait until I could get it and just buy it, but at the same time (5)

Less money appeared to mean that people had to think more carefully about how they spent what they had and also that they had less luxuries such as take away food. The most frequently reported downside of less money was less variety:

Well at one point, it wasn't I just done it because I didn't have enough money and financially, I just eat what I could and what I had the change to, now I've got a bit more variety with myself because I am now on my own (5)

More money does not mean healthier choices

Having more money was frequently reported both explicitly and implicitly as leading to less healthy food choices. Having more money was reported as allowing for more luxury foods:

Q - *What do you think would be the first thing you would go and buy?*
 A- *I don't know, I don't know where I would start, I would probably forget about all the sales and buy all the fancy meats, cheeses, olives - I love olives (5)*

I justify what I'm eating and think I'm not over indulging but from 6 to 12 I'm eating more fatty things because I can afford it and it's easier access

Q- So from you're actions, it is almost the luxuries are more expensive than healthy food a lot of the time?

A - I think so (6)

More money for a number of contributors meant the ability to buy more take away food, widely acknowledged not to be particularly healthy:

I believe there is plenty of variety around but, don't really have the time to shop around. If I had more of an income coming in, I would probably eat out more and buy more take-aways. (7)

This connection between time, money and ease of access is developed below under the heading of time as some contributors, tired after working all day, would prioritise convenience if they had the money to do so.

Time

Time was widely reported as a resource that had a highly significant effect on food habits and choices. Pressures of work and family often meant that convenience was a priority. The following comments evidence this point from different perspectives:

I think a busy lifestyle has a lot to do with it at times too, as G says, it's convenient when people are working today, eh when I come home from work I start making meals and as J says, you go into M&S or Tesco's and get a ready meal and just stick it in the microwave for quickness. Then you can have it there and then rather than wait a couple of hours for potatoes to boil, by the times that's made, I think, I can't be bothered and just go to my bed. (2)

*I work full-time and don't really have the time to shop and I'm too tired when I get home from work and just make whatever is handy and sometimes I just have more cheese, but I love cheese.
(9)*

Yes I eat what I like but never really cook for myself, I buy frozen meals, or just easy stuff and stick them in the microwave as they're handy when I get home from work. (8)

Vouchers and deals

The offer of points cards and vouchers was mentioned by a small number of contributors as a contributing factor on where they would shop:

I quite like the idea that Tesco will give you vouchers and a card (5)

The availability of sale food at times of financial restriction also impacted on choices. As did access under one roof. The comment below suggest that while this contributor previously felt in control of her shopping list that some of this control was lost as the availability of variety in the supermarket encouraged more spending:

She felt that supermarkets make her spend more as when she was younger it was separate shops you went to for specific items so she would only buy the necessities. (6 – interviewer note)

Special delivery

All contributors were able to access shops and supermarkets to purchase food. However the group of older women contributors spoke of friends who relied on special delivery. They implied that this is an important and healthy option for people with restricted mobility. However the downside is that it could be expensive.

Environment

Environmental issues covered involve social networks and access to shops and facilities.

Social networks

The people around you, their health, situation and potential to help were widely discussed as an influence and a resource. One contributor spoke at length about the vital support from family particularly in times of financial hardship:

A - I'm lucky, my family, my mum has helped me out, I've had help, but if I hadn't had that to lean on, basically, I know for a fact, I would have to have went to a food bank

Q - okay right

A- I know that I've been that bad - it's not just like a build up - it's build up after build up, the more you build up, the cupboards get emptier and emptier, and you're still having the same struggle, you're having to put the electricity in or whatever and I was in a situation at one point with the electricity and the finance wasn't coming in enough to heat the house, or it was heat the house or feed the kids and it was torture, I was lucky that my family helped (5)

Despite many contributors reporting episodes of financial hardship in their life this was the only reference where the choice between life essentials food and heating was mentioned; a hardship which the contributor states was mitigated by family.

Other contributors spoke about how the health and lifestyle of those around them determined the choices that they would make. While others spoke on how being alone made them less likely to cook certain types of food as it did not seem worth it for one:

C has her tennis and if she's late in from her tennis she's later in having her dinner, it's hard to hang on so she ends up having it herself and with me not working at the moment I tend to snack and eat at different times, which means that I'm not of always having dinner with them, and I could kick myself for it but it's hard, I tend to go in and out the cupboards (5)

He has sensory issues with food as well, so it's quite difficult (1)

I do try I try my best but my girls are quite fussy - they are at a certain age ehm but basically, I do try my best (5)

I'll cook it and whatever is left, freeze it and have it another day - but he's not keen on mince - I've got a fussy man - he eats, he doesn't eat, I don't know what I'm eating (3)

Being on your own also impacted on choices for some. This ranged from being able to eat what you want to going to the supermarket due to a desire to meet people.

- plus the fact because I'm not working, I'm bored, so I go in and out of shops so when you go for bread and milk, you come out other stuff,

before you know you've spent £20 on stuff you don't need - but in the end up, we do eat it, which is crazy as well (5)

Access

The majority of contributors reported that they had good access to shops that sell fresh produce in the Linwood area. This was largely through the main supermarkets in the area, Asda and Tesco.

All the basics are covered, pretty much, well here anyway in Linwood, there's Tesco and Asda and fruit and veg shop (2)

While some contributors knew of and used Linwood Community Development Trust's unit most did not and were not aware of how to find it.

*Q- Have you used it - have you been down to the fruit and veg store?
A - No I couldn't tell you where it is (2 – Focus Group)*

While some people reported being able and willing to seek out specialist shops most liked the ease of being able to get everything under the one roof. There were also some relevant points made on how ease of access to 'fast' and 'convenience' foods encouraged less than healthy eating choices.

Fast food 'too easily accessible' (1)

However for some ease of access did not mean that habits would change – there also needs to be the desire:

*'I could live next door to a fruit and veg shop and it wouldn't change' (7
– Focus Group)*

Gender

Gender differences featured across the range of interviews these were communicated implicitly, through the ways that people spoke about their experience. Reports cover roles and responsibilities, food choices and the impact of loss.

Roles and responsibilities

A significant number of statements from both men and women indicate that in the lives of these contributors women carry the responsibility for shopping and cooking:

My wife usually shops every day (2 – Focus Group)

I couldn't tell you what my wife uses for shopping and she probably wouldn't know what she spent either, or your T (indicates other focus group member) for that matter - they just go shopping and come back and say, see the price of stuff now, I think I'd be wrong, I've went shopping for her once (2 – Focus Group)

There were a small number of male contributors who enjoy cooking and take responsibility it. What is noticeable is that in these cases this was not presented as a chore but as something that these men had a particular interest in and aptitude for:

He was a lovely cook and his presentations was really - he didn't just slap it down, it was really, really nice but I hate cooking (3 – Focus Group)

I think I eat well as I make all my own meals and make my own choices. I love experimenting and love my overstuffed peppers which can be a bit too overstuffed at times. I like a variety of food and experiment with different ingredients. (10)

Female contributors within this small sample were generally much more likely to take an interest in and respond to health advice found in the media, as reflected in this focus group discussion:

Contributor A- *If they tell me that tablet's good for you, I'll buy that tablet*

Contributor B - *Woman, you forgot the beetroot juice!*

Contributor A - *Woman, oh yeah beetroot juice*

Q - *You were taking that?*

Contributor B- *Woman, was that in the Daily Mail?*

Contributor A - *Woman, yes it's for blood pressure, if you drink it once a week, and it does work, well it worked with me*

(3 – Focus Group)

This sits in contrast with many male contributors (discussed below) who were more likely to express skepticism toward health advice.

Men Eat Meat

Implicit in a few comments was the idea that men and women eat differently. While it is very apparent that contributors' eating choice and habits were hugely influenced by those around them, there is also the sense in some statements that men eat differently:

...just because I'm on my own mines changed, because when my husband was there, I had to feel him all the steaks and things like that, you know but, mine has definitely changed because I'm on my own (3 – Focus group)

I'm the baddie, I've got a man so I've got the meat, gammon steak and fillet stew (3 – Focus group)

These statements tend to promote a view that the men in these situations were more likely to eat meat than women.

Life Changes

While the women mentioned above describe a freedom of being able to eat how they choose some male contributors reported how the loss of their female partner exposed the limitations of their skills. This included challenges of not knowing what to buy and how to cook:

Well if it's left to me I'm on my own now, my wife died a couple of years ago, my daughter makes my tea four nights a week, so I get meals on wheels, basically, but the other nights, it's convenience food for me, either the chippy or something like that - I'm not looking for anything fancy (2 – Focus Group)

When I was married M did all the cooking, and then lived with R and then C they both did all the cooking, then when DA was staying with me C brought up dinner for the two of us, now DA has moved out I have to cook for myself. I really struggle as I have never learned to cook properly for myself because I didn't have to because my mum cooked for me, then M cooked for me then R and C cooked for me. I find it a bit of a struggle as I don't really know what to do (9)

While we cannot generalize on these findings the people who contributed to this research project were more likely than not to affirm traditional gendered roles.

Agency and Values

Alongside knowledge and skills choice and how decisions are made on what to eat was a central strand of discussion woven through the interviews and focus groups. The importance of being in control of decisions was articulated by contributors in a variety of different ways.

Making decisions based on what on likes and values

Contributors were for the most part clear that they made their decisions based on what they like to eat and what they consider to be good for them regardless of other contradictory information that they might be aware of.

I always cook for myself, I enjoy cooking and make my own choices and decisions. (4)

Some parents reported this as an issue, as many indicated the difficulties of persuading others to make different choices.

Then you'll turn round and she's eating a cake and a can of Red Bull - I'm not sure how to force her to change as she's nearly 17 (1)

As suggested earlier contributors showed very good basic knowledge of what types of food might be considered healthy and what might be considered detrimental to health. However it is apparent that this knowledge was not reported as the main influence on eating habits. There was frequent acknowledgement that this knowledge would be overridden by taste.

I could live next door to a fruit and veg shop and it wouldn't change, I eat fruit, I don't have a problem eating fruit but veg - I'd walk past it (2 - Focus Group)

It's not a healthy diet No - I know I'm not a healthy eater (6)

If it was good enough then...it's good enough now (3 - Focus Group)

Such comments suggest that many contributors made informed unhealthy choices.

Influence of advice from NHS and the Scottish and UK governments

While most contributors were aware of campaigns such as 'five a day' and the importance of low fat, low sugar diets there was considerable skepticism by many, particularly older contributors, about being given and taking advice from the NHS and the government, as these comments evidence:

Definitely not, I'll eat what I want to eat, I try and eat you know, a balance, you know, veg and things like that, like J said, you know, like home cooking rather than ready meals, eh but no not influenced really by Government at all (2 – Focus Group)

No - If I wanted to eat something I'll go and get it, if that's what I want that's what I'll eat, irrespective of what they're (public bodies) saying, I've had that all my days and I'm standing by it (2 – Focus Group)

Some acknowledged that there was a degree of influence by health improvement messages, however this comment shows how information is filtered through individual common sense judgment:

To a certain degree I think that they are influencing me, things on adverts and things like that but, I don't believe in my mind that I would cut out all the things they tell you, that's bad for you, that's bad for you, because I don't believe that everything they talk about it - is literally - okay is have some fatties in it, but we need a certain amount of fatties so I think as long as we eat very small portions and put it in throughout the day and spread it across our day and do the small portions, I think we would live a lot easier, you know, without people going down your throat saying you shouldn't eat that and you shouldn't eat this. (6)

Impact of conflicting and inconsistent health messages

A reason frequently cited for skepticism toward public healthy eating advice is that it changes over time and therefore is difficult to trust:

I find the Government tell you one thing and a week later they're telling you the exact opposite, what on earth do you go with (2 – Focus Group)

Well I'm just being honest now, there's that many things you class as bad, now the good foods you just don't know what they're talking about, because they say, too much of a good thing is a bad thing as well (5)

Furthermore there was a mistrust of blanket information that does not take into account individual experience:

I think in the first instance, you need to be accepting it, the fact that someone else is telling you that it's healthy food, healthy food for them might not be healthy - might not be comfortable for me, it might be scientifically described as healthy food, that doesn't mean that I'll eat it
(2 – Focus Group)

Life Events

The most significant changes to eating habits reported by contributors relate to life events that necessitate change. These mostly linked to health changes for themselves and their partner, financial changes and having children.

Impact of changes to physical/mental health

A small number of contributors spoke of how changes to their own or family members' health impacted on how they thought about food and what they would eat:

I think it depends on circumstances, I have a granddaughter who has Cystic Fibrosis and there are certain things that she cannot take, and only through her medical terms, and salt is one of them too, not allowed this and not allowed that, that's only because of her medical situation, but other than that.. (2 – Focus Group)

I am now allergic to certain foods that I wasn't when I was younger (4)

Health changes and illness were generally viewed as a substantial reason to alter your diet unlike health advice which could be taken or left and seemed far less likely to have an impact.

Impact of employment/unemployment situation

The twin impacts of losing employment which might impact on eating and shopping habits were reported as having less money and more time. How contributors managed this appeared to depend on their skills and interests. One contributor said that this meant that she shopped more as she was bored and had time on her hands and found herself shopping more. The extract below was from an interview where she pondered whether access to shops was too convenient:

It probably does make me spend more - plus the fact because I'm not working, I'm bored, so I go in and out of shops so when you go for bread

and milk, you come out with other stuff, before you know you've spent £20 on stuff you don't need - but in the end up, we do eat it, which is crazy as well (5)

Another contributor, who experienced unemployment and homelessness at the time of interview, reported that the impact for him is around planning of meals and making use of the freezer:

I have been unemployed for a while now and had to sell my house. I am kind of in-between homes at the moment and down as homeless but, have moved back in with my mum, on a temporary basis. Yeah this is a bit of a challenge as I've lived on my own for years and had my own house for years too and always cooked everything fresh. I need to plan ahead due to my MSG intolerance. I do make a lot of casseroles in my slow cooker and freeze it for another time. (4)

This suggests while unemployment affects eating habits it does not do so in a uniform way and how people manage this depends on their interests, skills and wider environmental conditions.

Impact of children, having them, then growing up and leaving home

The range of contributors reported the arrival of children as significant to both their eating habits and their thinking on the relationship between food and health.

I'd say when I've had kids because before I had kids I used to eat junk food (1)

A different impact is accommodating a widely perceived 'fussiness' of children that has to be accommodated in the preparation of meals which means making different food to suit different family members as suggested below:

I think that's what's wrong now - I mean well I'm doing it with a man, if he's having fish and I don't want fish, then I'll have something else, which is ridiculous but then there's a purpose for that, but I think too many folk are doing that the now with their kids - they're making three or four different meals or if they don't want it, they'll go and buy this or, I think there's too many of these meals, ready meals - laziness they don't know how to cook, mind you I'm not a cook, I hate cooking but I think there's too much of that (3 – Focus Group)

As children have an impact when they arrive and throughout their lives, they also have an impact when they leave. Many older contributors reported that their eating habits changed due the number of people that they were cooking for:

Because I take mostly chicken and fish, I very seldom have meat but, when I had the family I had to make stew and mince and a roast dinner on a Sunday which I don't do now because I'm on my own (3 – Focus Group)

Incapacity and ready-meals

There was a discussion on the use and value of frozen meals which you can order for delivery. The women's focus group (3) described a mutual friend whose diminishing mobility had led to her making use of such a service. The women pondered whether this was an option that they might choose and concluded, only if they could not get to the shops. They also reflected that while perceived to be healthy that this would only be useful for people who had enough money to pay for the meals.

Life events are strongly linked with the range of themes

A final general point on life events is that this area is entangled with others mentioned. How contributors managed life events depended on existing skills, interests, social networks and the environmental context.

Generational Difference

The involvement of people who spanned early to late adulthood provided insight into generational changes and changing attitudes which contributors linked to different life stages.

Structure

A widely held belief by older people was the eating habits of previous generations were more structured. That is to say that people generally ate breakfast, lunch, dinner at set times of the day and that this was considered to be healthier as it led to less snacking, as indicated below:

The unfortunate way that I'm looking at it is, years ago at my mum's it was breakfast, lunch, dinner. It was always 1 2 3 you never got all these wee things in between and I feel as though I don't have a proper structure of times apart from making breakfast in the morning if there was a structure you never got these wee snacks, in between things - so you're constantly in and out, there is too much of a variety (5)

Other contributors endorsed this point where they reflected on having much less choice as children. You ate what was put down in front of you not what you wanted or felt like:

I grew up in a family of five children and we ate what my mum made for everyone in the family. (8)

Some pondered the impact of foreign travel and migration on the relaxation of structure and increase of variety:

I think we eat foreign stuff you know, obviously from when I was young, I grew up during the war and it was a bit more basic then - now you're eating Chinese, Indians, Cantonese the lot, it's totally changed (2 - Focus Group)

Others reported that this structure was also built around home cooking that does not readily afford the variety of convenience ready meals:

I'm 70 odd so my generation's eating habits have changed considerably, whereby after the war, things were tight and there was a lot of home cooking getting done and I think ready meals or you your meal having ready prepared stuff in it, and I think that's probably been the biggest change (2 - Focus Group)

Adapting

This older age group, particularly male contributors, articulated a view that they had lived into their 70's and 80's therefore considered their eating habits to be good and not in need of change as reflected in the following comment:

Older generation know how to feed themselves better than younger generation. (6)

They were therefore more likely to be skeptical of health advice from NHS. They also seemed to reflect the traditional gender roles described above. The older women interviewed assumed a certain level of knowledge about cooking whether they enjoyed cooking or not.

Youth habits

A further generational point that was raised frequently was around the eating habits of the young. This information was generally offered when contributors reflected on their own memories or commented on their children or grand children. Two points were made. First the belief that young people are generally less concerned with food and eating healthily as the following extracts suggest:

Whenever I first moved in with C I was only 18 and he was like 20 so we're diets changed massively as we were young student, so it was like pot noodles and just rubbish but now, we eat really well and we cook it from scratch and we eat sort of salad and a lot more healthy food but yeah it's changed because I used to eat rubbish when I was a student (1)

Aye and partying, you were more interested in buying and going out, rather than you were buying your food - you just bought what you had to eat - get to through and my mum still sent me all my meals (5)

The two exceptions to this were one reflection by a person who boxed when he was younger which led him to be conscious of what he ate and another by a mother's whose eldest daughter played tennis. In both cases sport was a strong motivating factor toward health aware eating.

A second point was made of younger children that they are difficult to feed and can be 'fussy' as reflected in this extract:

I do try I try my best but my girls are quite fussy - they are at a certain age ehm but basically, I do try my best (5)

The discussion of the difficulty feeding contemporary youth in a context of infinite variety was presented as a stark contrast with the structure which older adults experienced when they were younger.

Discussion

The brief for this project outlines an intention to 'dig deeper into the perceptions, aspirations and experience of those living with food insecurity/poverty'. In an attempt to respond to this request we have engaged with a sample of people who live in Linwood who vary in age and who potentially have or have had experience of economic hardship. Our findings and discussion are limited by the information gathered however there are four clear and consistent messages which will be discussed here.

First the range of reflection strongly suggests that life is complex and subjective. Terms such as 'food security' and even 'poverty' have little value when interacting with people on the day-to-day management of their lives. People did not recite their experience in such absolute terms. They described periods of their life when they had less money, due to work or having children which meant that they had to manage their budget and priorities differently than if money was not a problem. The impact of on how nutritious their diet was during such episodes was dependent on their cooking skills and social network. Some of the people who reported the greatest financial insecurity at the time of interview also reported the ability to sustain healthy nutritious eating. This was based on cooking skills and attitude toward food not, while others reported that more money led to an increase in luxury and convenience foods. There were some complex messages around choice and variety in that financial hardship could lead to less choice but not less nutrition, while surplus finances could lead to more variety and potentially less nutrition. The key point to be made here is that there are no simple causal relationships between nutrition and poverty. There are instead some dynamic factors around attitude, interest, skills and social network.

Second, there was an abundance of basic knowledge on what constitutes a nutritious diet. All of those interviewed presented ample basic knowledge of the type of foods and overall diet that might be considered nutritious. They also all reported that there were no issues of access as the area is well served by supermarkets. However there was equally clear evidence that knowledge of what it nutritious and ease of access are not necessarily the central deciding factors on whether contributors reported healthy diets or not. Even the older more health conscious women who made concerted efforts to improve the nutritional content of their diet reported frequent lapses of will power in the evenings. What appeared more important were personal tastes and experiences. There was a widely reported suspicion of public health messages which many viewed as conflicting and therefore worthy of considerable skepticism. Significant changes in diet were much more likely to be linked to changing circumstances, the arrival of children, the loss of a partner or a health condition than to any new knowledge on what is good or bad for you.

Third the convenience culture of ready meals and takeaways was often reported as a key factor in less nutritious eating. There was wide agreement that having cooking skills would enable you to eat well even in times of hardship. However there was a strong perception that such skills were not nearly as prevalent as in previous generations. Ease of access to convenience foods and takeaways was regarded implicitly and explicitly as an important contributing factor to this general loss of skills. Unlike older contributors younger contributors reported ability to cook where they had a specific interest.

This was not the norm. Unlike the older women who reported that the ability to cook was a skill that they had even if they did not particularly enjoy cooking. The right to choose and to be in charge of your choices was one of the most notable generational changes. Reports by those with young children who prepared different meals for different family member's tastes reinforces an orientation toward food based on taste and choice rather than nutrition.

Fourth, the findings strongly suggest that there has been a significant shift between recent generations. Older people reported that less variety and less money necessitated an attitude toward food that was structured and functional. While this may have left the burden of responsibility on women to budget and cook it allowed women at least to develop skills which afford resilience in times of financial hardship. The downside of this is that men who lost their partners reported being much less able to cope and much more dependent on either family or convenience food. However this does indicate that there are older people – mostly women - living in Linwood who have cooking skills but little opportunity to use these as they now live alone. There are also men, predominantly, who lack cooking skills and depend on convenience food and family members. There was little to suggest that these gendered roles were apparent amongst younger contributors. There were however perceptions that children and young people were less likely to acquire cooking skills and this is a potential future problem.

Taken together the findings suggest that how we eat and what we aspire to eat are shaped by a combination of convenience, interest and culturally informed skills and tastes. Any interventions that seek to improve food security must therefore take these concerns into account. Based on this range of contributors reports imply giving information or increasing accessibility will not lead to significant changes in food habits.

Conclusions

This study is clearly small scale and cannot be taken to represent the area as a whole. It does however give insight into the lives of a range of people whom the community-based researchers believe reflect attitudes and experiences that are not uncommon in the area. This analysis offers a range of conclusions that might inform future work.

- Opportunities and barriers around working with food vary depending on age, life stage and gender, therefore any engagement or interventions must be sensitive to such differences
- Experience and face to face work are far more likely to influence attitudes and food habits than information based approaches

- There is some evidence to suggest that men alone do not eat as well as they might due to lack of skills and interest
- Easy access to convenience food is something of a modern life style trap, particularly for people who are time poor and lacking in cooking skills
- There is considerable expertise of both men and women in Linwood on how to eat well on a restricted budget
- There is a perception that younger people are not acquiring cooking skills and this may have a detrimental impact on them. This requires further research which could inform approaches to engaging young people in formal and informal learning contexts