

Review of existing UK work on
food and low-income initiatives

A report for the Food Standards Agency
by

Food Matters

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f o o d m a t t e r s

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Contents

Executive Summary

- 1. Background to the research**
 - 2. Methodology**
 - 2.1 Questionnaire
 - 2.2 Telephone interviews
 - 2.3 Contacts
 - 2.4 Analysing responses
 - 2.5 Selecting case studies
 - 3. Food poverty in the UK**
 - 3.1 Overview of difficulties faced by low-income consumers in accessing adequate diets
 - 3.2 The extent of the problem
 - 4. Relevant statutory structures and current national initiatives to tackle food poverty across the UK**
 - 4.1 Devolution
 - 4.2 England
 - 4.3 Northern Ireland
 - 4.4 Scotland
 - 4.5 Wales
 - 4.6 UK wide
 - 5. Existing UK work on food and low income: research findings**
 - 5.1 Who is undertaking work on food and low income in the UK?
 - 5.2 What form does this work take?
 - 5.3 How is existing food and low-income work in the UK funded?
 - 5.4 What is prompting this work to be set up?
 - 5.5 What is being achieved?
 - 5.6 What sort of links and partnerships exist in relation to food and low-income work?
 - 5.7 What are felt to be the benefits and difficulties of inter-agency working?
 - 5.8 How could work between agencies, sectors and projects be improved, and what should the Food Standards Agency's role be?
 - 6. Food and low-income work and inter-agency connections: country analysis**
 - 6.1 England
 - 6.2 Northern Ireland
 - 6.3 Scotland
 - 6.4 Wales
 - 7. Case studies of best practice in inter-agency working**
 - 7.1 Scottish Community Diet Project
 - 7.2 Glasgow Healthy City Partnership: Food and health action framework
 - 7.3 St Mellons Healthy Living Centre, Cardiff
 - 7.4 East Sussex Food and Health Partnership
 - 7.5 Armagh and Dungannon Health Action Zone: Decent Food for All
 - 7.6 Food Initiative Group, Nottingham
 - 7.7 Sandwell's Food and Health Policy Development
 - 7.8 Food Poverty Project
 - 7.9 Key characteristics of best practice for partnership working
 - 8. Conclusions**
 - 9. Recommendations**
- Appendix: Copy of research questionnaire**

Executive Summary

This report provides an overview of UK-wide work currently being undertaken to address the problems faced by low-income consumers in achieving adequate diets. It aims to provide a snapshot of current activity, focussing particularly on the interconnections between relevant agencies, and to provide examples of best practice in inter-agency working. The report reflects the different challenges and ways of working in England, Wales, Scotland and Northern Ireland, and across the UK as a whole.

Food poverty in the UK

- Across the UK there are large numbers of people who are vulnerable to experiencing food poverty, due to their poor economic position
- The key barriers faced in accessing foods for a healthy diet are financial, physical and skill-based/informational barriers
- current benefit levels provide little over £5 per person per day for meeting all their needs, not just food
- Poorer people are more likely to die from life threatening diseases such as Coronary Heart Disease, cancer, strokes, obesity and other diet related diseases

A snapshot of food and low income work in the UK

- The overall picture is one of complex links between public, health and community sector organisations, and unsurprisingly, definitions of partnership and inter-agency working vary dramatically.
- The local health sector is currently playing a crucial role in enabling existing food and low-income work
- Community based projects such as volunteer-led food co-ops and lunch clubs are at the sharp end of delivery, and are receiving increasing (short-term) support from the health sector
- Health focused area based initiatives such as Health Action Zones, Sure Start and Healthy Living Centres enable and provide funding for a wide range of work to tackle food poverty
- Local authorities, whilst not necessarily directly involved in project delivery, are often involved in establishing and supporting partnerships around food and health and play an important 'linking' role
- The community sector plays a vital role in delivering food projects, often carried out by volunteers or the beneficiaries of projects themselves. However, the ethics of this approach are being challenged and the need to focus on structural change to address this is increasingly flagged up
- Much of the work carried out by all agencies across the country aims to change individual behaviour rather than working to remove the structural barriers that may prevent access to nutritional foods
- The main source of funding for projects is the health sector, followed by local authorities, with very little funding coming from EU, national or devolved Governments. Smaller amounts of funding come from trusts and the private sector, for example, supermarkets
- Local food projects are set up in response to a variety of needs – directives from national government, community requests, needs assessments and a growing awareness of food issues more generally. However, an over-reliance on the need to meet national targets may lead to work 'missing the links' or being jettisoned when priorities change
- Major achievements from local food work include improved diets, raised awareness of food issues and social benefits such as increased self-confidence, skill development and job creation. Improved co-ordination and communication between agencies and sectors are also emerging as benefits

Links and Partnerships

- Some type of linking relationship is common to much of the delivery of food and low-income work, some ad hoc, some more formalised. Only a handful can be accurately referred to as 'partnerships'. The commonest type of link involves diverse organisations jointly planning and developing a particular project

- The key distinction in the many differing examples of linkage is between strategic-level partnership working and practice-level operational linking. The majority of links tend to be operational – information sharing, as well as sharing of staff time, co-funding and in-kind help
- A smaller number of projects are involved in strategic linking, involving policy making and managerial staff as well as practitioners. These require a higher investment of time and often require paid workers to deliver objectives.
- Local authorities and health bodies are most likely to be involved in links and partnerships, followed by community sector groups – reflecting the increasing duty on statutory agencies to work in partnership when delivering local strategies and plans, and to work in participatory ways with project beneficiaries
- However, there are concerns that community groups are not always regarded as equal partners and that their representation is ‘tokenism’. Questions are also raised as to how representative of the ‘community’ these groups are
- Despite the difficulties, inter-agency working and partnerships are felt to be a worthwhile and positive way of working, achieving benefits such as ‘joined up’ action, avoidance of duplication, co-ordinated outcomes
- These benefits come at a price – partnership working is time consuming and often each organisation involved has its own agenda resulting in projects pulling in different directions, and actions hard to agree
- Difficulties seem to arise more frequently in the more formalised strategic level partnerships rather than the lower-level operational linking, which tend to be more successful as a result
- Statutory agencies could benefit from learning more inclusive, bottom-up ways of working from their voluntary sector partners.

How the different countries of the UK tackle the issue of food poverty

- England - The pattern of inter-agency linkages in England is characterised by a number of strategic-level partnerships, complemented by a range of cross-agency working at operational level. It appears that the demands this places on English public sector bodies are immense and the need for time, staffing and resources to enable this type of working outstrips availability.
- Northern Ireland - The overall picture across the health and community sectors in Northern Ireland seems to be one of dispersed and one-off projects, delivered by committed and enthusiastic staff, and taking advantage of operational-level links with other projects and initiatives in order to make the most of available funding and expertise. With the exception of one or two projects, there seems to be little evidence of strategic-level, partnership building to enable and support food and low-income work at the local level.
- Scotland - Food poverty work in Scotland is the most co-ordinated of the four countries. A combination of an active grassroots movement, statutory support and a commitment to address long-term food insecurity, which is facilitated by a national networking organisation highly regarded by all sectors, marks Scotland as having the most progressive environment supporting food poverty work.
- Wales - The overarching impression of the prospects for food and low-income work in Wales is a one of unrealised potential. The recent restructuring of the health sector and the development of Health Alliance Partnerships have the potential to help to deliver many Government strategies through emerging partnerships and multi-sector projects at a local level.

• Key conclusions and recommendations

Key conclusions

- Local Strategic/Strategy Partnerships (LSPs) in England, Northern Ireland and Wales and Social Inclusion Partnerships (SIPs) in Scotland are potentially key players in addressing food and low-income issues in their areas.
- Links between the national and local levels in particular seem to be lacking in most countries of the UK.

- It is evident that food poverty work in Northern Ireland and Wales lacks any real co-ordination and could benefit from a national network / forum to facilitate food poverty work.
- More consultation of communities and more participatory, 'mapping'-style needs assessments would better inform work on food and low income.
- A great deal of existing work to tackle food poverty is developed by local health sector workers running statutory initiatives focusing on individual behaviour change. However, very low numbers of projects are reporting any actual changes in behaviour or attitudes. In addition, it is widely acknowledged that this local-level, individual-focused work is just 'tickling the edges', and that structural factors are not being addressed to enable better food access.
- The majority of food poverty work and initiatives are developed within the health sector. However it may be that other agencies including local authorities and Regional Development Agencies are better placed to address food poverty.
- There is major concern across the country about the level of funding available for food poverty work, both within the community and the statutory sectors.
- There is a lack of understanding and awareness amongst local and ground level staff of the implications and day-to-day impact of NHS modernisation, restructuring, devolution and in some cases of Area Based Initiatives. This is hampering good work, and in some cases inhibiting the development of productive, long-term, strategic co-working.

Key recommendations

- A national food and low-income strategy needs to be co-ordinated, which feeds from and responds to the needs of local and regional strategies;
- Bodies similar to the Scottish Community Diet Project need to be set up (based on appropriate consultation) in UK countries where appropriate organisations do not already exist. Where they do exist support (eg. funds, staff time, publicity) those existing networks and /or databases.
- The value of working in participatory ways needs to be promoted to ensure the needs of communities are met through food poverty work. This could be done through advocacy/support for more community mapping / food mapping type work to take place
- The needs of low-income consumers need to be addressed by all relevant agencies, departments and organisations. Departments should be required to 'food poverty proof' policies and strategies
- Mainstream and sustainable funding needs to be identified specifically for food and low-income work delivered through statutory structures and community-based projects.

1. Background to the research

This report provides an overview of work being done across the UK to tackle the problems faced by consumers on low incomes in achieving adequate diets. It contains a snapshot of current activity, analysis of the interconnections between different agencies involved in this work, case study examples of good practice in inter-agency working, and conclusions and recommendations for ways in which the Food Standards Agency (FSA) could facilitate existing work in order to achieve greater impact. Activity in each country of the UK is presented.

Since the change of Government in 1997, there has been a shift at the highest levels towards acknowledging that inequalities in health exist in the UK. It is widely accepted that people living on low incomes in this country can face a range of barriers to obtaining and enjoying diets that will bring good health. Recent Government policy recognises that not only are these issues frequently due to factors beyond the sphere of influence of those experiencing the difficulties, but that the public sector has a role to play in addressing these inequalities through policy and action in a range of different issue areas. Much of the activity to effect change is taking place at the local level across the UK, including a great deal of work to tackle problems of access to food for those on low incomes.

As a UK-wide, statutory agency with independence from the Government and a remit to protect the public's health and consumer interests in relation to food, the Food Standards Agency is in a key position to support and enable existing work to tackle food poverty. The Agency commissioned the current research as a first step towards meeting aims set out in its 2002 low income action plan. This plan envisages improved dialogue with consumers on low incomes, a stronger evidence base for work in this area and strengthened partnerships in pursuit of a national strategy relating to low-income consumers and food.

Having considered this action plan, the FSA's Consumer Committee advised at the end of last year that priority within the Agency should be given to gaining an overview of existing work in this area. Accordingly, the information contained within this report will be used to inform decisions about how the Agency can support, encourage and develop work to enable people on low incomes to enjoy healthier diets.

2. Methodology

The Food Standards Agency's aims for this research were to:

- Produce a written report on work being done to tackle the problems faced by consumers on low incomes, in relation to food, by central and local Government, non-governmental organisations and others, across the UK
- Provide a comprehensive record of schemes and initiatives
- Provide analysis of the interconnections between the groups and organisations working in this field
- Highlight current best practice in inter-agency working
- Make recommendations for ways in which organisations could work better together.

The findings and analysis presented in this report have been generated using a range of methods, including questionnaires, telephone interviews and literature and website based research.

2.1 Questionnaire

A questionnaire setting out the background to the research and asking for information about projects, initiatives, policies and/or strategies which aim to address the needs of low-income consumers in securing an adequate diet, was developed in collaboration with the FSA (reproduced in Appendix I). This acted as an initial contact with many organisations and was used to generate information about a wide range of relevant work taking place across the UK.

The questionnaire contained questions about food and low income projects / initiatives that respondents are involved in, links with other organisations and support needs for this type of work. It was sent to a wide range of organisations in each of the countries of the UK, including national Government departments, regional agencies, local health sector agencies, local authorities, Local Strategic Partnerships, local food links networks and national, regional and local non-governmental organisations. Recipients of the questionnaire were asked to forward it on to others who may wish to contribute to the research.

1205 questionnaires were sent out directly by the researchers by post and by email (leading to 75 'failed delivery' returns). In addition to this, recipients forwarded on many of the questionnaires to local and regional networks and e-lists. Details of the research were also posted on relevant internet and email based discussion lists. Over 50 requests for the questionnaire were received as a result of these postings.

A total of 124 completed questionnaires were returned, along with 9 detailed responses that were not in the questionnaire format¹. For the purposes of this analysis, these extra responses will be counted as completed questionnaire returns. A further 58 people got in touch to say that they had forwarded the information on to other colleagues. 19 'nil returns' were also received. Because the questionnaire was widely forwarded, it is difficult to calculate the exact response rate as it is impossible to know exactly how many questionnaires were received by potential contributors. Based on the number of questionnaires sent directly by the researchers however, the response rate is 17%. Some completed questionnaires contained information about more than one project or initiative. In total information was received on 172 projects / initiatives.

Table 1: Analysis of questionnaire responses	
Completed questionnaires returned	133
<i>Region of origin:</i>	
North East	13 (10%)
North West	15 (11%)
South East	27 (20%)
<i>(of which London)</i>	<i>(11)</i>
South West	3 (2%)
East of England	7 (5%)
East Midlands	3 (2%)
West Midlands	7 (5%)
Yorkshire and Humberside	8 (6%)
<i>(England total)</i>	<i>83 (62%)</i>
Northern Ireland	9 (7%)
Scotland	23 (17%)

¹ This was the figure at the end of May, following the deadline for submission of questionnaires. Nevertheless, a slow trickle of completed questionnaires is still being received. Any received after the end of May have not been included in the analysis.

Wales	14 (11%)
UK-wide / non-country specific	4 (3%)
Responses informing of having forwarded information about the research to others	58
Nil returns	19
Total responses	210
Approximate response rate	17%

2.2 Telephone interviews

Over 30 people were contacted directly by telephone because other contact details were unavailable for key individuals, or because it was felt that it would be useful to speak in person to a particular contact, or to follow up a questionnaire response (or non-response) for further details. Telephone interviews were informal, semi-structured and tailored depending on the context of the call. Key telephone interviews were conducted with contacts in national Government departments in all countries, academics involved in relevant research, staff at relevant national networks and NGOs and practitioners engaged in key activity at the local level.

2.3 Contacts

The table below summarises the groups and organisations contacted in each country about the research.

Table 2: Organisations sent a research questionnaire / contacted about the research
England
<ul style="list-style-type: none"> • All 66 5-a-day community project leads • All Local Strategic Partnership (LSPs) co-ordinators (except Yorkshire and Humberside where contact details were not provided by the Government Office) • All Local Authority and NHS Chief Executives and all Directors of Social Services through the DH's Chief Executives Bulletin • All regional food and health leads via the Department of Health • All Regional Development Agencies and Regional Government Offices • All Regional Public Health Observatories • All Neighbourhood Renewal and New Deal for Communities areas through LSPs • Regional Sure Start co-ordinators in the Government Offices (asked to forward to Sure Start projects in their areas) • Regional voluntary action support agencies • A range of contacts in national Government departments and agencies • A range of relevant NGOs, academic departments, campaign and consumer groups
Northern Ireland
<ul style="list-style-type: none"> • All Sure Start projects • All Local Strategy Partnerships • All Local Authority Environmental Health contacts • All Health and Social Services Boards' Health Promotion Commissioners • All Investing for Health Partnerships • Many Health and Social Services Trusts' Community Dieticians • All members of the Community Development and Health Network via CDHN magazine • Contacts in the Department of Health, Social Services and Public Safety • Contacts in the Health Promotion Agency • Contacts in the Department for Social Development • FSA Northern Ireland • A range of relevant NGOs, academic departments, campaign and consumer groups

Scotland
<ul style="list-style-type: none"> • Scottish Community Diet Project • All Health Boards • FSA Scotland • Contacts in the Scottish Executive • Contacts in the Health Education Board for Scotland • Regional Directors of Social Inclusion Partnerships (SIPs) who forwarded to all SIP offices • All Local Authority Chief Executive Offices • Convention of Scottish Local Authorities (COSLA) • Scottish Colloquium on Food and Feeding(SCOFF) • All Healthy Living Centre Projects • Public Health Institute for Scotland • The Co-operative Wholesale Society • A range of relevant NGOs, academic departments, campaign and consumer groups
Wales
<ul style="list-style-type: none"> • Contacts in the Welsh Assembly Health Department • FSA Wales • All Health Alliance Co-ordinators • Health Promoting Schools programme • All Healthy Living Centres • All Communities First Partnerships • All County Voluntary Councils • A range of relevant NGOs, academic departments, campaign and consumer groups
UK-wide / non-country specific
<ul style="list-style-type: none"> • All Health Action Zones (HAZ) • All Healthy Living Centres on the HLC UK email discussion list • All members of the Sustain Food Poverty Network • All local food links networks listed on the Local Food Works website at www.localfoodworks.org • Four UK major multiple food retailers • All subscribers to the following web-discussion /email lists: <ul style="list-style-type: none"> ○ Food for Thought ○ Local Food Links ○ Public Health UK ○ Health for All UK ○ Health Equity Network ○ Neighbourhood Renewal website discussion page

2.4 Analysing responses

The following information was gathered for each country from questionnaire responses and telephone interviews:

- Overview of the types of projects and initiatives being undertaken in the field of food and low income, and by which sectors and organisations
- Overview of the nature and extent of partnership and inter-agency work taking place at all levels in this field
- Identification of case studies of good practice in inter-agency working
- Understanding of the perceived benefits and difficulties of partnership and inter-agency working
- Snapshot of practitioners' views on how work between agencies, sectors and projects could be developed and improved, and particularly what role the Food Standards Agency could play in supporting and enabling these linkages
- Understanding of relevant policies and statutory structures and agencies.

This data was supplemented by information on food projects, initiatives to tackle food poverty and relevant policies and statutory structures gathered from academic, Government and NGO reports and websites. This

information, along with knowledge brought to the study by the researchers, has informed the report, including the conclusions and recommendations.

It should be noted that whilst a great deal of information has been gathered through this research, it was beyond the scope of the study to generate a *comprehensive* listing of all food and low income work currently underway in the UK. What is provided instead is an overview of existing work, which offers a snapshot of the types of projects and initiatives taking place around the country, along with 'signposting' to the networks, agencies and sources of information that can 'fill out' the picture on an ongoing basis. Details of all groups and agencies directly contacted through this research will be provided with the final report.

2.5 Selecting case studies

Many examples of inter-agency working and of partnerships focusing on food and health were identified through the research. In selecting appropriate examples of inter-agency working to be written up as case studies for the report, we have tried to focus on those which have achieved demonstrable successes and/or which are in some way innovative. However, decisions about case study content was also informed to some extent by efforts to gain a geographical spread of initiatives and to present examples of different models of inter-agency working.

3. Food poverty in the UK

3.1 Overview of difficulties faced by low-income consumers in accessing adequate diets

The research focuses on activity taking place around the country to tackle the problems faced by low-income consumers in acquiring an adequate diet. Low-income groups finding it difficult to obtain a healthy diet are often referred to as experiencing *food poverty* or *food insecurity*.

A definition of food poverty that has been widely used is: '*the inability to acquire or consume an adequate quality or sufficient quantity of food in socially acceptable ways, or the uncertainty that one will be able to do so*'.² Since the 1980s, there is a greater understanding of food poverty, its causes, and its impacts on the physical and mental health and well-being of those experiencing it.

There are many complex aspects to the experience of food poverty, and a number of publications and research studies have been produced which outline these in detail.³ To summarise however, participatory work with people experiencing food poverty has documented three key barriers faced in accessing foods for a healthy diet:

- financial,
- physical, and
- skills-based / informational barriers.

Financial barriers include factors such as simply not having enough money to buy the foods that make up a balanced diet for good health. Buying 'stodgy', calorie-heavy foods such as chips, biscuits and 'fast-foods', tends to be a far cheaper way to keep hunger at bay than buying fresh fruit and vegetables, fibre rich foods and whole-foods⁴. Evidence also suggests that this 'price premium' on healthier foods is greater in low-income areas.⁵ In addition, people who lack the money to buy and maintain adequate kitchen equipment may be forced to eat convenience foods and take-aways⁶ – foods that tend to be lower in nutrients than meals prepared from fresh ingredients.

Living on a low income can also present physical obstacles to eating well. Nearly half of the households in the UK that have no waged income also have no access to a car.⁷ This can make shopping very difficult, especially since the rise of out-of-town supermarkets and the demise of local, high street shops.⁸ Public transport is often reported to be unreliable and expensive by people on low incomes⁹, and problems are compounded for those with small children or mobility difficulties.

Finally, a lack of adequate information, or too much conflicting information, and the loss of cooking skills, can inhibit buying and preparing healthier foods. The removal of cooking skills from the National Curriculum in some countries of the UK has led to a generation of children growing up unable to prepare basic meals¹⁰. Low-income household parents can feel that experimenting with cooking is a luxury they cannot afford. At the same time, advertising – especially to children – can make it difficult for low-income consumers to act on their understanding of what a healthy diet is. 95% of food adverts screened during children's viewing times have been found to promote fatty, sugary and salty foods¹¹. Many children won't eat non-advertised or cheaper brand foods, meaning unhealthier diets and more money being spent on less food simply to ensure it is not wasted.¹²

The consequences of a poor diet are manifest. At all ages people in low-income households have lower nutrient but higher calorie intakes than those in richer households, and the gap is widening. Poorer people are more likely to die from life threatening diseases such as Coronary Heart Disease, cancer, strokes, obesity and other diet related diseases. Pregnant women on low incomes suffer from poor diets and consequently are more likely to give birth to low birthweight babies, which, in turn have poorer long-term health outcomes. More significant,

² Riches, G. (1996) 'Hunger, food security and welfare policies: Issues and debates in first world societies,' paper presented to Nutrition Society Summer Meeting, June 1996

³ See for example Dowler, E. et al (2001) *Poverty Bites: Food, health and poor families*. London: CPAG; Hitchman, C. et al (2002) *Inconvenience food: The struggle to eat well on a low income*. London: Demos; Leather, S. (1996) *The making of modern malnutrition: An overview of food poverty in the UK*. London: The Caroline Walker Trust; Piachaud, D. and Webb, J. (1996) *The price of food: Missing out on mass consumption*. London: London School of Economics; Watson, A. et al (2002) *Hunger from the inside: The experience of food poverty in the UK*. London: Sustain.

⁴ Lobstein, T. (1997) "If they don't eat a healthy diet it's their own fault!" *Myths about food and Low income*. London: National Food Alliance.

⁵ Dowler, E. et al (2001) *Poverty Bites: Food, health and poor families*. London: CPAG

⁶ Watson, A. et al (2002) *Hunger from the inside: The food poverty in the UK*. London: Sustain.

⁷ Office for National Statistics (1998) *General Household Survey*. London: TSO

⁸ DETR (1998) *The Impact of large foodstores on market towns and district centres*. London: TSO.

⁹ Watson, A. et al (2002) *Hunger from the inside: The experience of food poverty in the UK*. London: Sustain.

¹⁰ MORI (1993) *Children's cooking skills*, Research for the National Food Alliance

¹¹ Sustain (2001) *TV dinners: What's being served up by the advertisers?* London: Sustain.

¹² Hitchman, C. et al (2002) *Inconvenience food: The struggle to eat well on a low income*. London: Demos

particularly due to the speed of the increase, are the rising levels of obesity UK levels have tripled since the early 1980s.¹³ Increasing levels of obesity and type II diabetes amongst children is potentially very damaging for the long-term health of many children from low income households. Poorly nourished children are less likely to achieve well at school and suffer from obesity at a young age.

3.2 The extent of the problem

Because of the complex range of factors that contribute towards household food insecurity, it is difficult to measure how many people and families are living with food poverty around the UK. Work by Sustain and others has shown that food poverty is a problem in many inner-city and urban areas¹⁴, and people on low incomes in rural areas can also experience difficulties in accessing food due to poor provision of shops and inadequate public transport. One estimate puts the number of people suffering from malnutrition in the UK at up 3.3 million¹⁵, although this figure may underestimate the extent of food poverty and intermittent food insecurity.

Financial poverty can be used as a proxy measure for food poverty - it is widely believed that almost anyone living persistently or intermittently on a low income will at some time be faced with food insecurity.

The definition of poverty used by the Government is households with incomes that are less than 50% of average earnings after housing costs. According to this definition, one in four (14.3 million) people in the UK were living in poverty in 1998/9, with one in three (4.5 million) children living in households below the poverty line.¹⁶ Many of these families were living on less than £137 per week after housing costs, and almost 12% of the population in 2001 (3.9 million households) were living on income support benefits¹⁷. Even taking into account the improved tax credits and benefits introduced by the current Government, benefit levels provide little over £5 per person per day for meeting all their needs, not just food¹⁸.

England

Poverty levels in England vary considerably from region to region, although pockets of poverty and deprivation can be found in most areas of the country. In 2000/2001 22% of people in England were living in households with an income of less than 60% of the national average, after housing costs¹⁹. The regional picture is shown in the table below.

	Percent
South West	22
South East	16
London	23
Eastern	17
West Midlands	26
East Midlands	22
Yorkshire & the Humber	23
North West	24
North East	28
England	22

Northern Ireland

Income levels in Northern Ireland tend to be lower than in other parts of the UK, whilst average weekly spending on food is consistently higher²¹. Average weekly disposable household income was £378 per week in 2001/2002, as compared with £451 for the UK as a whole²². The number of people on benefits also tends to be higher - in

¹³ Department of Health, *Health Check on the State of Public Health (Annual Report of the Chief Medical Officer 2002)* Department of Health, 2003

¹⁴ Watson, A. *et al* (2002) *Hunger from the inside: The experience of food poverty in the UK*. London: Sustain.

¹⁵ Estimate by the Malnutrition Advisory Group

¹⁶ *Households Below Average Income* (2000) London: TSO

¹⁷ Dowler, E. *et al* (2001) *Poverty Bites: Food, health and poor families*. London: CPAG

¹⁸ *Ibid.*

¹⁹ Office of National Statistics (2002) *Social Trends, 33*, at www.statistics.gov.uk

²⁰ *Ibid.*

²¹ Office of National Statistics (2002) *Family Spending*. London: TSO

²² *Ibid.*

2000/2001, 13.6% of people in Northern Ireland were in receipt of income support, whereas in Great Britain as a whole, the figure was 8.3%²³. As with other regions however, these figures conceal variations between different areas of the country, with areas such as North Belfast experiencing some extreme deprivation, along with intermittent sectarian violence.

Scotland

In 2001/2002, the weekly income of the average Scottish household was £396²⁴. Although significantly lower than the UK average of £451, the household average spend on food per week (£41.70) was the same as the UK as a whole²⁵. In the same year, 21% of the population of Scotland were living on less than 60% of average income after housing costs²⁶. Lone parent families are more vulnerable to slipping below this income threshold than any other group.

Wales

Household incomes in Wales are among the lowest in the UK. The average disposable household weekly income in Wales was £386 in 2001/2002 and the average weekly household expenditure was £315, of which £55 was spent on food²⁷. In 2001/2002, 25% of residents were in households with incomes below 60 percent of median income²⁸, compared with 22% in Great Britain as a whole. Indeed, along with London, Wales had the highest proportion of people living below this poverty threshold in the UK. Nearly 26 percent of the population of Wales are economically inactive, in a large part due to long-term sickness²⁹. This economic deprivation is felt most acutely in the South Wales valleys where there are marked variations in social classes and health experiences.

Summary

Whilst the average incomes are lower and proportions of people living in poverty are higher in Northern Ireland and Wales, it is clear that across the UK there are large numbers of people who are vulnerable to experiencing food poverty, due to their poor economic position. There are pockets of deprivation in each of the countries of the UK in which residents are likely to be particularly prone to experiencing problems in securing an adequate diet for themselves and their families.

²³ NISRA (2002) *Northern Ireland Annual Abstract of Statistics 2002*

²⁴ Office of National Statistics (2002) *Family Spending*. London: TSO

²⁵ *Ibid.*

²⁶ Scottish Executive (2003) *Scottish Economic Statistics*. A Scottish Executive National Statistics Publication

²⁷ National Assembly for Wales (2002) *Digest of Welsh Statistics*. A National Statistics Publication

²⁸ *Ibid.*

²⁹ NHS Wales (1998) *Putting Patients First* The Stationary Office

4. Relevant statutory structures and current national initiatives to tackle food poverty across the UK

The current research has found that a great deal of the work that is being done at the local level to tackle food poverty is being undertaken or is supported by public sector organisations – particularly local level health sector bodies. Public sector organisations are also responsible for developing and ensuring implementation of policies to tackle problems of food poverty, poor diet and health inequalities – policies which form the drivers for much of the local level activity that has been the focus of this research. It is therefore worthwhile to clarify here the different statutory sector structures that exist in each of the countries, which are involved in some way in this area of work, and the main policy documents that are informing and shaping relevant activity.

4.1 Devolution

As a result of the Labour Government's commitment to devolution and efforts to bring decision-making closer to the people, devolved administrations in Northern Ireland, Scotland and Wales have taken on greater responsibilities in a wide range of issue areas³⁰. As a result, these countries now have complex executive and administrative structures through which national policies are implemented and monitored. Each country has also developed policies relevant to this study, including health policies, policies to tackle social exclusion, and strategies for improving the diets of their populations. Policies and structures have developed differently in each country, partly as a result of the extent of the powers afforded each country by Westminster, and the control over some policy areas that different countries have historically held. The table below summarises legislative control held by each of the devolved administrations.

Table 4: UK devolution and legislative control over major policy areas (Ticks indicate those areas where powers have been devolved)			
	N. Ireland (Primary and secondary legislative powers)	Scotland (Primary and secondary legislative powers)	Wales (Secondary legislative powers over specified areas)
Agriculture, forestry, fisheries and food	✓	✓	✓
Culture, media and sport (not broadcasting or National Lottery)	✓	✓	✓
Defence	Legislative powers and responsibility remain at Westminster		
Economic policy	Westminster	Can vary some taxes	Westminster
Economic development	✓	✓	✓
Education	✓	✓	✓
Employment	✓ Not National Minimum Wage	Westminster	Westminster
Environment	✓	✓	✓
Foreign policy	Cross-border co-operation with Ireland only	Westminster	Westminster
Health	✓	✓	✓
Home Affairs	Westminster	✓	Westminster
Legal system	Westminster	✓	Westminster
Local government and housing	✓	✓	✓
Social security	✓	Westminster	Westminster
Social services	✓	✓	✓
Trade and industry And consumer protection	✓ In certain areas only	✓ In certain areas only	Westminster with limited control in Cardiff
Training	✓	✓	✓

³⁰ Whilst there are currently problems in Northern Ireland that have resulted in the suspension of the Northern Ireland Assembly and Executive, it is assumed that this is a temporary situation, and as such it has not informed the description and analysis in this report.

Transport	✓	✓	✓
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Source: Watson, A (2001) *Food Poverty: Policy Options for the new Millennium*. London: Sustain

4.2 England

Regional agencies

Policy and legislation in England is still driven by Westminster, although some powers have passed to regional bodies in 9 administrative regions (including London – see table 3). Regional Development Agencies (RDAs), Regional Assemblies (or Chambers) and regional Government Offices (GOs) now have responsibility for a range of economic, planning and well-being issues for their populations. The RDAs have been charged with developing strategies for regional growth and development, and they control some devolved government budgets, including funds for area regeneration. The work of the RDAs is overseen by the Regional Assemblies, which aim to ensure that the RDAs remain accountable to local people. Government Offices have been set up to act as the ‘eyes and ears’ of the Government in the regions, and a range of Whitehall departments are represented at each GO, including staff with responsibility for co-ordinating and supporting neighbourhood renewal, social inclusion work, rural development and programmes such as Sure Start.

Local authorities and partnerships

At the local level there have also been changes, and local authorities in England are expected to consult communities and ensure their participation in decision-making more than ever before. There are also increasing demands for English local authorities to work across traditional sectoral boundaries, for example they have been handed a scrutiny role over the provision of local health services, and are increasingly working through a multitude of different partnerships to deliver local regeneration, health and social inclusion initiatives along with partners from other sectors. One of the key local partnerships is the Local Strategic Partnership (LSP). LSPs have been set up across England to bring together key local stakeholders from local authorities, the health sector, local business and community organisations, to ensure ‘joined up’ decision-making at the local level. They have a remit to co-ordinate work towards improving quality of life and delivering local services, and are expected to reduce duplication and ensure strategic direction for local service provision. They have also been charged with developing Community Plans (or strategies) in consultation with local people. These set out how local agencies will address key economic, social and environmental issues affecting the local area.

Local health sector bodies

As with the rest of the devolution agenda, recent reforms within the NHS in England have sought to bring decision-making closer to the ground, and to make it more responsive to local priorities. Primary Care and NHS Trusts at the local level, and Strategic Health Authorities at the sub-regional level have replaced the old Health Authorities, bringing decision-making and service commissioning responsibilities closer to the level of service delivery. Primary Care Trusts (PCTs) are now the primary provider of local health care services, with NHS acute trusts currently taking responsibility for most hospital service provision. PCTs are required to consult with local communities about healthcare priorities and to work in partnership with other local agencies to reduce health inequalities and improve public health. Each PCT has a Director of Public Health on its Executive Board, who’s role usually involves overseeing health promotion services and, amongst other things, has a duty to incorporate improving the nutrition of the local population into the work of the PCT.

Other agencies

A range of national government departments have an impact on issues affecting people’s ability to secure adequate diets in England, including:

- Department of Health (mental and physical wellbeing)
- Department of Work and Pensions (employment, incomes, social security)
- Office of the Deputy Prime Minister (social inclusion, urban regeneration, sustainable communities, regional and local planning)
- Department of Education and Skills (National Curriculum, school meals – with DH)
- Department of Transport (public transport)
- Department of Environment, Food and Rural Affairs (food production, rural development).
- Department of Trade and Industry (food retail, advertising)
- Home Office (community involvement)
- The Treasury (minimum wage and benefit levels, investment in public services).

The non-departmental Health Development Agency is also involved in work relevant to food and low-income. The HDA works with the Food Poverty Project run by Sustain: the alliance for better food and farming to publish on the internet the Food Poverty Projects Database (formerly the Food and Low Income Database; www.foodpovertyprojects.org.uk). This contains information on over 280 projects aiming to tackle food poverty from England, Northern Ireland, Scotland and Wales. The HDA also works to collate an evidence base of effective interventions on a range of public health issues, including food and nutrition, however this information is not broken down by income group, precluding the possibility of extracting information of particular relevance to low-income communities. At a regional level, HDA staff are based in the Government Offices, linking at a strategic level with health workers and producing guidance for local authorities, LSPs and PCTs.

The Food Standards Agency, as independent watchdog and advocate for public health in relation to food, is well placed to play a significant role in promoting policies within government that will support efforts to reduce food poverty and in supporting local activity to tackle barriers to adequate food access (see section 4.6).

Key policies in England with an impact on food poverty

A wide range of policies and initiatives covering England include measures to tackle some of the barriers to healthy eating for those on low incomes. The primary ones with most relevance to this study are listed below:

- *Our Healthier Nation White Paper*, 1999, Department of Health (key public health policy document; acknowledges health inequalities and need for adequate access to healthy foods for those in low incomes; recognises structural barriers to food access; proposes local partnerships and joined-up government as solutions)
- *The NHS Plan*, 2000, Department of Health (nutrition a key feature, especially increasing fruit and vegetable consumption; acknowledges accessibility and affordability as key issues)
- *National School Fruit Scheme* (free portion of fresh fruit each day for 4-6 year olds)
- *5-a-day Community Projects* (NOF funded, area-based initiatives in government-identified priority areas to increase fruit and vegetable consumption)
- *Health Action Zones* (centrally funded (England and Northern Ireland only), area-based initiatives taking a multi-agency, holistic approach to reducing health inequalities in priority areas)
- *Healthy Living Centres* (NOF funded (UK wide), area-based and community-based initiatives bringing additional resources for health-improvement activity to areas successful in a bidding process)
- *Sure Start* (centrally funded (UK wide), area-based initiative aiming to improve outcomes for families with children aged 0-4 in deprived areas)
- *Neighbourhood Renewal* (centrally funded, flagship regeneration programme benefiting the 88 most deprived wards in England; overseen at the local level by LSPs; local allocation of funds for community-based projects through Community Chests and Community Empowerment Funds controlled by local voluntary sector agencies)
- *Single Regeneration Budget* (central funds for local regeneration activity, overseen by the RDAs, but funding rounds have now come to an end)
- *National Healthy School Standard* (centrally funded scheme to encourage whole-school approaches to promoting health, including food and nutrition issues; co-ordinated jointly at local level by LEAs and health sector; optional at school level).

Other policies such as the Urban and Rural White papers, the ten year Transport Plan, the Rural Regeneration Programmes and the National Curriculum all potentially have an impact on low income consumers' ability to enjoy healthier diets. However, responses generated through this study tend to suggest that the main drivers for existing activity to tackle food poverty are those in the bullet-point list above, although this could be a result of the types of organisations contacted/responding in the course of the research.

4.3 Northern Ireland

Local authorities and partnerships

There are 26 local authorities in Northern Ireland, with similar responsibilities to those in England and Wales. As in other areas, local public sector bodies in Northern Ireland are increasingly being asked to work in partnership with each other and with local community organisations, businesses and other sectors, in order to deliver more

streamlined services and ensure 'joined-up' government. Consultation with and participation of communities in planning services is also a priority.

The key local level partnerships in Northern Ireland that have relevance to this study are Local Strategy Partnerships and Investing for Health Partnerships. Local Strategy Partnerships (LSPs) exist for each local authority area in Northern Ireland, and share some parallels with the Local Strategic Partnerships now working across England and Wales - they involve representatives of local authorities, local health sector bodies, business and community sectors and they are charged with developing, in consultation with the community, 'a local area strategy and action plan that will become the framework for the sustainable regeneration and development of a district council area beyond the lifetime of the programme.' This is referred to as the integrated local strategy (similar to English Community Plans), and all 26 were submitted to the Northern Ireland Executive for approval during 2002. In addition to these responsibilities, Local Strategy Partnerships also have a major role in dispersing European PEACE II (Priority 3) funds in their areas for locally based regeneration and development activities.

Within the health sector, a partnership approach is being developed at a number of levels for implementing the Northern Ireland public health strategy, *Investing for Health*, including ministerial 'joined-up' working and the establishment of four Investing for Health Partnerships (IfHPs). These are made up of government departments, public and health sector agencies, local community representatives, other social partners and the private sector. They are led by the four Health and Social Services Boards. The role of the IfHPs is to provide an overarching framework for public health activity and to 'identify opportunities for improving the health of the people in their areas by addressing social, cultural, economic and environmental determinants of health.' IfHPs have developed long-term, cross-sectoral health improvement plans to address the identified health and well-being needs of their local populations and to meet the strategic aims and objectives of the national *Investing for Health* strategy. These plans are currently being reviewed by the Northern Ireland Department of Health, Social Services and Public Safety (DHSSPS).

Local health sector bodies

Health service delivery in Northern Ireland functions at three major levels, headed by the Executive's DHSSPS. Currently, four Health and Social Services Boards (Eastern, Western, Northern and Southern) take responsibility for commissioning health and social care services within their areas, and also have a role in leading the Investing for Health Partnerships. Health Promotion Commissioners are employed within each Board, with responsibility for commissioning health promotion activity across the Board area. Although the IfHPs are being set up differently in each Board area, most involve the Board Health Promotion Commissioner. At the local level, there are 19 Health and Social Services Trusts (HSSTs) that deliver most primary care services. Many are hospital trusts, similar to acute NHS trusts in England, whilst others focus on delivering community health and social care services. A number of HSSTs employ community dieticians, who are involved in a wide range of work with communities to improve diets and tackle food poverty. Consultation has been underway on proposals to abolish the Health and Social Services Boards (HSSBs) and abolish or combine the HSSTs. Under these proposals, strategic planning responsibilities would pass to a new Regional Strategic Health and Social Services Authority for the whole of Northern Ireland and Local Health and Social Care Groups made up of GPs, community representatives and local health practitioners would take on a commissioning role for health and social care services.³¹ These groups are already being set up through the HSSBs, but are not expected to take on commissioning responsibilities for some time.

Other agencies

As well as the key Northern Ireland Executive departments (DHSSPS, Departments for Education; Employment and Learning; Regional Development; Social Development; Agriculture and Rural Development; and Enterprise, Trade and Investment) other agencies in the region have an impact on work around food, health and activities to tackle food poverty:

- Food Standards Agency Northern Ireland (same responsibilities as in England/UK-wide)
- Food Safety Promotion Board (all-Ireland body set up under the Good Friday Agreement with a role to 'foster and maintain confidence in the food supply in the island of Ireland by working in partnership with others to protect and improve the public's health'; there seems to be confusion at all levels about the respective roles and remits of the FSA and the FSPB in Northern Ireland and about the FSPB's role in relation to nutrition issues)
- General Consumer Council (has published a series of papers on the problems experienced by low-income households, including *Hungry for Change*, which focused on food poverty and its impacts on health; recommends cross-sectoral partnerships to research the extent of food poverty in Northern Ireland and support for projects working to improve access to food)

³¹ Northern Ireland Department for Health, Social Services and Public Safety (2002) *Developing Better Services: Modernising Hospitals and Reforming Structures*

- Health Promotion Agency (a special agency of the DHSSPS; aims to ‘provide leadership, strategic direction and support to all those involved in promoting health in Northern Ireland’; provides policy advice, public and professional information, and undertakes research and training; develops and pilots practical initiatives such as the ‘Cook It!’ programme, and food work through Sure Start projects and other area-based initiatives).

Key policies in Northern Ireland with an impact on food poverty

The policies and initiatives with most relevance to this study include:

- *Investing for Health*, 2001, DHSSPS (key public health strategy published in 2001; prioritises eating for health and acknowledges cost and access as important factors in food choices for those on low incomes; seeks to target resources towards those in most need)
- *Eating and Health: A food and nutrition strategy for Northern Ireland*, 1996, Health Promotion Agency (published by the HPA; endorsed at Ministerial level; implementation strategy was stalled awaiting publication of *Investing for Health*, and then was never approved by the DHSSPS)
- *Sure Start* ((UK wide)programmes in each local authority area; many work closely with community dietitians; regional Co-ordinator based in DHSSPS)
- *Health Action Zones* (four in Northern Ireland, one in each HSSB area – see 4.2)
- *Fresh Fruit in Schools* (pilot school fruit scheme in operation in 80 primary schools across all four HAZ areas; provides a free piece of fresh fruit to year 1 and 2 pupils in eligible schools each school-day; part of the implementation of the Investing for Health strategy)
- *Healthy Living Centres* (UK wide - see 4.2)
- *Health Promoting Schools Scheme* (run along similar themes to the *National Healthy School Standard* in England – see 4.2)

The DHSSPS is currently reviewing implementation activity across Northern Ireland that has resulted from the food and nutrition strategy, *Eating and Health*. Implementation has been patchy due to the original action plan never being endorsed. This was partly a result of the strategy being published before the Good Friday Agreement – the new administration created by that Agreement has plans for 7 public health strategies to be published alongside action plans for their delivery, one of which will be a new food and nutrition strategy to replace *Eating and Health*. A new multi-sector group is to be established by the DHSSPS, involving the HPA, Board Health Promotion Commissioners, representatives of community and voluntary sector groups and others, to develop the new food and nutrition strategy. It is expected that this strategy will be published in 2004 along with an action plan to be endorsed by all key departments and agencies before publication.

Other initiatives in Northern Ireland that could affect low-income consumers’ ability to obtain adequate diets include the Equality and Targeting Social Need programmes run by the Department of Social Development (DSD). These bring together work on housing and social security with social inclusion measures. In addition, the Voluntary and Community Unit of the DSD will be publishing the Northern Ireland Government’s strategy for support of the voluntary and community sector, *Partners for Change*, later this year. It is expected that this will include plans for increased support for community projects and some co-ordination of funding sources.

4.4 Scotland

Local authorities and partnerships

There are 32 unitary local authorities in Scotland. As in the rest of the UK they are expected to work inclusively, to consult with communities and work in partnership with other statutory agencies to cover a range of issue areas including regeneration, social inclusion, Local Agenda 21, modernisation, health and education. The major partnerships through which local authorities in Scotland are delivering relevant work are the Social Inclusion Partnerships (SIP) and the Community Planning Partnerships. Set up in 1996 their role is to bring together key agencies to identify the gaps between existing programmes and to develop co-ordinated approaches to promote social inclusion.

Community Planning Partnerships bring together the key agencies and organisations that can influence the future of an area to develop a Community Plan. The local authority plays the lead role in this development. The

Community Planning Partnerships aim to ensure joined up government at a local level and to strengthen the local authority's leadership role rather than transferring more services to their control.

Each local authority has a Designated Medical Officer (DMO) within the NHS (generally the Health Board's Director of Public Health) whose role is to act as the main point of communication between the Health Board and the council where their range of activities and responsibilities impact on health. The Local Authority's Community Plans should also draw on, and be influenced by, the Director of Public Health's yearly report.

Local health sector bodies

Along with the rest of the UK, health service delivery in Scotland has undergone restructuring in recent years. The NHS Management Executive at a national level delivers the national strategy and policy framework, with regional and local services prioritised and delivered by Health Councils, Health Boards, Primary Care Trusts (PCTs), Acute Hospital Trusts and Local Health Care Co-ops.

There are 15 Health Boards which are responsible for strategic planning of health service provision, for Primary Care Trusts, Acute Hospital Trusts and Local Health Care Co-ops (voluntary networks of GPs and other local health workers working alongside PCTs, taking on some responsibility for local health care provision). The Local Health Care Co-ops have been identified as particularly important in tackling health inequalities, and underpin the work of 80 public health practitioners who support local work to improve public health.

The Health Boards are also responsible for developing five-year rolling Health Improvement Programmes (HIP). The PCTs and Hospital Trusts are responsible for implementing the HIP at a local level, detailing delivery through their Trust Implementation plans. Each of the 15 Health Boards has a Director of Public Health whose responsibilities include overseeing the delivery of public health services and co-ordinating links with the local authority. Health Councils have been established as independent bodies to represent the public interest in the NHS. There is one Health Council for every Health Board. Members of the Health Council are independent unpaid volunteers. The Councils are regarded as important facilitators between patients and the public on one hand and the health services on the other.

Other agencies

In addition to Scottish Executive departments such as the Departments for Education; Health; Enterprise; and Life Long Learning and Development, other agencies whose work impacts on food poverty issues include:

- Food Standards Agency Scotland (same responsibilities as in England/UK-wide; currently developing a diet and nutrition strategy)
- Public Health Institute for Scotland (PHIS; set up to raise awareness of the determinants of health and ill health, and to help formulate public health policy; recently merged with the Health Education Board for Scotland, recognising the need to develop health education alongside policy formulation - the newly formed NHS Health Scotland is an attempt to create a national focus for health improvement)
- Scottish Consumer Council (promotes consumer interests, particularly those of the disadvantaged; work includes consumer representation in the formulation of policy on food, diet and nutrition; works closely with the Scottish Community Diet Project)
- Scottish Community Diet Project (supports and develops community action to improve food and diet across Scotland; particular emphasis on low income communities – see case studies, section 7)
- The Convention of Scottish Local Authorities (COSLA; representative voice of Scottish local government; a public health specialist has been appointed to work in COSLA to investigate local authorities role in health).

Key policies in Scotland with an impact on food poverty

- *Eating for Health: A Diet Action Plan for Scotland*, 1996, Scottish Office (key document; recommendations drawn up in consultation with a wide range of stakeholders; acknowledges the link between low income, poor food access and poor health; resulted in much of the existing food and low-income work, in particular the setting up of the Scottish Community Diet Project)
- *Towards a Healthier Scotland*, 1999, Scottish Executive Health Department; (there is recognition at the highest level that Scotland still has a long way to go to address health inequalities - this paper sets out policies that aim to tackle health inequalities with particular emphasis on promoting healthy lifestyles starting in childhood; increased cross- departmental co-operation is proposed to ensure economic and social policy works to enhance the nation's health; a Food and Health Co-ordinator has been appointed to ensure work to improve Scotland's health is approached in a co-ordinated way)

- *Our National Health: A plan for Action, A Plan for Change*, 2001, NHS Scotland (wider health plan which focuses on the role of the NHS and other health agencies in meeting health targets and tackling health inequalities; particular emphasis on children's health and promoting healthy schools initiatives)
- *Working Together for Scotland: A programme for Government* 2001, Scottish Executive ('quality of life' document which sets out the Executive's plans for improving the environment and enhancing well-being; focuses on reducing health inequalities, particularly amongst children and promotes community projects and initiatives to increase consumption of fruit and vegetables)
- *The Healthyliving Campaign* (supported by the FSA Scotland, Scottish Executive, HEBS and Scottish Community Diet Project; launched January 2003, it is part of a wider healthy living initiative which aims to change the culture of Scotland's poor eating habits; the campaign includes events and activities aimed at helping overcome the barriers to healthy eating)
- *Healthy Living Centres* (See 4.2)
- *Sure Start* (See 4.2)
 - *Community Schools* (Supported by the Scottish Executive, local councils and their partner agencies, the Community Schools initiative aims to modernise schools, raise attainment and promote social inclusion. Teachers, social workers, community education workers, health professionals and others work together in a single team to meet the needs of the individual child.
- *Health promoting schools programme* (run along similar themes to the *National Healthy School Standard* in England – see 4.2)

4.5 Wales

Local authorities and partnerships

There are 22 unitary authorities in Wales, with a single authority responsible for each geographical area. The remit and responsibilities of Welsh local authorities are much the same as English local authorities. Welsh local government has been charged with increasing accountability to, and consultation with, its communities, and developing more partnership working.

The need to engage local authorities in the delivery of healthcare has been recognised and set down in government strategies. In light of this, each Local Authority in Wales is aligned with the newly introduced Local Health Board, and representatives from each sit on the local Health Alliance Partnership to ensure inter-agency working. Local authorities are working in partnership to develop Community Plans and through partnerships similar to England's Local Strategic Partnerships, to deliver the Government's regeneration programme, Communities First. In addition, working with the Local Health Board, local authorities will play a key role in developing and implementing a Strategy for Health, Social Care and Well-being.

Local health sector bodies

The health sector in Wales has recently been through major restructuring. As of April 2003, the five former health authorities have been replaced by 22 Local Health Boards overseen by four regional offices, who have responsibility for delivering strategic planning, and are managed by the Health Department at the Welsh Assembly. The Local Health Boards (LHBs) are made up of local health practitioners, council elected members, local authority representation, voluntary sector organisations and members of the public. They mirror the local authority areas allowing health and social services work to be integrated. The LHBs have responsibility for commissioning, securing and delivering health services in their area. NHS Trusts' roles remain similar to the Primary Care Trusts in England.

As elsewhere in the UK, Health services in Wales are required to produce Health Improvement Programmes, which will be developed by the LHBs. In Wales the HIPs will run on a five-year rolling programme, and must set out how national priorities, as well as local needs, will be met by local health bodies and other partners.

Other agencies

In addition to the Welsh Assembly's departments which have an impact on food poverty issues (Departments for Environment, Planning and Countryside; Education and Lifelong Learning; Economic Development and Transport; Health and Social Services; Social Justice and Regeneration), other agencies in Wales with relevance to food and low-income work include:

- Food Standards Agency Wales (same responsibilities as in England/UK-wide; nutrition strategy, *Food and Well Being*, published February 2003)
- National Public Health Service for Wales (NPHS; brings together the public health resources of the five former health authorities in Wales, including input from academic departments, with those of the Public Health Laboratory Service to develop a fully integrated approach to public health issues)
- Welsh Consumer Council (national consumer body for Wales; currently researching influences on food purchasing factors that affect choice; future plans include investigating levels of access to healthy food amongst low income communities in the South Wales Valleys).

Key policies in Wales with an impact on food poverty

- *Better Health, Better Wales: Strategic Framework*, 1998 (a public health strategy for Wales; aims to address health inequalities and improve public health in Wales)
- *Promoting Health and Well Being*, 2000 (acknowledges the need for other agencies to contribute to the health agenda; aims to set out the direction and framework for future work to promote health and well being across Wales)
- *Investing in a Better Start: Promoting Breastfeeding in Wales* (strategy setting out how to reduce health inequalities through increasing breastfeeding rates, with particular emphasis on closing the gap between the highest and lowest rates of breastfeeding in Wales)
- *Food and Well Being, A nutrition strategy for Wales*, 2003 (makes clear the links between health and well being and other policy areas; makes nine recommendations for action to reduce health inequalities, with specific community level actions on nutrition)
- *Communities First* (Welsh Assembly's key regeneration programme, aimed at long-term, locally-led approaches to developing healthier and more sustainable communities; multi-agency collaboration delivered through Local Strategic Partnerships)
- *Community Food Initiative Scheme*, 2000, Welsh Assembly (one element of the Communities First programme; aims to encourage and support the development of community food initiatives to increase healthy eating in disadvantaged areas; small to medium grants available to community food projects)
- *Tackling CHD in Wales: Implementing Through Evidence*, 2001 (nutrition a key element in the framework for coronary heart disease prevention and treatment)
- *Welsh Network of Healthy School Schemes* (initiative aiming to encourage the development of local healthy school initiatives, which will in turn help promote the Health Promoting Schools Programme. The National Assembly for Wales recently launched Health.e.school web site targeted at schoolchildren, containing facts and information on nutrition; fruit tuck shops and breakfast clubs are also being encouraged)
- *Healthy Living Centres* (24 HLCs across Wales – UK wide, see section 4.2)
- *Sure Start* (UK wide - see section 4.2)

4.6 UK wide

Since devolution much has changed in terms of the roles, responsibilities and power each of the four countries has in setting their own policy agenda. However some policies and areas of legislative control have remained with Westminster, those with the most impact on food poverty issues are the economy, employment, social security, and advertising regulation. Economic policy is still largely a matter for the Treasury, including the setting of the minimum wage, and benefit levels (Employment and Social Security). Controls on advertising are the responsibility of Department of Trade and Industry. The continuation of centralised control in some policy areas, particularly monetary, has a determining influence on the policy making process in the devolved regions. National campaigning organisations continue to lobby to influence those policy areas that reduce the ability of low-income consumers to obtain healthy diets. Developing policies that use food security as a bench mark is fundamental to tackling long-term food poverty.

Although poorly reflected in the questionnaire results, work to support food and low-income activity nationally is being undertaken by a range of both governmental and non-governmental organisations. A range of voluntary

sector organisations including national anti-poverty groups, health-focused NGOs and organisations interested in food issues are supporting, developing and co-ordinating work to improve access to healthier diets. Poverty and lack of financial security are being addressed by organisations such as the European Anti-Poverty Network and Church Action on Poverty. The Child Poverty Action Group campaigns to increase free school meal uptake. Sustain's Food Poverty Project is the only national organisation tackling the interrelated problems of poverty, poor food access, compromised diet and impaired health. Other organisations, such as the National Heart Forum, campaign to reduce the growing incidence of diet related diseases and to close the gap in health expectations between the rich and poor. The Low Pay Commission was set up by the Government to monitor the minimum wage. There are governmental and non-governmental organisations, such as the National Consumer Council and the Food Standards Agency, campaigning to increase the involvement of low-income consumers in the policy making process.

Other NGOs, such as the Food Commission and the Consumers' Association work to highlight and tackle the power and influence of the food and advertising industry in promoting less healthy foods.

Some of the big supermarket chains are also involved in supporting local food poverty work with funds and in-kind help, despite the contradiction that many aspects of their policies and practices undermine and limit the ability of low-income consumers to make healthy food choices.

National Agencies and initiatives

Whilst Wales, Northern Ireland and Scotland have a dedicated branch of the Food Standards Agency, the FSA in London covers both English and UK-wide issues.

The majority of the initiatives detailed in the sections 4.1 to 4.5 are country specific, however the following initiatives are currently being developed across the UK:

- *Healthy Living Centres* (NOF funded, area-based and community-based initiatives bringing additional resources for health-improvement activity to areas successful in a bidding process)
- *Sure Start* (centrally funded, area-based initiative aiming to improve outcomes for families with children aged 0-4 in deprived areas)

5. Existing UK work on food and low income: research findings

5.1 Who is undertaking work on food and low income in the UK?

Questionnaire or equivalent information was received from 133 organisations from a range of sectors, primarily local health sector agencies, local community projects, nationally funded area-based initiatives and local authorities. A break down of the sectors in which organisations returning a questionnaire are based is given in the table below (ie. the lead agency in the project / initiative).

Local health sector organisation	61 (46%)
(of which NOF 5-a-day projects)	(10)
Community sector group	21 (16%)
Local authority	19 (14%)
Sure Start project	12 (9%)
Healthy Living Centre / Network / Initiative	12 (9%)
National NGO	6 (5%)
Regional agency	1 (<1%)
Private Sector	1 (<1%)
National government departments	0
Total	133

Although illustrative, the analysis in table 5 cannot present a true sectoral map of food and low-income work in the UK. This is due to a number of reasons. Firstly, information about every relevant project or initiative in the country has not been received. Telephone interviews and a number of directories, lists and databases containing information about food and low-income work have supplemented questionnaire information³². These sources show that community sector and national level work have been underrepresented in this study. This can be explained by the fact that the current research focused more heavily on public than on community sector work. It was felt that statutory agencies, with paid staff and more incentive to answer surveys, would be in a better position to respond within the short time available. Workers on community projects, many of whom are volunteers or work part-time, have less time available to respond to questionnaires and so a decision was made to gather information about these projects largely (but not solely) from other known sources (eg. support networks, databases and directories). It is more difficult to explain the lack of response from national government departments and national NGOs, although it could be that the format of the questionnaire seemed more relevant to local level work or that telephone interviews and email contact with key national agencies pre-empted them filling in a questionnaire.

Secondly, the prevalence of 'partnership' or 'joined-up' working creates a very complex picture which is poorly represented by numbers in a table (see section 5.6). Over 80% of organisations returning a questionnaire reported linking up with other groups or agencies in some way in the planning or delivery of the initiative, and 52 projects (39%) either reported being led by a 'partnership' or were assessed by the researchers to have a strong partnership element (over and above just having linked in some way with other agencies).

As well as the many different partnership, steering group, forum and network structures that are involved in local food work, there is also great variety in the range of less formal and less strategic linking relationships that exist to support and enable this work. The overall picture is one of complex links between public, health and community sector organisations, and unsurprisingly, definitions of partnership and inter-agency working vary dramatically. As a result, for the purposes of the break down in table 5, it was felt to be most useful to categorise and report projects with a partnership element by 'lead agency'.³³ Whilst potentially slightly misleading, it was felt that, along with more detailed information about partnership working, this would provide a clearer picture than simply labelling almost half of the projects returning questionnaires as being led by 'partnerships'.

The study shows that the local health sector is currently playing a crucial role in enabling existing food and low-income work. Local statutory health bodies across the country seem to have engaged with messages about the links between diet, income and inequalities in health, and many if not most are now incorporating relevant work into their programmes to tackle health inequalities. As a result, a great deal of existing food and low-income activity across the UK is led, provided and/or supported by organisations allied to the local health sector.

³² Food Poverty Network Directory, Scottish Community Diet Project Directory, list of community food projects in Northern Ireland provided by Armagh and Dungannon Health Action Zone, Welsh community food project database held by the FSA Wales.

³³ Where it is unclear from the questionnaire whether any one agency is 'leading' the project described, the organisation returning the questionnaire has been taken to be the lead.

Community based projects such as volunteer-led food co-ops and lunch clubs are often at the sharp end of delivering work to tackle food inequalities. This has been recognised by the health sector and its partners, who are now attempting to meet multiple objectives by providing these projects with funds, training or other support. In addition, a range of interventions are also being delivered through the health sector itself, by health promotion departments, community dieticians and dedicated food poverty workers.

Health focused area-based initiatives such as Health Action Zones and Healthy Living Centres are also instrumental in enabling a wide range of work to tackle food poverty, as are Sure Start programmes around the country. These initiatives are often working closely with statutory health bodies. Local authorities seem to be taking more of a back seat with regard to much of this work, although this does not mean they do not play an important part. Whilst leaving much of the delivery of food poverty projects to other sectors, local authorities are often involved in the partnerships that are supporting and enabling food and low-income activity, providing funds and contributing to relevant strategies. Many local authorities are aware of the food and low-income work going on in their area, and as such perhaps play an important 'linking' role in this field.

Having acknowledged the input of statutory structures, it is important to stress that the community sector currently plays a vital role in delivering existing food and low-income work in all areas of the UK. An army of volunteers, community groups and local NGOs are engaged in actively delivering projects to support people on low incomes in accessing better diets. This community-based activity is frequently unpaid and undertaken by members of the groups these initiatives aim to benefit. It is often these community-based projects that local public and health sector organisations seek to support in order to meet food poverty, health, and community empowerment and participation objectives. The ethics of this approach (supporting the 'victims' of inadequate national policy to undertake voluntary work against the tide of structural and other barriers to equality of food access) is increasingly being debated³⁴. A number of questionnaire responses express concern about this issue, and emphasise the need for structural change, rather than project and 'victim' based action.

Although poorly reflected in the questionnaire results, work to support food and low-income activity nationally is being undertaken by Governmental, non-governmental organisations and the private sector.

5.2 What form does this work take?

As an illustrative guide to the types of project and initiatives that are being undertaken around the country to tackle food poverty, the key elements of work described in the questionnaires were assigned to common categories (meaning more than one 'hit' for many questionnaires; n³⁵ = 272). This analysis was further broken down by the sector thought to be leading the project (for the purposes of this analysis, Healthy Living Centre projects were counted as local health sector projects; also see footnote 2). Results are given in table 6.

	Lead sector				
	<u>Local authority</u>	<u>Local health sector</u>	<u>Community sector</u>	<u>Sure Start project</u>	<u>All sectors</u>
Community cafés/kitchens/ lunch clubs	3 (8%)	7 (5%)	9 (14%)	0 (0%)	19 (7%)
Food co-ops	3 (8%)	11 (7%)	4 (6%)	0 (0%)	18 (7%)
Food growing/allotments	2 (5%)	6 (4%)	11 (17%)	0 (0%)	19 (7%)
Nutrition/healthy eating advice/training	8 (22%)	31 (20%)	9 (14%)	6 (37.5%)	54 (20%)
Shopping/budgeting advice/training	1 (3%)	3 (2%)	4 (6%)	0 (0%)	8 (3%)
Cook 'n' taste/food preparation training	1 (3%)	17 (11%)	8 (12%)	6 (37.5%)	32 (12%)
Schools projects (including free fruit schemes/breakfast clubs)	6 (16%)	27 (18%)	3 (4.5%)	2 (12.5%)	38 (14%)
5-a-day projects (not necessarily NOF funded)	0 (0%)	12 (8%)	1 (1.5%)	0 (0%)	13 (5%)

³⁴ For example see Dowler, E and Caraher, M. (2003) *Local food projects: The new philanthropy?* The Political Quarterly

³⁵ For the purposes of this report, n is used to mean the total number of responses for a given question. This total is usually more than the total number of questionnaires because many respondents gave more than one answer.

Needs assessment/mapping	1 (3%)	7 (5%)	3 (4.5%)	2 (12.5%)	13 (5%)
Policy/strategy development	1 (3%)	11 (7%)	2 (3%)	0 (0%)	14 (5%)
Co-ordination of network/partnership	4 (11%)	11 (7%)	3 (4.5%)	0 (0%)	18 (7%)
Meal delivery/food redistribution	3 (8%)	1 (<1%)	5 (8%)	0 (0%)	9 (3%)
Work with retailers/caterers	4 (11%)	9 (6%)	4 (6%)	0 (0%)	17 (6%)

With one or two exceptions, the snapshot represented in the table does reflect the broader picture gained through other research methods. This study has found that a great deal of work is being done, particularly through statutory sector agencies, which aims to change individuals' (often women and/or mothers) eating /shopping /cooking behaviours, either through training, advice or other information provision. Indeed this is the focus of a large proportion of public/health sector supported food and low-income work taking place around the country. It does appear to be more prevalent than work to remove structural barriers to food access such as improved provision of affordable fresh foods locally, although some projects are tackling these issues. School-based initiatives are also common, with a large number of projects working with primary-aged children, particularly, to interest them in growing and/or eating fruit and vegetables.

A growing number of initiatives are focusing on co-ordinating work on food, health and low-income issues within a particular locality. A number of networks, partnerships and alliances are in operation around the country - some aiming to bring all sectors together to co-ordinate activity, some offering support to community sector projects, and others developing joint strategies for tackling food and health or food poverty problems locally. Some try to do all of these things. Local food links projects are taking on these roles in a growing number of areas in all countries of the UK. The Soil Association's Food Futures programme has been instrumental in launching a number of these local linking projects.

Perhaps due to the low response rate from community sector groups, the figures in table 6 appear to underestimate the extent of community-based projects such as food co-ops, community cafés and growing projects. These types of project are known to be operating at varying levels of success around the country, often with limited funds and little or no paid staff input. Unlike much of the existing statutory sector work, initiatives such as these aim to directly improve people's access to affordable foods.

National level work has not been included in the typology in table 6 due to the low response rate from organisations at this level. Voluntary sector work at the national level often takes the form of support to local level projects, pilot or demonstration work, advocacy on behalf of community and local level activists, campaigning /lobbying, research and information provision, events and networking. More information about some national organisations working in this field is given in the case studies in section 7. Government policy and initiatives have been outlined in a previous section.

5.3 How is existing food and low-income work in the UK funded?

From the questionnaire results (n=189), the major source of funding for initiatives seems to be the local health sector, with the majority of this being provided for health sector-led projects (as classified by the researchers – see above). The next most commonly quoted source of funds is money provided by local authorities, although again this sometimes seems to be the local authority funding its own work or work that it is leading. According to the questionnaire responses, local authorities are providing funds to around half the number of projects that local health bodies are funding (11% and 22% respectively).

Other commonly quoted sources of support were national Sure Start funding (8% – unsurprising given the number of responses from Sure Start projects), Healthy Living Centre funding (7%) and funds allocated through Health Action Zones (7%). In some cases support was provided in the past by Health Action Zones and SRB programmes, but has now come to an end. Quite a number of food and low-income initiatives (6%) have received financial support from the Neighbourhood Renewal Fund or from the Community Chests that are allocated as part of the Neighbourhood Renewal programme. Other sources of funding quoted include the New Opportunities Fund, local NGOs and various trusts and foundations, although the number of projects receiving funds from these bodies was relatively low. Some community sector organisations report relying on local fundraising activities. The EU, national and devolved government departments and agencies, RDAs and the private sector are only reported to be providing funds to a very small number of projects according to the questionnaire (<3% each). 7 projects (4%) responding to the questionnaire have received funds from national supermarkets: one from Tesco, one from Sainsbury and 5 from the Co-operative Group.

5.4 What is prompting this work to be set up?

Table 7 summarises the reasons given by questionnaire respondents for initiating the project or initiative they are involved in (n=126).

<u>Reason given</u>	<u>Number of times quoted</u>
Recognition of need (ie. local health, food poverty issues)	40 (32%)
Needs assessment/consultation	23 (18%)
Idea of agency staff/professionals	16 (13%)
Local pressure/beneficiary demand	14 (11%)
In order to meet targets/national policy	12 (10%)
Ongoing work/project	9 (7%)
Availability of funds	8 (6%)
Availability of trained staff	2 (2%)
Other successful work elsewhere	2 (2%)

The majority of projects are set up as a result of local agencies and workers identifying a need, often in response to community requests, needs assessments or consultation. However, many respondents have not specified how needs were identified. Many quote high levels of conditions such as coronary heart disease and obesity in the local population, whilst others note that there had previously been inadequate provision of healthy food choices in the area. Despite these qualifiers, it seems that something is missing. Why has high incidence of coronary heart disease deaths led to this project, rather than another one? Why have concerns about provision of foods locally made it to the top of the agenda right now? It seems likely that some other factor or factors have informed these decisions to set up local food projects, be it policy directives from national government, feedback from communities, or just a growing awareness of food and food poverty issues more generally.

Based on the researchers' experience, and from contact with workers in local statutory agencies, it is our feeling that the need to meet national targets and goals (eg. for coronary heart disease, for supporting communities, for working in partnership) is a more critical motivator than reflected in Table 7. This is not to say that local workers are not committed to achieving positive change for the communities they work with - we believe that they are. In some areas it is forward thinking and resourceful workers that have put food poverty issues onto the agenda long before official recognition of the problems. It is simply to acknowledge that these workers are often required to act within frameworks and according to priorities set further up the chain. This can be both a benefit and a hindrance. There is concern that over-reliance on meeting targets is leading to a 'tick-box' culture, which could lead to local level work 'missing the links' that many believe are crucial to effective tackling of food poverty problems, or to positive work being quickly jettisoned should priorities and targets change.

5.5 What is being achieved?

A wide range of positive benefits is resulting from food and low-income work across the country - improved diets, skill development and job creation. Respondents were asked to state what they feel the outcomes and achievements of the projects they are involved in have been. The most common answer to this question is that the initiative has either provided healthier foods to beneficiary groups (e.g. through school fruit schemes, lunch clubs) or has facilitated better access to adequate food.

Almost the same number of projects report that their work has raised awareness - either within the community or amongst professionals and workers - of food poverty issues, healthy eating messages or other related concerns. As is widely documented, other social benefits also arise from food and low-income work, including increased confidence, self-esteem, social interaction and skills amongst those taking part or benefiting from a project. This was also reflected in questionnaire responses.

Other major achievements reported include improved co-ordination and communication between agencies and sectors, development of new organisations such as food co-ops and community cafés, and attitudinal and behavioural changes relating to food choices and cooking practices. It is interesting to note that despite the large number of projects aiming to support changes in individual eating, shopping and cooking habits (see Table 6), only 6% of responses report any change in the behaviour or attitudes of beneficiaries. A break down of responses is given in Table 8 (n=273).

Providing/facilitating access to healthier foods	35 (13%)
Raising awareness/information provision	33 (12%)
Social benefits (eg. confidence, self-esteem, empowerment, social interaction of participants)	31 (11%)
Skills development	31 (11%)

Networking/ Improved co-ordination/communication between agencies/sectors	25 (9%)
Provided support to community food initiatives	16 (6%)
Behaviour/attitude change in beneficiaries	16 (6%)
New initiative/organisation set up (eg. Co-op, café)	15 (5%)
Changes to mainstream service provision	10 (4%)
Needs identified/better understood	10 (4%)
Employment of staff/job creation	8 (3%)
Too early to report on achievements	22 (8%)
No information provided	21 (8%)

5.6 What sort of links and partnerships exist in relation to food and low-income work?

As noted earlier, the vast majority of the organisations returning a questionnaire report having some type of linking relationship with other agencies or groups in the delivery of their work on food and low-income

Types of link

A range of different types of links have been identified through the research. In some cases, links are casual or *ad hoc*. In many others, ongoing co-working between agencies is a cornerstone of the initiative.

The single most common type of link seems to be those that involve different organisations in joint planning and development of a project, or which involve steering groups or partnerships in overseeing an initiative. The roles and responsibilities of individual organisations within these structures varies according to the type of work the group is undertaking, which organisation hosts or leads the project and the particular needs of the initiative or organisation of the group in question. In many cases ‘partner’ organisations seem to have little more than a consultative or guiding role.

It is clear from the research that the terms ‘partnership’ and ‘steering group’ are used in a variety of contexts and with varying meanings. There seem to be few examples where the organisations involved have an equal say in the input, management and outcomes of a project. A handful of projects could be described as truly partnership-based, and for these it is perhaps misleading to describe any one agency as taking the lead (eg. a project funded by a local area based initiative, where the worker is based in the local authority but is employed by the PCT, and reports to a steering group of representatives from all of these agencies as well as local community sector organisations). Only a few respondents report that their work with other agencies has enabled their project to position itself more strategically, or to make links with strategic level staff or organisations which are helpful to the project.

The majority of links tend to be more ‘operational’, one of the most common of this type being links which facilitate information sharing between agencies, or between individual staff within different organisations. Sharing of staff time also seems to be common, as do co-funding and joint working arrangements. This type of arrangement includes joint funding of food worker posts – particularly for posts based within the statutory sector. A number of links involve different organisations referring or providing client groups for a particular project or service, and others centre around shared support and advice and providing in-kind help.

This appears to be one of the key distinctions that can be drawn amongst the multiplicity of different links and connections that are being made in the delivery and planning of food and low-income work – the distinction between what we might call strategic-level partnership working and practice-level operational linking. As described above, in many cases practitioners are making links with colleagues in other departments and agencies to enable the practical delivery of work to improve the diets of people on low incomes. The key elements of these practical links are:

- each link *tends to* (but may not always) involve small numbers of people/organisations (maybe just 2 or 3, although each project may have these links with a variety of different groups for different purposes),
- the link tends to focus on practical delivery of specific outputs,
- and importantly, all participants in the link are facilitated in meeting their own objectives through the linking activity (eg. in one example, one organisation had funds to spend on training for community food projects but had no expertise or facilities for providing training, and another had access to premises and staff time and expertise, but had no funds for developing a programme or for delivery – by working together, both organisations were able to meet their objectives and take joint credit for a successful training course).

These types of link are very common, and are often fairly straightforward to manage, requiring little time or effort to maintain because of their informal nature and the obvious operational benefits gained by each partner. These links often but not always begin in an impromptu way, as a result of informal contact between practitioners, and end once the delivery of the particular initiative is complete.

In contrast, as noted above, a smaller number of projects are involved in higher-level, strategic links, which often involve policy-making or managerial staff as well as practitioners. These types of link might be called partnerships, and are characterised by:

- efforts to join things up at strategic as well as operational levels,
- the involvement of a wider range of stakeholders,
- longer-term policy-making or strategy development,
- and more formal styles of working (eg. minuted meetings, terms of operation, the requirement for endorsement by the whole partner organisation, rather than just involvement by an individual from that organisation).

These partnership or steering group structures appear to require a much higher investment of time than the lower-level operational links described above, and it is not unusual for them to have control over paid workers through whom objectives are delivered.

The distinction between these two styles of working is certainly not clear-cut, and in many cases projects involve elements of both. It may be that these two styles sit at opposite ends of a continuum, with a range of different linking structures and relationships falling between them. Nevertheless, these two types of connection between organisations working on food and low-income issues stand out in the research findings. It is useful to bear these in mind when considering links and their advantages and disadvantages as alternative methods of achieving results through joint working.

Who is involved?

Links are most often between local groups and bodies, although some projects have beneficial links with national organisations, regional agencies or government departments. Our analysis shows that in the delivery of food and low-income projects, the organisations most likely to be involved in links with other agencies are local authorities and local health sector organisations (who also linking with themselves and each other), followed by community sector groups. These links and partnerships are perhaps the result of the increasing duty on statutory agencies to involve partner organisations in developing and implementing local strategies and plans.

Although itself not governed by particular policies or national directives, the community sector seems to be in growing demand as a partner at the table in planning and delivering a range of local food work. Often, reported links with the community sector turn out to simply mean that the community, or a community group, is the beneficiary of the initiative in question. Nevertheless, community sector representatives do seem to be increasingly involved in partnerships and joint delivery of food poverty projects. This is probably partly because of the growing requirement on statutory bodies to engage with communities and work in participatory ways with beneficiaries of public spending.

Developing links and partnerships with these groups helps statutory agencies fulfil their duties, but in some cases it may do little more; there are concerns that community sector representatives do not always sit as 'equal partners' at the table, and that this move towards more community sector input is an attempt to shift the responsibility of delivering initiatives onto the intended beneficiaries. Some respondents report concerns that community sector representation is at times no more than 'tokenism', with community voices at the partnership table seeming to be less powerful than public sector ones. One respondent reported an occasion when the (public sector) Chair of a multi-agency partnership told community sector representatives, who were questioning the allocation of seemingly shared resources, that as the public sector organisation had put the money into the 'joint' pot, this organisation was therefore entitled to decide how that money would be spent.

It is clearly difficult for public sector agencies to balance the dual responsibilities of accounting for public funds and working in true partnership with organisations that do not have to be accountable in the same way. Unfortunately, perhaps due to the time constraints mentioned earlier, many food and low-income partnerships across England do not seem to be setting themselves up at the early stages in a way that would minimise misunderstandings about the extent of joint control afforded the partnership group, as distinct from its constituent members.

Another concern expressed by more than one respondent relates to the extent to which representatives of community sector organisations on steering groups and partnerships actually represent the views of 'the community'. There are two elements to this issue. Firstly, how does a partnership group go about selecting which groups are to be represented, and how far can any one person or group claim to represent 'the community' or 'the community sector'? Secondly, once a community group is approached and invited to send a representative to a particular multi-agency partnership, how does that community group decide which representative to send? Fears are being expressed that the 'usual suspects' may be turning up to some multi-sector forums, claiming to represent 'the community' when in fact there is no evidence that they are doing anything but speaking for themselves. In addition mechanisms for ensuring that the community group receives information about the wider initiative, and is enabled to contribute views through their representative, may well not exist.

5.7 What are felt to be the benefits and difficulties of inter-agency working?

The research has thrown up a great many views on partnerships, inter-agency working and links within and between sectors, and these draw a complex and sometimes seemingly contradictory picture about the relative benefits and difficulties of working with others.

The key point is that, despite all their associated difficulties, partnerships and linkages with other groups are on the whole felt to be a worthwhile and positive way of working. Many respondents report benefits such as:

- ‘joined-up’ action
- co-ordinated and streamlined outcomes
- avoidance of duplication
- exchange of information and shared learning
- availability of practical help from partners.

Many of the food and low-income projects taking place around the UK are also securing funds and strategic support through their multi-agency linkages and taking advantage of specialised expertise (eg. dieticians) that would otherwise have been unavailable to them. Some project workers feel the project has been more innovative and creative as a result of working with a range of stakeholders, and others have found links with other agencies useful in keeping up with the changing agendas of. A number of questionnaires state that the project or initiative described simply could not have happened had links not been forged with other agencies and sectors.

One of the key benefits gained from a range of agencies coming together to deliver food and low-income work stems from the fact that food poverty issues – and therefore food poverty solutions – cross traditional sectoral boundaries. Organisations and departments involved in retail, transport, health, agriculture, rural and urban development, social inclusion, regeneration, environment, leisure, community development, education and a range of other issues all have a role to play in delivering sustainable solutions to the problems of poor access to food. It is notable that many responses given in the questionnaires do not pick up on this point explicitly, although it is clear that most respondents are operating with an understanding of the need to work with others. Telephone interviews tended to bring out a more explicit recognition of the multi-sectoral nature of the issue being addressed. The fact that many organisations are linking up with others to deliver work to address food inequalities attests to the fact that practitioners and strategists at all levels are mindful of the benefits of bringing together a range of partners to enable effective work.

Nevertheless, these benefits come at a price, the key one being time. People working in local public and health sector agencies are increasingly expected to deliver targets and work programmes in partnership with other groups and agencies, and they report that this requirement is incredibly time consuming. Many find that they are sitting with many of the same people around different tables at different times to discuss different initiatives that they are all working on together. Those within local community sector projects have different pressures – many are unpaid, work part-time and often face a constant struggle to secure funds to continue their work. For these reasons, some local level workers find linking up with other agencies hard work, and partnerships and steering groups can find it very difficult to find a time when everyone can get together. Time is also involved for the lead partner or the project co-ordinator, if there is one, in co-ordinating actions, sharing information, administering meetings and ensuring everyone is up-to-date with project developments. All too often not enough time is factored into the initiative for the development of crucial linking relationships with key partners, and delivery suffers as a result.

Different agencies come together to work on a joint project because each can bring something different and valuable to the table. The flip-side of this positive reason for working in partnership is that each organisation at the table has its own reason for being present – its own agenda. Some local food workers report feeling that the different stakeholders in a project can at times pull in different directions, and that it is hard work to agree actions and implement work programmes as a result. It can also be difficult when a number of organisations are overseeing a project to get any one agency to take responsibility for implementing actions. Some projects involved in multi-agency working have found that agencies can ‘jostle for position’ when first coming to the table with other partners, and conflict can occur over issues of power and decision-making. This can be exacerbated by communication difficulties caused by contrasting work cultures within different sectors, or even just by individual personalities.

Community projects in particular report finding the ‘target-chasing’ and ‘box-ticking’ agendas of some statutory sector partners frustrating, and some say that representatives within these agencies can find it difficult to see the relevance of food and low-income work to their particular ‘area’ of responsibility. Several draw a sharp distinction between the approaches of ‘top-down’ organisations from the public and health sectors and ‘bottom-up’ organisations based in the community, and suggest that statutory agencies could benefit from learning more inclusive, bottom-up ways of working from their voluntary sector partners.

Despite the long list of difficulties that those venturing to work with other agencies can face, it should be noted that many of these problems arise most frequently in the more formalised, strategic-level partnership and steering group structures that some initiatives are working through. The organisations involved in food and low-income

work with other agencies are working in less strategic, and perhaps less cumbersome ways, often face fewer difficulties as a result. In many cases there is a win-win outcome and few, if any, negative side-effects from this lower-level, operational linking.

5.8 How could work between agencies, sectors and projects be improved, and what should the Food Standards Agency's role be?

Respondents to the questionnaire were asked to try to identify factors that could support inter-agency working in order to maximise successes in the field of food and low-income work. They were also asked what role the FSA in particular could play in strengthening and supporting linkages. Perhaps because so many respondents are involved in joint working, a great many interesting ideas were proposed for supporting and developing this work, many of which seem to flow from the benefits and difficulties experienced in inter-agency working described above.

The most common factor quoted as important for supporting the development of inter-agency connections is the availability of sustainable funding. Some respondents feel that more money should be provided to local level health and public sector agencies through mainstream budgets in recognition of the increased demands for partnership working that they are now responding to, and the amount of time and resources this takes up.

Others feel that extra funding should be made available specifically to support joint-working arrangements, and quite a number mention the need for dedicated staff at the local level to bring partnerships of relevant agencies together and to co-ordinate food and low-income work locally. A smaller number suggest that funders and statutory agency managers need to recognise the amount of time and resources realistically needed to develop appropriate and successful partnership working, and want to see investment in this area of work.

Many suggest that providing, or signposting, initiatives towards necessary funds is a role that the Food Standards Agency could usefully take on. Several respondents express concern that much current funding seems to be channelled through area-based initiatives which means funds are only available in particular locations, whilst people living in pockets of deprivation elsewhere (perhaps just over the road) are not entitled. This is causing problems in some areas when communities are divided into those who can benefit from an initiative or particular source of funds and those who cannot.

The next most common response is that more networking is necessary between groups and organisations from different sectors to enable more joint work on food and low-income issues to develop. A similar number suggest that more and better information sharing between local agencies and organisations would facilitate work between groups and sectors, including sharing examples of good practice. This area of work seems to be the key one where people would like to see the FSA taking action. Many suggested that the Agency is well-placed to develop a network, or to host networking events nationally and regionally, through which people involved in food and low-income work could meet one another, share information and good practice and develop joint work. A small number felt that a central database, which could be maintained by the Agency, would be also be helpful.

However, others suggest that rather than take on a networking role itself (especially when other relevant networks, such as the Food Poverty Network and Database already exist), the FSA would do better to focus on streamlining and co-ordinating the plethora of different initiatives, national and regional networks and campaigns which aim to support local food activity.

Others just want the FSA to encourage better communication at all levels (from Ministerial level down) to ensure that relevant links are being made, and that all the relevant sectors and departments are aware of their potential contribution to food poverty solutions, and are taking appropriate action. A few feel that the FSA is in a good position to publicise good practice on the ground, and one or two suggested an award scheme for good work on food and low-income issues. One respondent however, proposes that rather than always sharing success stories, some examples of things that have not gone so well, and of difficulties that have been faced should also be shared, as this information is just as important to the development of successful initiatives as is data on great achievements.

Another common response to the question of what can be done to improve inter-agency working centres around the needs of communities, and the importance of ensuring their involvement in the process of developing food and low-income initiatives. Many want to see more consultation of communities and increased emphasis on working with a community development approach. It is felt that the community sector is not always counted as an equal partner in food poverty work, and that in fact it is communities that hold the key to solutions. A small number identified promoting 'bottom-up' involvement as a role the FSA could usefully take on.

A number of people note that different sectors, organisations and even departments within the same organisation often have different agendas, and supporting more partnership work would facilitate an increase in shared agendas. A few feel that this could be done through national policy drivers requiring different departments and sectors to become involved in food poverty work (over and above just health and community workers). A similar number suggest that the FSA should be supporting this shift in perception by acting as a national advocate for

food and low-income issues and raising awareness of all the different factors that influence people's ability to eat well.

After providing funding and support to food poverty initiatives and partnerships, the most common suggestion for the FSA's role in supporting food and low-income work is for the Agency to aim to wield more influence within Government. People feel that the FSA is not sufficiently forceful in making the case for more joined-up and cross-departmental working to support solutions to food poverty, and that the Agency should be doing more to initiate structural and policy level change. This includes tackling benefit levels, retail and planning policy, national curriculum issues, transport provision and food industry regulation. Many feel that the FSA is well placed to act as food and nutrition advocate within Government for the vulnerable in society, to link up workers and decision-makers from all the relevant departments or to 'food poverty proof' policy coming out of all departments.

One or two suggest that the FSA develops a cross-cutting strategy to address food poverty issues. Interestingly, a number of people say that they would rather see more emphasis on efforts to secure this type of structural change, which would reduce the need for community projects and initiatives, than on the projects and initiatives themselves, which require people experiencing food poverty to take their own action (albeit with some support) to secure adequate food, rather than being able to assume that access to decent food is a right to which they are entitled.

Other people suggest that the FSA should be doing more to influence the food and retail industry to improve its practice such as the advertising of unhealthy foods to children, honest food labelling, nutrition standards and pricing. Many advocate that this work happens in tandem with work to change Government policy. Smaller numbers think that developing useful resources and information for local food poverty workers – including information about the FSA and its role - and providing training in issues such as community development approaches and food hygiene issues, would be useful work.

6. Food and low-income work and inter-agency connections: country analysis

As well as providing a generic picture of food and low-income work across the UK, one of the objectives of this study has been to discover how this work is developing in each of the different UK countries, and to report on the ways in which Governmental, statutory and voluntary sector structures are tackling the issue of food poverty in England, Northern Ireland, Scotland and Wales.

6.1 England

The majority of questionnaires returned during this study came from England (62%). In part this is a reflection of the larger population in England and the higher numbers of local level statutory agencies, many of which are involved in relevant work, as has been shown. As well as responses from questionnaires, this analysis is informed by conversations with key national level agency staff, relevant local agencies and partnerships, and consultation with members of the Food Poverty Projects Database and related Directory produced by the Food Poverty Project at Sustain.

The research findings indicate that food and low income work in England tends to be led largely by community groups, health sector bodies and to a lesser extent by local authorities and partnerships involving each of these sectors. Within the health sector, the most active organisations in the field of food poverty in England are Primary Care Trusts (PCTs). This is hardly surprising given that PCTs are at the forefront of primary care service delivery across the country, with public health and health promotion services forming part of their remit. Directors of Public Health (DPHs) within English PCTs have a duty to incorporate nutrition into the work of the organisation, but it is unclear from this research how many DPHs are aware of this specific responsibility.

PCTs are enabling work on food and low-income issues in a number of ways. Many have staff, including health promotion specialists, dieticians and food and nutrition workers, actively engaged in delivering projects to improve diets. These initiatives include 5-a-day projects, community development work, and training and advice in nutrition, cooking and shopping skills for those on low incomes. PCTs are also involved in a range of partnerships, which are developing relevant work, such as local food links projects and provision of support to existing community sector projects tackling food poverty. Some have brought food and low-income issues formally into their remit by producing strategies for tackling food poverty as part of coronary heart disease or obesity prevention programmes.

Some PCT staff have reported that they feel the effectiveness of this work is hampered by the fact that structural factors and national policy are not inherently supportive of the goal of alleviating food poverty or health inequalities. They recognise that an acceptance of the wider determinants of health and dietary choices has been to some extent accepted in public health policy documents, but that this is neither fully translated into appropriate policies for tackling these determinants, nor supported by policy coming out of other national Government departments. One health promotion worker described her work to tackle food poverty as frustrating because 'I know it is just tickling the edges of what is needed to really enable people to take advantage of decent food.'

Whilst many individual health sector staff would like to be able to change the structural factors creating barriers to food access for those on low incomes, they are unable to actively contribute to campaigns for changes to national policy because they work with statutory agencies. Some have begun to circumvent this problem through their work as partners in wider networks and partnerships. Here they feel able to endorse campaigns as a member of a wider group that they would not be able to support in the name of the PCT alone. Similarly, by employing staff that report to a partnership, rather than to internal PCT structures, others have been able to justify staff becoming involved in activity that is more advocacy based than would be possible for straightforward PCT employees.

English local authorities are also contributing to food and low-income work through a number of different council departments. Staff based in local authority environment services, Local Agenda 21 units and rural development departments are becoming involved in local food links projects, many of which include improving access to food for people on low incomes within their objectives. In many local authorities, leisure departments have control of allotments sites, and whilst it is sometimes not interpreted by the staff involved as being relevant to food poverty issues, allotment provision and management can influence the ability of some families to access affordable fresh fruit and vegetables. In larger councils, corporate development services often employ strategic level staff working on health, democracy and other relevant issues, and in many areas these staff are involved in wider partnerships to tackle health inequalities including food poverty. Community support services within councils are frequently involved in funding and supporting community food projects, and social inclusion and regeneration departments are also providing support and enabling activity to improve access to food.

It is interesting to note that some departments are less involved in work on food and low-income issues. Council staff with responsibilities for planning and transport, for example, do not appear to be widely involved in work to tackle food poverty, despite the obvious links between their work and the location and accessibility of services including food shops.

A fairly recent newcomer to the field of food and low-income work in England is the Local Strategic Partnership (LSP), although there is little indication that in the majority of areas LSPs are having much involvement in this area of work. Almost all of the LSPs that responded during this study reported either that they were not involved in relevant work, or that they had passed information about the study to the local authority or PCT. In the areas designated to receive Neighbourhood Renewal funding from the government, however, there are links between the LSP and work to tackle food poverty. In these areas, a number of food and low-income initiatives have been funded through Neighbourhood Renewal funding or supported through initiatives set up as a result of the local Neighbourhood Renewal Programme. This is a welcome source of funds in some areas, following the ending of the Single Regeneration Budget programme to new applications, and given that SRB in the past has funded a range of work to tackle barriers to healthy diets.

The types of projects and initiatives underway across England largely reflect the general UK-wide picture, and accordingly there is a wide range of initiatives - from School Nutrition Action Groups and breakfast clubs, through community shops, cafés and kitchens, to food co-ops, cookery classes and growing projects. As seems to be the case across the UK, there is a lot of nutrition education activity and projects aiming to provide information to individuals and groups to encourage them to change their shopping and eating behaviour. Again, much of this work seems to be provided by statutory – particularly health – agencies, although many community-run projects do also include elements of this type of approach, often allied to other provision, such as a community café offering cooking skills, for example. In addition to ‘one-off’ projects run by community groups or organised by health promotion workers and dieticians, England is also host to a growing number of partnership-based initiatives aiming to develop joint strategies for tackling food poverty or to co-ordinate and support existing initiatives locally.

Across England, PCTs are not only involved in much of the delivery of food poverty initiatives, they also tend to be funding much of it, as are local authorities. Trusts and foundations and other sources of funding make up a smaller percentage of the funds available for food and low income work. There is a notable contribution from local area-based initiatives such as Neighbourhood Renewal, Healthy Living Centres and Health Action Zones. Many Sure Start projects across England have also included food and nutrition in their action plans, and the Department of Health-New Opportunities Fund 5-a-day Community Projects are now gearing up to enable a raft of work to increase consumption of fruit and vegetables in 66 areas of England. Unfortunately, many local workers feel that the funds available in each area are insufficient to enable sustainable improvements to be achieved, and there is frustration in some areas at the need to employ local co-ordinators when this role could be shared between existing workers and structures, freeing up more funds for delivery. Some workers also note the missed opportunity for the 5-a-day initiative to encourage local procurement of fruit and vegetables, which it is felt would have achieved more ‘wins’ both locally and nationally.

Summary

There is a huge variation in the needs of low income consumers across England, and a growing number of inter-agency links and partnerships at a local level are helping to address these needs in the short-term. However, although the re-structuring of the health sector across England has helped health sector agencies address local needs, this increased localisation of service delivery has in turn hindered regional approaches to health promotion, and engagement with the national policy debate.

Another obstacle to inter-agency partnership working, particularly between health agencies and local authorities, is that often they do not share the same geographical boundaries, hindering joined up work. In addition, differing financial commitments and timescales, and conflicting agendas can compromise successful outcomes.

The pattern of inter-agency linkages in England is characterised by a number of strategic-level partnerships, complemented by a range of cross-agency working at operational level. The more strategic partnerships have often developed through local food links or ‘food futures’ programmes and sit in a variety of settings, including local authorities, PCTs and community sector organisations. Others have been set up in response to an identified need for joint working on food and low-income or food and health issues. Many of the concerns about ‘partnership fatigue’ and ‘box-ticking’ cultures were expressed by and/or about English PCTs, and to a lesser extent, local authorities. It appears that the demands on English public sector bodies to ‘join things up’ at the local level is immense, and while many see the benefits of this, there are those who feel that the need for time, staffing and resources to enable this type of working outstrips availability. At the same time, these bodies are being required to report back on targets and indicators which can at times shape their work in seemingly unhelpful and rigid ways.

6.2 Northern Ireland

7% of questionnaires received back through this study were returned from agencies and groups in Northern Ireland, one of which included details of 20 community food initiatives underway across the country. The following analysis is based on these responses and on interviews with key contacts in national and local organisations. They include conversations with staff from the Community Development and Health Network,

contacts in the General Consumer Council, community dietitians working in a number of Health and Social Services Trusts, Health Promotion Commissioners in the Health and Social Services Boards and staff in relevant national Government agencies and departments.

The majority of work on food and low income underway in Northern Ireland is being developed by the local health sector, community groups and area-based initiatives. Relevant activity undertaken by the local health sector is primarily the result of work by community dietitians, however there is great variation in the way that the work of the community dietitians is organised in each of the four Health and Social Services Board areas, making it difficult to make generalisations. Within each Board area there is either a central Health Promotion Department which co-ordinates implementation of Board area health promotion strategies, including overseeing the work of the community dietitians, or there are health promotion workers (including dietitians) based out in the Trusts, or a combination of both. Most community dietitians are based within the Health and Social Services Trusts, however, and work at the local level, supporting and delivering practical interventions using a community development approach.

In three of the four Board areas community dietitians have been trained in delivering the 'Cook It!' programme, which is a nutrition and food preparation course designed to encourage and enable people on low incomes to enjoy healthier diets. Cook It! was originally developed and piloted by the Health Promotion Agency, and the 1996 food and nutrition strategy, *Eating and Health*, envisaged that it would be rolled out across Northern Ireland through the HSSBs and their associated Trusts. This has not been the case however, due to the delays in, and ultimate failure to approve the Eating and Health action plan (see section 4.3). Nevertheless, the recent review of activity prompted by *Eating and Health* that has been conducted by the DHSSPS has found that in some areas there has been wide development and delivery of Cook It! programmes, largely due to the enthusiasm and commitment of local workers and the availability of resources from the Boards to enable this work. In other areas there has been no Cook It! activity, which was one of the only interventions envisaged in the Eating and Health action plan which specifically targeted low income communities.

Other work that has developed in Northern Ireland that can be traced back to *Eating and Health* seems to be limited to guidelines that have been developed in some areas for nutritional standards in primary school and hospital catering, and a country-wide Breastfeeding Strategy.

The health sector in Northern Ireland has been going through some major restructuring in recent years, and this modernisation is still underway, with proposals for yet more, far-reaching changes to the structure of local health care provision still being discussed. At Trust level, the effect of this ongoing change and uncertainty seems to be that many community dietitians only feel able to deliver small-scale, one-off projects, rather than developing strategic and long-term partnerships with key initiatives and organisations as they would like to. A number of dietitians report that they are struggling for funds at the local level, which together with the absence of a national strategy, is making delivery of food and low-income work difficult. Added to this is the isolation felt by dietitians working within the Trusts in some Board areas. They report just 'struggling along' with what they can manage to achieve through mainstream budgets and joint work with area-based initiatives. They are unclear how the NHS modernisation agenda and the introduction of new structures like the Investing for Health Partnerships impact on their work or how they can make best use of these structures. There seems to be a feeling that 'you just have to get on with it', because to wait for the end of the restructuring and the clarity that it is hoped will come with it could be 'to wait for ever', as one worker at Board level put it. In other Board areas there is more co-ordination of local level work with at least one Board employing a community development worker within the health promotion department, who liaises with and supports community sector activity, including helping with funding, and linking with specialists such as the Community Dietitians. In these areas the issues of isolation, uncertainty and the lack of national drivers seem less problematic, although not altogether absent.

Partly for operational reasons, and perhaps partly because of the strong influence HSSBs in Northern Ireland have over the development of statutory health services within their areas and area-based initiatives, many community dietitians in Northern Ireland are joining up with Healthy Living Centres, Health Action Zones and Sure Start projects to deliver food and low-income work. The work of the community dietitians also links up with the National Health Promoting Schools scheme in some areas. All this joint working is enabling more work to take place than would be possible through mainstream Board budgets alone, but at the same time is over-stretching staff being and not allowing the development of long-term planning and evaluation. Dietitians express concerns that the projects they provide through Sure Start programmes for example, are not delivering best value because they do not have the time and resources to do more than turn up, deliver a training session, and then leave again. There are calls by some Trusts for more funds to be released by the Board to enable dedicated community dietitians to be employed to work specifically with different area-based initiatives (eg. a 'Sure Start Dietician'). At Board level there seems to be a lot of reliance on funds made available through area-based initiatives and the New Opportunities Fund to enable food and low-income work, including delivery of the Cook It! programme.

There are Health Action Zones in each Board area in Northern Ireland, and in each case these are linking up at an operational level with the community dietitians to deliver training, advice or practical projects such as 'priceless fruit' schemes, aimed at improving diets for people on low incomes. Northern Ireland's flagship food and low-income project is the Decent Food for All initiative which is being delivered through the Armagh and Dungannon Health Action Zone (see case studies, section 7). This is a good example of 'joined up' work to tackle food poverty issues in an integrated way. Partners in the project include the District Councils, the local HSST, the

Health Action Zone, the Health Promotion Agency, the Food Standards Agency and the Food Safety Promotion Board (FSPB), as well as local community groups, food growers and retailers. The project is in its early stages, but plans to tackle all three barriers to adequate food access (financial, physical and informational; see section 3.1) through a range of interventions including encouraging and enabling lifestyle change, facilitating access to affordable, healthier foods through work with producers and retailers, and developing food co-ops, subsidised transport schemes and other practical initiatives. This work is primarily funded through the FSPB and the FSA in Northern Ireland, and it is worth noting that many workers in national Government agencies and departments in Northern Ireland who were contacted for this research were only able to quote this and the Cook It! programme as examples of work that is taking place in the country to tackle food poverty.

As well as the work developed and supported by the statutory sector, there is a great deal of food and low-income activity in Northern Ireland, as elsewhere, that is being delivered by community and voluntary sector organisations. This work includes lunch clubs, community gardens, community cafés, training and advice, and food co-ops, and seems to be fairly dispersed and uncoordinated, and taking place through the commitment of local people. There is no national network dedicated to supporting or co-ordinating food and low-income work in Northern Ireland, although projects are making contact with each other locally, and with area-based initiatives which can provide funds and expertise.

Summary

The overall picture across the health and community sectors in Northern Ireland seems to be one of dispersed and one-off projects, delivered by committed and enthusiastic staff, and taking advantage of operational-level links with other projects and initiatives in order to make the most of available funding and expertise. With the exception of the Decent Food for All project, and one or two food links projects, there seems to be little evidence of strategic-level, partnership building to enable and support food and low-income work at the local level. Some workers on the ground feel that all the co-ordination is going on 'up there' at a higher level than them, leading to a profusion of strategies and partnerships involving national and Board level staff (eg. Investing for Health Partnerships), but failing to reach or communicate sufficiently with people 'on the ground' delivering the work.

As is in England, this current lack of co-ordinated food poverty work is compounded by health boards and local authorities often working across different geographical boundaries, resulting in administrative and policy differences. The lack of support for the *Eat and Health Action Plan* resulted in a general feeling of distrust and lack of commitment to address food poverty issues on the ground. Communicating the benefits of health sector modernisation effectively at all levels would be a crucial step in helping more partnership working to develop. Local health workers such as Community Dieticians linking into Healthy Living Centres, Health Action Zones and Sure Start projects to deliver food and low income work does not constitute partnership or joined up working. This is merely a short-term survival strategy – often resulting in disjointed, sporadic project delivery.

It was suggested that a supportive national forum or networking project bringing workers from all the different levels of operation together to discuss issues, share concerns and keep each other informed of developments would be invaluable in ensuring the sustainability and effectiveness of food and low-income work across Northern Ireland. It would seem crucial to the success of such a forum, that it be set up and managed in such a way as to be meaningful to ground-level staff, whilst being respected by those working regionally and nationally.

6.3 Scotland

17% of the responses to the research was received from projects and initiatives in Scotland, several reporting more than one project or activity. The information gathered demonstrates only a sample of the work happening across Scotland to address food poverty and poor food access. This report draws on a number of other sources³⁶ to give an accurate picture of who is doing what to address food poverty.

It is evident that a great deal of work is progressing, both on the ground and strategically. There is recognition at the highest level of the need to address food poverty, most notably the *Scottish Diet Action Plan* and subsequent Government strategies (see section 4.4) but there is also a huge amount of work happening with and within low-income communities³⁷. It is also evident that many local health boards, local authorities and other statutory and community sector agencies are taking a role in supporting community activity, whilst also developing mini-diet action plans and food, health and nutrition strategies, with the aims of addressing the embedded structural barriers to accessing affordable healthy diets. Partnerships and partnership working are increasingly advocated as the way to deliver sustainable long-term outcomes. However it is suggested that it is still communities that are largely developing and delivering services and activities that are aimed at supporting their own members.

³⁶ Internet research, conversations with and knowledge of Scottish Community Diet Project, researcher at the University of Dundee, Health Education Board for Scotland, Community Health Exchange and Sustain's Food Poverty Network.

³⁷ The most recent survey of community food initiatives in Scotland identified over 200 projects carrying out over 400 activities around food. Gray, B. (2000) *Just Add...* A report by the Scottish Community Diet Project

The increased focus on joined-up and partnership working across the statutory sector to develop and deliver Community Plans and other cross-sectoral action plans, has widened the scope and reach of food and low income work. This progress has been helped by vibrant and committed grassroots communities and with support from national statutory agencies. It has been argued that having a national initiative, the Scottish Community Diet Project, (see case studies, section 7) dedicated to supporting the development of community food initiatives and promoting appropriate policies to address food poverty, is a significant factor in progressing the food and low-income agenda.

It is also apparent that much of the work on food poverty is supported through formal and informal community, health and anti-poverty networks. Advice, sharing of information and experience, and support are the most keenly regarded services.

Many of the local level projects being developed by local authorities and health boards focus on health awareness and behavioural change, whereas projects initiated by communities themselves focus more on skill development, access issues and affordability. The type of activities and actions developed stem out of the reasons for the project being established in the first place. Some initiatives are developed as a direct result of physical access problems - no local shops selling fresh fruit and vegetables, others because what is available is too expensive and others out of a lack of confidence to use fresh ingredients etc. Diet and health awareness, environmental concerns, combating poverty and social exclusion/inclusion are all common reasons given for setting up community food projects.

A number of strategies and programmes currently being developed or implemented appear to be quite polarised. Those led by health boards are focusing more on health-related issues such as reducing Coronary Heart Disease and obesity, cancer and other life threatening diseases, and a concentration of activities and actions that look to change behaviour and attitude changes through nutrition, healthy eating advice and training. Strategies and programmes led by local authorities tend to use food as a vehicle to address other issues such as youth disenfranchisement or economic and social regeneration. However there is clearly a growing awareness across all sectors and among health and local authority professionals that diet and health are integral to all aspects of social, educational, economic and environmental life and vice versa.

Much of the work around food and low income is funded through statutory agencies, although more often than not the strategy and development work takes place within existing budgets. Community food initiatives tend to operate on very short funding cycles with much of the funding coming from the health sector. Community level initiatives find funding core activities difficult because funding agencies would rather support innovative new projects and / or specific pieces of work with specified outcomes. However at a national level, the funding of a dedicated Food and Health Co-ordinator and a second phase of statutory funding for the Scottish Community Diet Project, demonstrates a level of commitment by the Scottish Executive to support food poverty work at all levels.

It is widely acknowledged that food poverty work in Scotland has progressed enormously since the Scottish Diet Action Plan was published in 1996. However, despite these improvements, Scotland still has one of the worst diets in Western Europe. However at a local and regional level there has been great progress in terms of raising awareness and understanding of the need to improve diets and communication of the 'five a day' message. It is also reported that consumers have made major attempts to take positive steps to changing dietary habits.³⁸ However, as long as little is being done to address structural barriers to obtaining healthy diets, individual level behavioural change will always be constrained.

Significant actions have been taken by national agencies to engender a greater pace for change. The FSA Scotland is developing a nutrition strategy, Scottish Executive Health department is currently drafting a strategic framework for further implementing the Scottish Diet Action Plan. The joint FSA / NHS Health for Scotland Healthy Living Initiative has recently been launched to improve the population's diet. These, plus a range of other initiatives (see section 4.4) should provide the supportive environment needed to address Scotland's poor diet and health outcomes faced particularly by low-income communities. Nevertheless, strategies and action plans are easily written but more difficult to implement. They need financial support and long-term commitment to transform into positive deliverable actions and outcomes.

There are some interesting alliances and partnerships working across Scotland - some involving the private and commercial sectors, others engaging local authorities, health boards and community organisations. Types of links include multi-sector partnerships, regional, and cross-sectoral links, organisations and agencies co-ordinating to develop action plans and strategies, Healthy Living Centre partnerships and multi-agency programmes delivering a range of services. Community food projects often develop less formal links, tapping into the expertise or support offered by a range of agency staff. This includes sharing staff time and expertise, advice and guidance, funding and other resources, and networking.

It is clear, that there are definite benefits and difficulties of inter-agency working in Scotland. The benefits do seem to outweigh the difficulties - however it is perhaps as important to recognise the difficulties in order to help facilitate better partnership working. The main barrier to effective partnership / inter-agency working is the

³⁸ Gray, B. (2000) *Just Add...* A report by the Scottish Community Diet Project

misunderstanding of roles and responsibilities of the partner organisations and staff members. This is often resolved by guidance from steering boards, or input from independent facilitation. However, where partnerships have been able to develop over a longer period, trust and respect has often been fostered and the issues of roles and responsibilities are not seen as a tussle for power but what each organisation can bring to the partnership.

Partnerships that communicate poorly are often the result of inadequate organisation. This can lead to misunderstandings and difficulties in breaking down traditional work remit boundaries. Lack of time allocated in the development stage is another key factor to poor partnership and inter-agency working. Conflicting agendas, time planning and budgets are all identified as creating difficulties. There is also a difficulty around the seniority level of representation on a partnership or with inter-agency working. It was suggested that partnerships need member organisations to put forward staff with an adequate level of authority to enable decisions regarding funding, budgets and staff allocation etc. to be authorised without too much time delay.

The most identified, and perhaps the most significant benefit partnerships are able to achieve, is a holistic approach to developing appropriate policies and actions. Bringing food and health into the wider agenda, to include regeneration, poverty, social inclusion / exclusion, the environment and education. Pooling and sharing of resources is a very common benefit and highly valued, alongside networking opportunities and minimising duplication and sharing best practice. Misunderstanding of the roles and responsibilities within partnerships was mentioned as a barrier to good 'joined up' working, but when clear understanding does exist this has been highlighted in positive terms. Organisations working in partnership bring different skills and roles from a variety of backgrounds and agendas, if these are harnessed effectively they can bring massive benefits.

Summary

It is clear from the questionnaires received and the research interviews that food poverty work in Scotland is the most co-ordinated of the four countries. This appears to be the case for three distinct reasons. Firstly, there is recognition at the highest level of the need to address food poverty, most notably in the *Scottish Diet Action Plan* and subsequent Government strategies (see section 4.4). Following on from that, the identified actions are being supported and delivered through several different mechanisms and facilitated by a well-respected national organisation - the *Scottish Community Diet Project* (See Section 7 – Case Studies). Secondly, the number of people and agencies involved in the development and delivery of food poverty policy is 'manageable' ('the logistics of smaller numbers', as one interviewee put it). Thirdly, there is a strong and diverse culture of community food initiatives in Scotland, which is well networked and linked into regional and national level policy debates. It is this combination of an active grassroots movement, statutory support and a commitment to address long-term food insecurity, facilitated by a national organisation highly regarded by all sectors, that marks Scotland as having the most progressive environment supporting food poverty work.

However, although it is widely acknowledged that food poverty work in Scotland is leading the way, having made significant progress since *The Scottish Diet Action Plan* and the development of the *Scottish Community Diet Project*, there is still much that could be improved upon. The cross-sectoral strategies such as Community Plans provide under-utilised opportunities for increased partnership working, for engaging local authorities, the business community and voluntary sector and to incorporate issues such as transport, planning, education, and sustainability rather than just focussing on health and regeneration issues. Since devolution various successful community activities have been rolled out as national programmes, but whilst this is a positive action, statutory agencies must not lose sight of the origins of these programmes or they risk alienating those they seek to support.

6.4 Wales

Responses from Wales accounted for 11% of the returned questionnaires. As elsewhere in the report, the following analysis is drawn from beyond the questionnaire findings. Interviews with national agencies, community workers and academics were carried out. This included some health alliance partnerships, the Universities of Cardiff and Dundee, the Welsh Consumer Council, the Welsh Assembly, the Welsh Food Alliance, and some Healthy Living Centres, and relevant publications informed the findings.

*Our Healthier Nation*³⁹ and the *Acheson Enquiry*⁴⁰ are the most significant papers delivered by government at Westminster acknowledging the long-term nature of changing dietary intake. In spite of this, most activities happening at community and statutory levels in Wales, as in the rest of the UK, focus on short term measures to address poor diets. However, since the major restructuring of the health service in Wales in April 2003, the potential for integrating community level work tackling food poverty and poor health into longer term strategic policy level thinking is much greater. Each of the newly formed Local Health Boards mirrors the geographical area covered by their local authority. Health Alliance Partnerships are currently being developed (some existing Social Care and Well Being Partnerships will merge and take on the role of the Health Alliance Partnership) to ensure work between the agencies is co-ordinated.

³⁹ Department of Health (1999) *Saving Lives: Our Healthier Nation: A contract for health* London: TSO

⁴⁰ Acheson, D. et al (1998) *Independent Inquiry into Inequalities in Health*. Report of the Scientific Advisory Group. London: TSO

In addition, the strategies and policy documents published by national agencies acknowledge that food and poor diets are major determinants of poor health and integration is essential to address health inequalities. Yet there seems little evidence of these elements being translated into concrete long-term commitment to those working at community level in Wales.

The majority of work attempting to address the issues causing food poverty - lack of money, lack of access, lack of information and cultural influences - is still being developed and initiated at the community level. These basic causal factors underpin the basis of most community food projects and projects set up to tackle food poverty. Local work in Wales is much the same as in England, Scotland and Northern Ireland. Lots of small-scale projects are happening on the ground⁴¹, regardless of what goes on at policy level higher up. Community food projects have existed for many years before the links between poor diets and poor health were acknowledged politically and before food was the topic of the moment, and it is probable that they will continue long after the current level of interest has diminished.

Nonetheless, policy work and strategies and partnership working can, and is, aiding the development of longer term and more integrated approaches to tackling food poverty. Perhaps the most significant and visible of these approaches is the Communities First programme. *Better Wales*, published in 2000, detailed how the Welsh Assembly would address its responsibilities post devolution. Health inequalities featured prominently, as did community involvement. The Welsh Assembly recognised the role and importance of engaging communities to influence the health and well being of the population. Communities First is the Welsh Assembly's regeneration programme, much like England's New Deal for Communities and is an attempt to bring community involvement into policy development in order to address inequalities. One scheme within this programme directly focuses on food poverty – the Community Food Initiative (see section 4.5)

There are clear links being made between the Communities First regeneration programme and local work being developed around food access and food poverty through the Community Food Initiative Scheme. Communities First is centred around regeneration and community involvement and is delivered through local authorities, yet the Community Food Initiative is very much focused on food access which is not traditionally an area of work covered by local authorities.

The research indicates that there are a range of directives, strategies and policies being launched by the national statutory agencies to address food and health inequalities. The Food Standards Agency Wales recently published its nutrition strategy *Food and Well Being*, setting 9 recommendations for action. However, most of this work will have to be delivered within existing budgets due to lack of funding. The National Public Health Service is currently leading a countrywide 'needs' assessment across the health service, the results of which will feed into local Social Care, Health and Wellbeing strategies. The launch of a breastfeeding strategy in 2001, which aims to maximise the long term benefits through a national 'breastfeeding friendly' scheme, outreach and community support work, and the National Assembly's Community Food Initiative, supporting 32 community food projects through community involvement and regeneration, are all positive progress.

From the research it is understood that much of the innovation and development of new approaches to food projects is led by professionals. This approach works as long as the target communities are involved as partners in the project. Currently community work centers around educational approaches, cookery skills classes, food voucher schemes, breakfast clubs, growing projects, food co-ops, and a focus on nutrition and healthy eating training. The health sector takes the lead on these projects.

Schools across Wales are developing fruit tuck shops in place of the free fruit in schools scheme in England. The school setting has huge potential for influencing children's dietary patterns and food choices. It would seem more beneficial and have longer-term impact if the Welsh Government were to support a national schools programme replacing current work in schools, which is patchy and under-funded.

Although food poverty work is progressing, there is still an identified need for regional and national level work to reflect what is happening at the local level in order to address the needs of the disadvantaged. Currently there appears to be a communication gap between the national agencies and local work. There is a visible lack of networking and co-ordination between local food projects and national and regional bodies.

Most initiatives relating to food and low-income are funded through the Welsh Assembly, either through the Health Inequalities Fund, Communities First or via the Local Health Board. Often Government funding is supplemented by a mixture of other sources, private sector, Local Authority, and voluntary sector. It is evident that work in the most part has been funded to focus on factors that influence food choice and or which can be changed by public health efforts⁴².

⁴¹ 70 community food projects were identified by Sustain's Food Poverty Project in a research project carried out for FSA Wales in 2001 (see www.foodpovertyprojects.org.uk). The Community Food Initiative supported by the Communities First programme has funded 32 community food projects since 2000.

⁴² Tasker, S. & Anderson (2003) A. *Review of Community Food Initiatives funded by the Welsh Assembly Government*, University of Dundee.

Much of the work currently being undertaken is in response to poor health, as determined by national targets or through local assessments and survey work. Lack of access to sources of fresh fruit and vegetables is also a key reason for project development. Many of the research responses from statutory agencies indicated that they are supporting projects funded through the Communities First initiative.

Improved health outcomes, increased confidence and skills, improved access to fresh food availability are some of the reported aims being achieved through food and low income work taking place at local and regional level in Wales. Moreover the social aspects of community food projects and the skills gained through being involved are often more significant than any health benefits gained.

Links and partnership working in relation to food and low-income is increasing in Wales, as it is in much of the UK. The main types of linkage are between the health sector and local authorities. Many partnerships are developed to fulfil Government directives and to aid the development of projects that require expertise from various sectors. Other Government initiatives, such as Sure Start and Communities First, appear to be developing strong partnership elements. Several health sector projects are linking in to local authorities to help improve and encourage community involvement in food and health work.

It is difficult to say what impact the current structural changes to the health sector will have on links and partnership working but there are already signs that the new structures should enable better cross sectoral partnership working. Whether this translates into better and more consistent long-term support for local level work will depend on increased engagement of communities and long term funding for project work. This would also be supported by the development of an organisation to develop networking, advice, training and events.

Summary

The overarching impression of the prospects for food and low-income work in Wales is a one of unrealised potential. The recent restructuring of the health sector and the development of Health Alliance Partnerships will help to deliver many Government strategies through emerging partnerships and multi-sector projects. In addition, there is an implicit commitment to carry forward the actions to deliver the *Food and Well Being Strategy*. These national level strategies, alongside the obvious commitment and energy of the community sector, provide a starting point on which to build policies and actions to address the long term structural barriers to obtaining affordable healthy diets for those living on low incomes. However this implicit commitment to action from the national agencies – including the Food Standards Agency in Wales - through the food and health strategy and the Welsh Assembly through the local government restructuring has to be made explicit. Funding must be identified to take the action plans forward and to support the development of a national network / forum to facilitate this work. Again, as with Northern Ireland, it would seem beneficial that such a forum or network, is set up and managed in such a way as to be meaningful to ground-level staff, whilst commanding the respect of those working regionally and nationally.

7. Case studies of best practice in inter-agency working

7.1 Scottish Community Diet Project

Background

In 1995 a Scottish Diet Action Plan group was set up by the Scottish Office to look at how to improve the health status of the Scottish population which was and, despite great improvements, still is one of the worst in Western Europe⁴³. The recommendations included one which would focus on the needs of low income areas to help improve their diet, through local activities and initiatives, which would be co-ordinated by a national project officer. This role would help bring these local initiatives within a strategic framework and improve access to affordable healthy diets. The Scottish Community Diet Project (SCDP) was set up in 1996 as a result of this recommendation.

Aims and objectives

The Scottish Community Diet Project's overarching aim is to contribute to the Scottish Executive's national strategy to improve Scotland's diet and health. By working to reduce food and health inequalities by working within and with Scotland's low income communities to improve access to, and take-up of, a healthy balanced diet.⁴⁴ The SCDP is funded through the Scottish Executive under the management of the Scottish Consumer Council, holding its own work profile.

Descriptions and activities

The project is run by four staff who are guided by a steering group which includes representatives from a wide range of sectors and agencies, reflecting the issues and areas of work covered by the project. The project involves a range of activities, which link, support and encourage the development of community food projects and other initiatives, and include:

- Encouraging and enabling community based activities
- Delivering a small grants scheme
- Facilitating information exchange and networking, through conferences, events and round table discussions and a quarterly newsletter *Fare Choice*
- Training events and study tours
- Researching and publishing reports and toolkits
- Promoting and developing models of inter-agency partnerships between communities and other sectors
- Developing methods for local communities to participate in national policy debates
- Exploring strategic issues which could inform and influence policy debate

Funding and timescale

The SCDP is in its eight year of funding. It was funded initially for two years after which it underwent an independent evaluation in 1998. As a result the project went on to receive further funding from the Scottish Executive and is currently mid way through a five year plan of work.

Partners/inter-agency working and analysis

The SCDP is held up as a model for cross-sectorial working. It encourages community food initiatives to play an active role in the policy debate voicing their concerns about the effects of policy and strategy development. It has a number of mechanisms to achieve this (as described above). However its success is perhaps due more to the standing it holds with other organisations and agencies at all levels. It is clearly regarded as an authority on the subject of food poverty and community engagement by the statutory agencies, not least by the long-term commitment shown by the funding and support it receives from the Scottish Executive. The project also receives good support from, and is well respected by, local and health authorities, the community and voluntary sectors, and grassroots community food projects, individual workers and volunteers. This is an unusual and significant factor in the projects' success. Very often projects that are funded through statutory agencies are often regarded suspiciously by non-statutory organisations and projects. It can cause feelings of bias and agenda pushing. The SCDP engenders good working relations with the agencies and organisations it works with and consequently a great deal of trust is felt by all sectors.

⁴³ Scotland is near the top of the international league tables for CHD, cancer and stroke. Scotland's Health, A Challenge to Us All, The Scottish Diet, The Scottish Home and Health Department, (1993)

⁴⁴ Scottish Community Diet Project Business Plan 2001-2005.

The SCDP successfully harnesses the energies and commitment of the community food projects it serves whilst engaging the ears of the statutory agencies. It acts as a conduit for information exchange and sharing between the various levels and sectors working across Scotland. Offering a way into the subject area for less experienced organisations and individuals. The project has a high profile and is regarded as an authority on the subject of food poverty throughout the UK, its funding could perhaps have more flexibility to allow for best practice dissemination across the UK, as there have been many mentions of the SCDP as a ideal model for other parts of the UK.

7.2 Glasgow Healthy City Partnership: Food and Health action framework for Glasgow

Background

The Food and Health action framework was developed by the Glasgow Healthy City Partnership (GHCP) in 2001 to build-on the work already taking place in the city to improve nutrition and health. The framework is informed by the need to raise awareness of food availability, access and affordability across the whole population but with particular emphasis on those experiencing food poverty and social exclusion.

The GHCP was set up in 1988 and partners agencies include the City Council, Health Board, universities, and voluntary and community sectors. It is the city's key inter-agency initiative for health, working alongside the Glasgow Alliance and Social Inclusion Partnerships. It is also a designated World Health Organisation Healthy Cities Project, which aims to bring together city-wide agencies to improve health and reduce health inequalities.

A review, in 1999 by the GHCP Food and Health Working Group, looked at existing work in the area of food and health inequalities across the city. The review highlighted gaps in existing work and identified opportunities to develop more holistic approaches to food and health inequalities work. The food and health action framework was produced to provide a strategic and collaborative environment in which to build long term, sustainable solutions to address Glasgow's health inequalities.

Aims and objectives

The aim of the Food and Health Framework for Glasgow is *to protect and promote health and to reduce health inequalities in Glasgow by supporting improvements in diet and food safety within the City, working particularly in areas of greatest need.*⁴⁵

The Framework has the following objects:

- To work towards the achievements of the national targets and recommendations in relation to diet and food safety.
- To link with national food strategies and the national framework for action and adapt them to meet local circumstances.
- To address issues of awareness, accessibility, availability and affordability that affect food choice, practice and provision.
- To develop consistent policy guidelines in relation to children.
- To take account of and build on existing food and health initiatives in Glasgow.

Descriptions and activities

The framework outlines specific action plans for statutory agencies, and they have been prioritised in relation to,

- to key objects of the framework and agencies involved
- actions that can be delivered within existing resources or where funding can be identified
- actions that have high impact in areas of greatest need
- actions that are best supported by partnership working

These plans have enabled statutory agencies to secure commitment to the framework. Whilst the individual agencies are involved in the delivery of particular aspects of the framework, the GHCP food and health working party guides the facilitation of the framework as an entity, directs the evaluation of its implementation.

There are wide range of identified actions taking place both locally and city-wide. The framework supports community activities and involvement, whilst also addressing structural barriers to obtaining a healthy diet through appropriate policy development.

Funding and timescale

The framework covers the period 2001-2006. Its implementation is funded in the main through existing budgets and resources and supported by the GHCP.

Partners/inter-agency working and analysis

Many of the framework targets have already been met. This is due to a variety of factors. The framework drew on expert knowledge and understanding of Glasgow's historic statutory structures and food, diet and health problems. Action plans were set that were reachable and flexibility was built into the framework structure.

The GHCP had been running for a number of years before the framework was developed. This time period had enabled the members of the partnership to develop an understanding of one another's roles, responsibilities and

⁴⁵ P17, Food and Health action framework for Glasgow 2001-2006, Glasgow Healthy City Partnership. (2001)

limitations of the agencies represented by the member. This has also engendered trust among the partnership and enables people and agencies to do the things they do well rather than each trying to cover all areas of the framework.

Joined up working across the various city agencies and partnerships was seen as a vital element to the successful implementation of the framework. During monitoring of the initial stages of the implementation it became clear that community projects were in need of support. The Greater Glasgow NHS Board created and funded a new post in recognition of the need, with the aim of strengthening the position of communities within the framework delivery plans. This enabled communities to develop work around issues and actions within the framework they identified as relevant to their particular situations. This has resulted in a greater understanding of specific community needs and barriers to obtaining healthy diets, and consequently more successful delivery of the action plans.

7.3 St Mellons Healthy Living Centre, Cardiff

Background

In 1999 a community health survey was commissioned to report on the health status of the St Mellons population in Cardiff. The survey consisted of a review of current available information, a large-scale interview survey and qualitative focus groups to assess the level of satisfaction with the health service. The survey report was the latest of a number of reports to identify high levels of poverty and inequality in St Mellons, it was felt that this survey added sufficient data and information to develop appropriate policies and strategies to address some of the identified health needs.

Aims and activities

The St Mellons Healthy Living Centre was developed to help address the identified health needs and to harness the enthusiasm and commitment of those living and working in the area. St Mellons was the first HLC to be funded in Wales. The overarching aim of the project is to improve the quality of life for residents. It has five main areas of work including youth, play, environment, community development, and nutrition. Nutrition work includes, Open College Network accredited cookery and food hygiene courses, fruit tuck shops, and cookery and healthy eating messages taught in schools.

There are nine project staff. The project is managed by a Co-ordinator and guided by the Healthy Living Centre Management Group and the St Mellons Forum. The St Mellons Forum brings together community stakeholders including representatives from the voluntary sector, schools, Police, Health Board, Council and others to promote and encourage community involvement and the well being of the community.

Funding/timescale

The project has been funded for five years by the New Opportunities Fund and is in its third year.

Partners/inter-agency working and analysis

The HLC partner organisations include Cardiff Council, Cardiff Health Board and the Forum. The Forum has been established for over 10 years and was a driving force behind the bid for the HLC, and is fundamental to its success.

One of the project's strengths is its ability to communicate and network effectively with other agencies including other local initiatives and national agencies such as the FSA Wales and the Welsh Assembly. This is due in part to its innovative management style. The HLCs strategic direction, overall planning, monitoring and programmes of work for each staff member are managed by the project Co-ordinator, overseen and guided by the Forum and Steering group. The types of activities and work detail for individual programmes are planned and directed by the project staff with guidance from their individual 'professional manager'. The 'Professional Managers' are drawn from the HLC partner organisations bringing particular expertise and specialist knowledge. For example, the Food and Nutrition worker's 'professional manager' is based at the Health Board but part of her time is allocated to managing the HLC Food and Nutrition worker. This style of management enables the HLC staff to draw on a range of skills and expertise when needed. This additional expertise adds to the services the project can offer. It also means information pertaining to directives and policies from regional and national agencies will filter through to the HLC via the Professional Managers.

In the initial development stages of the project, roles of the management staff were not clearly defined leading to confusion in project staff roles and responsibilities. However clarity and direction from the Steering Group and Forum has enabled the lines of responsibility to be clearly drawn engendering better working practices.

The St Mellons project has a great deal of flexibility regarding changes to the direction or dimensions of the project. If formal reviews show findings that determine the project is not achieving its aims and objectives the project management can adjust its programmes and outputs.

The energy and current level of success of the St Mellons HLC is due in a large part to the history and commitment of the St Mellons Forum. A long standing organisation clearly rooted in the community, whose key members alongside the Council and Health Board have driven forward the project. The Forum's prior existence enabled trust to develop between the partner organisations, which helped build and sustain good working relationships and project stability.

7.4 East Sussex Food and Health Partnership

Background

The East Sussex Food and Health Partnership (ESFHP) has been meeting in shadow form since autumn 2000. It grew out of the CAFÉ project, 'Community Action for Food and the Environment', which, with other partners across the County, including the County Council and Health Authority, developed an application for food and health funding to the New Opportunities Fund. This was successful in 2002, and the Partnership is currently developing its aims, objectives and establishing a management committee.

Aims and Objectives

The Partnership's overarching vision is to promote a sustainable local food system that supports good nutrition, human and animal health, which reconnects, and works for the benefit of consumers, producers and the environment. It aims to tackle the broader determinants of health, particularly focusing on the health of those who are worse off. Overall aims include increasing biological diversity in production systems, reducing energy consumption in distribution and packaging of food, increasing levels of skills and knowledge in the local food system, and increasing the availability, affordability, acceptability and awareness of a healthy diet.

Descriptions and activities

The Partnership will become a forum for the co-ordination of work by organisations engaging with the food and health agenda across the county and offer support and shared learning to those organisations. It will develop a Food Strategy for the county. There are currently four strands to its work:

- Training - e.g. setting up community food projects, cookery programmes, marketing local produce
- Information - an outreach project will raise awareness of the environmental, economic and health agendas around food
- Schools - supporting schools to develop food initiatives to encourage healthy eating and awareness of how food is produced
- Increasing availability of local produce - through promotion of village shops, farmers' markets, and public procurement policies.

The Partnership also employs a community dietician to provide nutritional advice and support for residential care homes across the county.

Funding and timescale

The ESFHP is in its first year of core funding as a Healthy Living Centre from the New Opportunities Fund. The grant is for three years, although it is anticipated that the Partnership will exist beyond this initial funding period. It also receives funding from East Sussex County Council and the Co-operative Group.

Partners/inter-agency working and analysis

The current membership of the Partnership is comprised of those organisations that are delivering aspects of the NOF Food and Health programme, plus some organisations that have been asked to act in an advisory capacity:

Common Cause Co-operative Ltd
Sussex Downs and Weald PCT
East Sussex County Council
Action in Rural Sussex
The Co-operative Group
National Farmers Union (Advisory Partner)
Thrive
School Food Action Group
Hailsham East Community Partnership (Advisory Partner)
Age Concern East Sussex
Bexhill and Rother Primary Care Trust

A management committee is currently being established and will be a key mechanism for securing the support from regional organisations.

Although only in its first year of NOF funding, the Partnership has quickly established an identity and successful working relationship among partners both at local, regional and national level as a result of previous work carried out by CAFÉ and other partners such as Common Cause Co-operative. These projects started working successfully both developing and supporting existing community projects on the ground, and providing linkage and networking opportunities across the region. This work achieved recognition from Government agencies and forms a case study on the Countryside Agency's Eat the View website.

In its early days of formation The East Sussex Food and Health Partnership has enjoyed and suffered many of the common issues faced by any partnership and cross-sectoral grouping. Particularly problematic for a Partnership covering a large geographic area which covers both rural and urban areas, is the issue of boundaries - both organisational and geographical. The area covers several PCTs and local authorities - and many of the boundaries overlap, throwing up issues of representation as well as varying priorities. The variation in the status and size of Partnership members - be they local authorities or voluntary sector organisations - can throw up issues of equivalence and power, as well as different professional cultures and styles of working - all of which can slow down progress.

Typical of many organisations working around food issues for whom this is not their main priority, there is a possibility that the work could become marginalised. Although there may be a recognition of and an interest in the food agenda by a wide range of organisations, there is a reluctance to take responsibility and commit resources. Tensions exist between short term and longer-term objectives.

The Partnership believes that it is an important step to recognise these difficulties so that action can then be taken to address them. The Partnership aims to have clarity of purpose, recognition at a senior level, clear communication systems and equivalency of involvement of different partners. The Partnership sees itself as having a key role in spanning boundaries between sectors and organisations.

The ESFHP is currently being evaluated by the Tavistock Institute, and is forming an evaluation advisory group.

7.5 Armagh and Dungannon Health Action Zone: Decent Food for All

Background

The Decent Food for All programme has developed through the Health Action Zone (HAZ) in Armagh and Dungannon. The HAZ aims to work in partnership to address a wide range of health inequalities locally, and is committed to tackling issues of food poverty and inequality of access to decent, healthy, affordable food.

Aims and objectives

The purpose of the Decent Food for All programme is “to encourage and support local communities, families and individuals to achieve a balanced, safe diet by providing practical, community-based and focused help and advice on food and nutrition issues.” The project plans to address financial, physical and informational barriers to healthier eating.

Objectives are to:

- Promote awareness of healthy eating, food hygiene and safety and increase knowledge, positive attitudes and behaviour
- Promote the link between healthy lifestyles, diets and ill health and disease in different settings
- Increase availability and accessibility of affordable, healthy foods
- Influence policy and strategy development and lobby in relation to food issues and particularly food poverty and local regeneration, and encourage ‘joined-up’ working between departments.

The project is in its early stages, but the expected outcomes include impacts on health, regeneration and social inclusion, such as:

- Healthier food choices
- Increased knowledge of food safety and hygiene issues
- Greater availability of healthier foods locally
- Improved accessibility of healthy produce
- Community development outcomes, including empowerment, raising self-esteem and encouragement towards training and education.

Descriptions and activities

Through the Decent Food for All programme the HAZ partnership seeks to complement and enhance current initiatives and best practice, both locally and from other areas. The project is adopting a phased, holistic and community-based approach to achieving the proposed outcomes described above.

There are four essential elements to the Decent Food for All programme, which are supporting community education, encouraging and enabling healthy lifestyle choices, regenerating local communities and markets, and ensuring sustainability. The project will be working through an integrated, partnership-based programme to tackle food poverty issues in both urban and rural settings, particularly targeting work in the community, the home, schools and workplaces. Community-based facilities and networks that are already available and known to local communities are being used to ensure that activities reach target groups.

A Community Food Team of local people has been employed to undertake a range of activities, and the team has already visited a number of community food projects around Northern Ireland to gather ideas, conducted a ‘mapping’ exercise to establish the level of access to food in selected areas of Armagh and Dungannon, developed a community database of indicators and resources and agreed an evaluation programme for the project. Other planned activities include production of a toolkit outlining how communities can set up and run initiatives to tackle food poverty, awareness raising activities and work with food suppliers and retailers to encourage them to provide affordable, healthy foods for local people.

Funding and timescale

It is initially envisaged that Decent Food for All will be a three-year pilot and demonstration project, and core funding has been provided jointly by the FSA Northern Ireland and the Food Safety Promotion Board (FSPB). These funds have enabled the project to lever in additional, smaller sources of funding to pay for specific activities such as work to initiate breakfast clubs in schools, and a community food garden programme.

Partners/inter-agency working and analysis

Partners in the Decent Food for All programme are drawn from across all sectors, enabling ‘joined-up’ work meeting a range of different groups’ agendas to develop. Partners include Armagh and Dungannon District Councils, Armagh and Dungannon Health and Social Services Trust, HAZ-supported community groups, a

community housing network, local food growers and retailers, the FSA Northern Ireland, the FSPB, the General Consumer Council, the Health Promotion Agency, environmental health, education establishments and a range of local and national voluntary sector groups.

These organisations are involved in an ‘operational group’ set up to make decisions about the direction and priorities of the project, and it is partly due to the cross-sector and multi-agency nature of this group that the project has developed objectives and proposed activities which cut across a range of different issues, including health improvement, regeneration, community development and local economic development. Assistance and advice has also been received from the Department of Health, Social Services and Public Safety and the Department of Agriculture and Rural Development, forming useful ‘vertical’ links with national Northern Ireland policy-makers. The programme evaluation is being developed through a link with the Institute of Public Health in Ireland.

The operational group works within the auspices of the wider Health Action Zone partnership, and has a number of sub-groups which feed into and from the centre. These include a Communication Sub-Group, an Evaluation Group and an Advisory Group. This way of working enables the partnership to involve a wider range of relevant stakeholders in the development of the project, whilst limiting the extent to which the management structure becomes unwieldy or unmanageable. Nevertheless, a lot of time could be taken up in servicing and co-ordinating these different groups – this time commitment needs to be recognised as important development activity and built into the work of multi-agency structures such as this from the beginning if constructive partnership working and effective delivery are to result.

The Armagh and Dungannon Decent Food for All programme is a good example of how national, regional and local agencies can work together to support ‘joined-up’ action to tackle the problems faced by low-income consumers in relation to food. It is felt by the project that a partnership approach involving all key stakeholders is essential to ensuring the programme is successful and sustainable in the longer term. It is also felt that the connections that have been developed between agencies have strengthened the project and enabled it to develop more smoothly and quickly. Indeed, one of the reasons quoted for the early successes of the programme is the level of commitment that has been given by all partners, and the high degree of engagement of local communities that has resulted from the inclusion of community sector partners on the operational group.

7.6 Nottingham Food Initiatives Group

Background

In 1998 Nottingham Health Action Group organised four local initiatives to bring together people and organisations with health, social and environmental perspectives - one of these seminars was concerned with Food, Health and Environment. A number of actions emerged from this and as a result a multi-sector local food partnership, the Food Initiatives Group (FIG), was launched in April 2000. A 12-month Soil Association Food Futures project took place initially.

Aims and Objectives

FIG aims to encourage and enable organisations and individuals to produce and eat safe, healthy, affordable food from sustainable sources, including locally grown food and increase the food dimension within community development work.

FIG's objectives are to:

- Develop a Food, Health and Environment Strategy
- Sustain an information and support network for food, health and environment initiatives
- Develop and facilitate local food projects
- Utilise a community development approach where appropriate

Descriptions and activities

FIG currently employs two part-time development officers and is administered by Groundwork Greater Nottingham. It has a thriving network of over 500 contacts and acts as a source of information, resources and best practice guidelines for this.

There are three subgroups within FIG to develop the internal work needed for FIG to operate effectively, and 6 action groups which develop the practical work to support FIG's aims, these are:

- Food, Health and Environment Strategy Group - to develop and implement the Food, Health and Environment Strategy
- Small Grants Group
- Research group - to oversee and direct research work commissioned by FIG
- School Food Group - to promote and facilitate a co-ordinated whole school approach to healthy eating
- Regional Group - to support the development of regional local food work
- Garden to Plate Group - to support the development of community horticulture

It administers a Small Grants Fund which awards funding to local projects which work towards FIG's broad aims - in 2002 this awarded £9,468 to 19 local projects.

Some of the other achievements in the past year were:

- Three training events for local community groups and members
- A successful bid for the development of a 'five a day' project in Nottingham
- Production of a resource pack for local food projects on securing funding

Funding and timescale

There is no timescale to the initiative - it began in 2000. Funding comes from a variety of sources including the NHS and the local authority, as well as the Co-operative Group and various trusts and local partners.

Partners/interagency working and analysis

The FIG steering group is made up of partners from the public sector, including the four local authorities of Nottingham and the four primary care trusts. From the voluntary sector Groundwork Greater Nottingham is represented, and from the private sector the Co-operative Group and various local farms.

One of the unique aspects of FIG, and a contributory factor to its success, is that it is administered and run outside of the statutory agency framework, where many similar initiatives are located. The project is administered by Groundwork, an environmental regeneration charity working in disadvantaged communities, with an excellent reputation both locally in the Nottingham area and nationally. By sitting outside of the normal statutory framework the initiative is more successful at attracting a diverse and wide range of members and successfully

manages the diverse agendas inherent in such partnerships. FIG is also successful at employing a 'bottom up' approach, working closely with community groups and addressing their needs.

The biggest barrier to the success of FIG currently is lack of secure funding - the project does not benefit from any structural funding or substantive grants such as the New Opportunities Fund, but relies on funding from partner and member organisations. Funding is on a 12 month basis making long-term strategic planning and project work difficult. FIG also benefited through the early stages of development from the facilitation support provided by the Food Futures programme administered by the Soil Association.

7.7 Sandwell's Food and Health Policy Development

Background

Sandwell's work on food issues stemmed out of a recognition that tackling food inequalities can not be tackled by the health sector working in isolation or by simply developing healthy eating information.

Aims and Objectives

- Represent the views of major food and health stakeholders in the borough.
- Encourage joint working so that nutrition, food safety, the environment, and the social and cultural aspects of food can be considered as a whole.
- Report to the Healthy Living Network Steering Group on progress with food related aspects of the Healthy Living Network.
- Develop work with schools, catering, retailing and food growing projects.
- Make appropriate connections between the activities of different food policy working groups.
- Lobby for changes in national government policy that encourages the consumption of "healthy food".
- Advise Sandwell Partnership on actions necessary to tackle the barriers to "healthier food" in Sandwell.

Descriptions and activities

The project has produced two food mapping studies; food policy work in school settings and provided information on the healthier catering Award scheme. Papers highlighting issues around the healthy public procurement of food and improving retail access are in development to inform the work of the Sandwell Partnership. A Business plan outlining the need for retail improvement is already available. Provision of resources around 5-a-day projects are available, and evaluation of these projects has also been undertaken by the project.

Funding and timescale

There is no timescale to the project. The Board oversees activities and receives funding through: Health Action Zone, Neighbourhood Renewal Fund, New Deal for Communities, New Opportunities Fund. Additional funding is received from the Sandwell Primary Care Trusts and the Department of Health.

Partners/interagency working and analysis

The Sandwell project covers the area of the Metropolitan Borough of Sandwell. The lead organisation is the Sandwell Food Policy Board working on behalf of the Sandwell Partnership. Board membership includes representation from:

- Sustainable Development team
- Trading Standards Department
- Environmental Health
- Allotments Officer
- Nutrition and dietetics
- Corporate property
- Housing Department
- Sandwell Traders Association
- Primary Care Trusts
- Ideal for All
- YMCA
- Sandwell Partnership
- Education and Lifelong Learning

The project has good links with other West Midlands projects through the Regional Food Policy Group, and also with other Department of Health 5-a-day pilot sites, of which Sandwell was one. Particularly successful working relationships have been developed with academic institutions - Warwick University, City University and Manchester Metropolitan University Business School. In addition, joint working with national organisations such as the Food Standards Agency, and regional organisations such as the Scottish Community Diet Project and the Welsh Food Alliance, demonstrated good and innovative working practices.

The project is limited in its capacity to directly address the food needs of low income communities, but through partnership working, particularly across diverse sectors, an increased level of understanding of what needs to be changed by others in positions of influence has been developed. Benefits have also come through the sharing of information and ideas - there has been an increase in understanding of the barriers to eating healthily among partners. A successful outcome has been the delivery of project activities as part of a greater whole rather than in the previous piecemeal fashion.

The Food Mapping project carried out by the project drew a lot of interest from other projects and agencies and served as a focus for sharing ideas and linking with others. However, at times keeping up with the demands generated by connecting with other agencies and projects is unmanageable, and the results can be at times inspiring and at others merely extractive.

Work between agencies and sectors could be improved though additional facilitation of meetings and seminars at a regional level, perhaps through the involvement of the Regional Development Agencies. Partnership working would also be more successful if there was a higher level of ownership and understanding within the Primary Care Trusts involved, and through more flexible long term commitment to the work.

7.8 The Food Poverty Project

Background

Sustain: the alliance for better food and farming works to promote and develop more sustainable food systems. The organisation has been working on food poverty issues since 1998, highlighting the significant inequalities in health between the rich and the poor. Up until 1994, when the Government of the time acknowledged that low-income consumers should be a priority for action, poverty had largely been regarded as the fault of the individual, a victim blaming culture existed. Not long after the Nutrition Task Force reported its findings, the Department of Health funded Sustain's Food and Low-income project to produce a food and low income pack as a resource for those working with communities experiencing food poverty. Following the success of the pack, in 1995 the Food and Low Income project received funding to run a series of regional conferences that took place around the UK. It became clear over the course of the events that a national network and database was needed. Delegates requested a food poverty network to keep them in touch, learn from each other's successes and failures, and to create policies that tackle the problem of food poverty. Later that year, funded by the National Lottery Charities Board, the Food Poverty Project was launched.

Aims and objectives

Sustain: the alliance for better food and farming co-ordinates the Food Poverty Project. The overarching aim of the project is to increase access to healthy diets for people on low incomes and reduce food poverty. The project works by supporting local initiatives, regional networks and promoting sustainable policies to tackle food poverty.

Descriptions and activities

The Food Poverty Project is the only national organisation tackling the interrelated problems of poverty, poor food access, compromised diet and impaired health. The project is run by one full time and two part-time staff and is managed by the Sustain Co-ordinator. The project is guided by a working party, which includes representatives from a wide range of sectors and agencies reflecting the areas of work and issues covered by the project. The approach is to link and support community food projects, as well as to campaign for effective policies to end food poverty. The project has three strands:

- The Food Poverty Network – networking events, conferences, database of community food projects, newsletters, reports, publications and toolkits.
- The Community Mapping Project – supporting local communities to understand their own food security situations better and to go on to develop skills, confidence and capacity to address identified problems through participatory appraisal methods and processes.
- Policy work – research, campaigning and advocacy.

Through these three strands the project aims to:

- keep community food initiatives in touch with each other and with developments that affect them
- challenge the myths about food poverty and propose positive solutions
- improve understanding and raise awareness of food poverty as a policy forum for people working food poverty issues
- promote sustainable relevant policies to tackle food poverty

Funding and timescale

The project is in its 8th year and currently in the second year of a two-year grant from the Community Fund. Previously the project has been funded by a number of funding bodies including; National Lottery Charities Board, Oxfam, Dept of Health, Lloyds TSB Foundation, Network for Social Change, UK Food Group, Health Development Agency, New Economics Foundation, and other small grants. The project is currently seeking new funding.

Partners/interagency working and analysis

The Food Poverty Project has a long history of working in partnership with wide range of organisations, agencies and communities. The project is highly respected and regarded as a leading authority on food poverty and community involvement. One of the underlying reasons that precipitated the development of the project was the lack of existing joined up work on food poverty. Through Sustain's wide membership it was able bring together the agencies and organisations working on relevant issues to develop a coherent set of policy options to campaign on reducing food poverty.

The three strands of the project; the network, the Community Mapping and the policy work, reinforce one another's effectiveness, making links between what happens at a local level to tackle food poverty and what affects and influences that work from a national perspective. The Food Poverty Project has been successful in

gaining the confidence of local communities alongside the support of local statutory agencies through meeting the needs of its members whilst continually campaigning for structural changes to increase the ability of low income communities to access healthy diets. There is a difficult balance to make between these two elements, promoting long-term sustainable policies and strategies to address the underlying causes of food poverty whilst supporting communities experiencing food poverty through often less sustainable short-term interventions that address the causal consequences. By continually communicating with the Network's membership and the wider food poverty community the project manages to foster a supportive and facilitative environment whilst campaigning for change. Research, information, and findings that are delivered through the Network and the Community Mapping project underpin the policy campaigning and advocacy work carried out by the project.

The project works successfully in partnership with local, regional and national statutory and non-statutory organisations, and communities to maximise the potential for action and support to reduce food poverty. The Project is regarded as an authority on food poverty, supporting the needs of its membership whilst engaging national statutory and non-statutory agencies in dialogue to develop long-term solutions to food poverty.

7.9 Key characteristics of best practice for partnership working

As demonstrated by the eight case studies, many differing approaches are used by statutory and non-statutory agencies, NGOs, and voluntary sector organisations to organise themselves and work collectively to develop appropriate actions, and support networks to tackle food poverty issues. No two partnerships / inter-agency forums are identical, however the more 'successful' examples do share some key characteristics which feature in effective partnership working. They fall into the following categories:

- Time – all the case studies demonstrate that allowing adequate time for project / partnership development is crucial to long-term stability. Factoring in time to enable partner organisations to form good working relationships, for the partnership to develop as an entity, and to achieve its objectives. Equally important is making time for partnership administration such as funding, planning, budgeting, networking and project dissemination.
- Funding – securing funding for the developmental stages of the partnership and the subsequent project delivery are equally essential.
- Flexibility – There has to be a degree of flexibility for any project to work but partnership working perhaps calls for a greater degree of flexibility. There are inherent complexities when working in partnerships as mentioned throughout this report, most notably differences in funding and budgeting, timescales and agenda setting. If this is recognised from the outset and built in to the process, then flexibility will afford both the partnership agencies and the partnership itself room for negotiation.
- Clarity of objectives / purpose – This almost seems to be a characteristic by default. Many questionnaire responses described a lack of clarity of objectives and / or purpose as difficulties in partnership working. However the case studies demonstrate clarity and understanding are key components to effective partnership working. This is not to suggest that agencies do not or cannot come to the partnership table with different objectives and / or purpose but rather that all partners agree on the overarching objectives and purpose of the partnership.
- Commitment - A clear commitment to the partnership, and the objectives and purpose of the partnership from all stakeholders, is essential for long-term stability, and must be demonstrated by the partners.
- Multi-sector and multi-layered involvement / representation – involvement and /or representation from all the relevant stakeholder agencies enables the partnership to act with authority.
- Trust – Trust has to be developed, however honourable and trust worthy individual staff members are, does not ensure agencies working in partnership will be. The fostering of trust will be encouraged through many of the other characteristics listed here but most often it is present when partnerships have developed out of previous successful working relationships.
- Benefits to all organisations – The benefits of involvement in partnership working should be clear to all partner organisations.
- Commitment at a senior level – Recognition of the importance of the partnership and a commitment to it, must come from relatively senior members of partner agencies staff in order that decisions and actions can be ratified.
- A level of independence, identity and credibility – many of the examples of good partnership working have achieved a degree of independence and an identity beyond those of the partners involved. In addition they have gained credibility amongst stakeholder organisations, beneficiaries and statutory agencies.

9. Conclusions

Having drawn out the main findings from the questionnaires, telephone interviews and desk research that form the basis for this study, this section pulls together and adds further analysis to those points that it seems most important to reflect upon and areas where there appear to be outstanding issues that could usefully be addressed, particularly in relation to the Food Standards Agency's plans to take work on food and low income forwards across the UK.

Inter-agency linkages

- Linkages between different agencies and groups are evidently beneficial to the development of effective food and low-income work, most notably because the issues involved run across the traditional boundaries dividing sectors, departments and agencies.
- The fact that food and low-income work is cross-cutting can be a great strength, offering opportunities to link up different agendas and meet the goals of a range of organisations and departments.
- Unfortunately, the cross-cutting nature of food poverty as an issue is not always recognised, and it can tend to be seen as solely a health issue. Where the cross-sectoral nature of the issue is recognised, it is not necessarily seen as a benefit by those at the local level, as it can be operationally and intellectually difficult to make links across the traditional boundaries.
- Many partnership and inter-agency structures are struggling with a range of difficulties in working most effectively together. Support for these linkages would clearly be beneficial. Given the complexity of the different types and styles of existing partnership and inter-agency linkages, it may be that different forms of support are needed by different groups.
- Local Strategic/Strategy Partnerships (LSPs) in England, Northern Ireland and Wales and Social Inclusion Partnerships (SIPs) in Scotland are potentially key players in addressing food and low-income issues in their areas. If addressed in a holistic way, tackling food poverty could go towards meeting LSP and SIP social, health, economic and environmental targets. Currently, very few LSPs and SIPs have picked up on how relevant food and low-income issues could be to their remit.
- Whilst there is much linking and partnership working currently happening across various agencies and sectors, there are fewer links between agencies working at different levels. Links between the national and local levels in particular seem to be lacking in most countries of the UK.
- In some areas local, and even regional, strategies relevant to food and low-income work are being developed, however there seems to be little co-ordination between relevant strategies and there is a lack of any sort of strategy at the national level for these local plans to feed into and from.
- The Scottish Community Diet Project has been exceptionally effective in bringing together local level work and national agencies, facilitating dialogue, support and a greater understanding of how food poverty affects communities. It is evident that Northern Ireland and Wales lack any real co-ordination and could benefit from a similar model.
- There is growing interest in the sharing of 'good practice' in inter-agency working, which may be most useful when balanced with learning from the difficulties and mistakes that organisations have faced in their experiences of partnership working.

Community sector involvement

- The needs of volunteers and community members are not always considered when projects and strategies that rely on 'bottom-up' approaches and input from 'the community' for their delivery are being developed.
- There tends to be an assumption that more community involvement in local food poverty work is a desirable thing. Whilst it is certainly the case that more consultation of communities and more participatory, 'mapping'-style needs assessments would better inform work on food and low income, this is different from expecting those experiencing food poverty to 'volunteer' their own time to deliver community food initiatives.
- There are many benefits to be gained from working with communities and through community-based projects, which sometimes include supporting better access to food. However, more often than this, the benefits relate to more generic social factors such as developing skills, empowerment, social inclusion

and self-esteem. It therefore seems important to find ways to support community food projects for those who choose to participate in them and with full recognition of the scope of their impact, but not to identify them as the answer to food poverty in the absence of wider, large-scale structural and policy shifts to improve access to food.

Achieving effective results

- A great deal of existing work to tackle food poverty is developed by local health sector workers running statutory initiatives focusing on individual behaviour change. However, very low numbers of projects are reporting any actual changes in behaviour or attitudes. In addition, it is widely acknowledged that this local-level, individual-focused work is just 'tickling the edges', and that structural factors are not being addressed to enable better food access.
- Too many local food projects are being set up because someone – more often than not, a professional - decides it would benefit the community with seemingly little, if any, reference to consultation or needs assessment.
- National policy directives do generate change on the ground, via local authority and local health sector managers. Other positive work is often driven by the commitment and interest of individual staff members.
- The majority of food poverty work and initiatives are developed within the health sector. However, although the consequences of food poverty are health related, the causes lie elsewhere, such as lack of money to purchase healthy diets, and it may be that other agencies, including local authorities and Regional Development Agencies, are better placed to address food poverty.

Funding

- There is major concern across the country about the level of funding available for food poverty work, both within the community and the statutory sectors.
- More funding is required to develop more sustainable, long-term programmes of work (e.g. consultation processes, evaluation and follow on support) and to facilitate effective partnership working.
- There is a lot of work to do at the local level, but insufficient resources to do it. There are few statutory / mainstream resources specifically identified for food and low-income work. In the community sector, successful community food projects are ending due to lack of funds.
- There is heavy reliance on area-based initiatives to provide funding. These often have fairly rigid frameworks. More flexibility would help avoid disharmony within and between communities, and ensure that genuinely needy people and projects in areas not covered by ABIs are supported.

Information provision

- There is a lack of understanding and awareness in local and ground level staff of the implications and day-to-day impact of NHS modernisation, restructuring, devolution and in some cases of ABIs. Whilst some local statutory sector workers are aware that there are gaps in their knowledge, they often do not know how to, nor have time to find out more. This is hampering good work, and in some cases inhibiting the development of productive, long-term, strategic co-working.

10. Recommendations

This section outlines the researchers' key recommendations to better support and develop work to address the problems faced by low-income consumers in enjoying adequate diets. These recommendations draw largely from the conclusions in section 9, and are based on the researchers' experience and understanding of the underlying issues as well as the research findings, including suggestions proposed by those participating in the research.

Supporting inter-agency linkages

Inter-agency linkages need to be supported through:

- encouragement of the development of regional food and low-income strategies, perhaps linked to the Sustainable Strategies for Food and Farming that are currently being developed by regional DEFRA offices;
- the co-ordination of a national food and low-income strategy, which feeds from and responds to the needs of local and regional strategies;
- working with local authorities through the Local Strategic/Strategy Partnerships (LSPs) and Social Inclusion Partnerships (SIPs) to encourage relevant departments within local authorities not currently identifying food poverty within their remit, to do so, (for example transport and planning). This could link with the recent Social Exclusion Unit work on social exclusion, which recognises the links between transport, access and health and well-being;⁴⁶ Thus encouraging local authorities to support/co-ordinate local partnerships addressing these issues;
- resisting calls to develop new databases or networks to support food and low-income work where these already exist. Offering support (eg. funds, staff time, publicity) to existing networks and /or databases would be a more efficient use of resources
- facilitating the setting up of bodies similar to the Scottish Community Diet Project (based on appropriate consultation) in UK countries where appropriate organisations do not already exist.

Community sector involvement

Community sector involvement needs to be encouraged by:

- promoting the value of working in participatory ways to ensure the needs of communities are met through food poverty work. This could be done through advocacy/support for more community mapping / food mapping type work to take place;
- working to ensure that structural barriers to adequate food are addressed so that participation in community food and low-income projects is a choice and not a necessity for the most needy.

Achieving effective results

Effective results will only be achieved if:

- more support is provided and more commitment is developed in delivery agencies to conducting appropriate consultation processes as a prerequisite to food poverty initiatives being set up. This could include developing and promoting guidance on how to consult in a participatory way.
- evaluations are conducted and existing research into the long-term effectiveness of community food project interventions, particularly those aiming to achieve individual behaviour change is reviewed. A review could usefully compare the true costs and impact of these types of interventions to structural-level policy alternatives such as providing better public transport, subsidising fruit and vegetables for low-income groups or promoting healthier foods/eating through mass media advertising campaigns;
- the needs of low-income consumers are addressed by all relevant agencies, departments and organisations. This should include departments being required to 'food poverty proof' policies and strategies from all departments; food industry addressing actions and policies where they affect the most vulnerable in society; ensuring local statutory sector directors and managers know of their duties in

⁴⁶ Social Exclusion Unit (2003) *Making the connections: final report on transport and social exclusion*. OPDM

relation to food and nutrition; pushing for the wider determinants of poor nutrition in low-income groups to be included in GP, dietician, nurse, and other primary care staff training.

Funding

Funding needs to be improved by:

- mainstream and sustainable funding being identified specifically for food and low-income work delivered through statutory structures and community-based projects.

Information provision

The provision of information needs to be improved by:

- informing all relevant sectors, departments and agencies about their potential influence on tackling food poverty;
- encouraging the relevant bodies to push for more and better dissemination of information which helps local and ground level staff understand the implications for their work of NHS modernisation, statutory agency restructuring, devolution, and government supported and area-based initiatives, with particular emphasis on the needs of those working through local statutory organisations to tackle food poverty.

Appendix: Copy of research questionnaire

F o o d m a t t e r s



Questionnaire: existing initiatives relating to low income consumers and food

Food Matters is carrying out a study on behalf of the Food Standards Agency to gain an overview of existing work across the UK aiming to tackle the problems faced by consumers on low incomes in relation to food. The findings of this study will be used to feed back to the Agency:

- details of work that is already underway
- an analysis of linkages (within and between sectors) and of gaps in this area of work
- examples of best practice in inter-agency working
- suggestions for ways organisations could work better together.

This information will then feed into the FSA's ongoing work towards building appropriate partnerships and encouraging and supporting good practice.

By completing and returning this questionnaire you ensure that information about your work is made available to this important study and that our analysis is informed by a more comprehensive understanding of existing work in this area. Please note that any information provided, including your contact details, may be shared with the Food Standards Agency, however views expressed in your responses will not be attributable to you or your organisation in our report to the FSA unless you give us your permission.

We are keen to hear about any initiative, project, strategy and/or policy which aims to address the needs of low income consumers in securing an adequate diet. This might include for example:

- projects to improve public transport links from low income areas to shops selling food
- work to encourage and enable local shops to stock affordable, fresh produce
- local food co-operatives, community cafes, breakfast clubs or other community food projects in low income areas
- county or city wide food and health strategies
- partnerships which are addressing food poverty in a given area

Please use the questionnaire to provide us with details of relevant initiatives that are currently underway or planned to begin in the next 12 months. If you are involved in more than one project, please copy the questionnaire and return a completed copy for each project/piece of work you think we should know about. If you do not have room for your answers in the spaces provided please continue on a separate sheet.

This questionnaire is being sent to a wide range of projects, initiatives, organisations and networks so some of the questions may not be relevant to your particular work. Please just complete the relevant sections.

Many thanks for your time and contribution.

Please send completed questionnaires **by Friday 30th May** to: anna@foodmatters.org
or alternatively send paper copies to: Anna Watson, Food Matters, 3 St Ann's Square, Netherthong, Holmfirth, W. Yorkshire, HD9 3EH.

If you have any queries about this work, or the questionnaire, please get in touch with my colleague Victoria Williams or myself by email or by phone: anna@foodmatters.org 01484 683 844 / victoria@foodmatters.org 01273 550 430.

Questionnaire: existing initiatives relating to low income consumers and food

A. CONTACT INFORMATION

1. Please give **your** contact details:

Name	
Job title	
Organisation	
Address	
Contact tel.	
Email	

2. Please give the **name of the project or initiative** that details given in this questionnaire relate to:

3. In what way are **you connected to**/involved in this project/initiative?

4. Please give contact details **for the person responsible for this project/initiative**, if these are different to those given in Q1. above:

Name	
Job title	
Organisation	
Address	
Contact tel.	
Email	

5. If information about the **project or initiative** is available online, please give the **web address**:

B. ABOUT THE PROJECT / INITIATIVE

6. Please give a **brief description** of the project or initiative, including **aims**, **projected outcomes**, **timescale**, **geographical area** covered and **lead organisation**:

7. In what way does the project/initiative **address the problems faced by low income consumers** in relation to food?

8. Please indicate in which **sector** the project/initiative is based (tick relevant box):

- Community / grassroots
- Voluntary / charity sector
- Local / regional / national government
- Health sector (eg. PCT, Health Promotion)
- Partnership / multi-sector
Please list the partners:

- Other
Please specify:

9. How is the project/initiative **funded**? Please give full details:

10. Who are the intended **beneficiaries** of the project/initiative (bearing in mind that all initiatives reported here should be aimed at benefiting low income consumers)?

- | | |
|---|---|
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Older people |
| <input type="checkbox"/> Learning difficulties / disabled | <input type="checkbox"/> Young people |
| <input type="checkbox"/> Mothers / families | <input type="checkbox"/> Health problems (eg. CHD, diabetes, obesity) |
| <input type="checkbox"/> Refugees / asylum seekers | <input type="checkbox"/> No specific group / range of groups |
| <input type="checkbox"/> Specific ethnic or cultural group(s)
<i>Please specify:</i> | <input type="checkbox"/> Other
<i>Please specify:</i> |

11. Were/are the beneficiaries **involved** in the creation, planning and/or delivery of the project?

- Yes No

Please give details:

12. **Why** was the project/initiative created? What prompted it to be set up?

13. If your project/initiative is already underway, please say what you think have been the **outcomes** of the project to date, in terms of benefits to users/clients/beneficiaries and/or the wider community?

14. Please tell us about any project **outputs** or expected outputs, in terms of materials, reports, website, changes to resource allocations, etc:

15. Although the project/initiative may not be completed, please try to give an indication of **how successful** it has been in achieving its aims (please tick just one box):

- Exceeded/exceeding its aims
- Met/meeting its aims
- Aims have been/will be only partly met
- Has not been/unlikely to be successful

16. Please give further information about why you ticked the box you did in Q15. What are the **reasons for the level of success** the project/initiative has achieved/is likely to achieve?

17. Is the project/initiative (going to be) subject to **monitoring and/or evaluation**?

- Yes
- No

Please give details, including any evaluation findings if these are available at this stage:

C. ABOUT WORKING WITH OTHERS

18. Has the project / initiative / organisation had any **links with other projects** locally, regionally or nationally? *For example a similar project in a neighbouring area, or in another part of the UK*

Yes

No

If yes, please give details:

19. If the project/initiative/organisation has had any **links with (other) agencies**, please indicate which agency/ies below (please tick as many boxes as appropriate):

Links may be in the form of consultations, visits, receiving funding or in-kind support, sharing information, organising joint events / activities, etc.

Local authority

National government agency or department

Primary Care Trust

Devolved administration, department or agency in N. Ireland, Scotland or Wales

Regional Development Agency

National charity / campaign group

Local or regional voluntary or community sector group

Other
Please specify:

20. *If you ticked any of the boxes in Q19, please give **further details about the agency the project/initiative /organisation linked with (eg. which agency and/or department), and what the link involved:***

21. *What **benefits or difficulties** do you feel **connections** with other agencies or projects have brought to the project/ initiative?*

22. Please tell us about any specific **organisations you have worked with** that you feel have been particularly good or innovative in **facilitating joint working** practices in this area of work:

23. How do you think **work** between agencies, sectors and projects could be **developed and/or improved** in order to maximise successes in the field of food and low income work?

24. What role do you think the **Food Standards Agency** in particular should be playing to **support and strengthen linkages** between agencies, sectors and projects?

25. If you **are happy for us to attribute comments** to you/your organisation in our report to the Food Standards Agency, please tick this box.

26. Please give **details of any other projects** or initiatives you think we should contact for this study:

Please send any **further information or literature** you have about the project/initiative detailed in this questionnaire (either by email or hard copies).

Many thanks for your time in contributing to this work.