Bristol Food Provision and Services

Informing the work of the Feeding Bristol charity, a short summary

If you are interested in reading the full report please contact Feeding Bristol on info@feedingbristol.org

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Bristol Food Network conducted field research during summer 2018 to examine food shops and community services within Bristol wards most at risk of food insecurity. This short report summarises the research and its key findings. The full report is already being used to inform Feeding Bristol's work as part of moving towards 'A Zero Hunger Bristol'

Photo by Ryan Searle on Unsplash
1 Introduction

In 2014 the rising number of people seeking emergency aid at ‘food banks’ across England was so significant that an All-Party Parliamentary Group (APPG) Inquiry was launched. The APPG findings have disrupted the common modern belief that our abundant food system, combined with fair welfare provision, is ensuring plentiful and good nutrition for all UK children and adults.

In 2017 a Feeding Bristol group was established, linked to the national Feeding Britain campaign that had arisen from the work of the APPG. The national campaign has developed a set of aims, outlined in the Hunger Free UK report, and Feeding Bristol has become a registered charity with its own city-focused mission.

The issues facing Bristol and the UK are complex. The quality of food is critical, as well as quantity. The problem is not only hunger but also appropriate nourishment for attaining and maintaining health, both physical and mental. The barriers are financial, social and physical, relating for example to cooking skills, cooking facilities and access to shops selling affordable healthy food. Peer norms and food culture across all parts of society also play a strong role, and it is hard to escape the conclusion that food advertising particularly aimed at children, has helped contribute to the rising prevalence of obesity and type 2 diabetes.

A 2013 Bristol report had already highlighted concerns for the city. Over one in five Bristol children are growing up in families that are income deprived and needing to claim means tested benefits. The Minimum Income Standard research programme reveals that for two-child families earning less than £18,400 pre-tax for each of two parents (2012 prices) a healthy nutritious diet is unaffordable without foregoing other essentials. The UK Low Income Diet and Nutrition Survey shows that intakes of fresh fruit and vegetables, iron, vitamins and minerals are inadequate and decreasing. It has been recorded that 36% of low-income families say they cannot afford balanced meals. Pressure on food banks in the city was, and still is, rising.

2 The Feeding Bristol 2018 Research

With this background in mind, Feeding Bristol commissioned a dedicated research project to help guide and focus its plans and activities within the city. During 2018 an exercise was undertaken to:

a. Use a combination of routinely available data sources to identify a geographical spread of ten high priority electoral wards where residents were likely to be affected by food insecurity.

b. Summarise and present data relating to food insecurity for these ten wards.

c. Carry out a field survey in the five highest need wards to document food shopping provision and availability of nutritious healthy ingredients.

d. Engage the proprietors of local food shops in the five wards to determine factors influencing availability and provision of affordable good food.

e. Conduct price comparisons of key food items within the five wards.

f. Survey 59 community-based organisations identified as providing services with some focus on food, within the ten identified wards.

g. Analyse and summarise the responses from these community organisations to help guide ways of supporting community-based work for improving food and nutrition.

h. Contact elected City Councillors within the ten wards to gain their insights.

i. Research and describe key case studies exemplifying prototypes for ways of successfully improving access to and take-up of healthy nutritious food.


4 Trussell Trust annual statistics https://www.trusselltrust.org/news-and-blog/latest-stats/
In this short summary report we present the essential findings. The full research is available as a 95-page report together with four appendices. If you are interested in reading the full report please contact Feeding Bristol on info@feedingbristol.org

### 3 Indicators of food insecurity and identification of priority wards

Within this work, we take the term ‘food insecurity’ (also termed food poverty by some) to mean:

*The inability for an individual to have access to regular nutritionally balanced food and/or meals, and the inability to consume it in a socially acceptable way.*

The United Nations, Canada and the USA all use, and publish, recognised measures or indicators of food insecurity, and there is cross-party support for the UK to do the same. Although a single measure cannot fully capture the complexity of the issue, without a recognised measure it is difficult to align government efforts or to assess progress.

Factors that can tip an individual or a family into food insecurity include low income, loss or delay in benefits, mental illness, physical illness, injury, addictions, learning difficulties, relationship breakdown, and homelessness. Whilst street sleepers represent part of the overall homelessness issue, far more numerous are the individuals and families in temporary accommodation. Single parent low-income families are particularly vulnerable to food insecurity.

With help from data analysts in the Bristol City Council Public Health team a data ranking exercise was conducted to identify a geographical spread of electoral wards where the risk of food insecurity is likely to be high. The purpose was to enable the subsequent detailed research into shopping, and community-based food services, to focus on areas of highest priority. The ten selected wards are shown in Table 1. Factors used in selecting these wards included data on income and multiple deprivation, unhealthy weight, and premature deaths from heart disease and cancer. The wards are presented as two groups, the first group selected as highest priority. There is no attempt to give individual ranking within the groups.

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**Table 1: Ten electoral wards selected for geographical spread and likelihood of being most affected by food insecurity, grouped into the five highest and five second highest likelihood groups**

<table>
<thead>
<tr>
<th>First set of five wards (highest priority)</th>
<th>Second set of five wards</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hartcliffe &amp; Withywood</td>
<td>6. St George Central</td>
</tr>
<tr>
<td>2. Avonmouth &amp; Lawrence Weston</td>
<td>7. Henbury &amp; Brentry (Crow Lane)</td>
</tr>
<tr>
<td>3. Filwood</td>
<td>8. Lawrence Hill</td>
</tr>
<tr>
<td>4. Southmead</td>
<td>9. Hilfield</td>
</tr>
</tbody>
</table>

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A range of different methods were trialled and the exercise itself proved valuable. One conclusion reached was that specific indices of child deprivation should form an important factor in the ranking. This is because nutrition in infancy and childhood is critically important for health, income deprivation can have a profound effect on child nutrition, and because ‘holiday hunger’ (the lack of healthy cooked meals for children from low income families outside of school term time) is a significant issue. Four of the five highest priority wards would still be the same had child deprivation been used as a unique factor. Two wards, Lockleaze and Stockwood, would have appeared in the ten wards if child deprivation were given a stronger weighting.

Area statistics can only tell you features for an area, and cannot tell you detail about individual residents. There will be many people eating good food in deprived areas, and many food insecure people in less deprived areas.

Overall headline findings for Bristol as a whole are summarised below:

- In Bristol just over 19,700 (24%) of children aged 0-15, in 2015, lived in income deprived households (i.e. where a family member claims means tested benefit). The proportion varies greatly ranging from 65% of children living in the ‘Fulford Road North’ area in Hartcliffe ward to 1% of children living in ‘Canford Park’ in Westbury on Trym.
- In Bristol as a whole just over 15,000 (20%) of adults aged 60 and over, in 2015, were income deprived.
- Across the total population, the total number of income deprived residents in Bristol in 2015 was 71,980 (17%). This was up one percent since 2010, although care is needed in interpreting time trends because of changes that occurred in benefit eligibility between 2008 and 2012.
- The lowest paid 10% of people in Bristol are earning a maximum of £138 per week, or £7,176 per year.
- Since 2010 Bristol’s relative rank in terms of multiple deprivation has increased, i.e. it has worsened, across all local authority level summary measures with the exception of employment scale where it remains unchanged. It has worsened more in rank than other core cities although it remains one of the least deprived core cities.
- Poor diets and poor nutrition are estimated to be responsible for 16.8% of premature deaths in Bristol.
- Across the 12 food bank outlets operated by the Trussell Trust in Bristol in 2017/18 approximately 17,300 individuals accessed emergency 3-day food aid provision, with a total of 13,521 attendances (average of 1.85 attendances per person). This was an increase in provision of 6.7% compared with the previous year. Trussell Trust is the largest, but not the only, provider of food banks in the city (figures from Trussell Trust).

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4 Data profiles in the five highest priority wards

Table 2 shows selected data from routinely available statistics relating to the five wards identified as high likelihood for food insecurity. Deprivation scores are influenced partly by pockets of intense deprivation, and partly by a large proportion of people experiencing moderate deprivation.

**Table Key:**

<table>
<thead>
<tr>
<th>Wards</th>
<th>Abbreviations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avonmouth and Lawrence Weston (ALW)</td>
<td>Job seekers allowance (JSA)</td>
</tr>
<tr>
<td>Brislington East (BE)</td>
<td>Universal credit (UC)</td>
</tr>
<tr>
<td>Filwood (F)</td>
<td>Employment and support allowance (ESA)</td>
</tr>
<tr>
<td>Hartcliffe and Withywood (HW)</td>
<td>Cardiovascular disease (CVD)</td>
</tr>
<tr>
<td>Southmead (S)</td>
<td></td>
</tr>
<tr>
<td>The Bristol figure is the average for the city</td>
<td></td>
</tr>
</tbody>
</table>

Table 2: Routinely available data relating to five high priority selected wards at risk of food insecurity

<table>
<thead>
<tr>
<th>Measure</th>
<th>ALW</th>
<th>BE</th>
<th>F</th>
<th>HW</th>
<th>S</th>
<th>Bristol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income Deprivation Score %</td>
<td>21.3</td>
<td>15.1</td>
<td>32.3</td>
<td>38.2</td>
<td>25.1</td>
<td>16.8</td>
</tr>
<tr>
<td>Income Deprivation Children Score %</td>
<td>31.5</td>
<td>21.9</td>
<td>47</td>
<td>52.3</td>
<td>30.2</td>
<td>24.7</td>
</tr>
<tr>
<td>Receiving JSA/UC %</td>
<td>1.6</td>
<td>1.2</td>
<td>1.6</td>
<td>2.3</td>
<td>1.6</td>
<td>0.9</td>
</tr>
<tr>
<td>Receiving ESA %</td>
<td>2.9</td>
<td>4.5</td>
<td>7.1</td>
<td>4.2</td>
<td>5.3</td>
<td>4.2</td>
</tr>
<tr>
<td>Pupil Premium %</td>
<td>24.6</td>
<td>23.3</td>
<td>42.4</td>
<td>41.9</td>
<td>34.7</td>
<td>22</td>
</tr>
<tr>
<td>Under 75 CVD and Cancer mortality</td>
<td>250</td>
<td>166</td>
<td>248</td>
<td>239</td>
<td>245</td>
<td>166</td>
</tr>
<tr>
<td>Year 6 unhealthy weight %</td>
<td>37.4</td>
<td>38.1</td>
<td>43.3</td>
<td>42.8</td>
<td>38.9</td>
<td>34.5</td>
</tr>
</tbody>
</table>

Notes:

1. Income Deprivation Scores are nationally defined indicators representing the percentage of the population affected by income deprivation in an area (see ‘Deprivation in Bristol 2015’ in Reference 6).
2. Recipients of Job Seekers Allowance, Universal Credit and Employment Support Allowance as percent of working population. NB these statistics use 2015 ward boundaries so may not be fully accurate.
3. Pupil Premium is paid to schools for each child from a family with social and/or benefits needs, expressed as percent of all children attending state schools. Independent sector schools are not included in these figures (Source: Information and Analysis Team Bristol City Council).
4. 5-year annual average 2011-2015 under 75 age-standardised mortality rate per 100,000 for cardiovascular disease and cancer 2016 (Source: death registrations data supplied by NHS Digital, collated by Public Health, Bristol City Council).
5. Year 6 unhealthy weight is the 3-year average for 2014/15 to 2016/17 percentage of 10 and 11 year olds overweight or very overweight according to body mass index measurements in the National Childhood Measurement Programme (Source: National Childhood Measurement Programme data, collated by Public Health, Bristol City Council).

What these data show is that many people in the five wards have very low income, that premature death from cardiovascular diseases and cancers are substantially higher than the city average and that unhealthy weight in junior school children is a severe problem. Reliance on cheap processed foods – sugary drinks, confectionary, snack foods, poor quality hot takeaway food – is a major contributor to childhood obesity and type 2 diabetes. Unhealthy weight in childhood is generally a sign of an inadequate diet, encompassing poor nutrient content and insufficient fresh fruit and vegetables. Underweight is apparent in a small percentage (less than 4 per cent) of children. In addition, data from the Bristol Quality of Life Survey were used to inform this study.
5 Food shopping in the five wards

The Who Feeds Bristol report\textsuperscript{10} published in 2011 conducted simple mapping of food shopping in the city using Bristol City Council’s register of food businesses. There are important limitations to this approach, and the research for Feeding Bristol therefore conducted detailed field surveys to look in depth at the food shopping availability in the five wards. The list of 33 core food items for a healthy diet developed by researchers at City University in London was used as the benchmark for assessing food availability\textsuperscript{11}. Price comparisons were conducted, and shop proprietors were interviewed to find out more about opportunities and challenges faced by food retail businesses. Detailed notes from the field visits are contained in the full research report and appendices. In this summary report we give just a simplified overview. Table 3 summarises the food shopping availability in the five wards.

5.1 Headline findings

5.1.1 Supermarkets

Although supermarkets can be a threat to high street diversity in areas of the city with plenty of local shops, the situation in less affluent areas can be starkly different. Where an area has few shops then the supermarkets can be the most important source of healthy food shopping for residents. This was the case in the five wards studied. People not within walking distance from a supermarket are therefore at a disadvantage unless they have easy access to a car. Of the five wards, Filwood was the only one that lacked any large or ‘local’ supermarket. Lawrence Weston residents campaigned recently to help bring a new Lidl supermarket to the area, which has led to improved access within an area that previously had almost no food shops. In Hartcliffe in 2007 the local community partnership was involved in the Symes Avenue redevelopment, which brought a large Morrisons superstore to the locality.

5.1.2 Convenience stores

The primary non-supermarket source of healthy produce is through ‘symbol store’ groups e.g. Londis, Premier, Costcutter. The symbol group acts as supplier, with individual shops owned and run by an independent proprietor. Availability of fresh produce and healthy cook from scratch staples varies depending on the shop owner, store size, location and proximity to a supermarket. Costco, Booker and Bestway are the three main cash-and-carry wholesalers for these stores, together with St Philips Wholesale Fruit and Vegetable market. Some stores had extremely limited healthy food options, whilst others provided a good range of produce, were busy, and had dedicated sections catering for the cultural mix within the ward whether that be Polish, Sikh, Eastern European, Muslim etc. Three stores stood out for good practice, and are described in the full report.

5.1.3 Dominance of unhealthy foods

An estimated 80\% or more of shelf space in the small and medium sized stores was devoted to confectionary, highly processed snacks and convenience foods, sugary drinks and alcohol. There is strong evidence that these products are damaging to health, that sugar has addictive properties, and that constant exposure to advertising combined with prompts or cues in the shopping environment make it extremely difficult for people to avoid and resist unhealthy products\textsuperscript{12}. Fresh produce was generally at the back of the stores. This shopping environment is undoubtedly a barrier to creating a culture of eating well.


5.1.4 Independent greengrocers
There were only two independent high street greengrocers, both located close to supermarkets. The proprietors reported an insecure environment, with high business rates, low turnover as well as low profit margins on fresh produce.

5.1.5 Home delivery
At least three businesses (Fresh Range, The Community Farm, and Farmdrop) deliver fresh produce to households within the five wards. The Community Farm, a non-profit organic supplier in Chew Valley, delivers vegetable and fruit boxes to customers in all the five wards. Numbers of regular customers are approximately as follows; Avonmouth/Shirehampton 10, Brislington 30, Filwood 4, Hartcliffe 9, Southmead 10.

5.1.6 Price comparisons
The full report contains detailed field study notes on price comparisons. Some convenience stores have cheaper and comparable pricing to supermarkets, often where they are using the wholesalers ‘Price Mark’ system, which puts a fixed product price on the label ensuring affordability and consistency for core items across stores. Without Price Mark it can be difficult to compare prices due to different pack sizes and weights. Considerable price variation occurs even within the same brand. The highest price difference found was a fivefold variation for pasta, and the lowest was 1.2 fold for eggs. Items such as porridge oats, which comprise a healthy affordable staple, can be double the price when sold in packs containing individually packed portions.

Table 3: Availability of food shopping in the five selected wards. (for key to wards see Table 2)

<table>
<thead>
<tr>
<th>Measure</th>
<th>ALW</th>
<th>BE</th>
<th>F</th>
<th>HW</th>
<th>S</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supermarkets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lidl, Co-op large, Co-op small x 3</td>
<td>5</td>
<td>2</td>
<td>None in or near (i.e. &lt;15 mins walk)</td>
<td>Morrisons (superstore) Iceland</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td>4</td>
<td>10</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Convenience stores, total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>With fresh fruit &amp; veg</td>
<td>10</td>
<td>4</td>
<td>6</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>With 'healthy basket'</td>
<td>16</td>
<td>5</td>
<td>10</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Takeaways</td>
<td>19</td>
<td>13</td>
<td>6</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td>Fresh ingredient food shops per 10,000 residents</td>
<td>7.1</td>
<td>10.9</td>
<td>6.5</td>
<td>4.8</td>
<td>10.2</td>
</tr>
<tr>
<td>Takeaways per 10,000 residents</td>
<td>9</td>
<td>8.4</td>
<td>5.8</td>
<td>4.3</td>
<td>7.8</td>
</tr>
</tbody>
</table>

6 Community organisations within the ten identified wards
A survey of community projects was conducted in the form of a set of questions about services and clients, together with open questions about challenges, priorities, and impacts. Target organisations were identified through a wide variety of sources, and the survey was sent to 48 local and 11 city-wide organisations. City Councillors for the ten wards were also contacted. Responses were received from 27 organisations - a 45 percent response rate, and from City Councillors for each of the wards. Responses were analysed using a recognised method of thematic analysis. The full findings are presented in the main report and its appendices and provide a wealth of insights.

In essence this research confirms that Bristol is home to a diverse and complex patchwork of community-building activities, within which the themes of food, welfare and community support feature in a range of ways. The results underline the fact that if Bristol is to become a city that provides good nourishing food for
everyone, then success will depend on our ability to work with and in support of the agency of existing local organisations and informal networks, many of which are long established and are rooted in their local communities.

The local organisations reported on numerous personal, material and wider cultural barriers that make it difficult for everyone to eat healthy good food. Their responses to the survey also provide some clear pointers to the support that is needed.

Some of the key barriers to healthy nutritious eating raised in the survey include:

- Issues relating to reduced benefits for residents, mistakes or delays in benefit allocation, poor quality support for residents from the Department of Work and Pensions, issues with Universal Credit, difficulties for families just above benefit thresholds who are just about managing, high rents, and lack of support into employment.
- Issues relating to lack of time for cooking, shopping and food preparation, lack of skills for cooking, lack of facilities, cultural stigma around healthy eating, a perception that processed food is always cheaper, isolation and lack of others to cook and eat with, absence of a culture of caring about and celebrating food, lack of access to good food shops, and a shopping environment that floods people with high sugar drinks, snacks and highly processed products.
- Issues relating to complex and multiple vulnerabilities, addictions, debt, homelessness, mental health issues, abject poverty and the multiple challenges facing people who are immigrants.

Key organisations that provide services relating to good food within each of the five wards, which if well supported could have potential to become a ‘cluster’ or hub, are shown in Table 3. This table contains only a fraction of the detail, and a fuller list and descriptions of organisations is contained in the full report.

Table 4: A selection of key organisations in the five wards at risk of food insecurity (for key to wards see Table 2)

<table>
<thead>
<tr>
<th>ALW</th>
<th>BE</th>
<th>F</th>
<th>HW</th>
<th>S</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avonmouth Community Centre Association and Avonmouth Projects Group</td>
<td>Greater Brislington Together</td>
<td>Filwood Community Centre</td>
<td>Hartcliffe Health and Environment Action Group</td>
<td>Southmead Development Trust</td>
</tr>
<tr>
<td>Ambition Lawrence Weston</td>
<td>The Matthew Tree Project</td>
<td>The Matthew Tree Project</td>
<td>The Gatehouse Centre</td>
<td>The Greenway Centre</td>
</tr>
<tr>
<td>Bristol NW food bank Trussell Trust</td>
<td>Woodcroft Community Orchard</td>
<td>Knowle West Health Park, Media Centre, and Children’s Centre</td>
<td>The Withywood Centre</td>
<td>Southmead Community Association</td>
</tr>
<tr>
<td>Sea Mills Community Initiatives and Community Centre</td>
<td>A range of Church lunch clubs etc.</td>
<td>Square Food Foundation and other organisations close to Filwood</td>
<td>Carpenters food store</td>
<td>North Bristol food bank Trussell Trust</td>
</tr>
<tr>
<td>Shirehampton Community Action Forum</td>
<td></td>
<td>Hartcliffe and Withywood Community Partnership</td>
<td>St Stephens Church</td>
<td></td>
</tr>
<tr>
<td>Lawrence Weston Community Farm</td>
<td></td>
<td>@Symes community centre</td>
<td>Real Economy</td>
<td></td>
</tr>
</tbody>
</table>
The survey also confirmed that although people were very pressed for time, there was enthusiasm for a flexible, relatively informal, peer-network, perhaps with some physical gatherings hosted in different venues around the city, and some online communication. This peer network should set its own agenda, be mutually supportive, and could lead to a range of benefits including collective applications for funding. Many people mentioned the importance of schools in creating culture change around food, and the need for a focus on everyone learning core cooking skills in an enjoyable and accessible way. A couple of mentions were made of ‘well meaning’ organisations that come along from outside of the area with an idea, yet have no realistic insights into the interests, circumstances and capacity of local residents.

7 Case studies

Bristol is not alone in wanting to ensure good healthy food for all, and numerous actions are taking place across the world. The case studies represent valuable models for a range of ways of addressing food insecurity. One case study is the Mexico City Community Dining Rooms, which began in 2009 and now serve over 33,500 meals every day, cooked by local staff and volunteers using traditional Mexican recipes. The 350 Dining Rooms, which are run by local community organisations within the City’s most marginalised communities, provide local employment, good food, and an important social space. Also included are three case studies from the UK and three from Bristol.

8 Acknowledgments

Feeding Bristol and Bristol Food Network would like to thank all the individuals and organisations who kindly gave of their time to respond to the survey, the shop keepers who helped with the field work, colleagues in Public Health who assisted with the ward data exercise, and all other individuals who provided help, advice and information. Thanks also to Dr Angela Raffle who authored this summary report.

9 Sources of further information

For access to the full internal report that this summary was based on, please contact Feeding Bristol on info@feedingbristol.org

Other relevant readings:

➢ The Feeding Bristol and Britain websites; https://www.feedingbritain.org/bristol
➢ Food Nutrition and Poverty, an overview by Elizabeth Dowler; https://www.youtube.com/watch?v=RwBFbQf1IVU Liz Dowler is Emeritus Professor of Food and Social Policy at the University of Warwick
➢ The End of Overeating by David Kessler, Penguin books 2010 - a highly accessible overview of the obesity epidemic