

Devon Food Insecurity Hub
Summary of Research Projects
May 2023



Introduction

What is food insecurity?

The Evidence and Network on UK Household Food Insecurity (ENUF) defines food insecurity as ‘a lack of the financial resources needed to ensure reliable access to food to meet dietary, nutritional, and social needs. It can be acute, transitory, or chronic, and ranges in severity from worry about not being able to secure enough food to going whole days without eating’. Household food security is assured when members are confident of having economic and physical access to sufficient, acceptable food for a healthy life (Defra, 2014). Food security, therefore, relates to every part of the food system, and is impacted by many factors including household income, accessibility, and the supply, quality, variety, and desirability of diet.

People and households across the world can experience food insecurity, including ‘running out of food, feeling anxiety about food supplies, relying on low-cost foods, changing diet patterns, skipping meals and going without food’. These experiences are used in the measurement and monitoring of food insecurity in households and among individuals. However, ENUF points out that food insecurity can be evident in other ways. For example, households might access charitable sources of food, such as food banks, because they have no money available, or people might miss out on or reduce social activities involving food, such as not having friends over for a meal. These types of events tend to occur at different rates for different people and at varying levels of severity of food insecurity. For instance, different members of each household, such as children, adolescents and older people might experience food insecurity in different ways.

Recent Food Insecurity Research in Devon

Devon Community Foundation was funded by Devon County Council in 2020 to explore the range of organisations working in some way with food, and whether and how they might work together more closely in future. This research was gathered at a District level and highlighted effective organisations and positive work underway across Devon, alongside a recommendation that better collaboration and networking were required. However, the work also highlighted some overlap and competition in organisations and many gaps in local provision due to geography, transport links, and the different purposes and targeting from food organisations.

Subsequent research undertaken by Transform Research¹ on behalf of Devon County Council in autumn 2022 investigated the extent and experience of food and fuel insecurity in households across the county. This work was based on interviews with a representative sample of 1,206 households from across Devon. It provided information on food insecurity levels to compare with findings from a baseline study conducted in March and April 2021, as well as enabling an assessment of the current extent of fuel insecurity in households. The

¹ <https://www.devonhealthandwellbeing.org.uk/library/topic-overviews/food-and-fuel-insecurity-2023/>

results of the Transform Research showed that overall levels of household food insecurity had increased substantially over the previous 18 months: 16% of Devon households are now experiencing very low food security compared with 10% in 2021. Households are also experiencing substantial disruptions to their eating patterns, such as household members eating less and reducing food intake because they have insufficient money to pay for enough food. In addition, nearly eight out of ten Devon households said they were planning to reduce energy usage during the winter months (79%). In Devon, household types likely to be most affected by food and fuel insecurity are single adults with children; those with lower incomes and children; where respondents were long-term sick or disabled; where household members had one or more mental/physical health conditions; where the main respondent was unemployed; and those renting from the council or a housing association.

Of significant concern within these pieces of recent research was that many of those most at risk of food insecurity are the least likely to access or able to access support from food organisations. The Transform Research, in particular, noted that several challenges remain for certain groups in the county, for example those from minority ethnic backgrounds, lone adult households, households with one or more members with mental health conditions and those in receipt of individual benefit types, such as Free School Meals.

Who has funded this research?

In August 2022, the Voluntary, Community and Social Enterprise (VCSE) Assembly contracted Devon Community Foundation to pilot and develop a specialist hub around Food Insecurity to bring together insight, intelligence, innovation and lived experience. In response to the research gaps (outlined above) and in order to progress the VCSE Hub proposal, DCF agreed to pilot a set of inter-related, small-scale research projects. The objective was to delve deeper into the complex issues facing people in food insecurity. By building on this evidence base, the Food Insecurity Hub would, therefore, be able to propose models for collective cross-sectoral working focused on tackling food insecurity in the county.

In addition to the VCSE Assembly investment, further funding was secured from DCC and DCF. In total, six projects were agreed. Research took place between September 2022 and April 2023. The projects looked at the following issues:

Project 1: Working with schools, food support organisations and communities to understand needs of local families in the Heathfield area (Bovey Tracey) not in receipt of FSM. Led by Anja Kroening-Maynard on behalf of DEVA/ Teignbridge CVS in partnership with a primary school in Heathfield (Bovey Tracey) and a local food club.

Project 2: Exploring the challenges faced by Exeter residents with mental health needs and how this impacts on accessing food support. Led by Rebecca Sandover (Exeter University) and Maresa Bassano (Love Food CIC). Aim: To investigate how the mental health challenges faced by Exeter residents impact on their experiences of food insecurity and the wider cost of living crisis. Alongside this, to understand how local organisations are addressing these issues of crisis.

Project 3: The barriers faced by Black and Minority Ethnic residents in Plymouth in accessing food support – Ian Smith & Food Plymouth.

Project 4: Food support for families, led by Becky Morgan, Torbay Council, and Dr. Catherine Fritz, Torbay Food Alliance, looking at the broader and complex range of challenges faced by families.

Project 5: research to understand the barriers faced by the over 65 population of the Exmouth District. The research looked at both why people have not been able to access emergency food provision and why people feel they are experiencing food insecurity. Led by the Mushroom Network and Transition Exmouth.

A sixth project was funded in a more substantial way by DCC, and conducted by DCF. This research aimed to explore in detail the experience of food insecurity for Devon residents from a qualitative perspective, focusing in particular on **those from black and minority ethnic backgrounds (including asylum seekers), and on families with multiple challenges**, such as single-headed households and those with physical and mental health issues. The work also considered the insight and experience of those operating a variety of food support provision throughout the county, in both rural and urban areas (of the DCC area). We were interested in particular in the extent to which people did or did not access food support provision, and what the obstacles to access were for different cohorts.

This Report

The Devon Food Partnership, Devon County Council, Devon Community Foundation and its partners recognised a need to invest in learning to better understand the needs of those impacted by food insecurity to ensure that appropriate solutions and support are available and, as required, to re-design support.

Through the six research projects presented in this report, we hope to have responded to calls to more fully investigate the barriers and challenges faced by people in accessing local food support systems in Devon, and to explore potential alternative mechanisms. We offer initial recommendations for improving food support systems in the county, but recognise this is only the beginning of an important collective conversation.

- What allows schools and VCSE food providers to free up capacity to develop, adapt and run food projects?

In conclusion, there isn't one model that would fit all schools and, whatever model is used, input from the school in terms of time and support is required. Food support in schools, whichever form it takes, can contribute to help families in food insecurity in a small but valuable way, particularly for those families who do not meet the FSM threshold and who have not needed to access support before. Schools are in a good position to offer crucial signposting for those families and can benefit through improved behaviour and learning.

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Project 2: Exploring the challenges faced by Exeter residents with mental health needs and how this impacts on accessing food support. Led by Rebecca Sandover (Exeter University) and Maresa Bassano (Love Food CIC). Aim: To investigate how the mental health challenges faced by Exeter residents impact on their experiences of food insecurity and the wider cost of living crisis. Alongside this, to understand how local organisations are addressing these issues of crisis.

Introduction

Our research project has identified that mental ill-health and household food insecurity are complex and reinforcing challenges. Food insecurity is a subset of poverty and is predominately experienced by those with restricted and low incomes. Residents experiencing deprivation, poverty and linked food insecurity report experiences of stress, anxiety and depression. Food insecurity commonly results in people eating limited diets with an over-reliance on ultra-processed food, all of which impact on experiences of health and mental ill-health.

Residents with ongoing mental ill-health challenges can often have complex relationships with food. Many of our participants had multiple health challenges that included mental ill-health, physical health issues and neurodivergence. This affected their dietary needs and shaped where they were able to shop, where they felt comfortable shopping and where there were able to access specific food items. Participants in our research commonly reported frustration with the limited range of local shops selling fresh produce and loose dried goods that could be bought in the small quantities needed. These complex needs also result in challenges in accessing community-based support, such as cooking and growing activities.

With the work of the Devon NHS Partnership Trust and The Devon Mental Health Alliance, support services feel that there is a joined-up approach to mental ill-health support in Devon and also coordinated action on food insecurity in Exeter. However, support services interviewed reported that both food insecurity and mental ill-health are on the rise in Exeter, particularly in the wake of Covid-19 and with the current impacts of the Cost-of-Living (CoL) crisis. With local authorities restricting their budgets, support services are facing a challenging funding climate coupled with ongoing challenges for clients accessing of effective mental ill health services.

Project Background

This project investigated how mental ill-health affects residents' access to food and how their experiences of food insecurity impact on their wellbeing. Residents we spoke to were predominately female and living in rented, council, supported or housing association properties. Participants came from a variety of areas around Exeter including: Exwick, St Thomas, City Centre/St Sidwells, Newtown and Priory. All were in receipt of benefits, including Personal Independence Payments (PIP), Employment and Support Allowance (ESA), Incapacity Benefit and/or Universal Credit. All resident participants were not currently working and had limited capability to work. Interviews with support services and community centres were also carried out, including referral agencies who ran support projects and helped signpost people with complex challenges, a youth accommodation and support service, and a community centre offering a range of direct and indirect support.

By focusing on interconnections between the impacts of mental ill-health and experiences of food insecurity, we have identified challenges facing Exeter residents and identified positive action from Exeter based support services. Part of this research was to explore how COVID-19 and the CoL crises are being experienced by Exeter residents. It is important that intelligence on these issues is discussed widely so that local authorities, charities and civil society organisations can understand the impact of these challenges, along with identifying optimal steps to take to address them.

Key challenging issues were identified that shaped people's experiences of food insecurity and mental ill-health:

- Deprivation
- Long term health conditions and mental ill health
- Food insecurity
- Impacts of Covid-19 and the cost-of-living crisis.

Deprivation and challenging family issues are at the heart of many people's issues. Food insecurity is experienced by people and families experiencing deprivation. The challenge of managing limited finances results in a need to use support services such as a foodbank. People feel a sense of shame and are concerned about the stigma of needing this support. There is a link between deprivation and mental ill-health as everyday financial challenges, poor quality housing and energy costs all challenge people's wellbeing and can lead to people experiencing anxiety and depression. A link was also found between deprivation and challenges in navigating the welfare system: delays in receiving benefits and systemic issues in the benefit system such as the use of sanctions have resulted in a lack of money for food, with resulting impacts on people's wellbeing and mental health challenges.

Long term Health Conditions and Mental Ill-health. It has been getting harder for people to access public services such as mental health support from CAMHS and the NHS therapeutic services. There is an added challenge of accessing services for people who have complex lives. Mental ill health can disrupt abilities to develop positive routines and support may be needed to enable clients to access food support services, such the community food larders. Mental ill-health is very complex and can result in a range of relationships to food, so there is not one approach that would solve issues around access to healthy food for everyone.

Most residents interviewed struggled to eat well, especially when they were feeling low or had other things on their minds, and sometimes skipped meals.

Food Insecurity. Most residents were not currently using foodbanks but had used them occasionally in the past in times of crisis - often when they had children to feed. There are a number of services in Exeter supporting people experiencing food insecurity such as: St Sidwells hot meal scheme as part of their warm-spaces project - YMCA supports clients in to visit the food bank, offering slow cooker classes to families and others in community-based accommodation, running free food sessions in their community café for residents. Foodbank users stated that they had felt very welcome with caring and friendly volunteers. Some of the food that people got from foodbanks or food parcels (e.g. during the pandemic), did not meet their dietary needs, as several residents had IBS, allergies or intolerances, so could not eat all foods. One participant accessed some free food and then supplemented it with better quality food from small shops. Most residents were aware of other places to get free or low-cost food or meals, e.g. community fridges, Foodcycle, St Sidwells community café, or LOVE Food lunch clubs, and some had reduced-cost meals and had sourced food from Olio or Too Good to Go apps. But not everyone was able to access these places due to mobility problems, and because they avoided crowded places.

Impacts of COVID-19 and the Cost of Living Crisis. For residents low income, changes in personal life and the CoL crisis all affect their ability to eat enough and to eat to sustain good health. Being on a low income, compounded by the CoL crisis, means that bills are harder to pay. Most residents worried about the rising costs of energy and food. This was particularly true for those who were housebound or disabled, as they needed central heating on most of the time and had to use electricity to charge their wheelchairs. In response, vulnerable Exeter residents spoke about cutting back on the types of food they bought and by not turning the heating on. In parallel, services saw an increasing level of people coming in crisis and mental health challenges are more evident since the end of the pandemic.

The role of community-based activities and wider support.

Community based programmes and organisations work to prevent social isolation, to develop community connections, to offer immediate relief and to develop people's skills, resources and assets. In relation to food, projects in Exeter focus on developing skills in growing and cooking food in order to develop and reinforce an interest in food, to support varied diets and to develop eating routines. Organisations report that these initiatives can help to foster an interest in food which in turn can promote a sense of wellbeing and lead to wider skills and training opportunities. While services can create a sense of belonging for those accessing them, residents with a disability, a mental health issue and those with neurodivergence can frequently find it challenging to access food support and projects.

Summary

COVID-19 and the CoL crisis continue to significantly impact on people's experiences of food insecurity and mental ill-health. There are a range of support services working in Exeter who have adapted their services in response to recent challenges to support access to food and to wider support. Residents report that they experience social isolation in part due to financial challenges and health and neurodivergence needs which create challenges in accessing community-based activities. Current food shopping options in Exeter do not meet

the needs of those with neurodivergence and mental ill-health; consequently there is a need for more local shops selling fresh produce and dried goods that can be bought by the weight (i.e. unpackaged). Free food does not always meet the needs of those with complex health needs and dietary needs. Further efforts to take a joined-up approach to understanding the health, mental ill-health and dietary needs of residents is needed in order to address the growing challenges of mental ill-health and food insecurity in the city. Support services require both sustainable funding and opportunities to connect with other services and local authorities in order to develop a more strategic approach to tackling these issues.

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Project 3: The barriers faced by Black and Minority Ethnic residents in accessing food support – Ian Smith, Food Plymouth and Ela Roszkowska, Diversity Business Incubator.

Context

This research project sought to explore the lived experiences of people from Black, Asian and Minority / Minoritised Ethnic (BAME) backgrounds around food insecurity and to investigate the challenges of accessing culturally and nutritionally appropriate food through the established food support channels in Plymouth. Our ambition was to bring voices which are often ignored and missing in mainstream discussions in South West England about food insecurity in order to inform the development of more suitable services, driving positive change and improving people's access to quality food.

Devon needs to transition from the short-term but intense (and generally well-resourced) COVID-19 pandemic emergency responses to longer-term interventions addressing the intractable CoL crisis. People from BAME communities are known to have had poorer outcomes than the mainstream during COVID and are likely to suffer likewise in the current crisis. The current fast-moving, volatile, uncertain, complex and ambiguous economic and environmental situation people now find themselves living through poses challenges across the food system and affects everyone operating in these spaces. In this context, there are persistent questions from people from BAME communities accessing food support around, amongst other questions, the cultural appropriateness of food provision, embodied in the oft-repeated phrase 'Where are the Yams?'

Plymouth Food Aid Network (PFAN) recently moved to a Food Alliance & Network model with an access portal, pathways and wrap-around support, underpinned by a cash-first approach in the post-pandemic/ CoL crisis world. While successful in reaching communities in need, the partnership recognised that BAME were underrepresented. Alongside the established minority ethnic population, Plymouth is a Home Office dispersal area for asylum seekers, so welcomes new arrivals to the UK on a regular basis.

The Research

Six people from BAME communities in Plymouth were involved in the research (three female, three male; ages ranging from 20s to 50s; all Christian; in the UK from 3 years to 30 years+; four being refugees seeking asylum in the UK). In addition six frontline food aid providers (members of the PFAN Network) who deliver a wide spectrum of food support

interventions were interviewed and members of the Diversity Business Incubator participated as they brought individual and collective knowledge and experiences about food insecurity. Between April and May 2023 research participants were interviewed and conversations with participants were held with an open question and answer session with members of the Plymouth Food Aid Network (PFAN)



Experiences of People from BAME Communities

There were many commonalities with mainstream experiences of food insecurity - for example long-term illness, low-income family, part-time working, being on Universal Credit were all significant contributory factors to accessing food support. In addition, participants spoke about their stress and anxiety associated with being in precarity, with feelings of embarrassment and shame at being in this situation. People talked about feeling stigmatised and craving dignity. In practical terms, people reported they did not consume certain foodstuffs because they did not know what to do with certain ingredients, so they preferred support models offering choice, such as affordable food clubs, rather than pre-selected food aid parcels.

As one participant remarked, for BAME communities 'my cultural food is what makes me happy'. While not disregarding locally-produced items, those interviewed were also wanting food from their ethnic home such as certain types of fish, yams, plantains, cassava and buckwheat. Participants were willing to eat rice, potatoes and pasta but tended not to choose canned foods. In terms of accessing food support, information was generally shared through word-of-mouth, referrals by the Red Cross and DCRS (Devon and Cornwall Refugee Support), and e-mails. Participants requested improvements to the referral processes. Participants in this research had experienced friendly, welcoming, supportive staff when they had accessed food support services although they suggested providers could do more to ascertain what BAME communities would like stocked, and also to provide information on how to make meals with what is provided. Participants felt that, if they had been asked about food needs initially, food waste from food aid parcels would have been avoided.

The frontline providers' experiences of working with BAME communities mirrored many of the issues noted elsewhere, for example people from the BAME backgrounds, like most populations, do not like asking for help. Their role, they felt, was to be patient, to be open and to listen to diverse views around food and cooking. They recognised the value of wrap-around services that people needed, such as income and benefits advice, access to fuel vouchers, and education and skills, employment and housing advice. Providers, therefore, were increasingly required to signpost people to a range of additional support across the city.

Providers were alert to issues about perceptions, that is to say they realised that sometimes people from BAME backgrounds may be concerned about what providers think about them.

Providers were attuned to cultural and language barriers – several tried, for instance, translation apps (although they noted these did not always work well). Over time, providers have become accustomed to and more knowledgeable about people from a range of BAME backgrounds who were using their services – for example, being more alert to cultural and religious preferences and trying to accommodate these as much as possible: noting a preference for fresh fruit and vegetables - rice, oils and chickpeas being popular – with canned foods often being given back. Providers also reported that people from BAME communities tended to be very grateful and uncomplaining. There was a common desire to provide the best possible services for BAME people and to improve the referrals systems in order to have prior knowledge of specific requirements and then meet them to best effect (e.g. by shopping for specialist products). As one provider reported, they wanted to ‘go the extra mile’ to meet specific needs. Overall our research highlighted in Plymouth a growing awareness of BAME community preferences and needs, and a general desire from food support agencies to be friendly, welcoming and accommodating. Importantly, noticing the growing numbers of people from BAME communities accessing services, Plymouth City Council has recently appointed to a Diverse Communities Community Builder role to extend outreach and improve all service provision.

Learning

We would like to suggest a number of recommendations for those working with BAME communities and food insecurity:

- taking time to engage, listen and build trusting relationships are vital in this work.
- assumptions around thinking that people from BAME communities know about food aid provision and wrap-around support need to be challenged and managed constructively.
- barely visible support from diaspora community members for their fellow country people is widespread and makes a significant but largely unseen contribution in the food support space.
- cultural awareness is key – especially around people from BAME communities not wanting to identify / be identified as ‘poor’, especially after many of them have battled to get to the UK in pursuit of a better life.
- increased discretion and more dignified access is required; for example people do not like queuing for ‘free’ food.
- cultural norms (not necessarily ‘just’ religious observance) mean that certain foodstuffs are not suitable for many people from BAME communities.
- schools are a good way of accessing families from diverse backgrounds.
- Christian Church links are very useful – and there is much scope to build links with other places of worship, e.g. Mosques, Temples and the Synagogue.
- food support providers who are working hard and doing their best can find being questioned on their support for people from BAME communities inquisitorial and bruising.
- for support services, time for reflection and evaluation of their provision are very limited
- there is a need for more and better information for people from BAME communities, and a wider range of channels to disseminate information.
- While resources are very stretched, outreach is lacking. In particular, information about food support services needs to be shared with vulnerable people, BAME

community associations, key workers (i.e. Health, Social Services and Early Years workers) and religious leaders. In addition, information on personal, cultural and religious requirements should be passed on to food parcel providers and other settings to enable them to respond appropriately to dietary requirements.

- There is a need to address communications issues – language apps are not the solution and ideally translators will be employed in the city to support BAME communities access the food support required.
- There is a need to ensure dignity in referral processes.
- In the Plymouth Food Collective / Food Hub initiative, carry out engagement around culturally appropriate food procurement with a view to creating agency and improving culturally and nutritionally appropriate food availability and access.
- Maximise the opportunities and potential synergies arising from the Plymouth Diverse Communities Community Builder role.
- Link all of the above into the Food Plymouth and Diversity Business Incubator pilot of the national Sustainable Food Places Race, Equity, Diversity and Inclusion (REDI) programme.
- Further research is needed – especially with people with specific religious requirements around food.

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Project 4: Food support for families, led by Becky Morgan, Torbay Council, and Dr. Catherine Fritz, Torbay Food Alliance, looking at the broader and complex range of challenges faced by families.

Families living in food insecurity often do not access the food support available to them. Why?

What might increase the likelihood of doing so?

We spoke with families at local social supermarkets (food clubs) to find out more.



Torbay Food Support Insights – conducted by Simon Sherbersky (SPINDL-CIC)

Context

Torbay is the most income-deprived local authority in Devon and ranks 39th nationally. Food support is widely available in Torbay, through the Torbay Food Alliance (12 member organisations, including five social supermarkets) and other sources. Alongside food support, wider support for people is provided through a dedicated Helpline. Large foodbanks are

present in each town, with most in Torquay. Social supermarkets are a recent development in Torbay and efforts have begun to move people who can afford to contribute from foodbanks to social supermarkets. Additionally, access to affordable, healthy food is the subject of many local projects and is one focus of Torbay's *LocalMotion* programme (a ten-year programme targeted on making systemic change). Major stakeholders, including the NHS, Torbay Council, and Community Partnerships contribute to discussions and initiatives addressing food insecurity.

This research project was well connected to local work-streams, discussions and initiatives and the results of this research are being shared widely, including the multi-sector Torbay Food Partnership, to inform the development of a Food Strategy for Torbay and the Torbay Food Alliance. The findings may also be shared with Public Health colleagues, elected members and senior leadership at Torbay Council.

Research Project

Participants were recruited at two social supermarkets in Torbay: Great Parks Community Centre (Paignton) and Turning Heads CiC, who run the Plainmoor social supermarket / hub (Torquay). Alongside the social supermarkets, both of these community centres offer other family-friendly support. Research participants were provided with a letter confirming the purpose of the research, who is involved, an assurance of anonymity, and information on what the research will be used for and their consent provided. Nine semi-structured interviews were conducted, based on a framework of questions. The approach was one of deep listening and high-quality conversations to reflect the complexity which underlies food poverty and the very sensitive and personal nature of the subject.

Barriers to accessing Foodbanks: the sense of embarrassment, shame or stigma was highlighted by all interviewees, related to how others would view someone accessing a foodbank, i.e. judging them and their ability to parent. Closely aligned to this was the perception that, due to a referral form from an agency, that these concerns would be highlighted to social services or another professional and potentially trigger unwanted and unneeded attention. Participants also reported feeling that there are other people either more deserving or more in need than them.

At the social supermarkets, there was a perceived lack of choice and lack of fit to family food needs and preferences, as well as a lack of targeted marketing and signage. It was noted that Turning Heads CIC's Plainmoor Social Supermarket was highly valued and had expanded its choice of products following feedback, but was not visible or well signed (due to lack of permission from landlord). Turning Heads CIC model also provided cooking courses, work experience for disabled people, a café and activity space. The CIC was also planning a cookery competition with the local school. These initiatives add value and their approach fits with wider aspirations for community hubs which could act as an important part of early help and preventative approaches to support residents.

Great Parks Community Centre offered a foodbank, a pantry (with free items available for collection at the end of the day) and a Food Club (which is a social supermarket with a membership model enabling purchase of half price items). The Food Club was less popular, potentially due to the centre and its historic relationship with the local community.

Learning

- Offering a diversity of services alongside food support ties in well with adult social care approaches, in particular community-led support policies; consideration should be given to incorporating this model into food support approaches.
- Free School Meals and associated support was highlighted as a positive and much needed by some interviewees
- Food waste reduction schemes such as Olio were highlighted as another positive support but it is unclear how widespread the coverage and awareness are.
- The lack of connectivity of support systems for people affected by the cost-of-living crisis or personal circumstances was highlighted. People spoke about there being no-one to speak to face to face at the Jobcentre or the Council
- There is a lack of knowledge amongst VCSE and public sector staff of the range of support services across Torbay, for example how benefits staff and food support agencies could collaborate. There is a clear need to better connect up support systems across the authority to enable improved access for local residents with complex needs
- Building trust with people needing help is critical to effective support and prevention, so investing in locally run spaces and their relationships in the local community are critical to more effective support for those in need.

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Project 5: research to understand the barriers faced by the over-65 population of the Exmouth District. The research looked at both why people have not been able to access emergency food provision and why people feel they are experiencing food insecurity. Led by the Mushroom Network and Transition Exmouth.

Exmouth currently has one community cafe, a food bank that serves the entire Exmouth district and two community larders. There is a cafe in Budleigh hosting a community larder. The outlying villages currently lack any community larders. Statutory organisations will ordinarily make referrals to the food bank but people are also able to self-refer on a short term basis. *Mushroom*, the community food network for the Exmouth, Budleigh Salterton, Lypstone and Woodbury area, researched the experiences of the local residents aged over 65 who are facing food insecurity. The data presented here was derived from a combination of online and paper-based surveys, semi-structured interviews, group conversations with service users and discussions with community food initiative staff. The overall aim of the research was to hear personal experiences of food insecurity. The group conversations and interviews were carried out at outreach sessions at various locations, such as the food bank, community cafes and warm-space hubs to facilitate open discussions around food insecurity, local food services and the challenges associated with using these services. With each of the methods used, residents were also invited to suggest ways of improving provision of food support. Using the WHO organisation measurement of food poverty to formulate the survey questions. The surveys used the WHO measurement of food poverty to formulate questions.

Survey findings

- the survey revealed 29 members of the community reported to be in food poverty in the past 6 months in the survey.
- of these respondents only 7.32% used the Food Bank or one of the local community larders.
- Out of all the respondents 41.46% did not know how to access emergency food provisions should they need to do so.

Interview findings

In-depth interviews with 17 people revealed that five residents had experienced varying degrees of food insecurity and used the food bank semi-regularly. However most interviewees were unfamiliar with the concept and function of community larders. Around 50% of the interviewees stated that the food insecurity they had been experiencing had started around the time that fuel and food prices had increased. All reported that they felt a loss of dignity through inability to afford their basic living costs. In the face of these findings, the voices of the community members illustrate the real-life implications of this crisis:

'I sometimes use the community larder at Littleham as I know this food would go to waste otherwise, I don't like the thought of going to the food bank'

'We are just about managing but we don't have the money to go out and eat or drink, I feel quite isolated. I know the food bank is there but whilst we are able to just get by, I don't feel I should access the food bank'

'I don't want to access the food bank. I feel ashamed that we sometimes don't have money to buy food - it is worse in winter when we sometimes put our heating on to get warm'

'I don't want to access the food bank - I always feel like there are people in more need than me. Especially at the moment.'

'There is a stigma to visiting a food bank but needs must...'

'I don't know the answer. I can't pay my bills and eat food out of my pension money'

'I wait for days of starving before I make contact with the food bank towards the end of the month when I have run out of money, I simply need to feel like I deserve to have free food given to me'

'I feel like a failure to my wife, I am on a pension but it is not enough. Due to my health I cannot go back to working but I don't know what I can do. I am so thankful to the food bank for helping us but this is so hard. I feel like we are not living, were just existing'

During the interviews many stated that they simply did not feel comfortable using a food bank and that there were many other people more in need than them. However, when the community larder model was explained their attitude changed.

Barriers to accessing food support

The main barriers to accessing good quality food were:

- cost of healthy food (21%)
- cost of gas and electric for cooking (15.5%)

- food labelling is not easy to understand (13%)
- physical issues or mental health illness (11%)
- lack of cooking skills and confidence (7%)

Apart from money, people were then asked what barriers they faced when accessing food in general. The predominant barriers reported were:

- no affordable shops near their home (17%)
- transport (15%)
- physical or mental health illness (15%)
- not being able to find the food they want in shops (9%)
- caring responsibilities (including childcare) (4%)

These barriers were discussed at the conversations:

'I used to have a meals-on-wheels type of service to deliver food to me but I often now have unhealthy cheap supermarket meals or toast and beans'

'Since my wife died, I'm not able to cook for myself, I go to the community cafe a couple of days a week but I know my diet is not good'

'I am scared to use my oven or hob because of the cost of electric now, so I often eat cold food even in the winter when I feel cold and should be eating hot meals'

'The community bus service from my village costs £8 to go to the big supermarket, I can't afford it and I don't understand internet shopping'

'I had to stop using a meal delivery service because I can't afford it. I eat too much bread and biscuits now just to feel full'

'Young people can change their job in response to the cost of living, I feel trapped because I can't work and I can't pay for my food and bills. What can I do?'



The quantitative and qualitative data presented here underscore the importance of comprehensive, strategic food strategies. By integrating these real-life experiences into our understanding, we can better tailor our policies and initiatives to address the needs of older residents more sensitively and effectively.

The clear strength within the Exmouth district is the community itself. Members of the community, providers and support services were all willing to engage and provide feedback as to how food resilience can be improved. Furthermore, the food providers' network, *Mushroom*, has been established to facilitate this change, with the support of statutory organisations.



Beyond systemic changes to combat the cost-of-living increases, the five primary areas identified for further discussion and action planning include:

- awareness campaigns and outreach programmes
- stigma reducing efforts
- resource expansion
- transport and accessibility improvements
- affordable ready prepared meal model

Through these strategies, the Exmouth district can work towards a future where no member of the community faces food insecurity. There is an opportunity to implement real change and improve the lives of the local senior population, ensuring they are able to feed themselves in older age, thereby allowing them to thrive and enjoy their later years.

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Project 6: The Face of Food Insecurity in Devon

This project was commissioned by Devon County Council and managed by Devon Community Foundation as the qualitative sister to the survey-based research conducted in autumn 2022 by Transform Research. The countywide project aimed to build insight into how food insecurity is experienced by different cohorts of individuals and households, and what enablers and obstacles influenced their access to food support provision. There was a special focus on those from BAME backgrounds, and families with multiple challenges. Alongside this work with individuals, the research had a parallel focus on food support providers, examining the differing models, and their relative benefits.

We used a mixed methods approach, including semi-structured interviews, observation, and discursive workshops, and collaborated with four peer researchers, embedded in communities and networks, to help us gain a wider insight on this sensitive topic. Ethics approval was granted by the University of Exeter ethics committee. All participants were offered vouchers for their contribution to the research.

Models of food support: This study used a tripartite typology to describe in general terms the varying forms of food support provision currently prevalent in Devon. Each has a role to play in the ecosystem of food support in the county. This diversity is important:

Food banks tend to be established organisations, well-known and well-connected, based often in the centre of towns and cities, and commonly operating a referral system (though this is changing in places). They provide relatively fixed allocations of free food, increasingly alongside (or co-located

with) other services such as financial or housing advice. Food banks usually have stable supplies of food, through donations or arrangements with surplus food distribution organisations.

‘Food clubs’ include the range of food provision which includes opportunities to eat free or low-priced meals together with other community members, cooking classes with communal eating, as well as schemes to allow people to purchase surplus food at heavily reduced prices. These schemes are often mobile, serving several different communities, they usually have universal access, so no referrals, and have an emphasis on commensality and relationship-building, rather than simply on a transaction, which can mitigate some of the stigma of reliance on food support. Often less mature organisations, they can rely heavily on a very small number of individuals, which runs the risk of burnout. Supplies of food can also be less sustainable.

Community larders, community fridges, etc, can often be found in smaller towns and villages, nesting inside libraries, council buildings, churches, etc, and run by volunteers. They are a simple way to redistribute surplus food, whether from individuals or retailers/producers, to anyone who cares to take it. The emphasis is on reducing food waste, and the supply of food is not predictable or nutritionally balanced, but they can be useful local gap-fillers for people experiencing food insecurity, especially in rural areas.

The findings

Experiences of food insecurity Food insecurity is currently experienced by people in a wider range of situations than might be expected. Users of food support were commonly in employment, and might be highly educated, or homeowners. Those who experience multiple challenges, such as disability, low paid employment and single parenting, are not only among those most at risk of food insecurity but are frequently those who are least resilient to its effects.

Increasingly, the experience of food insecurity is for individuals and households an endemic problem, with no immediate solution, rather than a short-term issue. This changing challenge requires new forms of response. Although food insecurity is obviously a clear marker of financial hardship, the flexibility of expenditure on food, as opposed to fixed expenses such as rent and utility bills, means that hardship is often most acutely felt in this respect. We did not find extensive evidence of food insecure people lacking cooking skills. Almost all people interviewed, particularly those from ethnic minorities, said they cook from scratch, sometimes because it is cheaper, but often because it is better quality than ready-prepared food.

Accessing food support Stigma: One peer researcher succinctly summarised the overall picture, ‘people don’t want to come to food banks’. Within this, attitudes vary hugely: some feel no concerns about using support that is needed – often those who have not often found themselves being judged by others. Those with more complex lives, who frequently find themselves in a ‘needy’ category, can be much more sensitive to judgement: ‘[referrers ask] why do you really need one? And then they give you the third degree whenever you ring them, they make you feel terrible.’

Some practical challenges limiting access included: lack of free parking and opening hours which conflict with working hours. Some individuals said they had heard the quality of food available through food support providers was not good, although our research observed food available to be nutritionally balanced and of a high quality. Needing a referral is an additional barrier for many. ‘The

main reason I come here [is] for food, I would also go to a Food Bank, if it's nearby and accessible but I didn't get a referral to a food bank'.

BAME-specific experience People from black and minority ethnic (BAME) backgrounds often experience additional layers of challenge which can both increase their vulnerability to food insecurity and influence their access to food support.

Increased vulnerability: Some households of migrant origin may have financial responsibilities overseas, with a commitment to send remittances to family members elsewhere, which limits their disposable income beyond the standard outgoings of rent, council tax, utilities, etc. While there is no formal requirement to maintain such payments, there is often a heavy moral obligation, especially when overseas relatives do not understand the financial pressures of living in the UK. Migrants may be reluctant to discuss these commitments with financial support workers. The cost of the bureaucratic processes related to processing visa and citizenship applications is also substantial and was mentioned by several respondents: 'we have a big expense coming up with this visa application'.

In some migrant households, food was found to be central to ideas of self, hospitality, taste, family, and more. With these layers of cultural significance, the impact of food insecurity can be exacerbated; the difficulty of feeding a family turns from an essentially practical problem into one which challenges ideas of identity. In some cases, the necessity of providing a household with culturally appropriate or desirable food (e.g. halal products) involved greater expense.

Our research with asylum seekers accommodated in hotels revealed a particularly challenging situation, where cultural unfamiliarity, uncertainty about eligibility for support, challenges with transport, etc, are compounded often with recent trauma, and with a lack of cooking facilities: 'People in prison can get better food than me'.

Access to food support: Although the stigma attached to accessing food support is a universal obstacle, people from a migrant background are more likely to consider (inaccurately) that they are ineligible for support, either for administrative or moral reasons, which effectively deters them from seeking help: 'I did feel like a stigma, especially as an immigrant I felt like maybe I shouldn't be coming here'. People from a Bangladeshi background for example were more likely to seek support from friends than to access public food banks or food clubs: 'Sometimes friends offer me food as a gift'. A peer researcher commented: 'the Bangladeshi community [is] known for helping each other, for example restaurant owners are often in a position to help the poorer in the Bengali community'.

In addition, for some people from BAME backgrounds, the food available through foodbanks and food clubs was unfamiliar or unpalatable to them, meaning they derive less benefit from it, and might be put off seeking this kind of help: 'Home cooked food is better because you know it's clean'.

Recommendations

- An understanding of the varying obstacles to accessing food support, as well as the varying degrees of resilience to the impact of food insecurity, are important for all providers of and referrers to food support, and those who commission and support it.
- Similarly, we also need to understand the different mechanisms that exist to support those experiencing food insecurity. There are many new models to observe and learn from.

- The way in which we use the resources at our disposal to alleviate the effects of hardship in general, and food insecurity in particular, must be informed by both these things. New organisations might have creative solutions that break down barriers and improve inclusiveness, but they need funding to establish themselves of a sustainable footing, not just money for food.

There is a strategic decision to be made, informed by this evidence, about the balance we strike between finding ‘smarter’ ways to refine and better target support at those most in need, and the need to support collective, universal offers that open up the possibility of sustainable access to suitable food for all.

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Next steps

Partners across the county continue to work together closely to address the complex issues around food insecurity. There is a shared commitment in Devon to develop collaborative arrangements, funding and learning to ensure vital food support can be accessed by residents in greatest need. The Devon Food Partnership strategy is a central tool in uniting these efforts. The Devon Food Partnership and its allies will be a key foundation to addressing food poverty by building on local networks; sharing good practice; campaigning for targeted and combined action by public, private and VCSE agencies; expanding our knowledge of the challenges and solutions to food insecurity through research and evaluation; and supporting communities to overcome barriers to accessing food.

