



Shaping Places for Healthier Lives
Food Insecurity Project
Focus: South-West Shropshire
Engagement Report

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About Healthwatch Shropshire



Healthwatch Shropshire is the independent health and social care champion for local people

We work to make your voice count when it comes to shaping and improving services. We use a variety of methods to find out what people like about services, and what could be improved and we share these views with those with the power to make change happen. Our reports go to:

- the organisations who provide services
- the commissioners who pay for services (e.g. Shropshire Clinical Commissioning Group and Shropshire Council)
- service regulators (the Care Quality Commission, NHS England)
- our national body Healthwatch England to let them know how services are working in Shropshire



We are not experts in health and social care and use a variety of public engagement methods to ask people to share their views with us including

- Talks and stands at events or places where people gather
- Posters and flyers asking people to contact us
- Questionnaires and surveys on issues
- Focus groups and 1 to 1 interviews where we can ask people detailed questions

Please note

We continue to want to hear from people who are willing to share their views and experiences with us about Food Insecurity and we will share them with Public Health, Shropshire Council and the wider health and social care system to inform their work.

The context

What is ‘Shaping Places for Healthier Lives’?

‘Shaping Places for Healthier Lives’ is a joint grant programme between The Health Foundation and Local Government Association:

‘The programme aims to create the conditions for better health by funding local partnerships to take system-wide action on the wider determinants of health.’¹

Essentially this means that they want to encourage everyone in a particular area to work together to solve some of those big issues which influence population health and wellbeing, e.g. having clean air, access to healthy food and community support.

Shropshire Council was one of the:

‘Fourteen councils selected for stage three of the application process, they are being supported with a development grant of up to £20,000 plus expert advice enabling them to fully develop their final proposal through system mapping, developing a theory of change and building local partnerships. Final awards will be awarded to five selected proposals later this year [2021], up to a total of £300,000 over three years.’

Projects should be consistent with the aim of improving population health and designed to last beyond the lifetime of the programme. The Shropshire bid focused on understanding the issue of food insecurity in South-West Shropshire in order to identify solutions.

Who is leading this project and who is on the team?

In November 2019, Shropshire Council Public Health created a project team including colleagues from:

- Shropshire Larder
- Shropshire Food Poverty Alliance
- Shropshire Citizens Advice

¹ For more information go to: <https://www.local.gov.uk/shaping-places-healthier-lives>

- Healthwatch Shropshire

to work in partnership to prepare the local bid. (See Appendix 1 for detailed information on the Shaping Places Project & overview of the final bid.)

- ‘Food insecurity is a significant and growing problem for our population. It is a complex issue that has serious and long-lasting impacts on health and well-being. With this in mind it is important that we work together to prevent food insecurity, to intervene early to help reduce its impact where we can and to support individuals and families who are in crisis. No organisation can do this alone and so partnership working will be vital to success.’ Bernie Lee, Shropshire Council Public Health Consultant and Project Lead

What is social food insecurity?

Food insecurity is when you do not have enough affordable and nutritious food to help you live a healthy life.

Why did Shropshire Council decide to focus on food insecurity in South-West Shropshire?

The project team know that some people in rural communities can face additional challenges in getting food locally and need to travel to shop. This adds to any financial difficulties they may already experience because of lower wages and higher energy bills.

Also:

- A large proportion of the population of South-West Shropshire have a low income and experience fuel poverty² and food insecurity.



² ‘What is fuel poverty? We should all be able to stay warm at home. However rising energy costs, low incomes and energy-inefficient homes are restricting people’s options, leaving them in impossible situations like having to choose to heat their home, feed their children or pay their rent.’ <https://www.nea.org.uk/articles/what-is-fuel-poverty/>

- The population in South-West Shropshire is spread out over a large area into distinctive towns and communities. Nationally little research has taken place into rural food insecurity.

If successful in achieving one of the five final awards, the learning from this project will be used to tackle food insecurity in South-west Shropshire and help bring benefits across the Shropshire Local Authority area.

Executive summary

Between February and April 2021 Healthwatch Shropshire ran the public and organisational engagement for the Shaping Places for Healthier Lives Food Insecurity Project focused on South-West rural Shropshire. The aim was to understand people's experiences of living with food poverty and gather insight from the organisations working with or supporting them from the public and voluntary sector, e.g. food banks.



We:

- ran two on-line surveys (one for people with lived experience of food insecurity and one for organisations)
- conducted 11 interviews with people with lived experience of food insecurity
- led four focus groups involving people working across the public and voluntary sectors

The Covid-19 pandemic and national lockdown meant we had to alter the original plans to include face-to-face engagement and move to a more remote and digital approach, e.g. using phone calls and an on-line survey.

This report summarises what we heard from:

- 22 people with lived experience (11 through the public lived experience on-line questionnaire, 11 telephone interviews)
- 121 people from public and community sector organisations and 33 people who took part in the four zoom sessions

Main findings

Public (lived experience) survey findings

- Eight out of 11 (72%) of the on-line survey respondents had found it difficult to afford the food they wanted for more than a year.
- Nine out of 11 (82%) reported skipping meals to some extent in that time.
- Six out of 11 (55%) had used some level of food delivery. The reasons given by the other 5 for never using delivery from supermarkets were, 'not able to arrange this', 'could not afford a large shop' or 'were not able to use on-line shopping'.
- Four out of 11 (45%) travelled 5 to 10 miles to shops with 6 out of 11 (55%) shopping fortnightly or monthly.
- Four out of 11 (45%) had used a food bank and mental health services.
- Two respondents highlighted difficulties accessing mental health services.
- Eight out of 11 (72%) said they had good cookery skills.

Key issues identified in interviews with people with lived experience of food insecurity

The 11 lived experience interviews were able to take a closer look at the issues emerging from the other engagement strands.

The interviewees ages ranged from late teens to early 60s living in a variety of accommodation including rented, owner-occupied and shared accommodation after experiencing a period of homelessness. Those over 25 years lived with either partners, dependent children or family and described a more settled lifestyle. Many of this group were new to food insecurity following the pandemic due to a change in circumstances, a trend which was highlighted by food bank organisers during the online zoom session discussions.

Location

Those that lived in villages or hamlets (a very small village) reported the higher cost of buying food and essentials from local shops compared to those in a market town who had local access to Tesco and Aldi supermarkets. Travel costs reduced the amount of money people had available to spend on food.

Use of food banks

Eight out of 11 (72%) people we spoke to had used foodbanks. One person specifically said they would not use a food bank because of the stigma involved.

Whilst all eight reported a positive experience using food banks the main criticisms were the lack of choice in selecting food items and the availability of fresh food.

Financial support and budgeting

Four out of 11 (45%) of interviewees spoke about the delays and stress involved in seeking financial help and the difficulties they had experienced applying for help. In some cases, it was too difficult for them to continue and they gave up. One person told us they were not able to read or write.

Everyone interviewed struggled to make their money stretch throughout a month and the older group specifically spoke of their coping strategies. The younger group reported a higher level of difficulties with cooking/budgeting skills and described skipping meals. Some reported the lack of kitchen facilities available to them.

Impact on health

10 out of 11 (91%) reported significant mental health difficulties.

- ‘To be honest, generally we cope pretty well, the main effects are psychological I worry am I going to be out of pocket is always the question. This affects my self-esteem and I have had mental health problems as well, including a [relationship] breakup and I lost my dog this past week or so.’

Three out of 11 (27%) reported physical and mental health concerns which were worsened by the financial situation.

- ‘Stressful. The stress affects my [health] which makes me get poorly which makes me more stressed it’s a vicious cycle. The emotional anxiety makes my [health] condition worse.’

Difficulties accessing mental health services were again highlighted.

Organisational survey findings

We heard from staff and volunteers from a range of organisations including food banks, Shropshire Council departments, town councils, faith groups, growing initiatives, rural housing association and schools.

55 of the 88 (62%) respondents from the on-line organisational questionnaire 'agreed' or 'strongly agreed' that there is a significant issue with food insecurity in South-West Shropshire.

- 53 of the 88 (60%) felt that people living on low income did not have enough income to enable them to eat healthily.
- 50 out of the 88 (57%) of respondents described their job role and activities as directly working with those living with food insecurity.
- 22 out of the 88 (25%) said their role was either working in a food bank or referring people to food banks.
- 88 people (100%) described multiple activities within their role related to food insecurity indicating a good knowledge base and level of involvement with this issue.

Respondents reported the most common issues for those living with food insecurity were difficulties with accessing:

- healthy food
- affordable food
- adequate income from employment or benefits
- employment advice and services
- support, particularly mental health and financial support

Other issues identified were a lack of appropriate kitchen facilities and equipment, and a general lack of budgeting and cookery skills.

Respondents identified possible solutions for each of these issues:

- Some of them were specific to a particular area, for example community projects: 'Food sharing programmes to avoid waste', 'planning a locally grown food 'hub' for locals to buy and sell food' as community projects.
- Improved communication across public and community sector organisations was called for.
- Improved access to preventative help and support was highlighted including more opportunities to develop life skills (such as budgeting and cooking), for example by 'linking volunteers to individuals and families to advise/assist on shopping and cooking'.

On-line Zoom session focus groups with representatives from organisations

The 33 zoom session participants were from diverse backgrounds and worked across different aspects of food insecurity which led to very rich discussions and networking.

Participants elaborated on the issues identified by the survey respondents giving specific examples from their experience of working with people experiencing food insecurity.

As well as those already identified, other key issues discussed in these sessions included:

- impact of travel costs and difficulties keeping appointments
- lack of choice: shops and sources of employment
- difficulties understanding what help is available, where to seek this help, how to cope with complex forms which are required to be completed and the emotional resilience to be able to seek help whilst in stressful situations
- lack of ability to use a computer or smartphone
- difficulties accessing local welfare support from Shropshire Council, for example accessing the hardship fund

Solutions suggested by the participants emphasised that each of the five main towns (Ludlow, Clun, Bishops Castle, Craven Arms and Church Stretton) and the respective surrounding villages were unique. Different projects run within each distinctive area, there is different volunteer expertise, and different levels of enthusiasm in each community.

Current service provision and community projects which are being developed were described and the impact of the Covid-19 pandemic on these projects was explained, for example the Hands Together Ludlow meal delivery service.

All food bank organisers and volunteers reported a dramatic increase in demand during the pandemic, with the increase coming from those who are new to food insecurity due to a change in their circumstances such as loss of employment.

Essential food basket

A shopping basket of 20 essential items was developed by the Shaping Places team based on the lived experience responses. Healthwatch Shropshire volunteers conducted the price comparison exercise across five towns in South-West Shropshire covering the independent shops and major supermarkets within them. The price difference for the total cost of the items in the basket ranged from

£18.51 in Ludlow to £43.69 in Clun, a difference of £25.18 which shows the higher cost of shopping locally in rural locations.

Recommendations

Based on the findings of our engagement activities:

1. Whole system working - A system-wide approach is needed to address the issues that lead to food insecurity and its impact on people's health and wellbeing. The public and voluntary sector need to work in partnership to create services which are accessible and easy to navigate. One way to do this is to improve relationships with food banks and other community organisations.
2. Improved communication across the system to support more joined up working across the community and public sector, including direct telephone numbers available to food bank volunteers to enable them to refer directly to specific service teams/workers.
3. Needs assessments across health and social care need to include the impact of food insecurity.
4. Review the language used to decrease social stigma associated with seeking help. Ensure that information is presented clearly and meets each person's information and communication support needs in line with the NHS Accessible Information Standard³.
5. Referral pathways to be streamlined to make sure people are able to access the right support at the right time, e.g. GPs and Social prescribers able to refer to food banks, debt advice, sources of mental health support.
6. Ensure people in need are treated with compassion and empathy so that they receive the information and support they need.
7. Develop 'wrap around' support for people who are in financial need to prevent them reaching crisis, e.g. Advice First Aid training for frontline Health staff.⁴

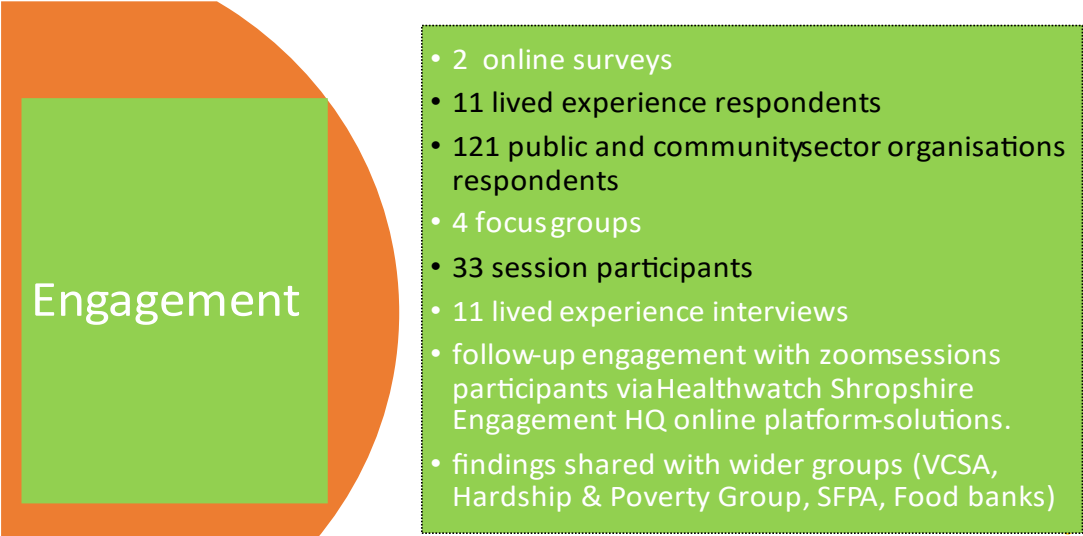
³ The NHS Accessible Information Standard is required under the equality legislation and applies to all NHS and social care organisations <https://www.england.nhs.uk/publication/accessible-information-standard-specification/>

⁴ One of the first examples of Advice First Aid Training was run in Wokingham <https://citizensadvicewokingham.org.uk/advice-first-aid/>

We also recommend further work is done to:


8. Understand how vulnerable individuals and families currently access support and the barriers they face to make sure they can get the support they need.
9. Understand the levels of rural deprivation being experienced by small population numbers over the large geographical area covered by Shropshire Council.
10. Understand the impact of rural health inequalities, to include the development of working definitions so that these can be taken into account when commissioning services.
11. To review access to services and organisations, e.g. impact of travel costs, availability of public transport, different ways of communicating such as phone or on-line appointments.

What we did



Engagement

- 2 online surveys
- 11 lived experience respondents
- 121 public and community sector organisations respondents
- 4 focus groups
- 33 session participants
- 11 lived experience interviews
- follow-up engagement with zoom sessions participants via Healthwatch Shropshire Engagement HQ online platform-solutions.
- findings shared with wider groups (VCSA, Hardship & Poverty Group, SFPA, Food banks)



Engagement methods

To hear from as many people as possible we decided to use a variety of engagement methods:

- Along with Shropshire Food Poverty Alliance, Healthwatch Shropshire contacted over 200 organisations raising awareness of the Shaping Places

Food Insecurity Project, inviting them to participate and asking them to encourage the people they worked with experiencing food insecurity to get involved (Appendix 2)

- We conducted an on-line survey for people with lived experience of food insecurity from February 2021 to April 2021 (Appendix 5)
- We conducted 11 individual ‘chat’ style interviews by phone, lasting for 20 minutes with people who identified themselves as having difficulty affording and accessing healthy nutritious food.
- We conducted an on-line survey for organisations both public and voluntary /community sector (including local businesses) whose roles involved working with those who are living with food insecurity from February 2021 to April 2021 (Appendix 3 Organisational on-line survey for public and community sector).
- We ran four zoom session focus groups each running for an hour for those organisations interested in food insecurity. We particularly wanted to know what was currently happening and what might help to improve the situation in particular areas. (Appendix 4)
- Healthwatch Shropshire Volunteers conducted a shopping basket price comparison to look at the price of 20 everyday food and household items from key supermarkets in Ludlow, Craven Arms, Clun, Bishops Castle and Church Stretton. (Appendix 6)

Other sources of information

The organisations leading this project had previous work which provided valuable local insight to the project team and helped Healthwatch Shropshire develop the engagement tools used (e.g. questions in surveys and Zoom sessions). Reports referred to included:

- Children’s Food Insecurity in Shropshire May 2021 Shropshire Food Poverty Alliance <https://www.shropshirefoodpoverty.org.uk/children-s-food-insecurity-in-shropshire>
- Shropshire Citizens Advice <https://www.cabshropshire.org.uk/wp-content/uploads/2020/03/FINAL-Council-Tax-Support-Impact-report.pdf>

Impact of the Covid-19 pandemic

First discussion around the approach to engagement for this project took place prior to the Covid-19 pandemic and the lockdown in March 2020. The lockdown in early 2021 coincided with the planned engagement for this project. Unfortunately, this made it harder to speak with those living with food insecurity and people

working with them. For example, initially food banks felt they would be able to speak with their customers and introduce them to the project. However, with the reduced face- to- face working, rather than speaking with people, they assisted by putting leaflets into food parcels asking people to complete our survey or speak to us about their experiences. The Healthwatch Shropshire Engagement Officer was equally not able to visit centres to speak with attendees and encourage them to share their experiences with us. The on-line surveys were designed, and the zoom sessions developed, to cope with the lack of face-to-face working. The zoom session focus groups did allow attendance without the need to travel, and numbers were higher than expected given the stress that services were under during this lock down period.

What we found out

The on-line survey for people with lived experience

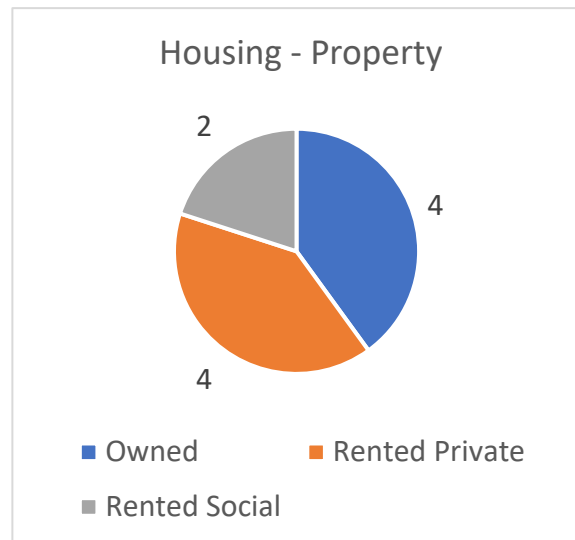
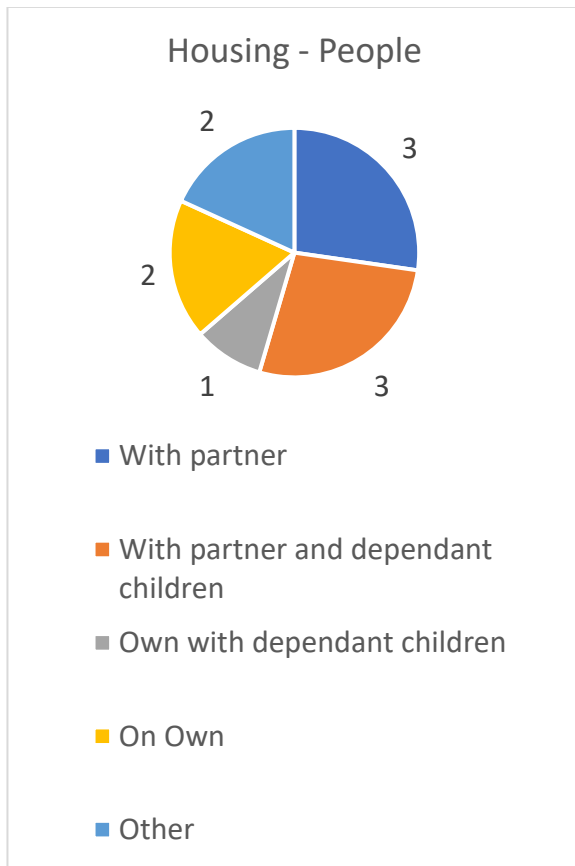


Ten were White British and 1 Asian, 1 respondent was aged below 30.

Location and Housing situation

We received replies from 10 people living across South-West Shropshire SY6, SY7, SY8 and one from East Shropshire TF11.

Eight people identified as living in a rural area, in a hamlet or village, and three in a town, demonstrating the rurality of most people completing the survey.

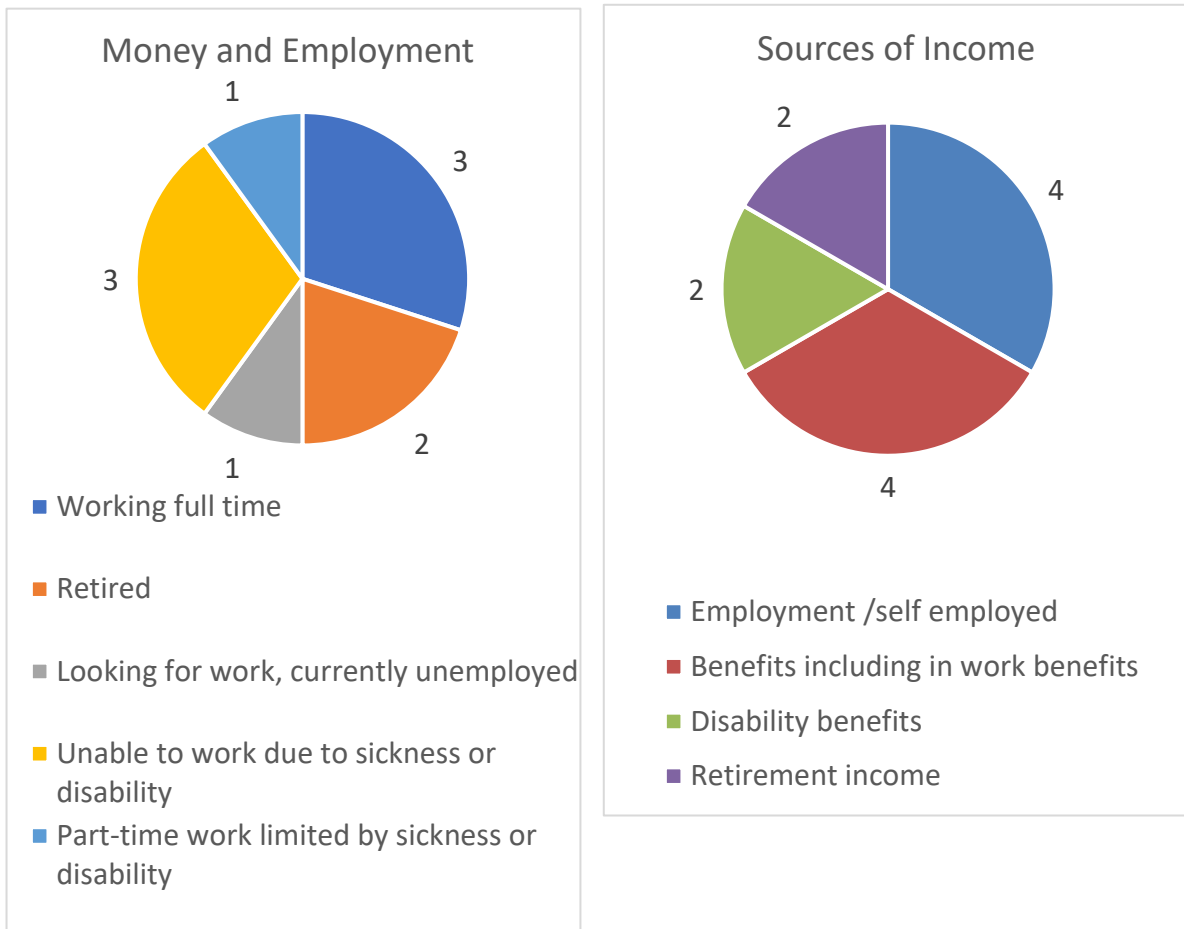


Disability and Sickness

3 people considered themselves to have a disability and 1 was ‘unsure’. Those with disability reported significant difficulties:

- ‘My [partner] and youngest do everything for me and our autistic [child].’
- ‘With great difficulty, as my health as deteriorated, but I cope.’
- ‘Motivation. Concentration. Going out is hard. Grip and physical ability to hold knife/opener etc.’

Income



50% of respondents who answered the question were working full time or retired. Respondents could have more than one source of income.

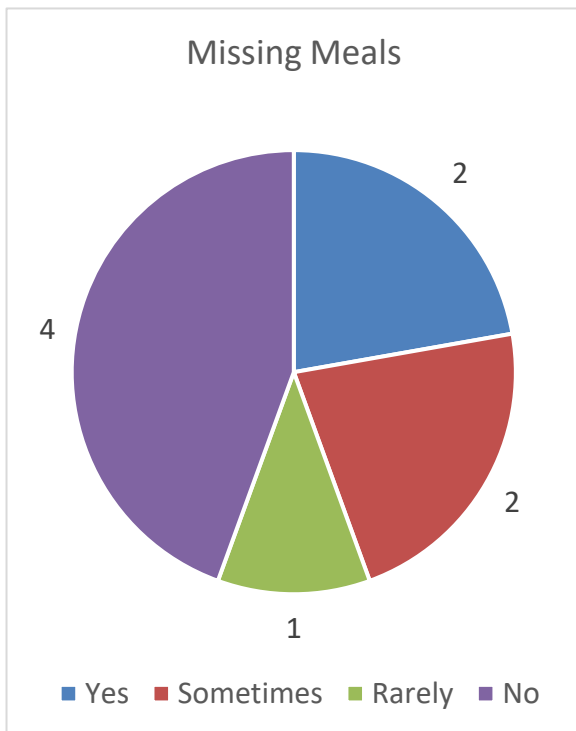
Shopping

8 out of 11 (72%) had found it difficult to afford the food they wanted to buy for more than a year and felt that this prevented themselves/their family from eating healthily.

- ‘I have taken food that has gone off by the time I get home. I would love to be able to get more local foods and meats.’
- ‘Cheaper to buy prepacked fatty food. Some fresh veg are expensive even from market.’
- ‘Due to ill health, lockdown and only two shops in Bishops Castle, yes it’s difficult. Especially when both these shops put their prices up at the beginning of lockdown last year.’
- ‘It’s cheaper to buy less healthy food than it is to buy fresh fruit and veg.’

One person specifically details price increases during the Covid pandemic. This is one of the reasons the project team felt it was important to compare food baskets. The Shaping Places Team developed a comparison-shopping basket and looked at prices in different locations (see Appendix 6 Price Comparison shopping basket contents and prices. For further discussion on the shopping basket please see page 47.

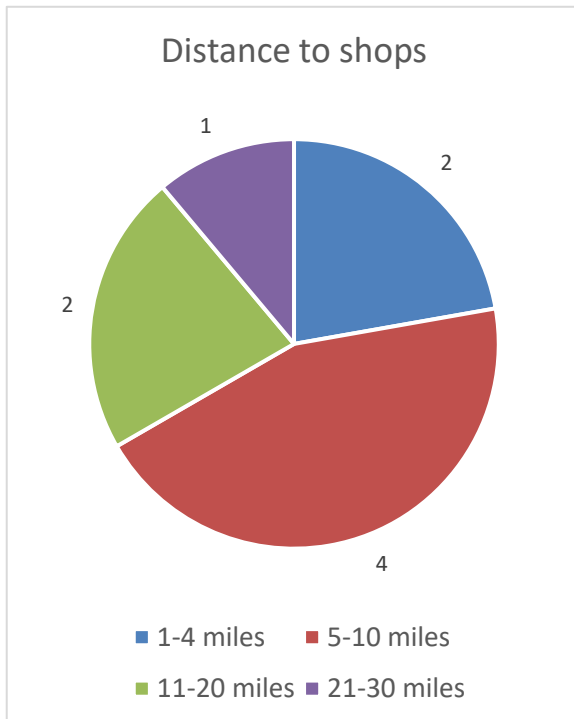
Question - Does this mean that you/or family skip or miss meals?



For one person this had a great impact due to diabetes:

● ‘[Health condition] and needing food regular [is an issue for me].’

Access to food



Eight out of 11 (72%) drove to shops, only one person reported walking. Nine people answered the question about the distance travelled to the chosen shops; seven people travelled more than 5 miles.

Six out of the 11 (55%) had food delivered. Out of the other five, one reported not knowing how to do this, another said that they:

- ‘Can’t afford a big shop to be delivered. Supermarkets often require a minimum spend of £40 or extra charges are incurred.’

One respondent had very specific reasons for not shopping on-line:

- ‘My blood pressure seriously rises when using a mask so I do a big shop and get in and out fast. I do not order online because the stories I hear talk of lack of choice and changes to orders. When you have a specific diet you need to take care with food.’

Only one person shopped two or three times a week. Six out of 11 (55%) respondents shopped fortnightly or monthly.

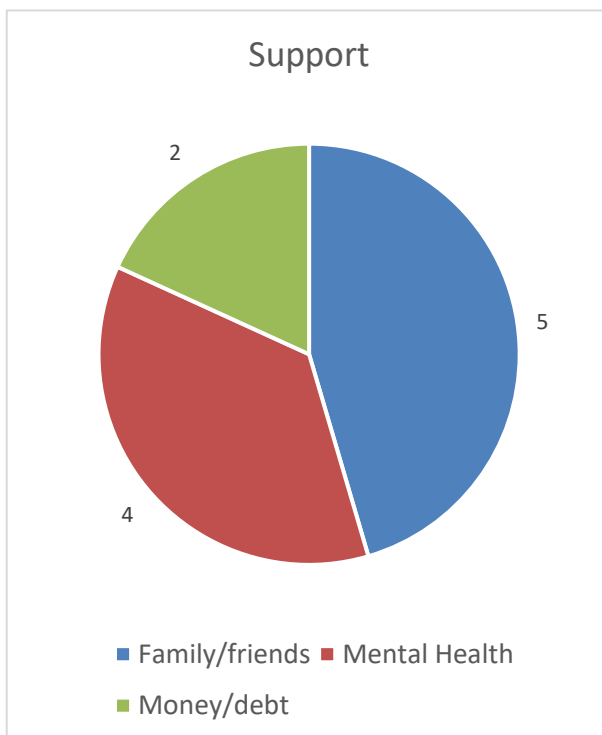
The most common reason given for the choice of shop was ‘cheaper than others’ reported by five out of 11 (45%).

Food preparation and skills

Eight out of 11 (72 %) reported having good cookery skills. All respondents had access to an oven, kettle, fridge and freezer. Eight out of 11 (72 %) reported having home cooked meals ‘daily’, only one person said ‘rarely’ and reported having ready-made meals daily. Five out of 11 (45%) reported never having takeaways.

Support

Four out of 10 (40%) people reported using a food bank.



Two respondents identified specific difficulty with receiving Mental Health Support:

- ‘Under psychiatric care and on meds, autistic [child] and unmedicated [mental health condition] partner! Left to paddle our own boat or sink by all services for over a decade now. In private rented accommodation never been able to have sustainable home security. Soul destroying.’
- ‘Waited 18 months so far for mental health support. Still waiting.’

1:1 interviews with people with lived experience

11 people shared their experiences of living with food insecurity in a 1:1 interview.

Talking with those that kindly took the time to speak with us we were able to ask detailed questions on issues relating to accessing food, income, cooking, support, the effects of coping on a low income and what would make the biggest difference to their situation.

Housing and Location

The interviewees live in a variety of accommodation including rented, owner-occupied and shared accommodation after experiencing a time of homelessness. Six out of the 11 (55%) lived in market towns with the rest in villages or hamlets.

Those over 25 years lived with either partners, dependent children or family.

Income

Again, the comments provided reflected the lived experience survey, with some receiving income from paid employment and benefits. All spoke of the difficulty in making the money last throughout the month:

- 'Hard to cope, money runs out through the month, electric bills all add up and your money just goes. Halfway through the month money starts running out. Can't eat all the time, start skipping meals halfway through the month. Tend to eat pasta, sandwiches, cereal, cheap and easy. Not best diet but ok, eat 3 meals day, love fruit/veg so ok.'
- 'Difficult - I always run over the budget as I just spend on what we need. There always seems to something extra and unexpected that we need. Having a child who is a fussy eater makes things harder. Christmas and birthdays are really hard. The middle of each month when the money starts to run out is worse. I end up eating whatever is in the freezer or cupboard in tins. We can eat some weird meals.'
- 'Christmas is particularly hard, it is easier when the [children] are in school they have a hot meal. I pay for school dinners for the older, the younger one has free meals. Harder when they are off school, summer holidays when there is no help for me.'

Coping strategies were highlighted:

- ‘We buy frozen food it lasts longer, so less travelling, and there is less waste, frozen veg and berries are much cheaper than fresh. I look out for food which is reduced. Healthier food costs more so the fruit and veg would need to be cheaper.’
- ‘I bulk buy groceries as always cheaper. I bulk freeze meals. What is hard is expensive things like nappies, also washing powder. We are vegetarians, I do buy frozen veg which makes it easier.’

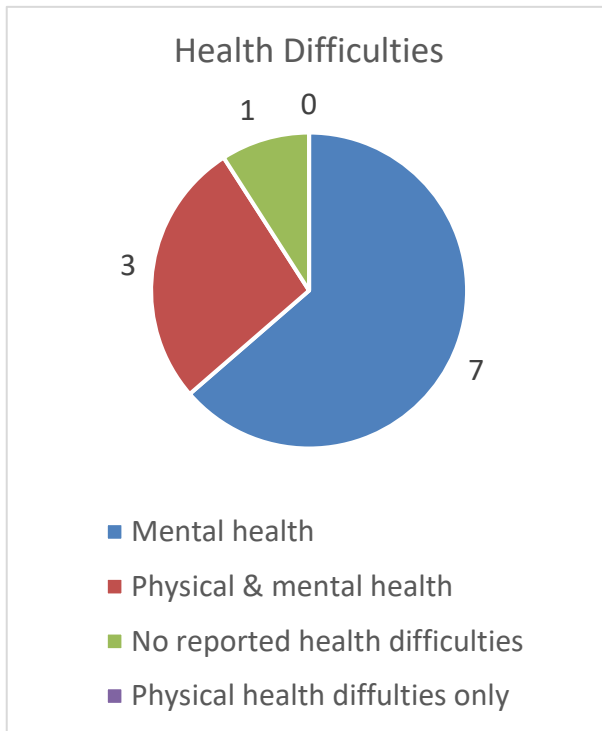
Improvement in budgeting skills was discussed:

- “Get money 2 weeks rather than monthly, helps with budgeting. I think my diet is fairly well balanced, I cook so not just using the microwave.”

For some living in shared accommodation following homelessness, they found it very difficult to cope:

- “I can’t remember the last time I ate three meals a day. You lose your appetite, your stomach shrinks. Mostly eat beans, toast, breakfast cereal whatever is here, never have proper veg meal. Not very healthy, not even three [a day]. Get about £100 which does about two weeks shop, you’re eating lots because you are hungry from the month before. When you are hungry you want to save energy and not do much. I’m skinny normally but when I don’t eat I get skinnier and that affects my self-confidence. You just need to save your energy. I do a big shop when money comes in but then when the food is gone there is nothing left and nothing for emergencies.”

Disability and Health Difficulties as discussed in 1:1 interview



10 out of 11 (91%) people made specific mention of experiencing mental health difficulties which impact their ability to cope with and live their lives. Three people reported experiencing both physical and mental health difficulties.

Only one person reported no significant health difficulties but did comment that it is:

‘Very stressful, not used food bank. It’s difficult when you are using everything up in week, finding end of the month just before being paid really hard but it’s been better recently, I’ve got better at budgeting. The difficulty really comes when the un- expected expenses happen like the car breaks down.’

Access to food

How easy or difficult it was to get to shops and supermarkets was highly circumstance specific. For those in Ludlow there was more choice and opportunity to shop around:

‘Easier in Ludlow than elsewhere: range of shops, walkable.’

Others in the hamlets and villages experienced greater difficulty:

- 'Fuel costs erode food budget.'
- 'It's 3 miles to shop. Sometimes have to walk, but with anxiety don't want to leave the house. [Manager] gets food bank stuff otherwise it would be hard to get that.'
- 'Distance from shops, you have to budget to travel so takes money away from food. It's been difficult with the pandemic to use the bus. There is a bus about every hour. This place is in middle of nowhere, everything is a distance away.'

Price variation of local shops was specifically mentioned:

- 'It is difficult not able to get the fresh food the same as we did, delivery slots are really hard, I was going over a month to get one. The local Tuffins⁵ is really expensive and not what I call fresh.'

The older participants (25+) talked about their access to cooking equipment and having the skills to prepare food.

- 'I bulk freeze (*home cooked*) meals. I shop at Tesco in Ludlow I find the fruit and veg keeps longer and is fresher than Aldi. We are vegetarians, I do buy frozen veg which makes it easier.'

Some shared accommodation provided access to well equipped kitchens plus help with cooking and budgeting skills. Two people only had access to a fridge freezer and microwave which they felt was an improvement from previous accommodation.

⁵ Tuffins Supermarket in Craven Arms <https://www.tuffinonline.co.uk/>

- ‘When I was in temporary hotel accommodation I just had a kettle, it was tins take it or leave it, but I don’t think it should be like this. I know how to heat up a can of soup with a kettle now.’

Support

Food Banks

Those who had received food from food banks commented:

- ‘In past used food banks - useful, quite pleasant people- would go back if needed, found out about them through Citizens Advice Bureau who rang up food bank and got a voucher we had to go at a specific time. Local Church helped us with money/food.’
- ‘Food bank once -they delivered food very helpful, some of it not nice.’

Some of the limitations of the food provided were highlighted:

- ‘Go to the food bank. Mostly all tins and gets a bit boring, you get in a rut with food. Same old thing put on the table, I could do with something inspiration.’
- ‘Food bank -not too bad, food decent, don’t like tinned fruit, not able to choose what I want. [in another town]) could choose but not down here.’

There were also two people who would not use a food bank as they felt there was a stigma attached to using them:

- ‘I haven’t used a food bank I don’t want charity or people to know anything. I wouldn’t want to be seen going to those places. Don’t get help from anywhere.’

Financial Help

Five interviewees highlighted the difficulties, delays and stress involved in seeking financial help:

- ‘I used to have a moderate to high PIP [Personal Independence Payment] but then they reduced it by £50, hoping to contest this, [family member] is helping but overwhelming. I’m reluctant to push and feel like giving up. Nothing is easy it is all made so hard. Everything is confusing.’
- ‘When I was first separated, I applied to the council for a hardship fund. It was very complicated forms, it’s really hard when you are already stressed. I have a degree but the forms were still daunting, and I can image some people wouldn’t bother and just give up. It would be better if there was someone to help you fill them in.’
- ‘It took three months to deal with universal credit. This period took most of our savings to pay the mortgage and buy food. My Partner retires next month, I’m worried the universal credit will go down.’
- ‘I get universal credit. Harder when skint, paid every second week, so the second week hardest. I’m waiting for PIP. I spoke with someone and they said I should have been getting it before now. I should try it, I’m hoping [family member] will help, it’s a big booklet and I’m not very good explaining how I am.’
- ‘I spoke to Shropshire Council, not very helpful; I spoke with a man but he was abrupt and short, he didn’t suggest anything else, no sign posting onwards. Hoped for money advice and help with the mortgage but didn’t get to find out anything, no information was given to me.’

Employment Support

Two interviewees are in paid employment, and one is a full-time student, one had been made redundant during lockdown in early 2020.

Difficulties around low income, opportunities for work and travel expenses were included in the information provided:



- ‘I have the hope that I may have another job which could lead to more like full-time work. The job is youth work in [Wales], another couple of nights per week, if lucky I could go up to four nights, which would be closer to a week’s worth of hours, this would help with my security. It’s hard trying to find people to give me a chance and with my experience. My first job after Uni was at a call centre, I lost money in that job as the travel cost more than I was paid so I had to stop after three weeks.’
- ‘Difficult at the end of month waiting paycheck. Hours - minimum wages and not enough hours is a big problem.’

Mental Health Support

Like the lived experience survey some interviewees had found arranging and receiving support from the mental health services difficult, e.g.:

- ‘I was meant to have a call last week at 9.30 but there was no call and no message. They rang [family member] saying I missed the appointment and so I’m discharged. Once I’m pissed off I don’t go back for more help, they refused to help me so I can’t go back to them..... I can’t read or write.’

Summary of findings from the lived experience engagement

The interviewees and lived experience respondents to the on-line survey can be placed into two groups:

1. 25 years and below, with less skills for budgeting and cooking, no dependants, limited social/family support networks and experienced homelessness.
2. 25 years and above, with partners or dependants and in stable living situations.



Whilst at different places in their lives there was a high degree of commonality in their reporting of the difficulties they experienced. It is interesting to note that both groups reported difficulties with:

- accessing support and advice
- the cost of travelling in a rural area
- mental health difficulties
- the expensive nature and lack of choice of healthy food options in more rural locations

Both groups described their coping strategies and, whilst the older group were able to explain more sophisticated strategies, neither group (except for one respondent) were able to ensure they had sufficient and nutritious food that could last a month.

It was of note that Covid -19 has caused specific difficulties and directly impacted one interviewee who for the first time found themselves coping with food insecurity. As a front-line worker with health problems, they were made redundant.

Although there were only 22 lived experience participants in total the themes and findings are in line with other current published work, for example in:

'The lived experience of food insecurity under Covid-19 - A Bright Harbour Collective Report for the Food Standards Agency' Caitlin Connors, Laura Malan, Siobhan Canavan, Fan Sissoko, Maria Carmo, Claire Sheppard & Fran Cook July 2020⁶

This report highlights issues like:

- income loss rapidly exacerbating existing insecurity and vulnerabilities
- 70% of this cohort experience chronic health problems and 65% long term mental health issues
- struggles to afford supermarket delivery fees

⁶ https://www.food.gov.uk/sites/default/files/media/document/fsa-food-insecurity-2020_-report-v5.pdf

- reductions in caloric intake and reduced nutritional quality (reliance on tins)
- stress
- stigma associated with using food banks,
- small savings reserves have been spent.

All these were strongly represented themes within our findings.

On-line survey for public and community sector organisations

The survey was promoted extensively by all partners to reach over 200 contacts.

We received 88 responses, 66 from the public sector and the remaining 22 from the community and voluntary sector.



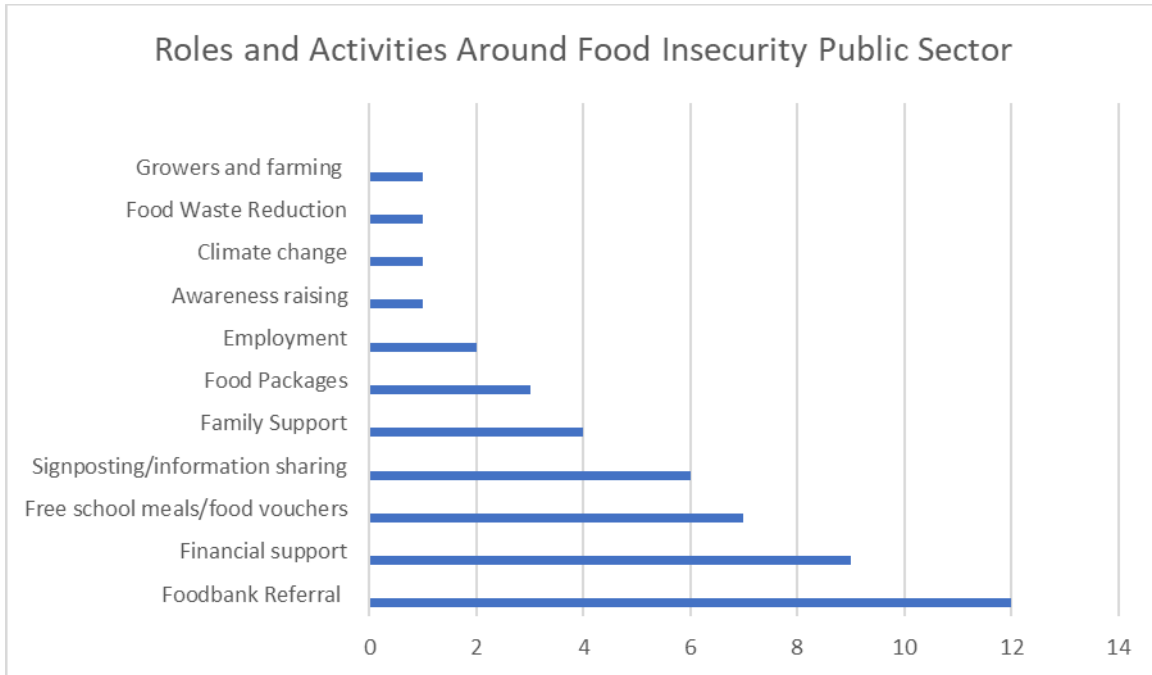
Primary Care and Mental Health Services were underrepresented probably due to capacity issues and other pressures caused by the pandemic. Therefore, should the project be successful and progress to the next phase of funding it would be very important to hear from these services.

(Appendix 3 gives details of the survey questions.)

Current activity from the on-line organisation survey

Public sector

29 out of 66 (44%) respondents said their role included activity relating to food insecurity:

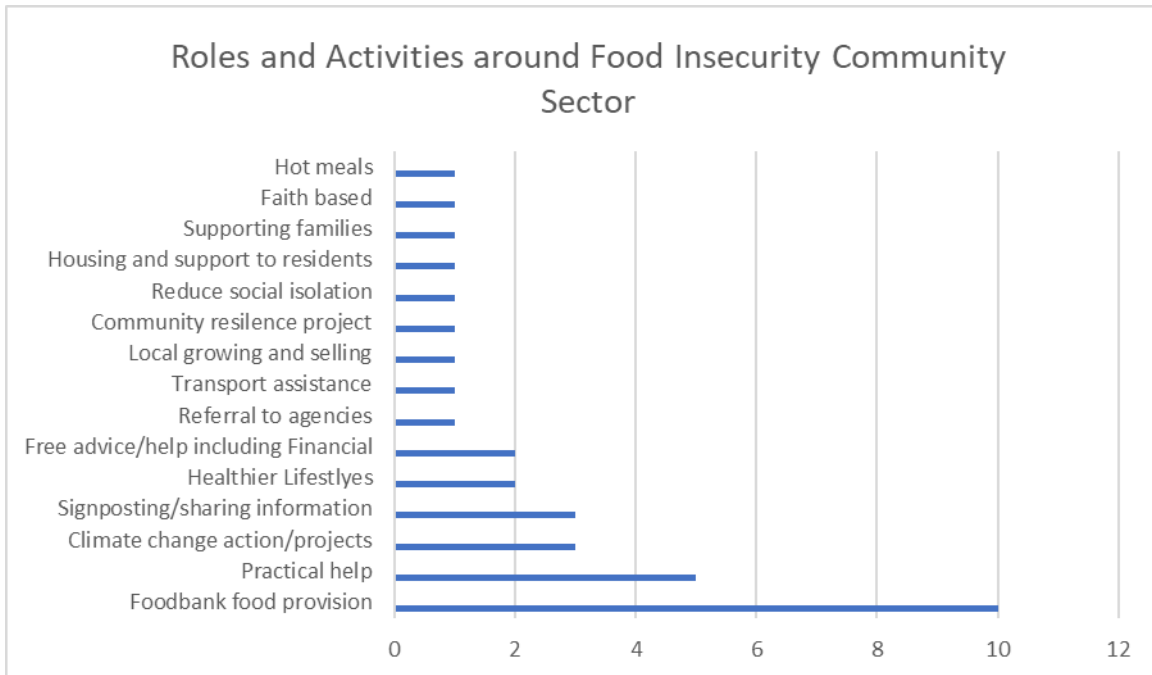


The role descriptions were complex and often cited a variety of activities in relation to food insecurity. Responses from the Community sector often described their roles in terms of specific locations, practical support/ help and direct contact with the person living with food insecurity. The financial support role included those referring on and those directly involved with benefit applications and administering local welfare grants. It also included those who help with budgeting skills such as mental health social work teams.

It is of note that given the high levels of mental health difficulties reported by the lived experience respondents (see page 24) apart from one, none of the roles specifically mentioned mental health support or referral to mental health services. It is possible that the respondents viewed referral/support for mental health as being under the more general descriptions of signposting and information. One respondent was from ENABLE which specifically helps those with long term mental health problems to gain and maintain employment.

Community sector

21 out of 22 (95%) respondents said their role included activity relating to food insecurity:



The roles described again were very varied and often contained multiple activities. These roles were often described in terms of specific locations, practical support/help and direct contact with the person living with food insecurity.

Looking at all the roles and activities covered demonstrates the complexity of the issues surrounding food insecurity. (Appendix 7)

The availability of healthy affordable food in South and West Shropshire from the on-line organisation survey

The survey was in the form of statements with which respondents were asked to rate their level of agreement. These were grouped into ‘access to food’ and ‘access to support’.

Access to Food: To what extent do you agree with the following statements?

- Food insecurity is a significant issue in South-West Shropshire
- People have enough income to enable them to eat healthily
- It is easy for them to get a food delivery
- Healthy food is available near to where they live
- Affordable food is available near to where they live
- There is a choice of places to get their food from
- Supermarket/food shops are easy to get to

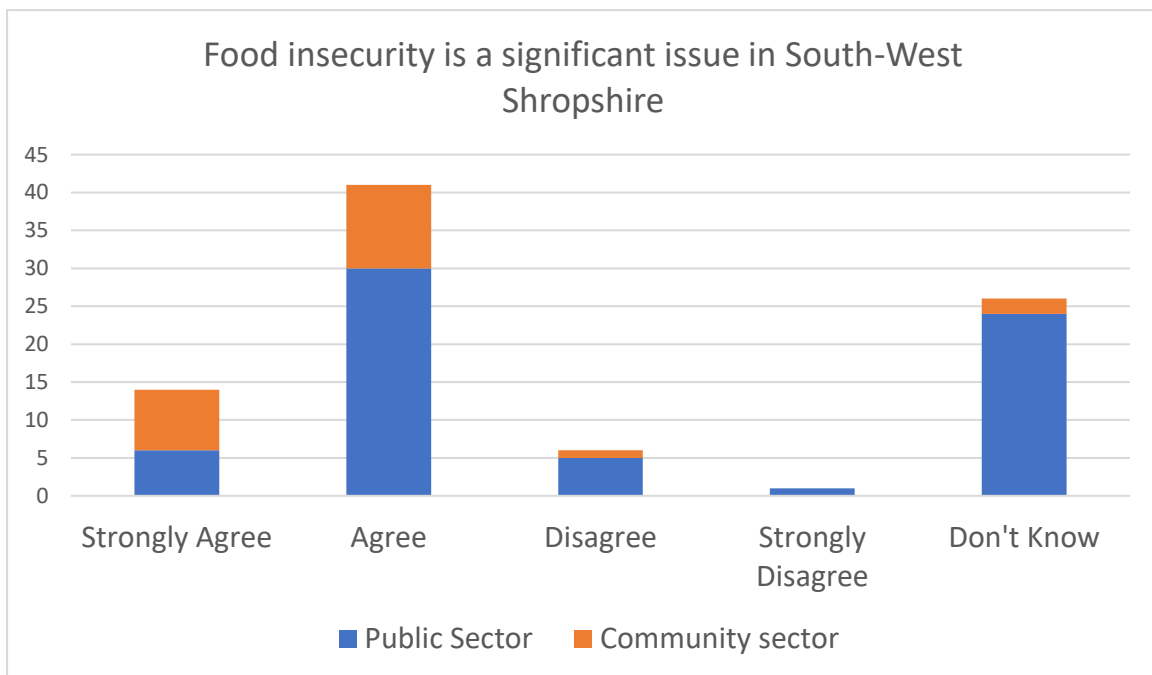
- They have access to transport to get to the supermarket/food shops
- They have access to kitchen equipment to cook a healthy meal
- They have good cooking skills

For the purpose of this report, we have pulled out responses to four of these statements. To have access to the full data please contact Healthwatch Shropshire. For our contact details see page 53.

Community and Public Sector Responses to Statements

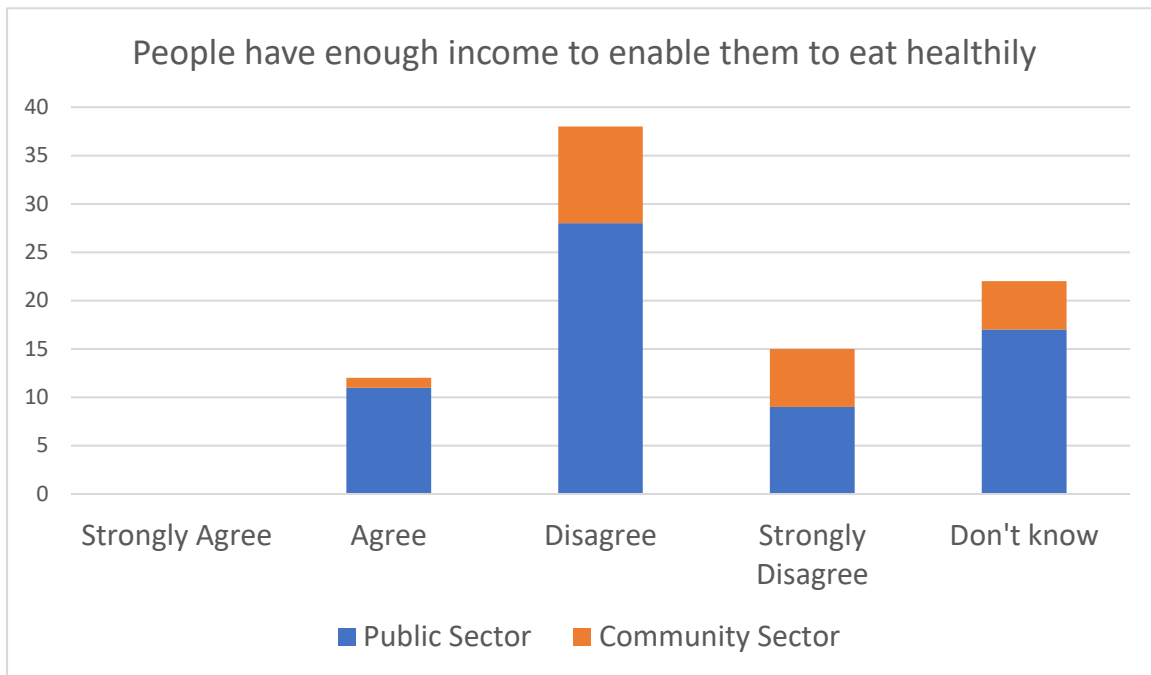
Access to food - To what extent do you agree with the following statements?

Statement 1: Food insecurity is a significant issue in South-West Shropshire



55 of the 88 (62%) respondents from the on-line organisational questionnaire ‘agreed’ or ‘strongly agreed’ that there is a significant issue with food insecurity in South-West Shropshire.

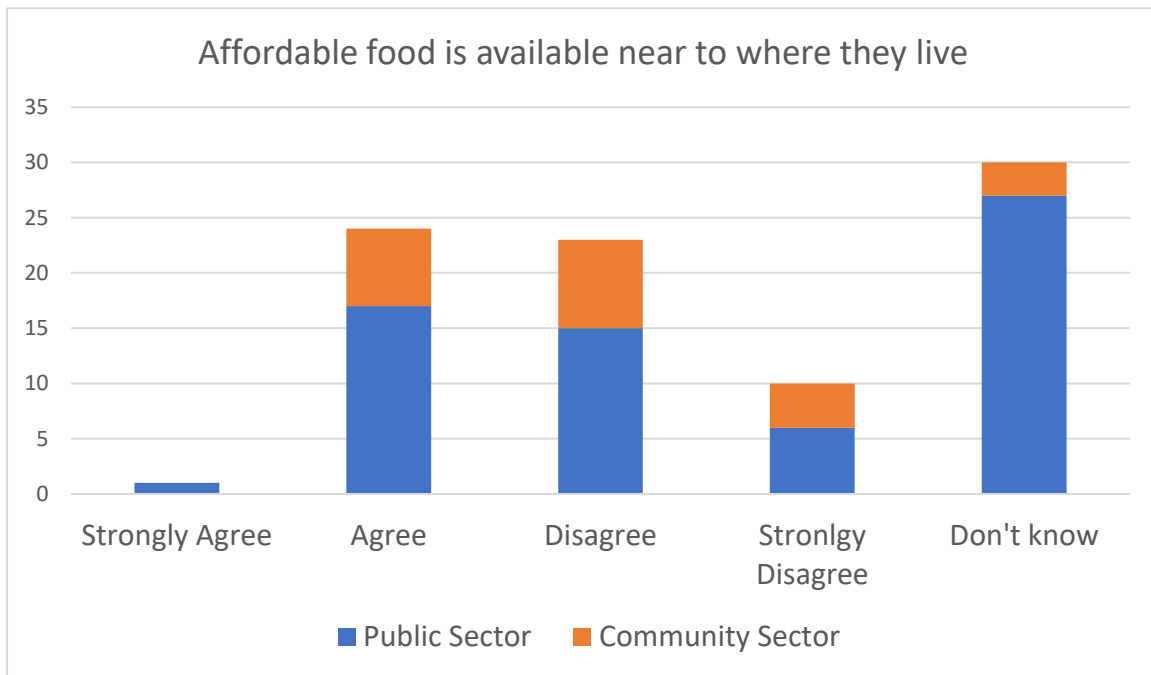
Statement 2: People have enough income to enable them to eat healthily



Combining the answers to the above statements we see that organisations, groups and services involved with those living with food insecurity believe there is a significant problem in rural South-West Shropshire.

This viewpoint is supported by other data gathering for this Shaping Places Project conducted by Shropshire Council Public Health, Shropshire Food Poverty Alliance and Shropshire Citizens Advice. (See Appendix 1 What we already know about Food Insecurity in South-West Shropshire)

Statement 5: Affordable food is available near to where they live



We heard from the lived experience survey and interviews, as detailed on pages 15 to 30, the direct impact of location. For example, it was easier to get to affordable supermarkets living in Ludlow compared to a more rural town/village.

Statement 7: Supermarket/food shops are easy to get to



Agreement and disagreement with each of the other statements varied although in general terms the table below gives an overall view of what the respondents thought.

Mostly Agree	Mixed	Mostly Disagree
<ul style="list-style-type: none"> • Healthy Food available • Choice of place to buy food 	<ul style="list-style-type: none"> • Affordable food available • Kitchen equipment available 	<ul style="list-style-type: none"> • Easy to get food delivered • Easy to get to shops • Good cooking skills

The availability of healthy affordable from the on-line organisation survey focus on access to support

Again, this part of the survey was in the form of statements with which respondents were asked to rate their level of agreement.

Access to support - To what extent do you agree with the following statements?

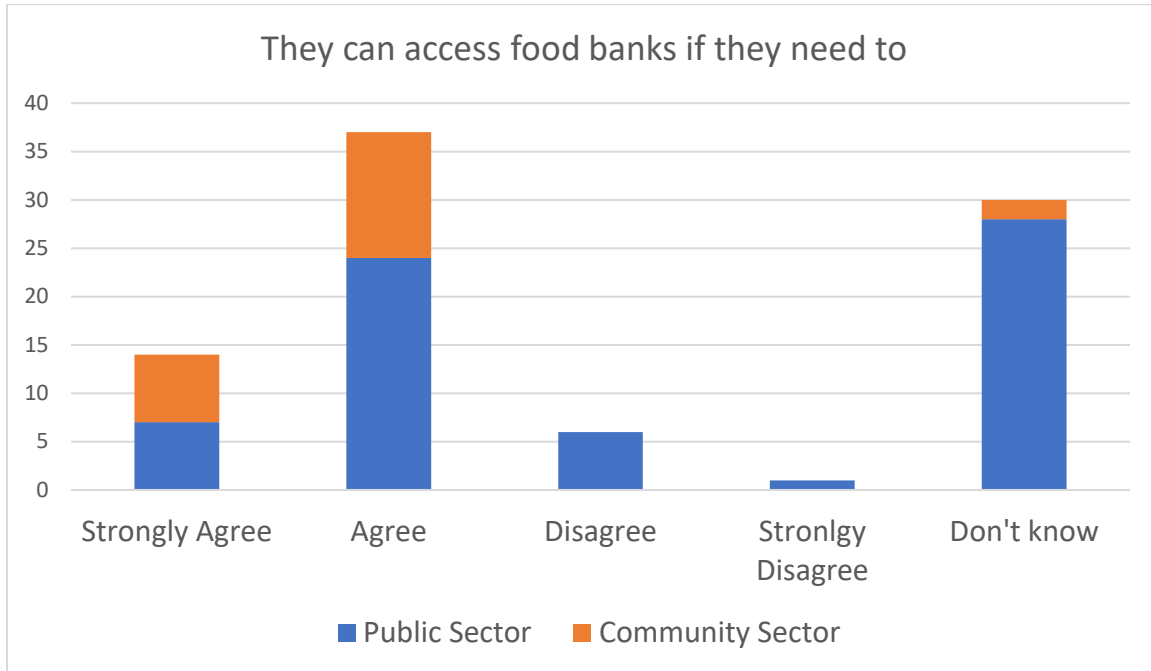
- They can access foodbanks if they need to
- There are local community projects which offer support
- It is easy to access money/debt advice locally
- It is easy to access employment support locally, incl. job centres
- It is easy to access mental health support locally
- It is easy to access addiction support locally
- It is easy to access housing support locally

For the purpose of this report, we have pulled out responses to three of these statements. To have access to the full data please contact Healthwatch Shropshire. For our contact details see page 53.

Community and Public Sector Responses to Statements

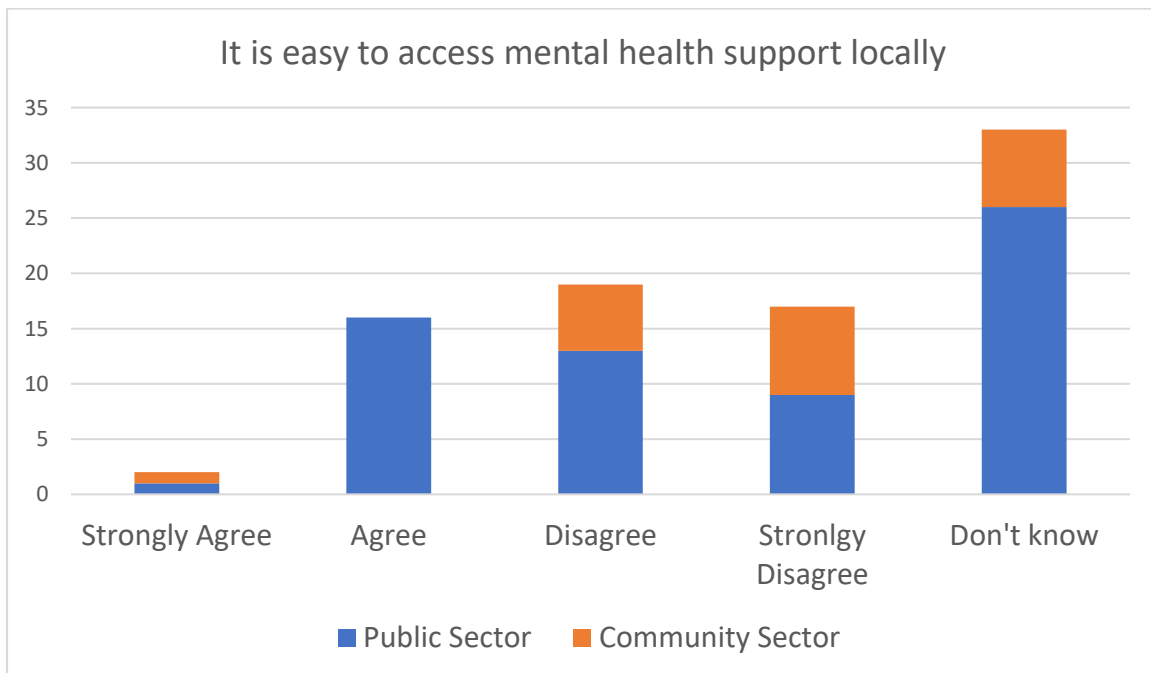
Access to support - To what extent do you agree with the following statements?

Statement 1 -They can access food banks if they need to



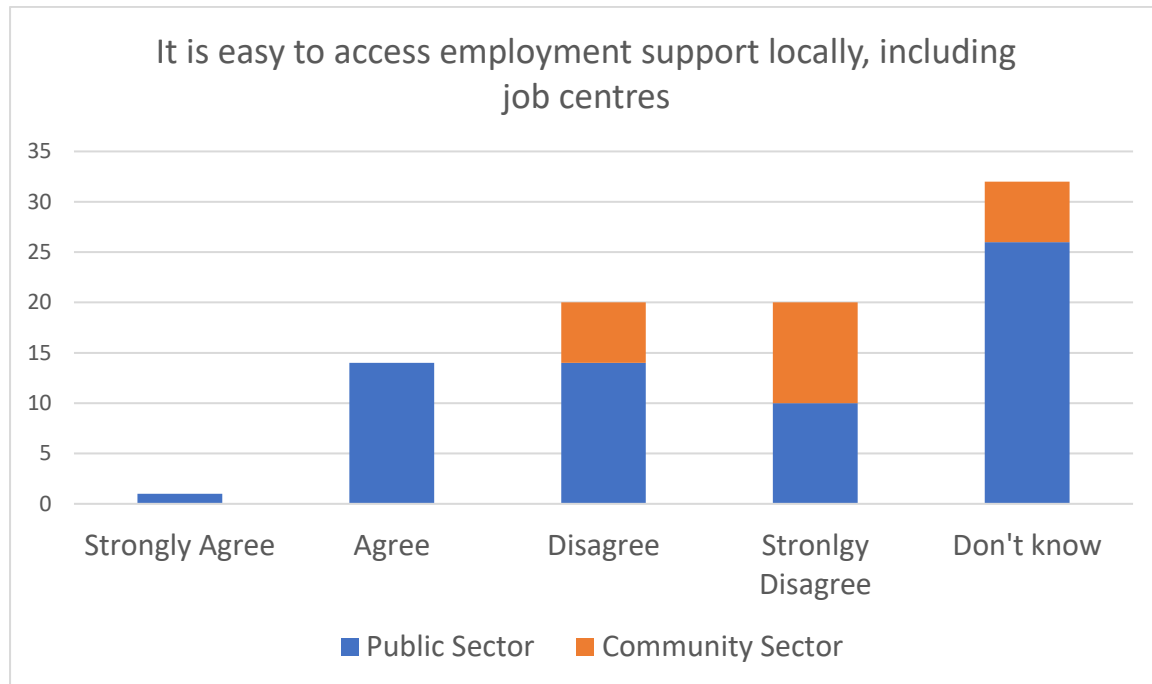
51 out of 88 (58%) either agreed or strongly agreed that food banks can be accessed by those who need them.

Statement 5: It is easy to access mental health support locally



36 out of 88 (41%) either disagreed or strongly disagreed that mental health support was easy to access. This viewpoint is strongly picked up by those with lived experience (see pages 15 and 30).

Statement 4: It is easy to access employment support locally, including job centres



None of the Community Sector agreed that it was easy to access employment support locally. We heard in the zoom sessions a high level of concern that people in South-West Shropshire must travel to Leominster to go to a job centre, a distance of approximately 20 miles from Craven Arms for example. We heard that without a car this is an expensive journey by train or a long journey by bus.

It is interesting to note the high level of ‘Don’t knows’, most statements received 30% to 42% of replies as ‘Don’t know’ from Public Sector respondents and 9% to 36% in the Community Sector. Whilst it is not possible to fully understand why respondents used this option it may indicate a lack of a wide knowledge base about all issues surrounding food insecurity and the support needs and what is available. It could equally reflect an awareness that provision of help and access to healthy affordable food varies in the southwest of Shropshire between the five market towns and their surrounding villages. It may also reflect those questions were not well enough defined in geographical terms to enable 30-40 % of respondents to have the confidence to answer.

Agreement and disagreement levels varied with each of the other statements although in general terms the table below gives an overall view of what the respondents thought.

Mostly Agree	Mixed	Mostly Disagree
<ul style="list-style-type: none"> • Access to Food Banks • Community Projects • Housing Support 	<ul style="list-style-type: none"> • Money & Debt Advice 	<ul style="list-style-type: none"> • Employment Support • Mental Health Support • Addition Support

Challenges and barriers faced by people in accessing healthy affordable food as described by the organisation on-line survey

In the next section of the survey, we asked people to:

- Please describe the barriers and challenges you are aware of that people face in accessing healthy affordable food

Free text responses allowed respondents to give specific examples which have been grouped by analysis into the following summary of key issues.



For the purpose of this report, we have pulled out statements relating to three of these key issues.

1. Access to healthy food

Comments included:

- 'Local shops are typically more expensive than supermarkets, with limited range and/or poor quality'
- 'Healthy and locally-produced foods are often more expensive'
- 'Too few local food producers supplying their area'
- 'Fewer shops in the countryside than in towns'
- 'Some people have difficulty getting to shops e.g. the housebound or those without a car'
- 'Public transport is expensive, infrequent, and in some places non-existent'

2. Access to income

Participants identified challenges and barriers as:

- 'Low wages, low benefit levels, benefit problems, debt, unemployment, job insecurity (particularly during the pandemic)'
- 'Lack of budgeting skills'

3. Access to mental health support

Comments included:

- 'Feeling ashamed and embarrassed at not being able to provide for families, asking for help'
- 'Stress, anxiety, demotivation, hopelessness (may have increased during the pandemic)'
- 'Not knowing who or where to go for support and advice'
- 'The stress of navigating benefits, housing, voluntary sector support systems'
- 'Those with mental health problems can at times find everyday life skills difficult'

To have access to the full data regarding the other issues identified please contact Healthwatch Shropshire. For our contact details see page 53.

Developing solutions as described by the organisation on-line survey

The final aspect of the on-line survey focused on solutions to food insecurity.

Respondents were asked:

- What would make the most difference to widening access to healthy affordable food?
- Do you have any practical suggestions to enable your idea to happen?

What else could be done?

A range of solutions were identified by respondents. Below is the summary of solutions grouped by the key issues identified as challenges and barriers to accessing health affordable food in the previous section above:

Affordability of Food -community projects including growing and sharing -distribution of surplus	Access to Healthy Food - community & mobile shops - public transport improvement - Meals on wheels - School meals - increased deliveries from supermarkets - improved broadband	Skills - cooking courses - Budgetting course - cooking in schools	Kitchens & Equipment - availability of suitable housing - solutions to fuel poverty - solutions to temporary accommodation	Acces to support - community support - debt support - Mental Health, addition, employment support - support after Covid - 19 - support long term conditions	Access to Income - job creation, secure and living wage - benefit checks to maximise income - encourage up take of Free School Meals, & Healthy Start - Credit Unions
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Image reproduced with kind permission from Shropshire Food Poverty Alliance

Examples of solutions mentioned:

- 'Provision of breakfasts in schools and nutritional school meals'
- 'Food sharing programmes'
- 'Food boxes as part of benefit packages, at cost'
- 'Expansion of food hubs'
- 'Something like OsNosh Community Interest Company (Oswestry), which prepares food'
- 'Somewhere for people to get a ready cooked meal at a non-profit price'
- 'Communal meals where ideas and expertise can be shared'
- 'Volunteer buddy/mentorship schemes to help improve meal planning and cooking skills'
- 'Support people to grow more of their own food (including community gardens / allotments)'
- 'Build on lockdown initiatives to help isolated people'

To have access to the full data regarding the other issues identified please contact Healthwatch Shropshire. For our contact details see page 53.

Zoom focus group sessions

The interim findings from the above on-line organisational survey were presented to the zoom participants and used as a basis for discussion.

From 47 booked Eventbrite tickets 33 participants attended across 4 sessions.

Each session followed a simple format:

- introductions from each attendee
- interim results from the on-line organisational survey presented
- key questions were proposed for discussion in the breakout rooms

(See Appendix 4 for details of the session plan, questions and discussion points.)



The focus of the sessions was identifying and discussing solutions to food insecurity. The groups all agreed the large geography and smaller population distribution across South-West Shropshire strongly influences the experience of those living with food insecurity and particularly highlights why 'one solution' to the problems will not suit all locations.

- 'A local community food assessment (*is needed*) as there is not one size fits all approach.' 'Solutions need to be local, any of the solutions could work but what will work locally.'
- 'Hubba run a community fridge scheme, there is an issue with the electric bill and needing someone to manage it as well. But they have gone down successfully.'
- 'One won a local authority recycling award. Smaller towns and parishes are different.' 'Solutions that make sense in an urban environment don't make sense in a rural environment.'
- 'Facilities seem to be in the north of the county, isn't anything in the South, train fares aren't cheap and buses not reliable sometimes you can get somewhere but can't get one back. [village name] and out in countryside very difficult. We have families on 80% income trying to pay 100% bills. The most vulnerable are often on the radar but it is those families who will not, because of the stigma, be seen going to the food bank. One family travel to Ludlow because they don't want to be seen in Craven Arms food bank, costing them money. These sorts of issues we can start putting right.'

(See Appendix 8 for the final summary of all the solutions.)

Solutions to food insecurity as discussed by the focus groups

Solutions fell into 12 groupings. The headings are given below with a few examples from each heading:

1. Improving awareness of food insecurity

- Improve frontline health workers awareness of food insecurity.
- Encourage GPs to screen for hunger and make food bank referrals.

2. Co-ordination across the support system
 - People in crisis often have multiple issues which need support. Create a system where the individual is kept at the centre.
 - Improve communication channels across organisations to ensure easier signposting and a package of support to be developed around the individual.
 - Develop routes to help people navigate the support system. Create a ‘navigator’ role to help?
3. Communication around food insecurity
 - Frame communications to avoid stigma
4. Crisis Support
 - Improve links between food banks and wider crisis support. Direct routes of referral for clients with multiple support needs.
 - Create routes for information sharing.
5. Access to services
 - Review how services are being delivered in South-West Shropshire. Do people want on-line/telephone access or face- to -face? Are services being offered in a way which suits the individual?
 - Review if face- to- face services are accessible within a reasonable travel distance (especially mental health & drug testing)
6. Access to advice and income
 - Improved rates of pay for people in low paid employment. Campaigns around real living wage and encouragement for secure job contracts.
 - Support to navigate the benefit system. Benefits checks to help maximize income.
7. Address transport issues
 - Provide services locally to avoid travel time and expense. When travel is unavoidable ensure appointment times take into account travel time and public transport availability.
8. Digital skills/access
 - Explore how digital skills can be improved. Intergenerational buddy projects?

9. Access to food

- Encourage shops to sell healthier food at a cheaper price. One idea would be to encourage the sale of more 'wonky' fruit and vegetables.

10. Community food solutions

- Explore community run solutions which increase the availability of low cost or free food (social supermarkets, community fridges, food hubs).

11. Improve food skills

- Run cooking courses to help people improve their skills and expand their food choices. Courses available for different groups (cooking in school, older men). Courses available in locations which are accessible. Ensure that courses reach and attract the people who would benefit from them most.

12. Housing

- Ensure advice is available to reduce energy costs
- Look at the policy of providing social housing without floor coverings

Summary

Link between suggested solutions and key issues surrounding food insecurity as discussed in the focus groups

Key Pink arrows indicate possible solutions
 Grey arrows indicate the issues surrounding food

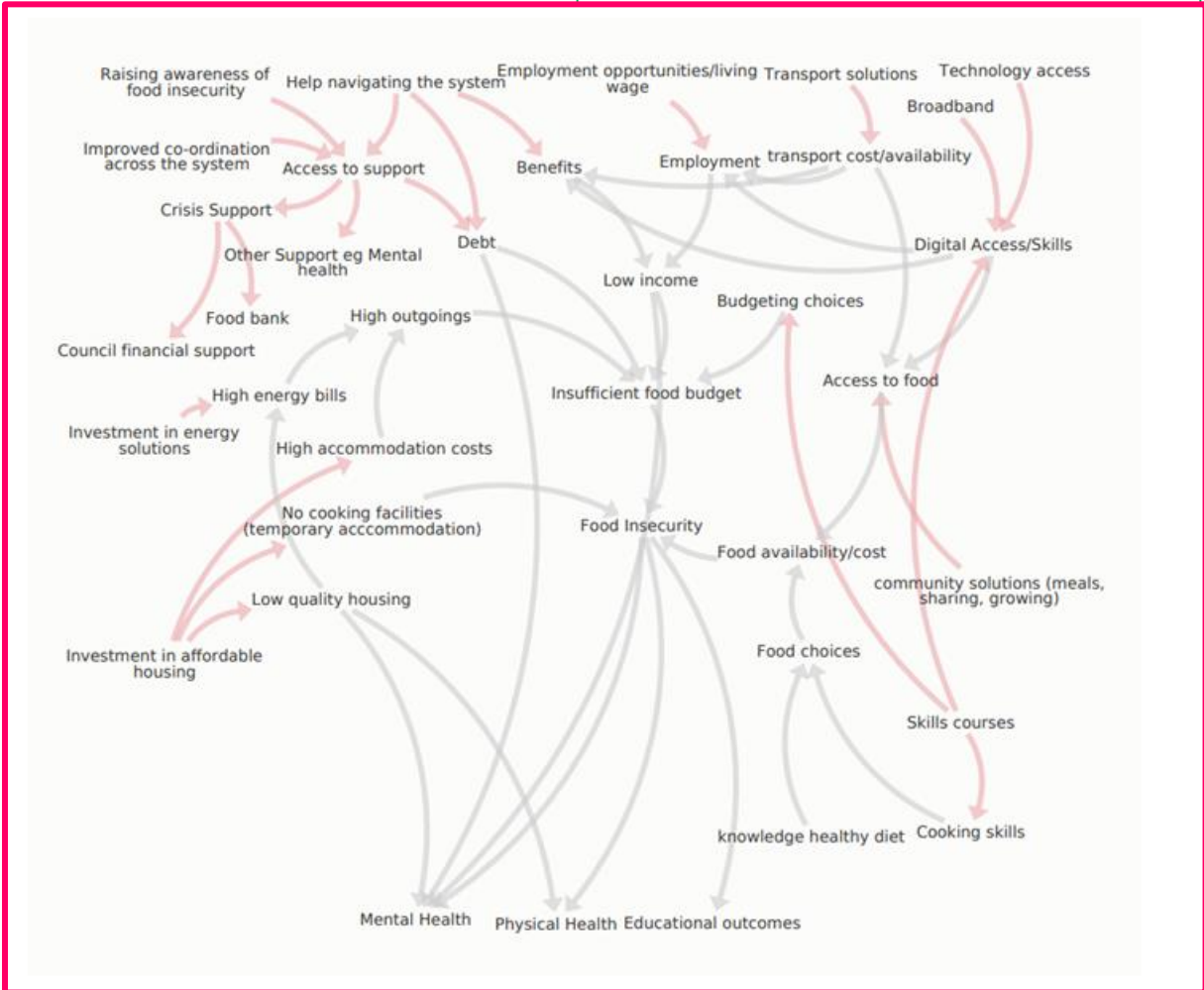


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For the final version of this diagram completed at the end of the project to summarise our findings please see Appendix 8 ‘solutions map.’

Shopping Basket Comparison price check April 2021

The Shaping Places for Healthier Lives team involved with this project developed a shopping basket list for this project of commonly reported essential items. Guided by the information provided from lived experience respondents a 20-item list was developed. (See Appendix 6)

Local knowledge from Healthwatch Shropshire and Shropshire Food Poverty Alliance identified key supermarkets in five locations and compared these to an ASDA on-line price guide. (Please note there are no ASDA supermarkets in The South-West of Shropshire). Healthwatch Shropshire volunteers researched prices at the stores identified.

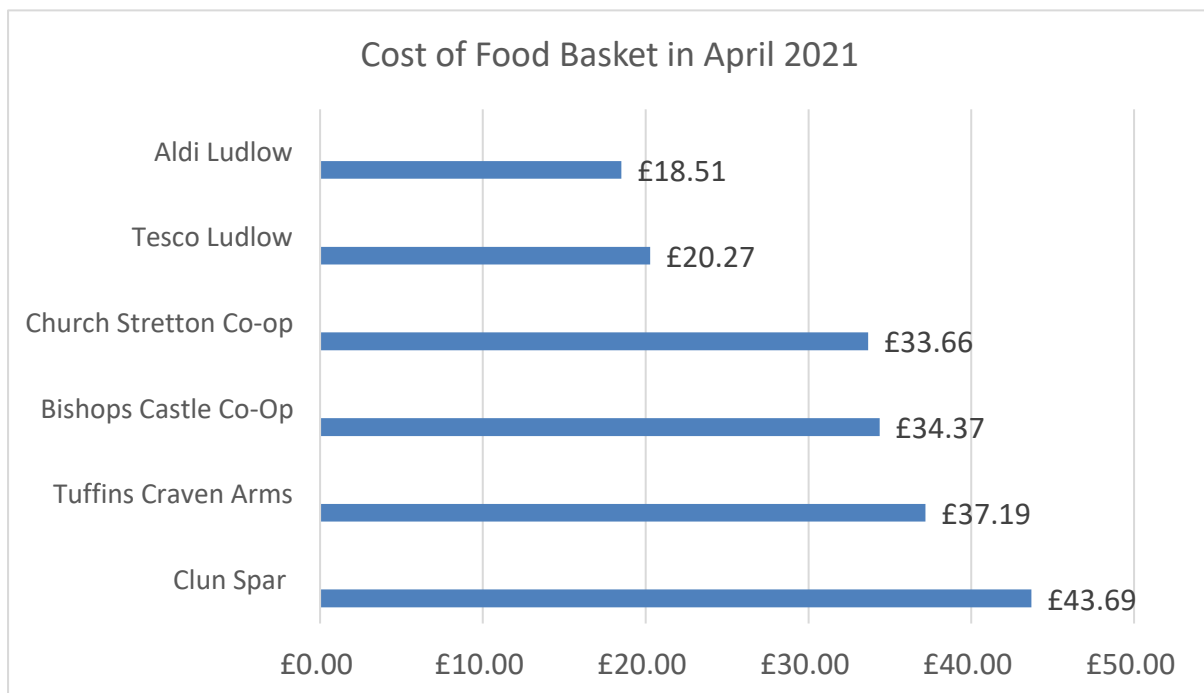




Image reproduced with kind permission from Shropshire Food Poverty Alliance

Please note: At Church Stretton Co-op not all the products were available which accounts for some of the price difference with Bishops Castle Co-op.

Other differences included the weight and size of the products available which varied from the original sample basket.

For example:

Clun Spar, Bishops Castle Co-Op and Tuffins at Craven Arms did not have size 0 newborn nappies in stock and therefore the price of the smallest nappies available was substituted.

The basket did not consider choice of products or special dietary provision such as the availability of gluten free items.

The lowest cost of the basket was Aldi at Ludlow £18.51 and the highest was the Spar at Clun £43.69. The Asda price comparison was £24.18. The impact of the high shopping basket cost at Clun with its limited bus service of one return bus a day Monday to Friday and no opportunity to shop around locally for many of the items illustrates the challenges people are facing in rural areas.

This comparison shows why people reported different experiences about the affordability of healthy food locally and why several lived experience interviewees and on-line survey respondents chose to travel rather than use the most local supermarket.

Next steps

On-line feedback from organisational participants

Zoom session participants and organisational survey respondents who indicated an interest in further involvement were invited to leave their comments on an on-line engagement platform.

32 people visited the site, 16 downloaded the documents but only 2 people left contributions. The page has run from May to July 2021.

It was unclear why so few people left comments; it is possible that people didn't want to sign up to the platform and were not familiar with this type of on-line engagement platform.

The information from the platform was then emailed to all zoom session participants and organisational survey respondents. This encouraged two more responses. Again, it is not clear why so few responded - possibly due to work pressures or perhaps most were happy with the suggested solutions to be taken forward for co-production should the phase 4 bid be successful.

Subsequent sharing of the suggested solutions by the Food Insecurity team within the wider system have meet with approval.

(See Appendix 8 for the detailed information provided on the on-line platform).

Further stages of the project

Shropshire Council Public Health is waiting to hear if this project will progress to the next stage. Healthwatch Shropshire may have a role in further engagement depending on capacity and time scales.

Shropshire Council Public Health Response

Healthwatch Shropshire received the following response to this report and recommendations from **Rachel Robinson Director of Public Health Shropshire**:

- The findings from those with a lived experience are especially stark and highlight this growing problem and its impact on people's health and wellbeing. I endorse the recommendations highlighted in the report and the need to work together with communities, the voluntary sector and with partners to tackle the stigma and issues raised through the research.

Shropshire Council Announcement

27/10/21

Shropshire Council receives £300,000 grant funding to tackle food insecurity



- Shropshire Council is delighted to have been awarded £300,000 over the next three years to tackle food insecurity in south west Shropshire. A project group formed of Shropshire Council public health, Healthwatch Shropshire, Citizens Advice Shropshire and the Shropshire Food Poverty Alliance secured an initial grant of £20,000 to enable in-depth research around the reasons for local food insecurity. A key element of the research was talking to individuals and families who had experience of living without access to affordable, nutritious food.

[Shropshire Council receives £300,000 grant funding to tackle food insecurity - Shropshire Council Newsroom](#)

Acknowledgements

Healthwatch Shropshire would like to thank:

Thank you!

- All on-line respondents
- The zoom session participants
- The organisations who helped us to arrange and conduct the focus groups and promoted the questionnaire.
- Special thanks to those who gave us interviews

We would also like to thank one of our Healthwatch Shropshire volunteers for their time and help analysing the data and comments we received. Thank you to other volunteers who conducted the price comparison food basket.

Get in Touch

Please contact Healthwatch Shropshire to share your views and experiences of this service or any other health and social care service in Shropshire. We gather comments anonymously and share them with service commissioners and providers to highlight areas of good practice and identify areas for improvement.

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