Fast-food, everyday life and health: a qualitative study of 'chicken shops' in East London

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Introduction

Excess consumption of fast food has been linked with a variety of health problems including obesity and type 2 diabetes (Jeffery et al., 2006; Pereira et al., 2005; Stender et al., 2007). Fast food is energy dense and nutrient poor compared to food prepared at home (Guthrie, 2002) and portion sizes have been increasing over the past 50 years (Young & Nestle, 2003). Fast food also contains industrially produced trans-fats which have been associated with risk of weight gain (Stender et al 2007) and products purchased from independent and smaller franchise fast food outlets, rather than from large fast food chains, may have higher energy content and use lower quality fats (Jaworowska et al., 2014; Shift, 2013). Fast food restaurants are also more prevalent in disadvantaged neighbourhoods compared to more advantaged ones (Fleischhacker et al., 2010; Jiao et al., 2015), suggesting that exposure to fast food outlets is likely to be greater for those on low incomes. Living near greater densities of fast food restaurants has been found to be associated with a lower likelihood of eating the recommended daily intake of fruits and vegetables (Timperio et al., 2008) and an increased consumption of fast food (Burgoine et al., 2016; Jiao et al., 2015). Consumption of, and proximity to, fast food has therefore been established as a potential risk-factor for diet-related poor health.

In the United Kingdom, the "Chicken Shop" has been a popular focus of concern, given their ubiquitous presence in urban neighbourhoods and their established place in urban youth culture. Chicken shops are outlets which specialise in fries (chips), deep-fried coated chicken pieces and chicken burgers in various combinations, typically served with a sugar-sweetened beverage (SSB) (Shift, 2013). Fried chicken is the fastest growing product in the fast-food sector in the UK, with growth concentrated within the independent and small chain retail sector (Meltzer, 2011). The

appeal of the chicken shop can be partly understood as a matter of cost and affordability. Chicken is a cheap product and chicken shops are low-cost and convenient (Boseley, 2016; McBain, 2013). Added to which, the format is easy to adapt to culturally appropriate diets of diverse urban populations, especially Halal.

In East London there have been numerous local initiatives to address the use of these establishments by school age children (Rayner, 2013; Shift, 2013). However, despite the health and social problems associated with, and ascribed to, chicken shops, these fast food outlets remain firmly embedded in the food and cultural landscape of London (Rhys-Taylor, 2017). At present, little is known about how chicken shops figure in the practices and experiences of local residents, and how they perceive them in relation to diet. There is an absence of public health social science research that examines chicken shops as a discrete sub-type of fast food outlet. Research and commentary that directly addresses the chicken shop is predominantly from charity, social enterprise, and national media sources [see (Boseley, 2016; Cadwalladr, 2015; Davis, 2015; Hughes, 2018; McBain, 2013; Shift, 2013)]. And yet, the popularity of fried chicken in the UK has been growing steadily since the 1990s. The independent chicken shop subtype has come to develop its own social, gustatory and sensory signatures (Rhys-Taylor, 2017). They are ubiquitous and recognisable spaces in which local residents frequently come into contact with each other. They have long opening hours and cheap and palatable produce that make meeting and spending time in them appealing, and are typically run by local entrepreneurs and families (Hughes, 2018; Rhys-Taylor, 2017). In this sense, they are community spaces with local and symbolic value and, as such, they warrant investigation as distinct features of local food environment in their own right.

An understanding of perceptions of the local community food environment is needed both to identify environmental barriers to improving diet and informing strategies to overcome them (Jilcott

et al., 2009). There have been calls for researchers to explore the perceptions of those local populations with high exposure to fast food outlets, and to observe how those food outlets are used (Caraher et al., 2016). The aim of this paper therefore is to explore local perceptions and experiences of chicken shops in Newham, a low-income neighbourhood in East London. In doing so, it will address the following two objectives. First, to describe the ways in which local residents frame chicken shops as part of the food environment and in relation to dietary health. Second, to characterise the ways in which local residents described using chicken shops in relation to their health and health-related practices.

Methods

The data used in this study were drawn from the qualitative component of a larger mixed-methods study of local perceptions of neighbourhood change associated with the London 2012 Olympic Games (Smith et al., 2012). Two waves of data collection were conducted: the first in 2012 and the second in 2013. The rationale for collecting two waves of data was to capture perceptions immediately after the Games (a matter of weeks) and then follow-up on the stability and consistency of these initial perceptions a year later.

Recruitment and Sampling

Qualitative data were generated from a family sample and an adolescent sample. At wave one a total of 66 participants took part, with 40 participants retained at wave 2.

All of these participants were recruited directly or indirectly via the quantitative component of the larger study. In brief the quantitative component included a prospective school-based survey of adolescents (11–12 years at the time of initial recruitment) drawn from 26 schools across four London boroughs. Subsequently, parent data was collected through face-to-face interviews at home. Effectively, children were recruited through their schools and parents were recruited through

their children. Informed consent was obtained from head teachers, adolescents and parents. The qualitative subsamples were recruited from this cohort as detailed below.

i) ***Family sample:*** Recruitment for the nested qualitative study was initiated by contacting parent participants who had indicated during the survey interview that they would consider taking part in further qualitative work. This was followed up with a telephone call inviting these parents, their adolescent children (who were also participating in the quantitative component) and any other household members who wanted to take part in a family interview. In this sense, the parents acted as gatekeepers for the further participation of family members. A total of 40 participants were initially recruited in this way; consisting of 21 adults (8 males and 13 females) and 19 young people (10 males and 9 females aged between 11 -14 years).

ii) ***Adolescent sample (aged 12-15 years):*** Recruitment for this sample was undertaken after the family interviews and sought to recruit a completely separate group of young people. Three schools participating in the quantitative arm of the study were approached and agreed to take part in the qualitative data collection. At each of the three schools, a key school contact, who served as gatekeepers for qualitative recruitment, was asked to select up to 9 students to participate in a half-day video focus group workshop. A total of 26 young people were initially recruited in this way from across the three schools; 12 boys and 14 girls (aged 12-15 years).

Data collection

Data were collected at both waves using the following methods (i) narrative interviews and go-along interviews with the family sample (ii) School video focus group workshops with the adolescent sample.

Narrative family interviews and go-along interviews

Twenty family interviews were conducted at participants' homes. Mostly, these involved two people (a parent and child pair recruited from the quantitative component). This format accounted for ten of the 20 interviews. The largest family interview involved four members of the same household. In all cases, the adult or parent participant was given the choice between being interviewed alone (as two chose to do) or including members of their family in the interview, thus allowing the participant to judge whether or not a joint (family) interview was appropriate. Additionally, flexibility was built into the process, with members of the households 'dropping in' to contribute to the discussion as they saw fit (Voltelen et al., 2017). In effect, this gave the interviews an informal feel. The core adult-child pair were typically the focus of the interview with other household members coming in and out of the room (sometimes staying for the duration) and joining-in when they wished or were called upon to by those already talking.

The interviews were used to examine how wider cultural discourse about Olympic regeneration and change featured in participants personal narratives and how this was achieved in interaction. Participants were asked, at both waves, to characterise their local area in terms of aspects such as safety, opportunities for physical activity, the food environment, the quality of local schools, and new developments in the area relevant to the regeneration. At wave two, we asked the families to revisit their original narratives and update us on events between waves. Interviewing more than one family member at a time highlighted how shared narratives are dialogically constructed as individual family members negotiated the emerging account of their lives (Maybin, 2001).

At both waves, families were also invited to participate in go-along interviews (Carpiano, 2009); taking a researcher around a local place of personal significance to them and talking about that place whilst walking around it. Six participants went on go-alongs at wave one and four at wave two.

Adolescent data collection: School video focus group workshops

Half-day workshops were organised at each of the three participating schools. The focus group format was used as it generates co-constructed accounts within a social context that illuminates shared values (Robinson, 1999). We designed a programme of discussions and visual data generation activities for the workshops [see (Thompson et al., 2017) for a full description and rationale). In summary, the first half of each session was a focus group interview on participants' perceptions and experiences of the Games and of their local neighbourhoods. Participants were prompted on aspects of their local neighbourhood including crime and safety, new building developments in the area, the local food environment, and their views on school. After which the participants were split into small groups and given the task of interviewing each other about subjects arising from the focus group discussion. The conversational nature of this method reflects the way children and adolescents discuss issues both within their peer groups and in classroom settings (Krueger, 1994). The sessions were video recorded so that they could be viewed by these participants at the next wave of data collection and serve as a prompt for reflection. Participants were asked, in their groups, to comment on clips of video footage and update us on how, if at all, their perceptions and experiences had changed since we last saw them.

Ethics and informed consent

For the family sample the lead-adult (parent) was provided with a study information sheet, a consent form, a verbal explanation of what would happen to their data and their right to withdraw at any time. These participants were positioned as family gatekeepers. The proposed content of the interviews and the invitation for other family members to participate in the (joint) family interview were discussed on the telephone at the recruitment stage and again whilst obtaining informed consent. This was intended to make the process a participant-led one, allow scope for participants to change their mind and avoid contriving interactions that would challenge or strain existing family dynamics in the household (Voltelen et al., 2017).

For video focus group workshops, contact teachers were provided with opt-out parental consent forms and information sheets to pass on to the parents of those adolescents selected to participate. Separate consent forms and information sheets were distributed for the interview data and video footage. Full ethical approval was obtained from the Queen Mary Research Ethics Committee (QMREC/2011/40).

Data analysis

NVivo9 software was used to facilitate a narrative analysis of the complete dataset. Specifically, the narrative interviews, go along interviews, and audio recordings from the video focus group workshops were all transcribed verbatim and combined into one data set for analysis. The video data were not subject to a separate multimodal analysis – given that its primary function was to serve as a reflective prompt at interview – rather, it was combined with all the other data (both family and adolescent) into one data set for a narrative analysis.

Narrative approaches are particularly useful for understanding lived experiences of health because they examine how social conditions are perceived and handled and, thereby, how they shape behaviour and interpretation (Squire, 2008; Williams, 2000). We approached analysis in two ways. Firstly, narrative episodes were identified in the data. A narrative episode is a section of talk that tells a story – or segment of a story – about a particular topic that is structured around an action, incident, development, event, or perceived instance of cause and effect. For example, this could be an account of how someone got a new job or how they experienced the disruption caused by building works around hosting the Olympic Games. These narrative episodes were then used to produce a list of core narratives (the most dominant and frequent types of stories arising from the data set) for comparison across waves and cases. Then, the progressions and sequencing of themes into narrative sense-making was identified and described (essentially, looking for common devices,

assumptions and values). Secondly, we examined the ways in which speakers deployed wider cultural discourses within their personal narratives and drew upon shared meanings (Greenhalgh et al., 2005; Milligan et al., 2004; Squire, 2008). Specific questions on chicken shops were not included in the original topic guides. However, in interviews and focus groups, chicken shop narratives figured frequently and consistently across both waves of data collection in participants' descriptions of the local area and when talking about change. Closer examination of these narratives highlighted the contradictory ways in which chicken shops were perceived and used by residents.

Results

Chicken shop narratives had three defining and somewhat contradictory features: accounts of these establishments as ubiquitous and unhealthy spaces; descriptions of chicken shops as part of everyday life and valued community spaces; and explanations of how consuming chicken shop food can be 'healthy' and part of a healthy lifestyle. These characteristics and the way they were resolved in narrative are described in the sections below. Pseudonyms are used throughout to refer to participants.

Chicken shops as the defining feature of an unhealthy food environment

Residents were very much aware that chicken shops were the dominant format of fast food outlet in the local area. Participants did not perceive their local area to be one that promoted health or was easy to lead a healthy life style in. The primary reason given for this was the ready availability of fast food and an unhealthy food environment. As one participant put it, *'half the shops are fast food shops'*. Nearly all references to fast food in the area included at least a mention of chicken shops. In fact, chicken shops were overwhelmingly mentioned first and described in more detail than other types of fast food outlet. The topic of chicken shops almost always came up when participants' were asked the question *'is Newham a healthy place to live?'* They invariably answered *'no'*. Jim, a 13 year-old, succinctly summed it up during a wave two focus group discussion when he gave this

description of his local neighbourhood:

Everything kind of kills us, that the food that we eat from like the chicken shop and stuff, like the air that we're breathing and like everything, like the stress of going through for money and stuff, I think that it's not that kind of environment you would like to grow up in.

Jim made very clear links between health and the local environment, stating that chicken shops were one of a number of environmental risks to health that could 'kill' local residents. This account of Newham having a problematic food environment dominated by fast food outlets, and most especially chicken shops was described multiple times across both cases and waves. This unhealthy-food-environment narrative was juxtaposed against a framing of the unhealthy food environment as an attraction for people to spend their time and money locally as an extract from an interview with Hifza, a mother of 4, shows: during a wave one family interview.

Interviewer: Do you think Newham's a very healthy place to live?

Hifza: No …. Green Street itself every other shop is like a chicken, chips or a kebab shop or something like that, you know. I think people what I see they actually come down to this area first thing in the morning to evening because they know they can eat, drink and go back. They probably do that in other areas but here and it's all the fatty foods and everything like that. Then, you know, you get tempted, you know, to go and buy things now and again and all that. I wouldn't say itself they're [the Local Authority] doing much to make it healthier because if anything you're getting more of these opened.

Hifza describes the main road she lives by, Green Street, as full of fast food restaurants and becoming ever more so. Interestingly, she describes this fast food environment as harmful to health but tempting. The notion of temptation was widely used to explain the popularity of chicken shops, and fast food outlets more generally. Chicken shops are 'tempting' places. Their presence, their smell and the products they sell 'tempt' people into frequenting them. As Hifza reports, sometimes she gives into this irresistible temptation. The theme of temptation was a dominant feature of narratives about the chicken shop. When probed further, participants tended to articulate this in terms of addiction, likening eating food from the chicken shop to other unhealthy addictive behaviours such as smoking and drinking.

Participants were very much aware and vocal about the ultimate health costs of eating fast food, especially fried chicken, and made frequent references to obesity. Many participants also explained that chicken shops had a very poor reputation for food safety and hygiene, stating that eating the food could have more immediate health impacts, including stomach aches and food poisoning, although this did not appear to deter them from continued use. In a focus group discussion, two pupils, Tom and Umar discussed the relative advantages and disadvantages of patronising chicken shops, as opposed to more expensive fast food chains.

Tom: If you go to somewhere like McDonald's who's like the expectation is it is clean and … it may be a bit expensive but it's more of a chance than getting salmonella poisoning from a chicken shop than McDonald's.

Umar: Absolutely. I mean yes it might seem slightly higher if you go to a chicken shop to get poisonings …. but … these chicken shops I actually like them better so I go to my local chicken shop because it helps fricking (sic)

them live, they live off of that, that's their job. I'm not gonna stop going there just 'cos I have a little food poisoning out of the food they make and I want to go there and support them.

Umar's assertion that using chicken shops was worth the risk of *'a little food poisoning'* may, at first glance, seem strange. However his comments are reflective of the strong local attachment and perceived value of chicken shops as distinctly local businesses. As Umar explains, chicken shops are the preferred local choice because they are ubiquitous, recognisable, social spaces where local residents can meet with each other, eat familiar, cheap and tasty food and be served that food by other local residents who run and staff them. This meant that the local chicken shop was often favoured over potentially more healthful or hygienic options. We explore these themes in more detail below.

Chicken shops as a habitual and valued part of everyday life

The appealing taste and 'temptation' of chicken shop food was continually highlighted by participants. The commonplace and ubiquitous presence of these outlets in the local food environment also made frequenting them an easy habit to form and maintain. They were perceived as being cheaper than larger chains and, therefore, better value. During a focus group interview, Peter, a 12 year-old, observed that, 'in*stead of going to KFC or anything people just go to chicken shops now … it's much more cheaper.'* Beyond that, the community status, value and popularity of chicken shops was very much apparent, especially independent and small franchise outlets, as these were seen to have closer links to the local community and are often run by local entrepreneurs and local families. For the young people interviewed, visiting the chicken shop was often a highlight of their day and something they actively looked forward to and planned for. They described how they and their peers were willing both to travel and to wait all day if necessary in order to get to the chicken shop. In a family interview at wave one, Leila, a 15 year-old explained why there were so

many chicken shops and how reducing their number would not reduce their popularity.

People are obviously going to want chicken and chips so they'll travel as far as They can just to get like a box of chips or something but I don't know, I guess if There was less, I think people would complain.

Leila indicates a high local demand for chicken shops. They are valued community spaces that people are willing to travel out of their way to and would be sorely missed if no longer available in the local food landscape. The food, value for money, familiarity and probability of running into acquaintances and neighbours that is inherent to these establishments cannot easily be found elsewhere. In a similar vein, it was described as a relatively common practice for local school children to save their dinner money, skip lunch and eat nothing all day at school so that they could go straight to the chicken shop for a meal after school. Even for children who received free school meals. They explained that they would rather spend money at the chicken shop than eat free food at school. In the extract below Serena (20 years old) and her brother Nathan (13 years old) describe this practice.

Nathan: No, I don't eat in school.

Interviewer: Oh you come home?

Serena: No, he just doesn't eat.

Nathan: I just wait for after school. I just don't eat at school, I don't like the school food, it's disgusting … … I don't like packed lunch, I'd rather go out

from school.

Interviewer: So literally nothing all day from as soon as you get to school till you get out?

Nathan: Yeah, nothing.

Interviewer: Oh alright, so as you soon as you get out of the school gates where do you go then?

Nathan: I'll go to [chicken shop near his school] or I'll go to [café near his school], I'll just go somewhere to get something to eat.. Like see, hot wings and chips and a drink.

Interviewer: Does anyone else at school do that?

Nathan: Basically everybody.

Interviewer: So even though it's free [all laugh] you'd rather eat nothing at all and then pay for it after school.

Nathan: Yeah.

Nathan would rather not eat all day, even if the food is free, than spoil his appetite for the chicken shop after school. Nathan goes on to state that *'basically everybody'* at his school does this. In line with this claim, a London-based observational study of food behaviours of secondary school pupils

showed that the most purchased fast food takeaway product was chicken and chips. Further, that skipping lunch at lunchtime to save money for after school socialising and eating was a popular means of financing this (Caraher et al., 2016). Patronising chicken shops is a valued part of everyday life for the young people interviewed in this study. While they acknowledged that this practice was health damaging, it appeared to be a secondary consideration. This apparent ambivalence can be understood as a trade-off in decision making between short-term rewards of taste, convenience, and participating in situated local practices, and the realisation of the associated cumulative health risk (Dunn et al., 2011). This trade-off presented something of a discursive dilemma (Horton-Salway, 2001) for participants: the widely known and undeniable health costs of regular fast food consumption as weighed against the ubiquitous and valued status of chicken shops in the local community.

Reframing chicken shops as 'healthy'

The manner in which this dilemma was discursively resolved was via a series of rhetorical devices that ranged from minimising the potential health impacts, to describing behavioural strategies to offset negative health outcomes, through to reframing fried chicken and chicken shops as sometimes 'healthy' and part of a healthy lifestyle. One way of minimising the potential harm was to emphasise the role of biological determinism, rather than behaviour and lifestyle, in governing health outcomes. This can be seen in the following extract, from a wave two go-along interview with Asha, a father of two and local landlord. As we stood out on the street by his home, he indicated up and down street, talking about the surroundings.

> *If you walk along on this actual road itself from the traffic lights up to the bank there's, one, two, three, four, five, five along this side … … so all in all just along this stretch there's about eight takeaways. All doing [chicken] wings and chips for a pound, or [laughs] chicken and chips for a pound, okay? And as I said like*

it's not gonna make a blind bit of difference them putting, you know, health conscious and all that … … At the end of the day … if your family has got a history of popping off at 50, whatever [both laugh], unfortunately whatever you do, you know … … because it's in genetics, they're born with it.

As Asha explains, outlets serving chicken and chips (fries) are numerous on his street. Much like Hifza, quoted earlier, he appears resigned to them being a permanent feature of the local landscape. He also goes so far as to indicate that being health conscious – and not patronising these takeaways – makes very little difference to health outcomes because they are determined by 'genetics'. No sooner has he finished describing the unhealthy fast food environment, than he starts to negate and minimise its impact on health.

Participants further minimised the potential impact of an unhealthy local food environment by deploying the notion of 'choice' to counter the inherent 'temptation' of these spaces. In essence, it was repeatedly asserted that living near to a lot of chicken shops does not necessarily mean that people will use them because they can exercise choice and restraint (often directly contradicting alternative depictions of the fast food environment as all pervasive and almost impossible to resist). Dante, a 15 year-old, provided a clear example of this rationale in the below extract from a wave two focus group.

Like he's saying, it's kind of Newham can be bad and whatever and can have loads of chicken and chip shops and be unhealthy but at the end of the day it's kind of our choice if we're gonna buy it not, like 'cos we can, I don't know, you can easily go Tesco's and get like a sandwich or meal deal or whatever, but I mean it's just so quick and it's so easy, it's just so available to us that you know it's just, can just go get it, so at the end of the day it is our choice but they kind of tempt you a little bit,

there's so many of them.

As Dante explains, people wanting to be healthy must resist temptation and make healthier choices. Interestingly, and as demonstrated here, when talking about (healthy) food choices in the local food environment, participants nearly always referred to the 'chooser' in the collective or third person – you/they/we/them. However, when describing their own consumption of chicken shop food, they listed a variety of qualities including 'trust', 'cleanliness', 'freshness', and 'hygiene', that could confer a degree of healthfulness on the chicken shop food that they themselves consumed. The most dominant form this took was to conflate 'health' with food hygiene. In effect, reframing a healthy diet to include fast food as long as the fast food places are clean or hygienic. In this sense, participants seemed to consciously deploy the term 'healthy' in line with notions of Environmental Health rather than dietary health. Again, this is very much at odds with other characterisations of independent chicken shops as much more likely to be sources of food poisoning than larger chain outlets. This particular rhetorical device can be seen in the accounts of a mother and daughter, Nuala and Mary, who talked about their favourite local chicken shop at both wave one and two family interviews. At wave one, a new chicken shop had just opened in their local area and had become a firm favourite.

Mary: The good one... Like the new one, the only one I appreciate is that one, yeah because of I saw um, hygiene.

Nuala: The quality.

Mary: The quality of meat and then yeah. But yeah, just that one. But there are others, we have other ones … …. We prefer this one because it looks healthy … It looks healthy, yeah.

For this family, the quality of the meat and the overall hygiene standards of the new chicken shop meant that it *'looks healthy'.* When we returned to the family at wave two, frequenting this outlet was an established part of their family food practices. This time around they also described the 'good' choices on offer, such as salad, that set this establishment apart.

Mary: We choose, yeah, you know, we can always choose [name removed]

Nuala: They've got selections so you can have like salad ... A really good one. [name removed] is the only good one that I go to. I can pick the good choices and so we've been.

Mary: And it's clean. And the equipment, do you know when you go there you see the kitchen equipment, when you see they're very clean

Being highly selective about which of the many local chicken shops to patronise afforded a sense of agency and discernment; a way of re-framing their personal interactions with the local fast food environment as 'healthy'. Among young people especially, this reframing of chicken shop food as potentially healthful went as far as completely rejecting the negative health impacts of chicken shop food by presenting regular physical activity and / or regular consumption of healthier foods as means of cancelling-out any ill effects. In the extract below, young people in a wave two focus group discuss how eating from the chicken shop several times a week, or even every day, does not make them unhealthy.

Peter: Just because there's so many chicken shops doesn't mean that you're not healthy … because you can have … like maybe once every, no maybe two

times every or every time a week … I have it nearly every day so there's nothing wrong with me .. … if you take your food home and you're sitting down or you're lying down when you eat it, like this food is stored into your stomach. But then if you're walking and you're eating sometimes it burns down the food … … You're not fat if you eat chicken and chips.

Sue: My point of view is eat salad and then eat chicken and chips … … we do PE like what, twice a week now? So say if I eat chicken and chips today, by Monday I'll be fit again because we do Monday on, we've got PE on Monday.

Discussion

Our data illustrate that in this part of East London local residents' perceptions of chicken shops were multi-layered. Residents readily acknowledged and described the rapid proliferation of these outlets in the local fast food environment and the potential health cost. Their widespread popularity was attributed to their community status and the food they served being tempting, addictive, delicious and affordable. This contradiction was resolved in narrative via a process of normalisation and negation via notions of genetic determinism; individual consumer choice and skill to select 'heathier' outlets; and the consumption of chicken shop food being accommodated as part of balanced healthy lifestyle.

The findings presented here lend support to arguments around the knowledge-action gap within dietary health. Specifically, that public health interventions to facilitate healthy eating require much more than nutritional information and education. Nutritional literacy is not enough to dissuade people from eating fast food (Dunn et al., 2011). Interventions primarily targeting individual-level behaviours have generally modest or null effects on sustaining weight loss. Focusing on population-

level policies and interventions to improve the food environment may be a more effective approach (Birch & Ventura, 2009). Regulation of fast-food outlets has been suggested as a viable way of tackling poor diets across socioeconomic groups and even reducing socioeconomic inequalities in diet (Burgoine et al., 2016). However, this is complicated by the fact that, as our participants explained, chicken shops are embedded in the local food environment and chicken-and-chips fast food meals are ingrained in local food practices. Current London Mayor, Sadiq Khan, found this to be the case when, in 2015, he was still campaigning to be elected. He publically stated that East London had too many chicken shops (Davis, 2015). His comments were keenly reported in the local and national press and while not disputed on public health grounds, there followed a flurry of negative online commentary defending chicken shops and their role in London life and the Capital's economy (Steerpike, 2015).

It has been shown that there is little public appetite for regulatory approaches to improving dietary health. Individual behaviour change approaches are more popular by comparison and considered less invasive and draconian, even if they are also less effective (Hilbert et al., 2007; Oliver & Lee, 2005). An increasingly popular approach to this problem is that of 'healthy fast food'. Rather than trying to restrict and regulate fast food, the emphasis is on making it more healthy while retaining the cheapness and tastiness that make it appealing (Godlee, 2014). Perhaps the most high-profile of these schemes in London is Chicken Town, a 'healthy chicken shop' social enterprise that subsidises cheap and comparatively healthier and better quality fried chicken sold during the day with the profits from the full-priced restaurant that operates in the evenings (Cadwalladr, 2015). However, such schemes remain bespoke and peripheral. The challenging task of attempting to scale them up as potential public health interventions has yet to be tackled (Shift, 2014).

The findings presented here are also tell of the extent to which unhealthy neighbourhood food environments become normalised and commonplace for those live near and around them.

Participants were very much aware of this, as well as the potential health cost, but did not appear greatly concerned by it. Nor did they anticipate it was something that could be changed. Chicken shop narratives were a consistent and notable aspect of the data set across both waves of data collection, lending weight to the assertion that chicken shops are enduring and significant features of the local community. In fact, there was strong support for chicken shops as local businesses. In part, this sense of resignation and permanency may help drive the narrative adaptations and contradictions that allow fast food to be reframed as healthy. It can also be interpreted as a form of cognitive dissonance, as a way of resolving the discomfort and inconsistency of having contradictory views and practices concerning chicken shops.

Chicken shops are a dominant and enduring format of fast food outlet that warrants further qualitative study in order to help elucidate the ways in which chicken shops are used, perceived, and embedded in local health and social practice. Despite a sustained interested in recent years in using (qualitative) photo elicitation and observational methods to explore interactions with local food environments, the field is still overwhelmingly quantitative (Díez et al., 2017; Yoon et al., 2018). The relatively small body of qualitative research relevant to the food environment tends to focus on the perceptions and practices of specific (social) groups with shared norms and values [see (Carnahan et al., 2016; Dwyer et al., 2008; Gram, 2010; Greves et al., 2007)] rather than on specific types of outlets within food environments (Janssen et al., 2017; Marshall, 2016). Insights generated by qualitative research on specific aspects and culturally significant sites within local food environments, such as chicken shops, could help inform tailored interventions.

Conclusion

Participants in this study recognised the ubiquity of fast food outlets in their local areas. Chicken shops in particular were frequently cited as a key determinant of poor community health, and there

was an acceptance that the concentration and abundance of such outlets posed a health risk. Despite this, many acknowledged their own frequent patronage of chicken shops, justifying regular consumption as 'healthy', based particularly on the sanitary nature of outlets. This sort of 'social accounting' (Gergen, 2001) was buttressed by notions that patronage supported important or socially-meaningful local businesses (the outlets themselves).

When talking about the health implications of the availability and concentration of fast food participants privileged narratives of individual responsibility, suggesting that people ought to be able to make responsible choices about fast food consumption or overall energy balance. This was in spite of an acceptance of the addictive quality of fast food and the temptation posed by chicken shops. Participants who raised the prospect of heightened local authority control of fast food outlets saw such actions as futile, or even undesirable.

Narratives do not unequivocally construct fast food outlets as undesirable or health damaging, in fact perceptions of their potentially health damaging impacts are muted. Chicken shops are neighbourhood resources and, thereby, part of local neighbourhood life. Tackling poor diet therefore needs context-sensitive environmental interventions. Current attitudes and perceptions could have implications for garnering public support and motivating local residents to improve their dietary health.

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