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Informing the Hertfordshire Food Poverty Needs Assessment: Household Experiences of Food Poverty and Support Service Provision in Hertfordshire

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Executive Summary

> *And there's no point always focusing on down the river where there's people drowning, and you are pulling them out, actually what's going on up further in the river to cause the issue. (Hazel, Food Bank Manager)*

Although the proportion of residents at a higher risk of experiencing food poverty in Hertfordshire is below the national average (15.8%), 10.3 per cent of residents are still at a high risk. 'Food poverty' is a visible symptom and consequence of *poverty*. The aim of this research is to contribute an understanding of residents' experiences of food poverty, their experiences of accessing support services and to determine what gaps there are in service provision in Hertfordshire. This research was undertaken to inform the Hertfordshire County Council (HCC) 'Food Poverty Needs Assessment' being undertaken to inform policy and practice across Hertfordshire (HCC, 2021). Although this work is not directly exploring the COVID-19 pandemic, the proportion of people experiencing food poverty in the UK has increased since its onset, so this work is timely. Twenty-three Hertfordshire residents completed a survey and five residents took part in an in-depth semi-structured interview. Three focus groups were undertaken with 15 service providers from organisations providing support for those experiencing food poverty across Hertfordshire.

Residents identified multiple factors that contributed to their experience of food poverty, including physical and/or mental health issues, the high cost of housing, unemployment or furlough during the pandemic, low pay and/or insecure work, debt and Universal Credit. These factors were often cumulative. Households described how they used numerous strategies in response and often prioritised paying housing costs and household utilities. Food budgets were then determined by the little money left over. Other strategies included exhaustive budgeting, pre-planning purchases and meals, shopping in multiple outlets and using cheaper 'budget' supermarkets. For households with children, parents sometimes skipped meals and/or bought cheaper poorer quality food (or 'junk food') to ensure that their children were not hungry. Informal social networks (such as family and friends) provided financial and practical support including childcare. Formal support included food aid from food banks as well as guidance and advice from services such as Herts Help, Citizens Advice and the Money Advice Unit. Free school meals were also seen as vital to families with children. Residents were largely positive about their experiences of accessing support services. However, they often struggled to know what support was available to them or how to access support in the first instance. They recommended better availability of information about what support is available and that this information should not just be accessible via the internet.

Focus groups suggested that the root cause of food poverty was poverty itself, caused by insufficient income. They stated that local responses to the complexities of food poverty should be multiagency and there were good examples of existing partnership working between organisations. Service providers explained how the demand for services had increased during the COVID-19 pandemic with food banks noting changes in the demographic profile of service users. There was consensus that a countywide response to food poverty in Hertfordshire should be informed by public health approaches that prioritise prevention. There was widespread agreement for the need to map the existing services operating across Hertfordshire to identify gaps in provision and ensure residents are able to access the most appropriate support available to them and that organisations can work collaboratively as efficiently as possible. Service providers also recommended a need for strategic leadership, establishment of outcomes and priority setting for food poverty work across Hertfordshire.

Recommendations in Summary:

1. **Create an accessible countywide directory or database of services that support households struggling to access sufficient quantities of quality food across Hertfordshire.**

2. **Establish strategic leadership to develop a countywide food poverty strategy informed by key stakeholders, including Hertfordshire residents who have or are experiencing food poverty.**

3. **Set ambitious short, medium and long-term targets and priorities that aim to reduce the prevalence and risk of food poverty in Hertfordshire. Targets should include objective outcome measures.**

Contents

Introduction

'One of the clearest and most immediate impacts of being in poverty is an inability to buy nutritious food' and those living on low incomes are more likely to have poorer diets (Marmot, Allen, Boyce, Goldblatt, & Morrison, 2020, p. 84). In the UK, more nutritious food tends to be significantly more expensive than less nutritious food, meaning it is difficult for low-income families to eat healthily and/or meet government nutritional guidelines, such as the 'Eatwell' guide (Jones, Conklin, Suhrcke, & Monsivais, 2014; Pechey et al., 2013; Pechey & Monsivais, 2015; Scott, Sutherland, & Taylor, 2018).

Food poverty can be defined as 'the inability to consume an adequate quality or sufficient quantity of food in socially acceptable ways, or the uncertainty that one will be able to do so.' (Dowler & O'Connor, 2012, p. 45). This is a critical issue for public health, as well as for health and social care policy and practice (Purdam, Garratt, & Esmail, 2016). The proportion of adults experiencing food poverty in the UK has increased over the last decade (Loopstra, Reeves, & Tarasuk, 2019). Prior to the COVID-19 pandemic, 7.6 per cent of households experienced food poverty because they could not afford or access enough food. This has increased since the pandemic. Nine per cent of households in the UK reported experiencing food poverty between August 2020 and January 2021 (The Food Foundation, 2021).

The causes of food poverty vary. At a macro-structural level, the availability and types of food outlets in a given neighbourhood and access to transport impact a household's access to nutritious food (Thompson, Smith, & Cummins, 2019; Wills, Danesi, Kapetanaki, & Hamilton, 2018; Wright, Donley, Gualtieri, & Strickhouser, 2016). At a household level, low income (and poverty) as a consequence of job loss, low-wage employment, housing costs and/or changes to the benefit system is often the associating factor (Blake, 2019; Jenkins et al., 2021; Lambie-Mumford & Dowler, 2015; Loopstra et al., 2019; Smith, Thompson, Harland, Parker, & Shelton, 2018). Prolonged food poverty can lead to malnutrition which can have significant consequences for health, development, morbidity and mortality (HoC Environmental Audit Committee, 2019). Malnutrition also has significant economic implications, costing £23.5 billion to the UK health and social care system in 2017 (Stratton, Smith, & Gabe, 2018).

Hertfordshire County Council (HCC) have undertaken a 'food poverty needs assessment' in Hertfordshire (HCC, 2021). The aim of the assessment is to review the available evidence in relation to food poverty and to make recommendations to improve policy and practice. Although Hertfordshire is one of the least deprived areas in England, there are inequalities in income, deprivation and health *within* the county (MHCLG, 2019).[1] The analysis presented in the needs assessment has identified that 10.3 per cent of households living in Hertfordshire are at higher risk of experiencing food poverty (15.8% for England). Overall, the findings suggest that food poverty and its consequences, such as poorer health, are dependent on a household's personal circumstances and where they live in Hertfordshire. This means that specific targeted interventions will likely be required to address health and economic inequalities across Hertfordshire (HCC, 2021).

Currently, we know little about the role or reach of localised services supporting households experiencing food poverty across Hertfordshire. Nor do we know if or what gaps in provision exist or households' experiences of accessing these support services. This research aims to address these issues and feed into the HCC food poverty needs assessment in order to inform policy and practice in relation to supporting households experiencing food poverty in Hertfordshire.

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[1] Hertfordshire ranks 135 out of 151 upper tier local authorities in England (rank 1 is the more deprived).

Research Design

The primary aim of this study was to assess the range of services and agencies operating across Hertfordshire that support individuals experiencing food poverty. The secondary aim was to explore Hertfordshire households' experiences of accessing these support services and their experience of food poverty generally. The objectives were to:

- Identify current provision that supports households from a wide range of demographics, experiencing food poverty in Hertfordshire.

- Understand the perceived factors affecting the delivery of services and service provision in relation to those supporting households experiencing food poverty in Hertfordshire.

- Explore the main barriers and facilitators associated with accessing support services for households experiencing food poverty in Hertfordshire.

- Identify the main factors associated with food poverty risk, as identified by organisations and services working to support households who experience food poverty in Hertfordshire.

- Conduct in-depth interviews with households experiencing food poverty to understand their experiences of accessing support services across Hertfordshire.

- Make recommendations for local policy and practice and the development of the Hertfordshire food poverty needs assessment (and offer recommendations to inform any development of new services) to reduce food poverty in Hertfordshire.

To address the aims and objectives above, a mixed methods approach was undertaken (from February to May 2021) with two groups of participants: (1) households living in Hertfordshire (some of whom were experiencing food poverty); and (2) service providers providing support for household experiencing food poverty; Ethics approval was granted by the University of Hertfordshire (protocol no. aHSK/SF/UH/04487(1)). Further analysis of the populations at risk of food poverty in Hertfordshire can be found in detail in the Hertfordshire County Council 'Food Poverty Needs Assessment' (HCC, 2021).

Households Living in Hertfordshire

Households living in Hertfordshire were invited to take part in a survey and/or an in-depth interview.[2] Due to COVID-19 restrictions, the researchers were unable to recruit households face-to-face. Therefore, households were recruited via service providers and professional networks. Paper copies of the survey were sent to food banks in Hertfordshire and given out to households who were accessing this service. The paper copies of the survey included an envelope with pre-paid return postage. Service providers, professional networks and 'Herts Help' also circulated the survey link for access to the survey online[3]. Households were also informed about taking part in an in-depth interview via service providers (e.g. social services) and Herts Help and asked to contact the research team directly.

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[2] The household survey and service-providers survey are available on request from the authors.
[3] 'Herts' Help is an independent support and advice service in Hertfordshire that provides online/telephone support for people in a crisis and acts as a referral system to other relevant support services/organisations. They support/refer people experiencing homelessness, low-income, unemployment, domestic/sexual abuse and those living with mental health conditions. This service is funded by HCC and NHS partners. See: https://www.hertshelp.net/hertshelp.aspx

The survey asked respondents if they had used/accessed support services in Hertfordshire within the previous 12 months. If they had accessed services, they were asked what service they accessed, when, how often, if the service helped to address their needs and what made it easy/difficult for them to access or receive support. If the respondent had not accessed a support service in the previous 12 months, they were asked why. All respondents were asked what (if anything) would improve access to support services in Hertfordshire. Lastly, respondents were asked a series of questions about their food practices at home to ascertain whether the household had experienced food poverty in the previous 12 months. The survey comprised both numerical and open text (qualitative) data.

In-depth interviews were carried out remotely via telephone with households living in Hertfordshire who were currently or who had experienced food poverty in the previous 12 months. The focus of the interviews was their experience of accessing support services in Hertfordshire including how they found out about the services, barriers/facilitators to access, whether the service addressed their needs and whether there was anything that they did well or could have done better. Those who had not accessed support were asked why and if they found an alternative way to address their needs. Households were also asked about their general food practices and experience of food poverty in the previous 12 months. Interviews lasted approximately 45 – 60 minutes. All interviewees were reimbursed for their time.

Service Providers in Hertfordshire

Service providers were asked to take part in this study if they were supporting the residents of Hertfordshire in relation to food poverty, for example providing emergency food parcels or supporting those with low incomes struggling to afford food. Service providers were recruited via HCC existing contacts and professional networks across children's services, adult services, the voluntary food aid sector and the housing/community support sector (e.g. local authority, food banks, faith organisations, drug and alcohol services, housing association and family centres).

Service providers could take part in one or both parts of this study. First, they were asked to complete a short online survey. The survey included questions about the role of the organisation in supporting households experiencing food poverty in Hertfordshire. An online link to this survey was sent to service-providers via email. Three focus groups were then carried out with 15 service providers (max. of 5 people per group) remotely via Zoom with service providers (some of whom had also completed the online survey). The aim of the focus groups was to understand in more depth the support available to Hertfordshire households, the service-providers' perceptions of the role and effectiveness of their services in supporting households and addressing food poverty, the gaps in current provision across Hertfordshire and their recommendations to improve service provision and reduce food poverty.

Data Analysis

Interviews and focus groups were audio-recorded and professionally transcribed verbatim. Pseudonyms were assigned to each participant and transcripts were anonymised. Transcripts were then subject to thematic analysis (Braun & Clarke, 2014) using the qualitative data management software NVivo (version 12). Household survey responses were collected online via Survey Monkey. Responses via paper copies were input manually by the research team. Service provider survey responses were collected online via an internal HCC survey tool. Descriptive quantitative analysis of household survey responses was conducted using SPSS (version 27). Open text survey responses were coded and analysed using NVivo (version 12).

Findings

The following section outlines the findings from this research, based on the surveys, interviews and focus groups with Hertfordshire household and service providers. First, this section highlights what Hertfordshire households said about their experiences of accessing support services and their experiences of food poverty. Lastly, the section highlights what service-providers said in relation to supporting people experiencing food poverty. Recommendations based on these findings can be found at the end of this report.

Household Survey

A total of 23 respondents took part in the household survey, 78.3 per cent of whom were female (n=18).[4] The age group of respondents varied as follows: 7 aged 25 – 34 years; 8 aged 34 – 44 years; 6 aged 45 – 54 years; and two aged 55 – 64 years. Fourteen (60.9%) stated that they were in paid employment (part or full-time) at the time of the survey. Where households lived also varied in terms of deprivation, ranging from IMD decile 3 (most deprived) to decile 10 (least deprived).[5]

Households were also asked about their food and eating at home to ascertain whether they had experienced food poverty in the previous 12 months (**figure 1**). Of all the respondents (n=23), more than half stated that they often (26%) or sometimes (26%) ate less or skipped meals because there was not enough food or money. Over one third stated that they were often (16%) or sometimes (26%) hungry in the previous 12 months because they could not afford enough food. Almost one quarter (23%) stated that they sometimes went without eating any food for a whole day because there was not enough food or money to afford food (n=22). Lastly, one third stated that they often (4%) or sometimes (32%) ran out of food at home because they did not have enough money (n=22).[6]

Ten (43.5%) of the 23 respondents stated that they had accessed support services in relation to food within the previous 12 months. The type of service that respondents accessed varied, including food banks (n=6), mental health charity (n=1), a school (n=1), financial help services (n=1), the Hertfordshire County Council (HCC) crisis team (n=1), Herts Help (n=1) and Step Change (n=1).[7] All stated that they had accessed these services between November 2020 – March 2021. Most households reported that they had had to access these service(s) more than once: Five households reported that they were accessing the service(s) 'at least once per week'; three stated '2 – 3 times per month'; and two stated 'only once or twice'. Most households (n=8) had been referred for support to other services including their GP, Citizens Advice, family services and their probation officer.

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[4] Full demographics can be found in appendix 1. This is not a representative sample of the Hertfordshire population.
[5] Using postcode data and the Index of Multiple Deprivation 2019 (MHCLG, 2019).
[6] Full results of the food and eating questions from the household survey can be found in appendix 1.
[7] Step Change is a national charity organisation that provides free advice and solutions in relation to financial debt, including debt management plans, debt arrangement schemes and bankruptcy (see: https://www.stepchange.org/)
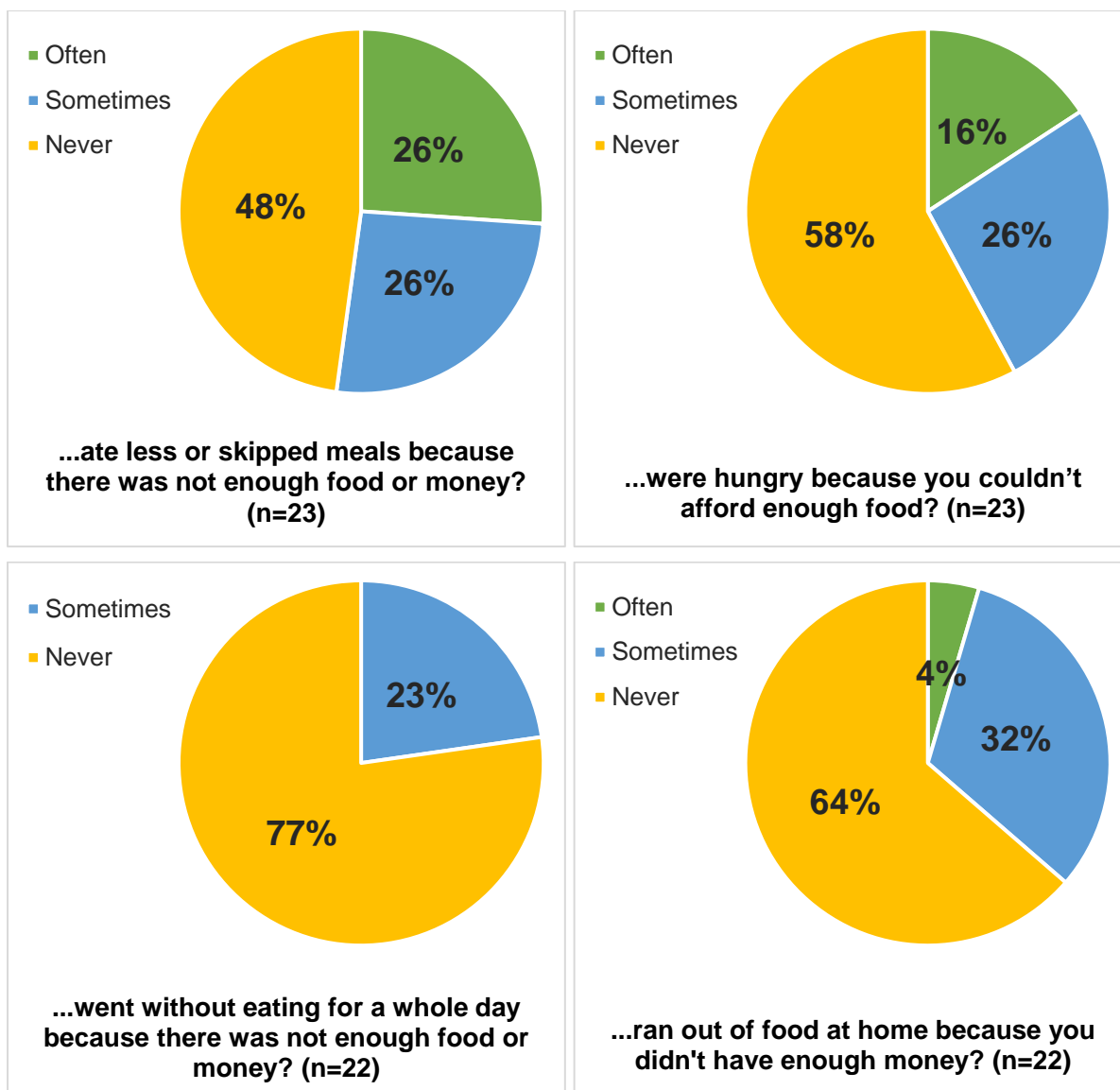
Figure 1: Household survey responses (%): 'In the previous 12 months you or your household...'

Service users were asked if their experience of getting support was 'positive', 'neutral' or 'negative'. Three said their experience was 'neutral' and six said 'positive'.[8] One household who had a positive experience of accessing Herts Help for support stated:

> [I] had enough for my child but could not really afford food for myself. [Herts Help] was a lifeline… Herts help arranged food for me, which I'm especially grateful. May I also add whatever training the staff were given was exceptional, they did not make you ashamed of using the service. (Household survey respondent)

Households that had accessed support services were also asked if there if there was anything that made it easy or difficult for them to access the service or receive support (e.g. location, opening hours, referral process). Three respondents were positive about the staff that helped them, for example, one stated that 'the staff were exceptional' and another stated 'staff went above and beyond and always

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[8] One respondent did not answer this question.

had something else that can help me'. In terms of difficulties, COVID-19 and opening hours were the two main issues, in particular the opening hours of a food bank that is only open one day per week. All but two households (n=8) reported that their needs in relation to food and/or money were met.

Of the 23 respondents, 12 (52%) reported that they had not accessed support services in the previous 12 months and one (4.5%) reported they were 'not sure' if they had or not. When asked why they had not accessed any support services, most households stated that they did not require any support because their 'income is healthy' or because they 'didn't struggle'. One household stated that they had received financial support not directly in relation to food but that this had helped them afford food:

> …had a DHP [discretionary housing payment] which helped afford food. Without this I would need a food bank voucher'. Another stated that they were 'not aware of what support available. Don't want to be a nuisance. (Household survey respondent)

This particular household had experienced food poverty in the previous 12 months. They stated that they 'often' worry about being able to afford food and 'often' skip meals because they do not have enough food or money. They also reported that they 'sometimes' go a whole day without eating and 'sometimes' run out of food at home because they do not have enough money.

Households who had not accessed any support services were also asked what could have helped or encouraged them to seek support, should they have needed to. Awareness of what services were available as well as how to access these services appeared to be an issue for some. Specifically, ensuring that support services are not only advertised online, for example: 'More advertisement of the help and services available in the area. Particularly advertisement in paper format would be beneficial so I would know where to look online or if internet is down.'

All households were asked what improvements (if any) could be made to service provision across Hertfordshire. It was suggested that HCC carry out a 'mapping of all services not just commissioned services' and that HCC '[work] with agencies so they can pick up food for people'. There was consensus with most respondents in the need for more information about what services are available to them, for instance it was suggested via a newsletter, pamphlet, via the 'gov.uk DWP [Department for Work and Pensions]' webpage or advertising via television/radio. Advertising of services should not just be online.

Positively, HCC were perceived to have made improvement in the longer-term. One respondent stated that they had required support in the past when 'there was nothing available' but they have seen that 'facilities are better now'. However, households have also experienced the consequences of national policies, that HCC has no direct control over. For example, in relation to state-benefits that are decided by the central government. Although HCC has little/no control over these policies the implications should be considered, as these policies act to facilitate poverty, food poverty and ill-health:

> For people in the bracket who are single and have sole responsibility not being able to afford even dinners or travel. [At the moment] I have sacrificed my medications as I earn £4.57 more than qualifying for my [free] prescriptions. So help, which I believe should be more of a [central] government thing as my poorly managed health is due to the lack of money to even be able to afford my medicine, which normally leaves me in intensive care fighting for my life. (Household survey respondent)

In-Depth Interviews with Households

Five Hertfordshire households took part in in-depth, semi-structured telephone interviews. All households were of working age. **Table 1** summarises relevant participant characteristics. Although only five households were interviewed, there were commonalities in their experiences and the analysis presented in the following section elaborates on the survey data presented earlier.

Experiences of Food Poverty

Households were asked about their food and eating practices, including their experience of food poverty. They reported a range of factors that had led to them being 'pushed' into poverty, often with multiple causes at a given time. The factors described by households as contributing to their food poverty included:

- Illness and/or disability (mental and physical)
- Low-paid and/or insecure employment (e.g. zero-hour contracts)
- Debt
- Expensive housing (often in poor condition)
- Unemployment, reduced hours and/or furlough due to the COVID-19 pandemic
- Lack of child support payments (CSA)
- Universal Credit

The interviews illustrate that for households, food poverty is due to having insufficient money. In other words, food poverty is one aspect of poverty. Some of the issues raised during the interviews and their consequences on households' experience of food poverty are presented below.

Physical and Mental Illness

Illness, both physical and mental, moved people towards food poverty. All but one of the participants were experiencing physical or mental health issues, and sometimes both, at the time of the interviews. For Paul and Becky, this meant they were unable to work. Becky has aspirations to work but has struggled to get help with her mental ill health. She also lacks social networks, partly because she grew up in care, which has contributed to a lack of support. Paul viewed his current unemployment as a temporary state. He was awaiting treatment for his back problem, which had been delayed due to the COVID-19 pandemic. He explained how his mental health had deteriorated as a consequence of his physical health issues which had left him confined to his home and unable to visit friends. This perspective meant he also thought his financial difficulties would be addressed once he was able to work again:

> *I've got three dehydrated discs, so that's to my knowledge never going to get sorted out completely, it will just be pain relief. And also, I think because I've not been working and been stuck in the place, in the house a lot of the time, not gone out, lockdown, that sort of thing, I think that has gone hand-in-hand with the mental health issues. So I think if I could just get one of them sorted which would be my back, so I can get out and back into the world of work if you like, I think my mental health will get sorted out itself in its own due course, once I'm living properly again shall we say. (Paul)*

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Table 1: Summary of household characteristics from in-depth interviews (n=5)

	Sex	Physical & Mental Health Issues	Paid Employment	State Benefits[1]	Food Bank	Other Support Agency	Adults & Children in Household	Free School Meal Eligible	Pet(s)
Paul	Male	Physical and Mental Health	No (long-term sickness)	Universal Credit Applying for PIP	Yes	Citizens Advice	1 Adult	-	No
Becky	Female	Mental Health	No	Universal Credit PIP	Yes	Herts Help Citizens Advice Social worker	1 Adult	-	A dog
Julia	Female	Mental health	Yes (Zero-hour contract) Partner made redundant during pandemic	Universal credit	Yes (Once)	Welfare benefits team Stevenage Borough Community Trust Food vouchers	2 Adults 1 Child	Yes	A dog
Claire	Female	N/a	Yes (Furloughed then made redundant)	Universal Credit	No	No	1 Adult 2 Children	Yes	No
Erica	Female	Physical Health (Shielding)	Yes	Universal Credit (with Child Allowance)	No	Herts Help Citizens Advice 'Small Acts of Kindness' Charity Government Food Parcel (Shielding)	1 Adult 1 Child	Not eligible	No

[1] 'PIP' refers to 'Personal Independence Payments'.

Poor physical and mental health are not only contributing factors to experiencing food poverty, but food poverty also further compromises health and well-being, creating a negative spiral. Households were aware of how the food 'choices' they were forced to make impacted on their ability to choose the food that they wanted to buy, eat and feed their children, including their ability to purchase healthier food. They described how food poverty forced them to compromise on their own and their families' health in order survive by filling up on less nutritious food. For example, Becky explains that she has to purchase what she terms 'junk food' because it's cheaper so will allow her budget to stretch further. When she tried to buy healthier food, she can't afford it:

> *I'm so used to eating nothing but junk food, so I used to buy loads of it and it would last me the whole month but then I'd also feel really sick like and run down, so there's something wrong with me somewhere because I haven't eaten enough stuff. Whereas now I run out of food because it's more expensive, or healthy. I'll never understand why a punnet of grapes is 99p, for one small punnet, but a whole cheesecake is like 99p. And it's like one thing cheaper, tastes a shit tonne better and it's going to last me a lot longer. (Becky)*

Low-paid and Insecure Employment

Low-paid and insecure employment was a feature for those working but still struggling to earn a sufficient income to lift them out of poverty. For instance, at the time of the interview, Julia was on long-term sick leave with mental ill health from her low-paid (and zero-hours) job as a carer.[9] Her partner had also been made redundant during the pandemic, which meant they were relying on her statutory sick pay. Claire is a single mother of two children and had been placed on furlough then made redundant during the pandemic. After a couple of months of unemployment and claiming Universal Credit, she was able to find employment in a supermarket. However, this new job paid less than her previous job and was insecure with a zero-hours contract. When possible, she accepted any additional hours available, but was only able to work during school hours:

> *...I was furloughed and then made redundant, so luckily I did manage to get this new job at a supermarket since October of last year [2020] and I get whatever overtime is available to me there. [The hours] depends whether there's any overtime available because obviously everybody is struggling for it and obviously paying out for childcare and childminders because of Covid that wasn't available to me. (Claire)*

Before the pandemic, Claire stated that she 'could rely on family members to help [her] look after the children' whilst she was working. But, the pandemic and, as a consequence, the rules governing inter-household mixing meant that Claire could no longer get help with childcare from her family, meaning she was unable to work outside of school hours: 'When you rely on family for childcare or even a childminder, you know, can't use them at the moment because of Covid and rules etc, so it's difficult.'

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[9] A 'Zero-hours contract' (also known as 'casual contracts') is a term used to describe a type of working contract in the UK, meaning an individual employed by their employer, but their employer does not have to guarantee the employee any work. (For details see: https://www.gov.uk/government/publications/zero-hours-contracts-guidance-for-employers/zero-hours-contracts-guidance-for-employers).

Housing Costs and Inadequate Living Conditions

Becky and Erica both described living in poor and inadequate housing, and both felt trapped and unable to find somewhere else to live. Becky has a dog which added to the difficulties of finding another place to live. She had been advised to give up her dog, in order to secure housing, which she was unwilling to do as her dog provided emotional support and gave her a reason for carrying on.

Throughout the COVID-19 pandemic, Erica, a single mother, had been shielding due to her multiple health conditions.[10] She was also living in inadequate housing which exacerbated these health conditions. Due to her low income and expensive renting costs she is unable to move elsewhere. Despite 'moaning' for five years, the issues have not been fixed. She described mould growing on the walls and ceilings of her home which made her asthma worse:

> *…we've had a lot of mould and damp in our property for nearly 10 years actually and they've just left it, so like literally even in lockdown like my asthma should have got better, it actually got worse because my bathroom was black with mould... but I can't afford to actually say 'Right, like I'm going to leave you guys and go somewhere else' because I know the rent is going to be extortionate. So it just doesn't work and then it's not as secure (Erica)*

Universal Credit

Households who were previously on what are known as 'legacy benefits' (e.g. tax credits, job seekers allowance) had been moved onto 'Universal Credit' (UC). They said that since moving from legacy benefits to UC, the amount of money they receive has reduced. They also said that the calculations used to determine their UC payments are not transparent. For instance, even those who were earning the same amount of money from employment each month described how the amount they received from UC varied from month to month. This made it impossible for them to plan and budget effectively, pushing them into precarity and financial insecurity. For example, Julia describes lack of transparency and transition from legacy benefits to UC:

> *I mean when I was getting child tax credits and working tax credits that was a weekly guaranteed, so I knew I'll get this Thursday so I'm alright. With Universal Credit the way they work it out is beyond me and is the most… I feel I'm getting less than I was when I was receiving tax credits. I look at it every month and think how do they work that out?… I feel I'm having less money on Universal Credit than I was on tax credits, why they changed it I don't know... Universal Credit, I've never had a payment from Universal Credit that's been the same, even though I've worked the same, done no different, and yet it's different each time. (Julia)*

Individual Coping Strategies

Households described a number of different strategies that they used to attempt to cope with and address the challenges related to food poverty. These included expending great amounts of time and energy on budgeting, planning purchases and meals, shopping in multiple and budget shops, skipping meals, buying less food and/or buying less nutritious food.

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[10] During the COVID-19 pandemic, people who were clinically vulnerable due to their health conditions were asked to strictly remain at home and 'shield' from any social activities, including food shopping,

Managing Household Food Budgets

Food budgets are often the most flexible, despite being a necessity. Households described in great detail their food shopping experiences and strategies to enable limited budgets to go further, which included shopping around to find the cheapest items, using budget supermarkets, using vouchers to save money, shopping at times when food was likely to be reduced, buying non-branded cheaper foods and buying cheaper frozen and tinned vegetables.

For the households interviewed, the money available for food varied according to the demands made by other expenses. Outgoings such as housing and utility (gas and electric) payments were prioritised. Food budgets were allocated once these priority payments had been made. This meant that the food budget could vary greatly week to week. An unexpected financial crisis, for example a broken essential appliance (e.g. cooker, oven, washing machine) that had to be replaced, meant that spending had to be curtailed elsewhere.

Claire explained how she has had to juggle her family finances to prioritise paying her housing costs and other bills, with the food being purchased with whatever budget remains. This is despite having payment agreements in place with utility companies (e.g. gas and electric):

> *I make sure I pay my priority bills and what's left is left sort of thing for food and luxuries which seem to be nothing at all over the previous two years. I just make sure I pay my rent, council tax, gas and electric first, before even looking at food if that makes sense. (Claire)*

Julia explained that what her family eats 'depends on what money [they have]'. She said that when they have a bit more money they will 'eat better'. However, if they do not have as much money she finds ways to have 'cheap dinners that are substantial enough' and will last them until they are next paid. This has a profound impact on her child, who often notices: 'it's heart-breaking, sometimes my little boy looks in the cupboard and thinks oh there's nothing to eat.'

Many stated that they had to compromise on their diets, having to choose between less of the expensive healthier foods, or more of the cheaper 'unhealthy' foods which are also often low quality. Households reported spending a great deal of time and effort managing their budgets and knew the prices of each item they bought, and in which stores they could purchase the cheapest items:

> *I got quite a few… lots of tins from the food bank, so my cupboard is full of tinned goods, so it's just really maybe getting a meat course to go with it. So I sort of check out my local Tesco and find out when they do their… sort of like their final reduction of the day which is around 7 o'clock and try and sort of aim for those time for the reduced items or, like I say, with coupons I've got to try and tie those up and look at the offers. (Paul)*

Two households described being unable to visit supermarkets in-store due to physical and mental health conditions, which meant they had to use online shopping facilities. Shopping online further reduces their already stretched food budgets, especially if there are delivery charges to pay. For instance, Becky was unable to shop due to her mental ill health. She described how she carefully organises and selects what she is going to buy until she reaches her budget limit:

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> *I'm very organised, three days before I get paid I'll sit on the Asda app and I'll be adding and taking stuff away, just so it gets to a certain amount… Yeah, like I've got the first 16 items always the same, like bread, milk, like basic things that I need during the week and that. And then, yeah, I try and get it to stay under £50 or pushing it the most I'll spend is £70, like that's the very most and that's if I haven't borrowed that much during the week and that, or during the month even. (Becky)*

Erica had to shield during the pandemic due to her health condition making her particularly vulnerable to COVID-19 infection. She was reliant on deliveries from the supermarket for herself and her daughter: 'I had no choice and that really was horrendous because it does set back your budget... I mean I've paid £7.56 in Asda before just for a delivery slot'. She said that she has also had deliveries cancelled by the supermarket, meaning she is left without food.

Skipping Meals and Eating Less

For households with children, ensuring they were fed was a priority for parents. Parents reported changing their own diets to eat what their children liked in order to avoid wasting food (and money). They also stated that they ate children's leftovers at the end of meals rather than cooking something separate for themselves. Parents also described skipping meals or not eating at all in order to ensure their children had enough to eat. For instance, Erica explains that during and before the COVID-19 lockdown she ate less because she could not afford to feed herself and her child:

> *Like in lockdown I knew that if I ate three meals a day then my money wouldn't cover it if that makes sense? Because I knew I had to feed my child as well... Oh I've been skipping meals for years. Sometimes you put your child first, like any mum would do the same thing, so yeah, it has happened quite frequently. (Erica)*

Social Networks and Informal Familial Support

Social networks and informal familial support were important to households who were able to draw on these resources. Some households have accessed a range of support from their social networks, particularly those with close family who they drew on for practical and sometimes financial help. For instance, Erica had received financial support from her family but was worried that this help was now putting her family into financial difficulties. Informal childcare arrangements provided by family members were also vital and allowed parents to work, especially single-mothers. This support meant they were able to work outside of school hours/holidays. However, this support had not been available during the pandemic, particularly during the first lockdown due to the 'rules' on inter-household mixing. Unfortunately, not all households had good social support networks. For example, Paul explained that his friends did not live locally to him, so he was increasingly feeling isolated during the pandemic. He was also unable to travel to meet them due to the cost of public transport and petrol for his car.

Formal Support Services

All households described how they accessed a range of formal support services in Hertfordshire, to some degree. These services allowed them to access food and/or financial support during the pandemic or specific crises they had experienced. These services included free school meals, 'Herts Help', food banks and Citizens Advice. Households were mostly positive about their experiences of accessing support services but described how they had often struggled to find out where they could obtain help

from. Support services were mostly found through word of mouth or from being referred by health professionals or other services. In line with data from the household survey, households in the interviews suggested that support services could be better and more widely advertised across Hertfordshire. For example, Paul suggested that there should be better signposting of the available services with a joined-up approach to help people navigate the complexity of the system more easily:

> *Probably working closer with the benefits agency and what's available to you. Like rather than… if you are on Jobseekers' say, just saying well you need to look for this, that job, this, that, but while you are on this low income there is other options available if you like, sort of all the departments joined together, maybe with the health service as well, so let people know what's actually out there to be accessed. (Paul)*

Schools and Free School Meals

During the pandemic, families with children eligible for free school meals received food parcels or supermarket vouchers in lieu of meals (unless the child was attending school because their parent was a key worker). The food parcels and vouchers were also given to eligible families during some of the school holidays. The additional help during the school holidays meant that there was less pressure on household food budgets. Claire received food parcels is lieu of meals. However, the food parcels were often varied, or 'potluck' as Claire described them: 'But again that was potluck what was in them as well, whether the children liked it or not.' In contrast, Julia received vouchers which she said has been 'hugely helpful'. She said she had only been recently eligible to apply but has received help to do so, which she was incredibly grateful for:

> *A lady from the welfare benefits team has helped me massively apply for free school meals, she's also directed me to a lady from the Stevenage Borough Community Trust that's helped me get a grant for my gas and electric which has helped me massively. (Julia)*

Herts Help

Herts Help is a support service delivered by local charities and funded by HCC and NHS partners to signpost residents to appropriate community and voluntary services. Two of the households said they had contacted Herts Help. They were overwhelmingly positive about their experiences of contacting Herts Help for support. For instance, Erica found the staff to be 'always helpful', 'courteous' and 'supportive'. She said she didn't feel as though she was being judged or 'intimidated', which is something she has experienced before with other support services: 'they've been great, they've been really supportive.' Becky stated that the staff working at Herts Help were 'really kind', very helpful and good listeners. She had drawn on their support regularly:

> *They're [Herts Help] actually really kind. Citizens' Advice Bureau are a bit like… they're not rude or anything like that, they're just very quick questions, whereas Herts Help proper listen to you and actually listen to what you've got to say and stuff like that. (Becky)*

Erica explained how she has had to seek help for a range of issues via Herts Help including, a crisis in which her food delivery was cancelled leaving her and her daughter without food, and help with

replacing broken appliances she could not afford to replace. Most recently, they have been trying to support her with her housing to get the damp and mould in her flat treated:

> *Well they've been great throughout to be honest. One time when I was in lockdown Asda actually cancelled my order just spontaneously when they was meant to come on that day. So I called them up and I said to them and they were great, they actually arranged a couple of food boxes for me and my daughter as well, which was just so amazing, like it really helped us out… They were great, they were so helpful, like I was so embarrassed because I'm not the kind of person who asks for help that much, so I was embarrassed but she was so helpful and she was like 'Don't be ashamed'... So if it weren't for Herts Help I wouldn't have had any help. (Erica)*

Erica had found out about Herts Help from a leaflet she received in a food parcel she was given during the pandemic whilst she was shielding. However, Julia had never heard of Herts Help before the interview. Julia said that her friend had told her about families receiving additional financial help due to the pandemic, but she was unsure where she could find out more about this. The researcher suggested contacting Herts Help. She suggested that more effort is needed to advertise these types of support service 'offline':

> *Herts Help. Okay, I'll check it out. Thank you for letting me know. Again see, you don't know you don't know do you?... It needs to be advertised better. I don't know, posters in areas or something because, yeah, not every… On the internet it is advertised but not everybody has access to the internet all the time do they? (Julia)*

Citizens Advice

Some households had received financial help from Citizens Advice, particularly in relation applying for state welfare benefits and debts. Paul contacted Citizens Advice for advice on debt management because he was struggling to support himself financially after losing his job. He said that his 'bills [were] starting to pile up'. They advised him to apply for Personal Independence Payments (PIP) due to his multiple physical and mental health conditions. Citizens Advice helped him navigate the complex benefits system: 'I'm thinking I probably do qualify and that will sort of help as well, so a better quality of life, that extra bit of money while I'm not too well'.

Erica had been referred to Citizens Advice after she contacted Herts Help. She told Herts Help that she was struggling to afford her prescription charges for her ongoing medical condition because she was over the monetary threshold, despite requiring Universal Credit:

> *If it weren't for them I wouldn't be where I am right now and I'd probably be worrying for days. So yeah, they are quite reassuring as well and they give you explanations which is great. (Erica)*

Food Banks and Other Food Aid

For households, requiring support from a food bank is a signifier of just how bad their situation had become. Food banks were used as little as possible because going to a food bank was a last resort when all other avenues of support had been exhausted. Households stated that they thought others were worse-off than them and they did not want to deprive others who might be in greater need, despite

their own precarity. Paul said that he had tried to hold off using a food bank until he had no other options left, and he hoped his situation was short-term until he was able to work again. He described 'turn-taking' and allowing others to access food instead of him because using a food bank is a 'last resort':

> *So hopefully with me it's only short-term, so yeah, just trying to get through it the best I can and yeah, they've been really good, really good. I try and step back a little bit until I really need something. Like there was a couple of times where I didn't… I thought well I've got enough of that this month, so I'll let someone else have a go and then go the next week instead or something like that. So it is the last sort of port in a storm if you like, I don't go just down there because it's free, it's because I actually need it... so it is really like I say a last resort, when I sort of get that I do need to go. (Paul)*

Using a food bank was also often coupled with feelings of shame, guilt and stigma. Julia explained that she felt 'the lowest of the low' when having to use a food bank. She described feeling guilt and embarrassment at her situation: 'So it was guilt, it was embarrassing and just…a real kick in the nose of wow, you've hit a really hard time'.

Food banks are now supporting people with more than just food. Becky described how the food bank she contacted for help was understanding of her mental health issues and delivered food directly to her home. She thought that they understood how her mental ill health prevents her from visiting in-person: 'So I would say they're doing good though because they understand, so the reason I haven't really been down to there is because they've understood why.' The food bank also provided her with vouchers to help pay for her heating, gave her packages of items to keep her warm in the winter (e.g. gloves, blanket, hat etc) and gave her some treats for her dog.

Although Becky said that the food bank was really helpful during her time of crisis, she was also critical of the food that food banks provide, suggesting they that they should give more of what people will enjoy eating. She described how she sees the food bank donation boxes in supermarkets as she walks past, with what she considers to be high value food in them: 'I'm seeing Pringles in there, I'm seeing everything in there, I never see any chickpeas'. But when she receives her food parcel she never receives these high-value foods that she has seen:

> *Like where did all the Pringles and that go? Where did all that go? Why have I got chickpeas and bread? Where's all the Pringles? Where's all them like cherry vine tomatoes that I saw them donate? Where they all gone?... Where's all the apples gone to? I don't want these, I don't like kidney beans, I give them away every time. And stop giving people lentil soup, nobody likes it, nobody likes lentil soup. We're all good with tomato, chicken, mushroom, basic flavours, we don't need all that lentil and vegetable soup. (Becky)*

Service Provider Survey

Services supporting households experiencing food poverty across Hertfordshire were asked to complete an online survey about the role of their organisation in supporting households. Twenty-one organisations completed the survey. Of those, 11 were from the voluntary sector (mostly food banks), followed by four local government, two housing sector, two schools and one an NHS organisation. The

organisations predominantly provide their support services in just one local district in Hertfordshire. Only three organisations provide their services countywide. Although 10 organisations stated that they provide support for all residents, regardless of age or need, some organisations only provide support for certain populations groups: 6 provide support for children, young people and their families; three for adults aged 18 plus; one for adults of working age; and one organisation provides specific support for those experiencing homelessness.

All of the organisations reported that they have a role in supporting households experiencing food poverty. Most of this support was in the form of giving food parcels to households (n=16). Others stated that they provide food bank vouchers/referrals (n=5) or signpost to other support services (n=5). Three stated they provide residents with advice in relation to finance (including debt), applying for state-benefits and/or employment. Few services provide support in the form of activities for children (n=2) or advocacy work (n=2). Half of the services stated that they provide multiple forms of support for residents (n=10). However, only 10 service providers stated that they have a strategy or target directly related to addressing food poverty.

All, but one, service provider stated that they refer service users onto other support services. Most stated that they refer onto a multitude of other support services that depend on the specific needs of the service user including Citizens Advice, mental health charities, food banks, adult and/or children's services, Herts Help and the Jobcentre. Some service providers stated they refer on to other specialist services that provide advice about housing, immigration or being a carer.

Service providers were also asked if they have any partnerships or are part of a network with other organisations that aim to address food poverty. Most service providers said that they were in partnerships or part of a network (n=15). Many of the food banks stated that they work with other food banks, food bank networks (e.g. Independent Food Aid Network (IFAN) and Food Poverty Alliance) or are part of the Trussell Trust food bank network. Some service providers detailed being part of a larger network of support services with multiple varied partners, including: local authority, food banks, local supermarkets, local businesses, schools, charities and community organisations. Those networks working directly with local authorities or HCC were set-up in response to the COVID-19 pandemic.

Lastly, service providers were asked if they were aware of any specific population groups that they perceived to have unmet need in relation to food poverty. In particular, two organisations stated that those over the age of 65 have unmet needs because they are 'often too proud to accept support'. Another noted that Gypsy/Traveller and ethnic minority communities are also often 'historically reluctant to reach out for support'. Numerous service providers also stated that the following population groups often have unmet need in relation to food poverty: those with long-term ill-health or disabilities; those living in temporary housing; families with Child Protection Plans; single-parent families; those furloughed due to COVID-19; and single-person households without children.

Focus Groups with Service Providers

Fifteen representatives from a range of service-providers supporting people in Hertfordshire in relation to food took part in one of three focus groups. The support services covered four sectors including children's services, voluntary food aid, housing and community, and money and adult services. There were three main themes from the focus groups: (1) perceived causes of food poverty; (2) current responses to food poverty; and (3) the need for a public health informed strategic response.

The Causes of Food Poverty

When asked about the limits and reach of a 'food poverty strategy' in Hertfordshire, this led to a discussion in one of the focus groups about whether the term 'food poverty' was an acceptable term to use. For instance, one member suggested that the use of the term 'food poverty' is 'negative' and 'just makes us think of money, because poverty is about money'. Another suggested the term 'food well-being'. However, one member of the focus group disagreed that the term 'food poverty' was problematic. He stated that the term 'food poverty' has pushed the issue onto the agenda and describes exactly what the main issue is, a lack of money (i.e. poverty):

> *However if Marcus Rashford hadn't used the words food poverty these debates and these meetings wouldn't be happening. It's only because it was forced onto the agenda as being what it was, which was some families not having enough money to eat and feed themselves... yes, we can couch it in words that are more acceptable but let's not forget where it comes from and it comes from financial poverty by and large, that's the driver behind it... We've got to look at where people are and who is in food poverty and what is it that unifies them and it isn't knowledge, it isn't skill, it's income. We don't get people on £50,000 a year who are crap with handling money coming into food banks, it's people on a low income. If we actually ask what is the income of the people coming into food banks we would see they are on a low income, they are on a level of income that none of us could envisage trying to survive on. My view may be old-fashioned, it does come down to money, we can work around that, but we mustn't lose sight of it. (Ryan, Money and Adult Services)*

It was established that 'food poverty *is poverty'*. The majority of service providers agreed that the root cause of food poverty is a lack of money. Though the lack of money could be a consequence of a range of issues, often residents described experiencing multiple issues. The discussions indicated that it was important to look beyond the simplistic causes or seek simple solutions. Rather, the wider determinants of health and inequality were important to consider, and address as far as was possible to do within the powers and resources of the district and county councils. It was recognised that there were some factors that local authorities do not have the power to address, such as state benefit or housing policies.

Participants agreed that a multifactorial approach to address the wider determinants of food poverty was required and any local responses needed to be multi-agency. For example, if an individual has issues with their housing 'they need to make sure that their housing is sorted out' before they can focus on dealing with issues such as food, health and employment. Linking these support services for residents will be relevant in supporting them with food: 'So we really need to try and make sure that any food poverty strategy is linked to housing and some of those wider determinants of health.' (Jonathan, Housing Services). Housing appears to be a particular problem in Hertfordshire, feeding into food poverty. It was explained that this is due to the high cost of housing compared to people living in other areas of the country and this difference in housing cost is not reflected in Universal Credit payments:

> *I think with Universal Credit if you lived in another part of the country that was a cheaper area, that didn't have such high rents your Universal Credit would go a lot further, and I think that's often the point that is often missed, that if you live in an expensive area your rent takes a greater proportion of whatever allowance you're allowed. And therefore that puts more people into food poverty. (Emma, Food Bank Manager)*

Whilst it was recognised that the main issue is a lack of money and inability to afford food, the services providers also suggested that there were many factors that might lead to someone requiring financial support, and in turn support in relation to food. For example, relationship breakdown, addiction, changes to benefits and mental ill health. They also emphasised that food poverty was not always visible and that it needed to be considered at the household level, as not all members are equally impacted. For example, participants stated that parents might skip meals and go a whole day without food in order to protect their children and ensure they are able to eat. It was also highlighted that even if people are not necessarily going *hungry*, they are likely eating low quality, cheap food that is less nutritious because they cannot afford healthier food. Here, one of the participants suggested that food poverty is not necessarily just about hunger, but also malnutrition:

> *Well first of all it doesn't mean they are necessarily going without food it might just mean that they're having the cheapest food that's going which tends to be the less healthy food. So it's also not that food poverty means that everyone is thin and hungry, it could be the complete opposite in terms of some of the obesity levels as I've experienced with the target families that we're looking at. Equally it might not mean that the young people are experiencing the issues themselves but the wider family are going with less food or less appropriate food because they're prioritising their children with the finance available. (Rob, Children's Services)*

Current Responses to Food Poverty in Hertfordshire

A range of services supporting people experiencing food poverty are available across Hertfordshire. However, the service providers stated that the provision was varied, and residents were often unaware of what was available to them. In addition, it was thought that some areas in Hertfordshire had more support services available than others. For example, specific challenges are presented by rural areas of Hertfordshire, with some communities having inadequate access to food shops or nearby food banks. One participant highlighted this difficulty, that even when support is available for a household, the rurality of their location can often make it difficult for them to access that support:

> *We were able to secure some funding via the food bank for extra support but actually the problem we had was getting it to the family because they didn't drive. And this young parent, with two small children, a lack of income because she's got two small children, we can give her the winter grant vouchers, we can give her food bank vouchers, but she's got no way to get them. (Karen, Children's Services)*

Food Banks and Voluntary Food Aid

One of the main support services available to Hertfordshire residents was food banks. According to the service providers, a number of new food banks had been established during the pandemic, in addition to new organisations that were set up to re-distribute 'food waste'. However, one of the main issues was the lack of regulation of these new organisations and it was suggested that this could potentially be an issue for service-users. One of the service providers suggested that there should be a registration scheme for food banks with associated guidelines. This would also allow HCC to map what services are available for who and make it easier for residents to be referred for the appropriate support:

> *I would like to see registration for all food banks… so there's some sort of guidelines as to what's being given out, so that we've got a list of who these food banks are as well, and also some sort of referral on system depending on what age is accessing, so that we all know what's happening. (Gemma, Children's Services)*

It was also reported that, during the COVID-19 pandemic, there had been a huge increase in the demand for food banks across Hertfordshire and that the demographics of the service-users had changed. For example, one food bank stated that demand had increased by 53 per cent in the last year, a large proportion of whom were children: '…we fed 3,613 people last year, 1,492 were children' (Claire, Food Bank Lead). Another organisation, who provide an 'holistic' support service alongside the food bank, stated they had experienced an increase of 150 per cent in the last year, with a noticeable increase in the proportion of homeless people requiring emergency accommodation. The pandemic and the increasing demand also meant that food banks had to change their criteria and/or way of working: 'we are supposed to only give three vouchers in six months, but because of Covid and because of the desperation I just give them out.' (Claire, Food Bank Lead).

The changes in the demographics of service-users shifted throughout the pandemic. For instance, two food banks stated that early in the pandemic (March 2020) it was mainly families with children, because the parent(s) couldn't work due to the pandemic, and fewer single-person households requiring support. They suggested that this shift could be due to the change in the way in which services were responding to the pandemic and rules on inter-household mixing during lockdowns, lessening the availability of informal familial support:

> *…I think it was about the support networks and how food got distributed over the pandemic, because we certainly noticed the moment that there were changes in lockdown and you could see your family again then there was a big drop in service for a couple of weeks because people were able to share food again where they hadn't been able to. (Janet, Food Bank)*

The importance of informal social support from family and friends was widely acknowledged as important for people experiencing food poverty or financial difficulties. In particular, families sharing food between each other and support in other ways such as with childcare: 'But I think that family network really did remind us how much family networks help with food poverty.' (Janet, Food Bank).

It was reported that 'initially loss of jobs… and the benefit delays was horrendous' and this led to households with previously high incomes and high expenses seeking support for the first time. Another food bank stated that in the latter part of 2020 and early 2021, less families and more single men were seeking support with food as well as an increase in the numbers of older people who have traditionally not used food banks. There was consensus that those who had rarely or not accessed services in the past required different support, such as accessing the state benefits system for the first time or applying for new benefits they were previously unaware of:

> *But this last six months or say since Christmas we've had more single men again as opposed to families… And we've had a few pensioners, people which we didn't have before, we hardly ever got any pensioners, we've got those now, so I'm recommending… because I used to work at the CAB, to get pension credit and help them to claim pension credit because they didn't know about it, things like that. (Claire, Food Bank Lead)*

Working with Other Organisations

Working with other organisations in partnership was viewed as positive and services themselves raised the need for better, more effective joined up collaboration in order to better support residents. This would also ensure that residents can better access the support services they need: 'what we actually want to do is work as a district-wide and actually support people the best we can. Rather than someone coming to our service then maybe going to another.' (Hazel, Food Bank Manager).

Despite consensus that more effective collaboration is needed, there were good examples of existing partnership working from a range of organisations at local levels. For example, the food banks described how they worked with other support organisations and referred users to Citizens Advice and Herts Help. Many organisations described how they now work with multiple charities and organisations to ensure that service-users' multiple needs are being met as best as possible:

> *…we've actually seen an increase in the amount of charities that we were supporting. So when Open Door made available more night shelters and things for the homeless of course their needs increased, so we were then able to support them with food, we worked really closely with providing them with food bags. (Hazel, Food Bank Manager)*

In particular, one food bank described how their service-users' mental health is negatively impacted due to loss of employment, particularly during the pandemic. They now have a 'mental health outreach worker' from the mental health charity Mind working alongside the food bank to help support those who need it. She explained how this made it easier for those with mental ill health to seek help:

> *…we have a mental health outreach worker alongside us in the food bank. But I don't understand the services because when she wasn't able to do face-to-face because of lockdown Mental Health were saying they can phone somebody. If you've got mental health [issues] actually that's really hard to phone a number that you know nobody, and these are meant to be the experts advising this, and I just think how can that happen? (Emma, Food Bank Manager)*

Service providers also spoke positively of working collaboratively with schools to ensure that children and their families were supported. Schools were described as being on the 'front-line' with an ability to determine what families required support: 'They were out in the community and walking the streets in a way that I felt not a lot of other agencies were, it was phenomenal.' (Janet, Food Bank). This was particularly important to ensure those eligible were receiving free school meal vouchers during the lockdowns and school holidays. Other organisations have been working with schools to provide activities and meals for children during school holidays. One described working with schools during the pandemic to target food and support for families and children at most risk of food poverty:

> *One particular secondary school in the first part of Covid would come every Friday and it gave them access to the family to be able to deliver food. So these were vulnerable families that they were concerned about the children's welfare, and the food was the vehicle to get into the household. And so we worked very closely with that particular school for the first three months of Covid for children that they didn't see and that was quite important really. (Emma, Food Bank Manager)*

Developing New Approaches

Despite the consensus that the pandemic has been overwhelmingly negative in terms of its impact on the community and the increase in demand for support in relation to food, there was one upside. Services have had to change the way in which they were operating and collaborate with other organisations more. This extended the groups of people that services were able to reach out to and support. For instance, one food bank stated that they started a delivery service during the pandemic for those who were having to shield or self-isolate. They have continued this service and are considering ways in which to continue actively reaching out to residents in need of support:

> *We started a delivery service which we haven't had before, we've continued it, so we were able to deliver food to very isolated and not necessarily elderly but sometimes elderly, isolated or ill people, affected ill people, and it was really worthwhile, very, very worthwhile. And I'm still in my mind about how we can carry on reaching out to that community who are quite hard to access and quite hard for them to sometimes contact us and tell us their needs. (Janet, Food Bank)*

Another food bank described the development of a new service they called a 'social supermarket'. The aim of this would be to address people's multiple needs in a socially dignified and acceptable way that would support them in the longer-term. For instance, being able to choose what food they could take (with a small membership fee) whilst receiving support in terms of skills or employment:

> *…we provide fresh food, we already have a shop, it looks a bit like Waitrose, we went high-end and guests can choose their items. But actually we're doing it as a package membership where guests can pay a very, very small membership fee, access the shop as if they would a supermarket, our shop is brimming with food. But also within that membership they get a mentor and a coach who designs a package for them of courses, other support that they might need, volunteer opportunities and work opportunities as well. So it's really looking at some of the more broader needs that people are facing rather than just the food poverty. (Hazel, Food Bank Manager)*

Future Responses to Food Poverty in Hertfordshire

A major theme arising from the focus groups was concern that organisations are currently working in a fragmented and disjointed way in response to food poverty in Hertfordshire. Some organisations are working well together at the service delivery level to support residents and are making referrals to each other. In addition, it was noted that some organisations and districts have also begun to develop strategies in response to food poverty. These initiatives were commended. However, there was strong sentiment that the impact of these interventions could be greatly strengthened if the initiatives were countywide with strategic leadership and co-ordination to bring stakeholders together:

> *I mean one of the things that we have realised is the slight lack of coordination around even the issues of food poverty. For example, we discovered that Herts Catering Ltd who provide the catering for the schools in Hertfordshire have actually created their own food poverty strategy and they've done it… and it's very good, but they've done it in isolation and it wasn't sort of plugged into the broader debate that was going on… I think was a bit of an indication that there's a lot of people interested in this issue of food poverty, but there wasn't a great deal of drawing it together into*

one coherent countywide strategy. I think that's really where we are coming from, that we want to see that broader coalition of interested parties and I think the work being done by the University and by Public Health ought to be the driver for that. (Ryan, Money and Adult Services)

Mapping Existing Services

There were concerns about the lack of a formal database supporting mapping of service provision in Hertfordshire. One participant suggested that food banks should register on a central countywide system to ensure HCC and residents are aware of the available support: 'I personally think that there should be a food bank registration for Hertfordshire... Because they need to link up the database, so we know what's happening.' (Gemma, Children's Services). It was agreed that there was a risk that some families could fall between the 'gaps' and there would be missed opportunities to support them with food access as well as their other needs. This was a particular concern for families with children and those with complex multiple needs. It was suggested that a database of Hertfordshire food banks be established to ensure that residents are supported as effectively as possible:

And also I think many… a long time ago when food banks sort of really became a bit more known again, I think it was Watford that started, when you register with the food bank if you had a child under five an automatic referral was done to what was the children's centre then to make sure that they were aware that you had a problem and they could do that phone call. There is no link up now, we never ever, well very rarely get a call from a food bank to say I'm concerned about this family. (Gemma, Children's Services)

The lack of registration or database also led to concerns that better regulation and monitoring was required, particularly of food banks. For instance, new organisations had been established to distribute surplus food (waste) directly to members of the public. Some participants expressed concerns in relation to the appropriateness of surplus food as a solution to food poverty and whether this addressed the wider multiple needs of people experiencing food poverty in sustainable long-term ways

Unfortunately the other groups which I think is really around food wastage but they see themselves as more food banks, they don't want to do that and they want to just be able to give out that free food. So I think there's something around the strategy around dependency and trying to create independent individuals and support them on their journey to independence. (Jonathan, Housing Services).

A Coordinated Preventative Public Health Approach

Currently, the lack of a coordinated approach means that there are gaps in provision, impacting Hertfordshire residents' access to sufficient quantities of quality food that support their health and well-being. Service providers suggested strategic leadership and oversight is also required in order to inspire the delivery of effective responses to supporting residents experiencing food poverty in a way that goes beyond statutory responsibilities: '…all working together to enable beyond the statutory responsibilities. So that whole system approach to actually support people in the way that they need support.' (James, Community Support Services).

It was recognised that service provision needs to take a holistic approach and become more 'equitable' when supporting households. A 'database' of support should not only include those organisations that provide food, but also link with other organisations supporting households with financial advice, housing and cooking facilities. Families in temporary accommodation with no cooking facilities were perceived to be a particular issue in some areas of Hertfordshire:

> *Because food poverty, lack of it, is only one small part of what's going on for that family and predominantly, our families are in temporary accommodation, shared accommodation, they might not even have facilities to be able to cook. I think it's highlighted really in lockdown how disjointed they are. If you are lucky enough to live in one area you might have a food bank that was open four times a week and another part of the same borough it's open once a week for an hour on a Saturday morning at the other end of the town. So it's not very equitable I don't think. (Susan, Children's NHS Services)*

There was general consensus that a food poverty strategy should be developed for Hertfordshire. However, it was noted that there is a danger that if there is no strategic coordination of this strategy, then inadequate fragmented provision of support would continue. Focus group participants recognised that current responses to food poverty are often reactive. Prevention was also considered a key component of any future strategy: 'But I would love to see the prevention side being fed into this strategy' (Jonathan, Housing Services). It was suggested that the leadership, discussed earlier could come from the HCC Public Health team. There was recognition that engagement with both local organisations providing support, and also with the local communities living in Hertfordshire to develop solutions and enable communities to help support each other:

> *My view and I think the experience shows it, that most low income parents are far better at handling money and budgeting than most of us are, they have to be, and they cope, they manage. And I don't think we reach the ones who are bad budgeters from a top-down approach that sort of says 'Right you lot, you need to learn to do this better' because that can appear preachy, patronising… What can we do to utilise the strengths in those low-income communities so that they are educating within themselves and not 'Oh, right everybody, there's a meeting at the community centre for all you poor families who don't know what to do and we'll show you how to eat healthily.' That to me doesn't work, it doesn't gel with my experience of how people react to things and maybe we should be looking at that way of enabling localised… the local skills of those brilliant budgeters that exist in low income families which is the majority. Because they're bringing up their kids on an amount of money per day that I couldn't dream of. (Ryan, Money and Adult Services)*

It was suggested that key priorities and outcomes should be agreed together. This would then support the development of appropriate responses and bring together organisations working towards the same goal: 'Then in terms of the strategy itself I think the real value of it from my perspective is that it will help us to agree the outcomes that we are trying to achieve.' (Suzanne, Community Support Services). It was thought that this approach would be the best way to develop sustainable solutions to food poverty. Others also recognised the need to ensure that people are able to access nutritious food:

From our experience the issues people face, it's not just getting the food it's getting the right food, so it's food that is healthy for them, that is affordable and that sort of good nutrition element of it's not just food at any way possible is really important here. (James, Community Support Services)

In summary, an alternative to the current fragmented reactive response is a public health approach, with established priorities and outcomes, that is both preventative and sustainable in the longer-term, as opposed to one that provides food in reaction to an immediate crisis: '…there's no point always focusing on down the river where there's people drowning, and you are pulling them out, actually what's going on up further in the river to cause the issue.' (Hazel, Food Bank Manager)

Discussion

Hertfordshire has a lower risk of food poverty on average (10.3%) than the national average for England (15.8%). This level of risk is likely to increase post-pandemic and analysis from the focus groups suggests that demand for both free school meals and emergency food aid is already increasing. Given what we know about the impact of food poverty on both the health and well-being of individuals and on society as a whole, the current levels and potential increase must be addressed urgently:

*These people [experiencing food poverty] cannot wait around for the food system to be fixed: **They need help now** [emphasis added]. The Government must give direct support to the poorest households to help them eat well.* (Dimbleby, 2021, p. 151)

The survey and qualitative data show that there are households in Hertfordshire that regularly go without sufficient quantities of quality food and experience hunger, as well as struggling daily to provide food for their families. It is clear from interviews with households experiencing food poverty and service providers supporting those households that there is an urgent need for more co-ordination and strategic oversight to ensure there is an equitable, organised and sustainable response to food poverty. Although there are policies that the national government have oversight of, there are policies and strategies that Hertfordshire County Council (HCC) can implement at a county level to improve the health and well-being of residents experiencing food poverty in the short, medium and long-term.

Numerous support services provide essential support, guidance and practical advice/assistance for households experiencing food poverty in Hertfordshire. The COVID-19 pandemic has led to the establishment of new networks and partnerships amongst organisations and services have had to develop new ways of reaching those in need of support. Despite this, there is still a lack of cohesion or information about existing services, meaning it is unclear for both professionals and households what services are currently available or how to access them. It is also unclear how sustainable some of these services are in the longer term, whether they are adequately addressing the needs of Hertfordshire residents or what the gaps in service provision are. Food banks are also reporting changes in the demographics of people accessing their services, and this should be investigated further.

A useful first step would be the creation of a database and mapping of existing food related activities and support services across Hertfordshire, including those offered by local government and the third sector. This could quickly be realised in the short-term. This information should be available not only for professionals working to support households, for instance as a directory on HCC websites.

Information should be made available in public spaces for those who do not have access to the internet, for example in GP surgeries, schools, public libraries and community/family centres within 12 months. HCC should update this database regularly to ensure the correct information is available.

Recommendation 1: Create an accessible countywide directory or database of services that support households struggling to access sufficient quantities of quality food across Hertfordshire.

It is clear that Hertfordshire needs a strategic countywide food strategy that is ambitious, long term and sustainable. Suggestions were made by focus group participants that this could be located within and led by HCC public health. This would ensure a public health focused approach which includes mapping and coordination of current services, incorporating a life-course approach focusing on prevention. It is essential to collaborate with others working on related issues such as childhood obesity and/or town planning, as poorer areas may also have higher concentrations of fast-food outlets and less places to purchase healthier food that is affordable (Caraher, O'Keefe, Lloyd, & Madelin, 2013; Public Health England, 2020). However, tackling such issues also require 'context-sensitive environmental interventions' that account for the views of the local community (Thompson, Ponsford, Lewis, & Cummins, 2018, p. 13).

A possible model to support the development and targeting of interventions aimed at preventing food poverty in Hertfordshire is outlined in Appendix 2. We recommend a collaborative approach that includes a wide range of stakeholders who are working in the field of community food provision and supporting households experiencing food poverty. In addition, the communities and people who have been directly affected by or have experienced food poverty should be included. To avoid tokenistic or pseudo-consultations, a separate reference group could be established, giving residents input into Hertfordshire's food strategy. Appendix 3 illustrates and summarises how such an approach might look. Some organisations and stakeholders that could be included are suggested, but not exhaustive.

Recommendation 2: Establish strategic leadership to develop a countywide food poverty strategy informed by key stakeholders, including Hertfordshire residents who have experienced or are experiencing food poverty.

Although this study could not assess the extent of food poverty across Hertfordshire (for a detailed analysis of food poverty risk, see HCC, 2021), the analysis suggests food poverty (and poverty generally) is an increasing issue in Hertfordshire. Poverty and food poverty are major public health issues. Low pay, insecure employment and the inadequacy of Universal Credit payments were recognised in this study as some of the main drivers of food poverty. As the government funded furlough scheme and Universal Credit uplift are scheduled to end in October 2021, food poverty is likely to continue increasing long after the COVID-19 pandemic. In addition, evidence from the Department for Work and Pensions (2021) suggests that even before the pandemic, 43 per cent of households on Universal Credit were 'food insecure', meaning they had to reduce the quality and/or quantity of their food consumption due to a lack of money.

The National Food Strategy states that '[t]he Government must give direct support to the poorest households to help them eat well. The first priority should be children.' (Dimbleby, 2021, p. 151). The strategy also includes a number of recommendations and 'calls to action' that focus on the prevention

of poverty and food poverty, such as the expansion of the healthy start scheme, extension of free school meal eligibility and the funding of holiday activity and food programmes for children to support those on the lowest incomes.

The national government is yet to respond to these recommendations and the National Food Strategy is not the first to call for national government intervention. HCC should seek ways in which to support households with low incomes as best they can at the local level. Garthwaite suggests that local authorities should have 'food access plans that will address any physical barriers to affordable, nutritious food in their area' (Garthwaite, 2016, p. 156).

Although Hertfordshire currently has levels of food poverty below the national average, HCC should set ambitious targets to reduce these figures further. Focusing attention on households receiving Universal Credit would be a good starting point. These targets should include short, medium and longer-term actions in order to reduce food poverty and the need for emergency food aid. When setting these targets, HCC should also include objective measurable outcomes and include evaluation to establish if they are successful or not.

> **Recommendation 3: Set ambitious short, medium and long-term targets and priorities that aim to reduce the prevalence and risk of food poverty in Hertfordshire. Targets should include objective outcome measures.**

Lastly, we urge that HCC and district councils listen to the voices of those who have or are experiencing food poverty. We have tried to do this in this report. We hope that the reader, be they local authority, local counsellor or a Hertfordshire resident, can begin to understand the difficulties and distress of those experiencing food poverty and the extent to which their health and well-being is affected. But, and most importantly, they are encouraged to take action. In the afterword to Garthwaite's book, Tirado exhorts us to 'recognise the humanity of people who have it hard' (Garthwaite, 2016, p. 161), which we argue should be kept 'in mind' when developing any future food strategy for Hertfordshire.

Conclusion

Poverty is the root cause of food poverty. But food poverty is often further complicated by other factors such as a lack of access to cooking facilities and/or ill mental health. In turn, food poverty also further compromises health and well-being, creating a negative spiral. Addressing poverty requires action from national government to ensure income and support are adequate for people to be able to access a sufficient quantity of quality food in socially acceptable ways. However, in the absence of national action, there are actions within the reach of local government that can support residents. There are good examples of organisations working in partnership to address the issue of food poverty. However, a lack of countywide strategic co-ordination in Hertfordshire has resulted in a fragmented provision of support with no overall vision, objectives or priorities for preventing or addressing food poverty. Organisations as well as residents are unaware of what services are operating in their local areas or how to access them, which means that people struggle to find adequate or appropriate support. This adds to the distress they experience during a crisis.

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Appendices

Appendix 1: Household Survey Analysis

Table 2: Demographics of household survey respondents by service use or not (previous 12 months)

	Service-User (n=10)	Non-Service-User (n=13)	Total (n=23)
Sex Female	7 (70%)	11 (84.6%)	18 (78.3%)
Age Group			
25 – 34 years	2 (20.0%)	5 (38.5%)	7 (30.4%)
35 – 44 years	6 (60.0%)	2 (15.4%)	8 (34.8%)
45 – 54 years	2 (20.0%)	4 (30.8%)	6 (26.1%)
55 – 64 years	0	2 (15.4%)	2 (8.7%)
Paid Employment	2 (20.0%)	12 (92.3%)	14 (60.9%)
Accommodation			
Own without a Mortgage	1 (10.0%)	1 (7.7%)	2 (8.7%)
Own with a Mortgage	0	3 (23.1%)	3 (13.0%)
Private Renting	3 (30.0%)	5 (38.5%)	8 (34.8%)
Renting from the Council	3 (30.0%)	2 (15.4%)	5 (21.7%)
Housing Association	2 (20.0%)	0	2 (8.7%)
Living with Friends or Family	0	1 (7.7%)	1 (4.3%)
Hostel	1 (10.0%)	0	1 (4.3%)
Other	0	1 (7.7%)	1 (4.3%)
Household Composition			
Single-Person	1 (10.0%)	2 (15.4%)	3 (13.0%)
Adult Couple (No Children)	0	2 (15.4%)	2 (8.7%)
Single-Parent	3 (30.0%)	2 (15.4%)	5 (21.7%)
Dual-Parent	5 (50.0%)	0	9 (39.1%)
Multi-Generational	0	2 (15.4%)	2 (8.7%)
House Share	0	1 (7.7%)	1 (4.3%)
Other	1 (10.0%)	0	1 (4.3%)
Ethnicity			
White British	9 (90.0%)	9 (69.2%)	18 (78.3%)
Mixed White and Black African	0	2 (15.4%)	2 (8.7%)
Asian Indian	0	2 (15.4%)	2 (8.7%)
Chinese	1 (10.0%)	0	1 (4.3%)
Hertfordshire District[1]			
Broxbourne	2 (20.0%)	1 (10.0%)	3 (15.0%)
East Herts	0	1 (10.0%)	1 (5%)
Hertsmere	0	1 (10.0%)	1 (5%)
St Albans	1 (10.0%)	0	1 (5%)
Stevenage	6 (60.0%)	4 (40.0%)	10 (50.0%)
Three Rivers	0	1 (10.0%)	1 (5%)
Watford	0	1 (10.0%)	1 (5%)
Welwyn Hatfield	1 (10.0%)	1 (10.0%)	2 (8.7%)

[1] Missing data n=3

Table 3: Demographics of household survey respondents by food poverty or not (previous 12 months)

|	Food Poverty (n=13)	No Food Poverty (n=10)	Total (n=23)
Sex Female	9 (69.2%)	9 (90%)	18 (78.3%)
Age Group			
25 – 34 years	4 (30.8%)	3 (30.0%)	7 (30.4%)
35 – 44 years	7 (53.8%)	1 (10.0%)	8 (34.8%)
45 – 54 years	2 (15.4%)	4 (40.0%)	6 (26.1%)
55 – 64 years	0	2 (20.0%)	2 (8.7%)
Paid Employment	5 (38.5%)	9 (90.0%)	14 (60.9%)
Accommodation			
Own without a Mortgage	1 (7.7%)	1 (10.0%)	2 (8.7%)
Own with a Mortgage	0	3 (30.0%)	3 (13.0%)
Private Renting	6 (46.2%)	2 (20.0%)	8 (34.8%)
Renting from the Council	3 (23.1%)	2 (20.0%)	5 (21.7%)
Housing Association	2 (15.4%)	0	2 (8.7%)
Living with Friends or Family	0	1 (10.0%)	1 (4.3%)
Hostel	1 (7.7%)	0	1 (4.3%)
Other	0	1 (10.0%)	1 (4.3%)
Household Composition			
Single-Person	2 (15.4%)	1 (10.0%)	3 (13.0%)
Adult Couple (No Children)	0	2 (20.0%)	2 (8.7%)
Single-Parent	3 (23.1%)	2 (20.0%)	5 (21.7%)
Dual-Parent	6 (46.2%)	3 (30.0%)	9 (39.1%)
Multi-Generational	0	2 (20.0%)	2 (8.7%)
House Share	1 (7.7%)	0	1 (4.3%)
Other	1 (7.7%)	0	1 (4.3%)
Ethnicity			
White British	11 (84.6%)	7 (70.0%)	18 (78.3%)
Mixed White and Black African	1 (7.7%)	1 (10.0%)	2 (8.7%)
Asian Indian	0	2 (20.0%)	2 (8.7%)
Chinese	1 (7.7%)	0	1 (4.3%)
Hertfordshire District[1]			
Broxbourne	2 (16.7%)	1 (12.5%)	3 (15.0%)
East Herts	0	1 (12.5%)	1 (5%)
Hertsmere	0	1 (12.5%)	1 (5%)
St Albans	1 (8.3%)	0	1 (5%)
Stevenage	7 (58.3%)	3 (37.5%)	10 (50.0%)
Three Rivers	0	1 (12.5%)	1 (5%)
Watford	1 (8.3%)	0	1 (5%)
Welwyn Hatfield	1 (8.3%)	1 (12.5%)	2 (8.7%)
Accessed Support Services	10 (76.9%)	0	10 (43.5%)

[1] Missing data n=3
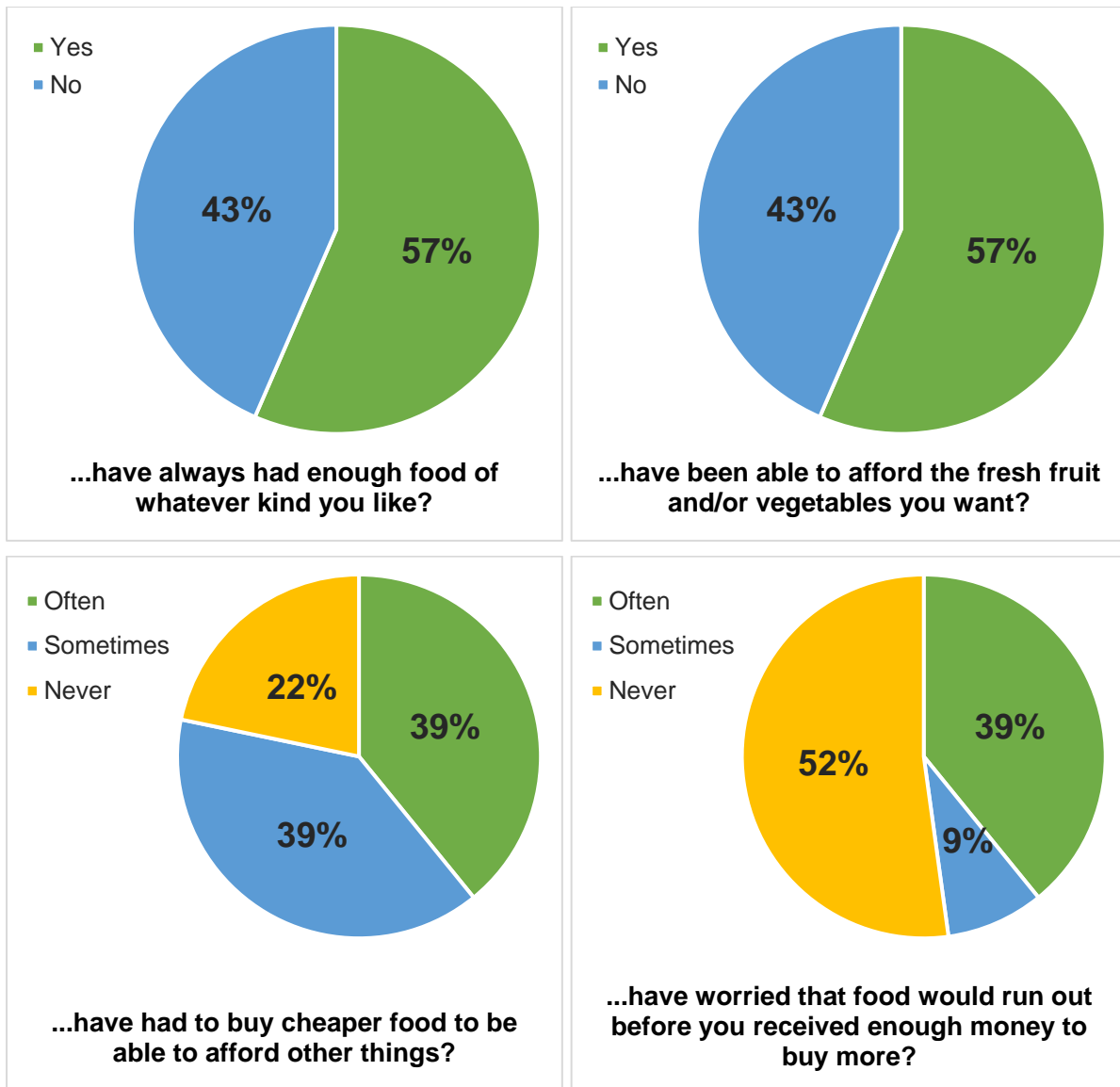
Figure 2: *Household survey responses (%): 'In the previous 12 months you or your household...'*

Appendix 2: A Model of Vulnerability to Food Insecurity (Food Poverty)

A model of vulnerability to food insecurity (food poverty) indicating how household resilience to food poverty could be strengthened.

Researchers at the University of Hertfordshire have developed a model based on previous work on vulnerability to food insecurity that as well as describing the factors that move people towards or protect them from food insecurity, indicate where interventions can be made to help prevent food insecurity (Dickinson et al., 2021).

The model is based on a four domain model initially developed by Schröeder-Butterfill and Marianti (2006). The four domains are: **'exposure'** which describes the social determinants of health and includes structural factors such as education, employment history and income; **'coping-capacity'** describes the assets people draw on to protect themselves from **'bad outcomes'** (in this case food poverty) or the adaptations that help them recover; and **'threats'** are the 'specific events, shocks or crises' that move people towards vulnerability (Schröder-Butterfill & Marianti, 2006, p. 16).

Although we developed the model using data from older people, the model appears to have utility with other population groups. We have mapped data from this study onto it and this is summarised in **figure 4** below. The important aspect and utility of the model for this work, is that it may be useful to guide the strategic work arising from the Food Poverty Needs Assessment. The model can identify where activity can be located to strengthen the coping capacity at the household level to prevent households from moving towards food insecurity and food poverty.

The model indicates that interventions can be made to strengthen exposure factors, and this could include for example, ensuring that children from families on low incomes receive support with food through school meals and during the school holidays to ensure they can gain maximum benefit from their education and can achieve their full potential. Reduction of the magnitude of threats, or as a minimum the worries that households experience, could be eased if they know where and how to access support if their financial circumstances change suddenly (e.g. where to access financial advice and, if appropriate, support applying for state-benefits). Coping capacity can be impacted by strengthening resilience by acting on three dimensions: individual capacity, social networks and formal support. All our participants had cooking skills and excellent budgeting skills, and actions that support communities to share these skills and assets through activities that strengthen local communities could enable this. This would also enhance and build social networks. Formal support would include interventions that strengthen householder resilience, this might include ensuring that all those eligible receive free school meals and are aware of support available during school holidays, as well as working with schools to identify families who need additional support. The new social supermarket developed this year is another initiative that could support families. These are suggestions only. However, a formal group working together to tackle food poverty in Hertfordshire will be able to develop a range of creative responses using the model as a starting point.
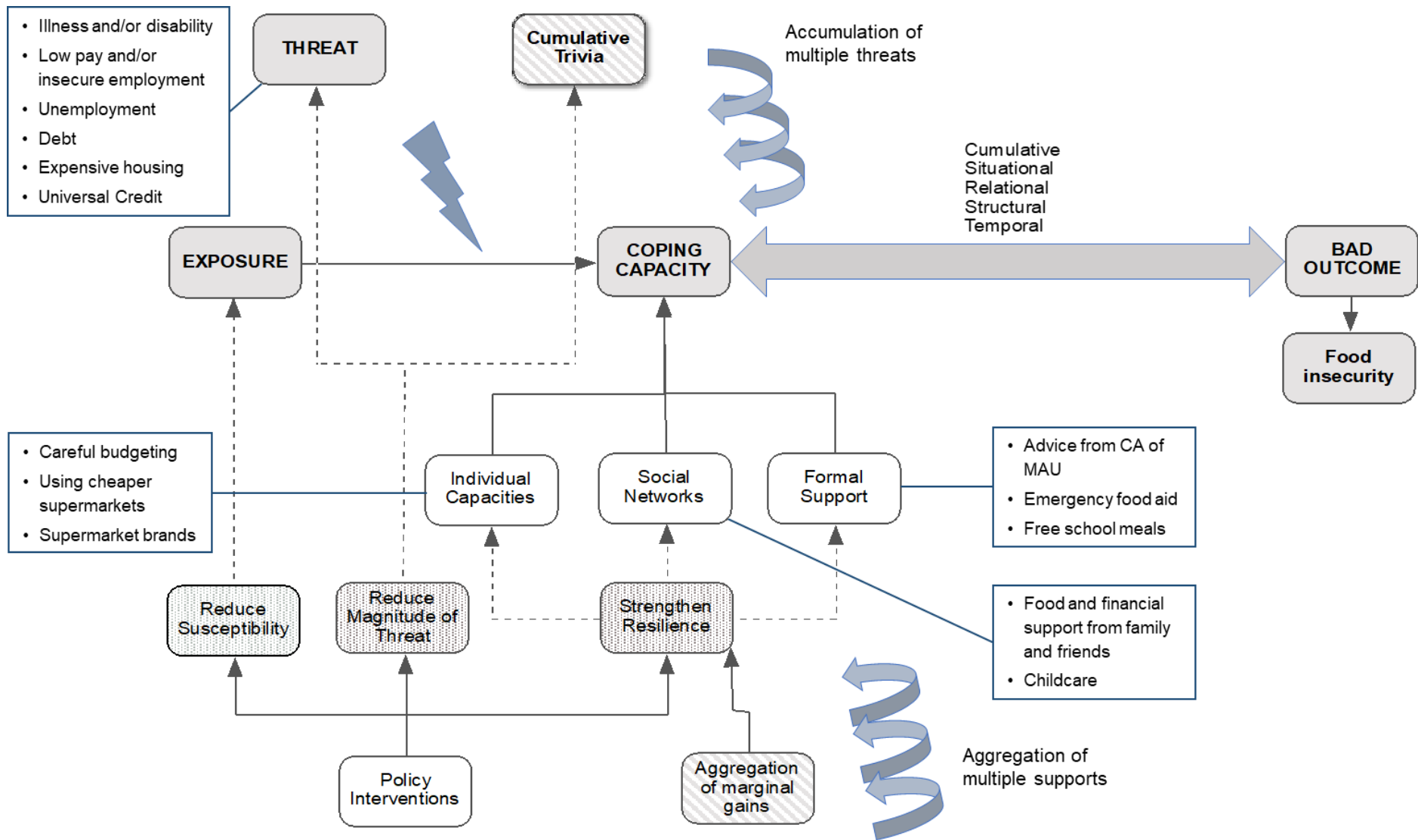
Figure 3: *A model of vulnerability to food insecurity (food poverty) indicating how household resilience to food poverty could be strengthened*

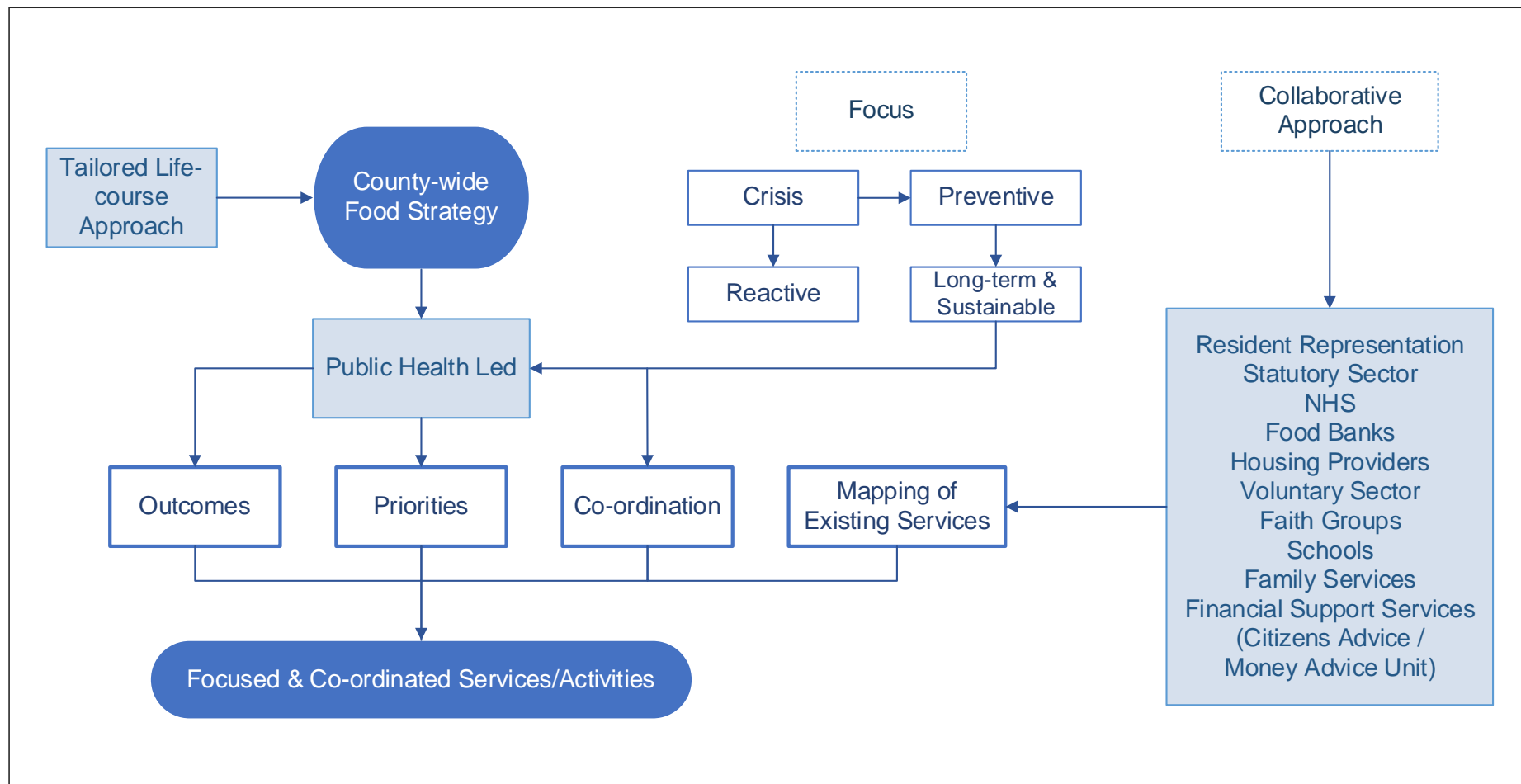**Appendix 3: A Collaborative Public Health Approach to Food Poverty**

Figure 4: *Summary of a collaborative public health focused approach to tackling food poverty in Hertfordshire*