

GMCVO

Mapping Food Poverty and Food Deserts in Greater Manchester

Preliminary Research Findings: Revised and Updated

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Introduction to the revised and updated edition

Since the original preliminary report was compiled in November 2011 several developments have taken place justifying an update and revision.

First, access to Salford PCT's food mapping report of 2005 has been granted following a period of consultation. Whilst Salford PCT was always happy for GMCVO to use their report, they were concerned that the information contained within was approaching seven years old. Therefore, Salford PCT requested that their report be presented in such a way as to ensure that the reader was fully aware that the data was from 2005, that the findings should be presented in a more generalised context in order to accommodate changes that would have taken place in the Central Salford and Little Hulton areas since 2005, and for a greater focus to be placed upon the methodology employed by Salford PCT when compiling their report.

Whilst GMCVO appreciated Salford PCT's concerns regarding the age of the data, GMCVO remained eager to include the work in this report as the methodology employed by Salford PCT provided an excellent example of how a food poverty mapping exercise can be conducted. Therefore, GMCVO were happy to comply with Salford PCT's requests.

Secondly, mapping work undertaken by GMCVO's Policy and Partnership Officers has revealed a significant increase in demand for food parcels and free communal food from frontline voluntary and community sector (VCS) organisations. Simultaneously, donations to food stations has decreased as food retailers find the stock that they would have traditionally donated, e.g. stock approaching its 'use by' expiry date, is being increasingly purchased by their regular customers. This latter point is particularly worrying as it was concern that this very issue could soon emerge that instigated the GMCVO / Oxfam Poverty UK dialogue in 2011.

Finally, GMCVO and Manchester Food Futures (MFF) have met to discuss issues of common interest and explore possible areas of joint working regarding food poverty. To this end, MFF have invited GMCVO to attend their next steering group meeting in April 2012. Meanwhile, GMCVO and MFF share regular communication and information exchange.

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Preliminary Research Findings

Background

Oxfam are concerned that projects such as redistributing reject and / or surplus supermarket food to those encountering food deprivations will soon become overwhelmed as demand outstrips supply. Therefore, Oxfam wish to see a much more sustainable food distribution programme.

As a first step to addressing this issue, GMCVO decided to undertake some preliminary research to ascertain the degree to which food poverty and / or food deserts exist in Greater Manchester (GM). Simultaneously, GMCVO sought to obtain a picture of which Greater Manchester Voluntary and Community Sector (VCS) organisations address issues of food accessibility, whether that be through the direct supply of food via food parcels, by promoting healthy eating and cooking, encouraging people to grow their own food, etc.

This preliminary report refers to the first issue stated above of identifying food deserts and /or areas where food poverty exists in Greater Manchester.

Methodology

Rather than undertaking mapping directly, GMCVO decided to investigate what research has already been conducted. To this end, a variety of charitable and public bodies, together with individuals, were contacted by telephone and email to enquire whether any such research has been conducted and of its availability. This process often resulted in the researcher being referred on to other agencies or departments, resulting in further emails and telephone calls being made.

In addition, GMCVO's Policy and Partnerships Officers have been visiting frontline organisations in order to map VCS service provision in GM. Amongst these organisations are groups who supply food parcels and / or provide free communal meals for individuals and families. The organisations concerned have reported to GMCVO a significant increase in demand for their food services, and this primary sourced information has been incorporated into this report.

A full list of all individuals and organisations contacted is contained in Appendix 1 of this report.

Findings

In the majority of cases, initial feedback revealed little amount of awareness of the issue of food poverty / food deserts. Whilst concern for issues such as obesity and the need to eat 'five a day' figured highly, awareness of food poverty / food deserts appeared to be less widespread. The issue was further complicated by the varying definitions and / or perceptions of what constituted food poverty. For example, one contact regarded food poverty as being the lack of nutrients in a person's diet, whereas others defined it as lack of access to healthy food. Nevertheless, in the areas where awareness of food poverty / food deserts was high, the issue is being investigated / researched in a robust and thorough manner.

Despite the apparent lack of awareness in many areas regarding food poverty / food deserts, upon further investigation both issues were indeed well documented. However, much of this research is of a qualitative nature. For example, a report commissioned by Unison on working poverty in Manchester¹ concerns the experiences and coping strategies of low paid workers at Manchester's Wythenshawe Hospital. The report provides an excellent illustration of the challenges faced by low paid workers, including how this affects their diet / eating habits. One worker describes how he can only afford to have a jam sandwich for his evening meal². However, like much of the research available regarding food poverty and food deserts, it does not provide a geographical map of food deserts and / or areas affected by food poverty that this research was seeking. Nevertheless, the report from Unison, together with other works undertaken by various organisations³; do provide

¹ Vincent Pattison, *The Experience of Working Poverty in Manchester: Unison supplementary evidence to the Low Pay Commission*. (London: Unison, 2007). Available at: <http://www.unison.org.uk/acrobat/lpc92007supplementary.pdf> (Accessed: 31 Oct 2011).

² Pattison, *The Experience of Working Poverty in Manchester*. p. 10.

³ The following list is an inclusive, but not exhaustive list of research work and presentations reviewed by this report: Naomi Hossain, Bridget Byrne, Aidan Campbell, Elizabeth Harrison, Bebhinn McKinley, Pasha Shah, *The Impact of the Economic Downturn on Communities and Poverty in the UK*. (York: Joseph Rowntree Foundation, 2011). Available at: <http://www.jrf.org.uk/sites/files/jrf/experiences-of-economic-downturn-full.pdf> (accessed: 1 Nov 2011). And: Claire Milne, *The Bigger Picture: acting locally, thinking nationally (presentation)*. (London: Sustain 2006). Available at: http://www.sustainweb.org/pdf/fan_m4_p1.pdf (Accessed: 31 Oct 2011). And: Joseph Rowntree Foundation, 'Diets of Lone Parent Families', *Social Policy Research*. No. 71, January 1995. Available at: <http://www.jrf.org.uk/sites/files/jrf/sp71.pdf> (Accessed: 31 Oct 2011). And: Joseph Rowntree Foundation, 'Eating on a Low Income', *Social Policy Research*. No. 66, November 1994. Available at: <http://www.jrf.org.uk/sites/files/jrf/sp66.pdf> (Accessed: 31 Oct 2011). And: Lisa Wilson, *Moving on from the Low Income Diet and Nutrition Survey (presentation)*. (London: Sustain, 2007). Available at: http://www.sustainweb.org/pdf/LisaWilson_LIDNS.pdf (Accessed: 31 Oct 2011). And: Pauline McGlone, Barbara Dobson, Elizabeth Dowler, and Michael Nelson, *Food Projects and How They Work*.

substantial evidence that food poverty is indeed an issue both nationally and in GM.

Further information of a qualitative nature was provided by Ashton, Wigan & Leigh PCT together with Wigan Council. Whilst no mapping would appear to have been undertaken, the qualitative information from Play Teams, Nurseries and Children's Homes suggest poor diets amongst children. Possible reasons for this vary, from children having chocolate biscuits for breakfast through to the availability of cheap, frozen foodstuffs, which relegates fruit and vegetables to be perceived as expensive extras. On a wider scale, awareness of what constitutes a healthy diet and cooking skills are also possible issues. For example, teenagers in one project perceived a meal of frozen fish fingers and chips as being healthy because they were eating 'fish and potatoes'. Further, fish and chips shops in the area say that some families are buying up to 10 family meals per week. Additionally, some fish and chip shops provide credit, and one fish and chip shop reported that one family spends approximately £70 per week on take-away food.

As valuable as the qualitative information from Wigan and Leigh is, without quantitative mapping one can only hazard a guess as to why a particular family maybe spending such a substantial amount of money on takeaway food.

Regarding mapping food poverty and food deserts geographically, Bolton PCT provides very substantial reports spanning the last ten years including:

- Proportion of underweight by main ethnic group 2001 to 2010
- Proportion of obese by main ethnic group 2001 to 2010
- Proportion eating at least five portions of fruit and/or vegetables a day by deprivation quintile 2001 to 2010
- Proportion of underweight by deprivation quintile 2001 to 2010

In addition to the above, Bolton PCT provides graphic maps of the following:

- Eating five a day
- Regular car access (which can affect access to affordable healthy food)

(York: York Publishing Services Ltd, 1999). Available at:
<http://www.jrf.org.uk/sites/files/jrf/1859354165.pdf> (Accessed: 31 Oct 2011).

- Finding it difficult to manage financially
- Tendency to eat more healthily
- Internet access (which can affect access to affordable healthy food)
- Cook and eat meat in a healthy manner
- Normal weight
- Obesity
- Overweight, but not obese
- People who often or always read food labels
- Salt usage
- Underweight

Further, Bolton PCT provides health surveys ward by ward, ward profiles, and a 2010 health and wellbeing survey with percentage answers. Also available is the Bolton Health Survey Comparative Results 2001/2007/2010 - District level results (weighted). This latter report includes figures for overweight and underweight, plus the amount of fruit and vegetables eaten. In summary, Bolton is very well served in terms of mapping food poverty⁴.

Another area well served by a food poverty / food desert mapping exercise is Oldham, and the research is provided by Oldham PCT⁵. This report maps the availability of affordable healthy food in Hathershaw and Fitton Hill, and how accessible they are in financial, geographical and physical terms. The report found that:

“Overall there is poor choice of healthy foods available to buy within the area. The types of foods sold in the shops ensure that residents meet their basic food needs in order for them to survive but do not ensure that residents can obtain

⁴ All of the reports cited can be obtained from Bolton PCT. Available at: http://www.bolton.nhs.uk/your-health/public-health-department/BOLTON_HEALTH_SURVEY.asp (Accessed: 31 Oct 2011).

⁵ Louise Brown (producer), *Community Food Mapping Research Project: report April 2008*. (Oldham: NHS Oldham, 2008). (Available from the GMCVO Policy & Partnerships Team).

optimum level of health because the food items sold do not contain the necessary nutrients, vitamins and minerals to sustain good health.”⁶

In 2005 Salford PCT conducted a mapping report to identify what factors influence the cost, availability and purchase of healthy foods in Central Salford and Little Hulton.

The mapping report involved the use of a structured questionnaire to food retailers to determine the availability of various forms of fruit, vegetables, and basic healthy foodstuffs. Semi-structured interviews with food retailers were also convened. A cultural shopping list was also developed in consultation with various local ethnic groups, Health Improvement Officers, Salford Refugee and Asylum Seekers Participatory Action Research, and the community dietician. These people were selected on the basis that they represented a range of different local people living in the defined area. Contact was also made with the research team from the food mapping projects in Sandwell and Greets Green.

The criterion for the inclusion of the selected foods was that they were identified at least twice by two different groups / people. Partly due to time and people constraints, and partly due to the advice given by the research team from the food mapping projects in Sandwell and Greets Green, the food list was limited to nineteen foods, representing a range of culturally appropriate, common foods.

Quantitative and qualitative data was collected, and the work commenced at the beginning of 2004. Due to staff changes, however, the work was put on hold until April 2005. Not all outlets had been surveyed and it was not known whether the data collected in 2004 was still valid by 2005.

In 2004 the majority of food outlets in Langworthy and Ordsall wards had been surveyed. The outlets in these wards were surveyed again in 2005 to establish whether there was any difference between 2004 and 2005 prices. Testing compared the two data sets, revealing that there was no difference between the data collected in 2004 and 2005. Once this had been established, outlets could be surveyed that had not been covered in 2004.

Quantitative data was collected for the food retail establishments. The information collected included shop category, opening times, fruit and vegetable availability, range and quality, and ‘cultural shopping list’ availability

⁶ Brown, *Community Food Mapping Research Project*. p. 3.

and cost. For the outlets surveyed in 2005, data about the cost and availability of unhealthy foods was also collected.

The qualitative data collected consisted of open-ended discussion questions on key issues. The interviews took place immediately after the quantitative data had been completed. All retailers were asked to provide qualitative data, but only a small percentage accepted. With regard to this latter point, the Salford PCT report concluded that in future it may be more effective to conduct such interviews over the telephone at a time more convenient to the manager / owner.

The maps produced allowed areas without local access to healthy food to be easily identified. In addition to shops and their stock, the Salford PCT report covers the related issues of transport, Voluntary and Community Sector (VCS) provision⁷, environment etc. The holistic nature of the Salford PCT mapping report enabled the executive summary to say:

“Although it is important that outlets stock healthy foods, accessibility plays an important part. The areas without local access to healthy food are deprived areas and have low percentages of car or van ownership. By looking at forms of transport, such as community buses, the accessibility of outlets selling healthy foods can be increased...Whilst food is essential to life, healthy food is essential for good health, to avoid morbidity and premature mortality. Although retailers are running a business the food they sell can have a great impact on human life.”⁸

The executive summary of the Salford PCT report concludes by saying that a public consultation would follow in order to “support the process of ensuring people in these areas have access to healthy foods.”⁹ GMCVO has made enquiries with Salford PCT for further information regarding the consultation and, at the time of writing, are currently awaiting a reply.

Trafford Council produced a substantial report in 2009: *Dietary Habits, Health and Lifestyle Characteristics: Survey of Trafford Borough Residents*¹⁰. The report maps Trafford geographically, with the borough divided between North

⁷ CloKwork Orange - a community food co-operative that delivers fresh fruit and vegetables to residents who often have little or no access to fresh produce. Kuiama Kittos, *Mapping access to healthy affordable food in Salford*. (Salford: Salford PCT, 2005). p. 4.

⁸ *Ibid.* p. 5.

⁹ *Idem.*

¹⁰ Trafford Council, *Dietary Habits, Health and Lifestyle Characteristics: Survey of Trafford Borough Residents*. (Trafford: Trafford Council, 2009). (Available from the GMCVO Policy & Partnerships Team).

and South Trafford, together with mapping by post-code area. The report collates information regarding eating, drinking, and smoking habits of Trafford's residents, together with undertaking qualitative research into the barriers people face concerning access to healthy food, cooking, plus awareness of what statutory and voluntary sector help is available to them. Kate Campbell (Public Health Nutrition Coordinator, Trafford Council) provided GMCVO with the report and has requested to be kept informed of GMCVO's work on this issue.

Other areas in GM have varying levels of statistical evidence available concerning deprivation, poverty, and health. In particular, the Manchester City Council website *The Council and Democracy*¹¹ contains a tremendous amount of research, broken down ward by ward etc. However, whilst the health statistics are substantial, including figures on obesity etc, it does not actually map food poverty and food deserts. To ascertain this knowledge would require further work to marry the figures provided with what is happening on the ground. Nevertheless, *The Council and Democracy* is a sound and substantial archive of information upon which one could build a food poverty / food desert mapping exercise. In addition to this, Manchester Food Futures (MFF)¹² - a partnership that embraces a wide range of individuals and organisations with an interest in improving food in the city – is currently conducting research regarding healthy food accessibility in the City of Manchester, which will feed into the city's strategy. MFF are currently compiling a summary of their latest research findings regarding food poverty / food deserts to share with GMCVO. In addition, MFF have invited GMCVO to attend the next Food Futures Steering Group meeting in April 2012.

At a North West level, both within and beyond GM, Our Life's campaign 'Talking Food, Talking Action' seeks to increase people's accessibility to healthy food. Through the use of community engagement, Our Life produces factsheets and research papers concerning food poverty / food deserts, including a report on the barriers to healthy food faced by the people of GM¹³.

At the time of writing, GMCVO are still waiting for further communications from: Manchester PCT; Salford City Council; Stockport Council; Tameside Metropolitan Borough Council.

¹¹ The Council and Democracy, (Manchester: Manchester City Council, 2011). Available at: http://www.manchester.gov.uk/a_to_z/service/2136/health_statistics (accessed: 31 Oct 2011).

¹² Foodvision, *Future Foods Manchester*. (London: Chartered Institute of Environmental Health, 2011). Available at: <http://www.foodvision.gov.uk/pages/manchester-food-futures> (Accessed: 31 Oct 2011).

¹³ Talking Food, Talking Action, *The Greater Manchester Inquiry: barriers*. (Manchester: Our Life, 2011). (Available from the GMCVO Policy & Partnerships Team).

Primary sourced information for this report is provided by two mapping reports carried out by GMCVO's Policy and Partnership Officers of GM frontline VCS organisations Lifeshare and Tree of Life.

Lifeshare is a registered charity based in Manchester city centre that primarily works with 16-25 year olds at risk of exploitation due to homelessness or substance misuse, together with female and male sex-workers. In addition, they also run a breakfast club for rough sleepers aged 18 years and over. Lifeshare also provide a food parcel service for all who are in need, but prioritise young people and families with children. Many of those who receive food parcels from Lifeshare are service users from external statutory and voluntary organisations.

In February 2012 Lifeshare reported that the number of food parcels they are providing had doubled, from 10 food parcels per week to 20. This correlates with a 50% increase in the number of requests for food parcels that Lifeshare now receive from the statutory sector. Further, the number people being regularly fed at the breakfast club were also increasing, up from an average of approximately 60 people to 80. Lifeshare also reported that the amount of food being donated to make up food parcels was simultaneously declining. As the general public increasingly purchase food that is due to go out of date from shops and supermarkets, those same retailers are finding that they have smaller amounts of surplus food to donate to Lifeshare.

In the Wythenshawe area of Manchester, the Tree of Life Centre is a registered charity that operates out of two branches providing many services to the local community, from health and wellbeing sessions, advice and friendship groups to offering the opportunity for local people to get involved, train for qualifications and get valuable experience through volunteering.

In February 2012, Tree of Life reported that they were experiencing increasing demand for food parcels. Since November 2011 Tree of Life has provided food parcels to 21 families where previously they would have issued approximately 2 or 3 per annum.

Conclusions

Common themes found in the research provided by many of the Local Authorities (LA's) and PCT's concern obesity, promoting healthy eating / cooking and / or growing your own fruit and vegetables. Further, there is plentiful statistical data available concerning deprivation, health, poverty etc. However, there does appear to be a gap in linking issues such as obesity and promoting healthy eating with that of identifying why food poverty occurs and where food deserts exist. Indeed, this gap in the research was identified by Kate Green MP, who herself is an avid campaigner for healthy food and free milk provision in schools. Kate Green MP has also requested that GMCVO keep her informed of its work on food poverty / food deserts.

There appears to be plenty of substantial qualitative research to provide evidence that food poverty / food deserts are a genuine issue in GM. However, with the notable exceptions of Bolton, Oldham, Salford, and Trafford, there would appear to be a significant gap in the research concerning mapping food poverty / food deserts in GM.

The research provided by Bolton, Oldham, Salford, and Trafford serve as excellent examples of how the mapping can be done and how it should look to provide the illustration of where food poverty / food deserts exist in GM in order to take the Oxfam / GMCVO dialogue forward. However, what the research provided by Bolton, Oldham, Salford, and Trafford also illustrates is that such work would be a significant undertaking, most likely forming a project all of itself. Nevertheless, given that the evidence provided by Bolton, Oldham, Salford, and Trafford demonstrates a clear linkage between economic adversity and food poverty, such an undertaking would not only be a worthy one, but also one that will take on increasing significance and urgency. And especially when one considers the most recent experiences of the charities Lifeshare and Tree of Life together with the economic forecast for GM, which predicts a downward trajectory and increasing unemployment for at least the medium term¹⁴.

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¹⁴ Commission for the New Economy, *Greater Manchester Forecasting Model seminar 2011*. (Manchester: Commission for the New Economy). Available at: http://neweconomymanchester.com/stories/1488-gmfm_seminar_2011 (Accessed: 1 Nov 2011).

Appendix 1

Organisations contacted

Charities

Joseph Rowntree Foundation
Lifeshare
Sustain
Tree of Life

Local Authorities

Bolton Council
Bury Council
Manchester City Council
Oldham Council
Rochdale Metropolitan Borough Council
Salford City Council
Stockport Council
Tameside Metropolitan Borough Council
Trafford Council
Wigan Council

Members of Parliament

Office of Simon Danczuk MP – Rochdale
Kate Green MP – Stretford and Urmston

Statutory Organisations

Manchester Food Futures
University of Salford

PCT's

Ashton, Leigh and Wigan PCT
Bolton PCT
Bury PCT
Heywood, Middleton and Rochdale PCT
Manchester PCT
Oldham PCT
Salford PCT
Stockport PCT
Tameside and Glossop PCT
Trafford PCT

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