

# How should the UK government's obesity prevention strategy (and related public health agenda) adapt to ensure equitable obesity prevention in light of changes related to COVID-19?

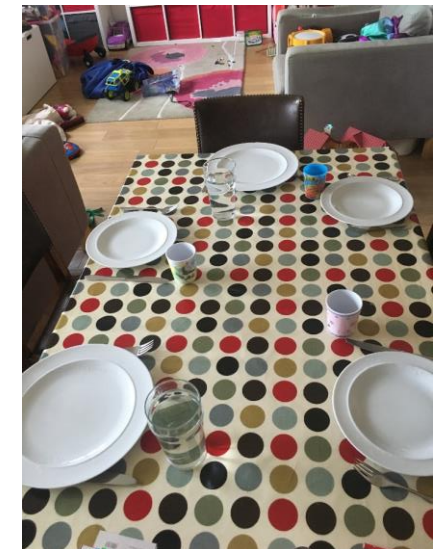
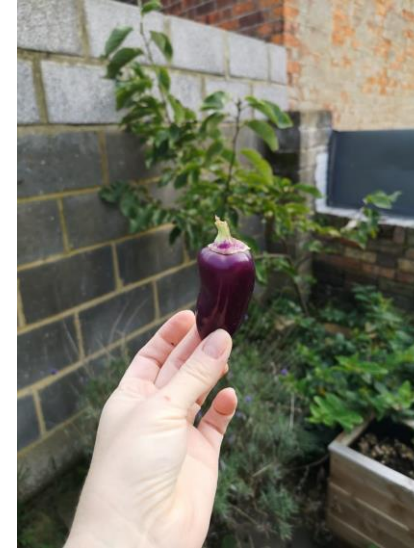
## Phase 1 findings on changing food practices during the pandemic

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# Report scope

This report presents findings from **Phase One** of a three-part qualitative longitudinal study on families' changing food practices in the context of the COVID-19. Fieldwork for Phase One took part between **October and December 2020**. Families from across the socioeconomic spectrum were recruited from three case study sites (**Bradford, Folkestone & Hythe, and The London borough of Brent**) to take part in remote, in-depth interviews and a set of creative activities. Participants were asked to reflect on: family food practices, engagement with the food environment, and broader experiences of managing through COVID-19.

This report presents findings related to: (i) how families coped through the first stages of the pandemic; (ii) experiences of and engagement with the food environment; (iii) changing food practices; (iv) how COVID-19 and the response to it shaped changes; and (v) implications for current and future obesity prevention (and related) policies.

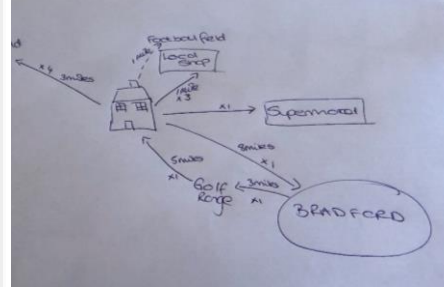


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# Study context and methods

- We engaged 62 parents of school or nursery aged children across three case study sites: Bradford, Folkestone, & Brent.
- Participants signed up by completing an online survey which allowed us to calculate socioeconomic status (SES)
- We sought to ensure the sample reflected the demographics of each site.
- Participants took part in (remote) semi-structured interviews, participatory mapping, photo-elicitation and oral/written diaries.
- We asked a range of questions about food practices, the food environment and life more generally since COVID.



We eat out a lot less post lockdown and get fancy ready meals if I want a night off cooking 16:37

## Research Questions:

In what ways have families' experiences of, engagement with, and feelings about food changed since the onset of COVID-19, and how do they continue to change?

How are families' food practices changing, and how do they continue to change?

What aspects of COVID-19 & the response to it are shaping these changes and how is this happening?

*In light of these changes, how should public health policies aiming to prevent and reduce childhood obesity be adapted or augmented?*

Phase 1: Oct-  
Dec 2020

Interim  
report

Phase 2: April-  
June 2021

2<sup>nd</sup> interim  
report

Phase 3: Oct-  
Dec 2021

Final  
reports

# Participants: overview

## No. participants

- 62 participants took part in an in-depth interview
- 52 (84%) also completed at least one creative activity

## Gender

- 60 female
- 2 male

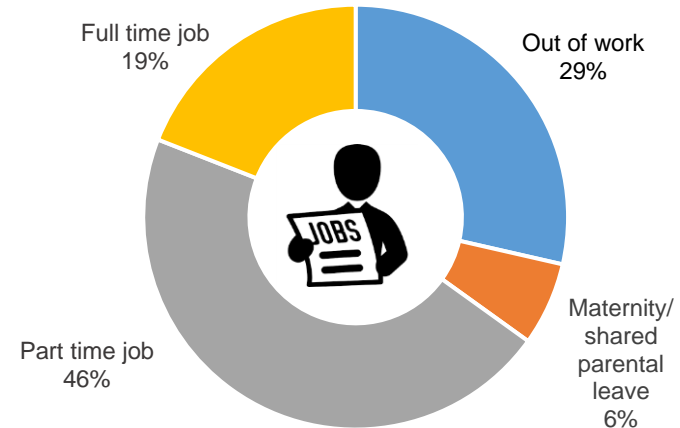
## Family composition

- 18 (29%) single parents, 44 (71%) 2-parent families

## Ethnic makeup

- 58% White British
- Other ethnicities include: Pakistani (12.9%), Black African, Black Caribbean, Asian British & Hungarian.

## Employment of primary respondent

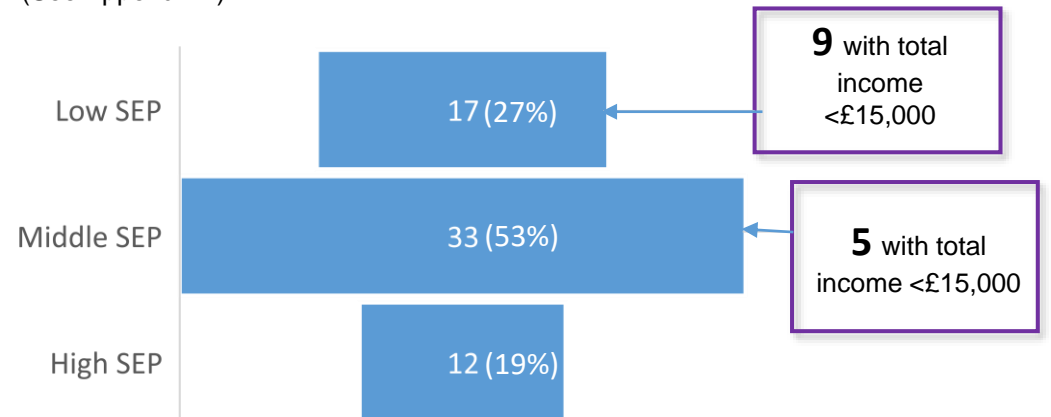


**19** (31%) families had 1+ parent in a key worker role

**8** (13%) families had 1+ parent in precarious or insecure work

## Socioeconomic status

Calculated using Kininmonth et al 2020's validated measure, which takes account of **income, employment, housing, car ownership** and **local area deprivation** score (See Appendix 2)



# Section 1: Findings

This section will answer research question 1, 2 and 3:

1. In what ways have families' experiences of, engagement with, and feelings about food changed since the onset of COVID-19, and how do they continue to change?
2. How are families' food practices changing, and how do they continue to change?
3. What aspects of COVID-19 & the response to it are shaping these changes and how is this happening?
4. In light of these changes, how should public health policies aiming to prevent and reduce childhood obesity be adapted or augmented?

# Section 1: Overview of key findings

- 1 Families benefit when they have access to a diversity of food sources in addition to supermarkets
- 2 It is extremely difficult for families experiencing financial insecurity to prioritise nutritious foods.
- 3 In addition to financial security, a range of specific vulnerabilities make accessing healthy food more challenging
- 4 When given the opportunity and time, families enjoy spending time preparing and eating healthy food
- 5 However when struggling to cope with the demands of daily life, the nutritional content of food is often sacrificed in favour of foods that are convenient and will be eaten by children



# Section 1: Key findings

## 1 Families benefit when they have access to a diversity of food sources in addition to supermarkets.

- The disruption to food procurement routines early on forced families to reassess and reorganise how they acquired food.
- As supermarkets became a key site of transmission and supply disruption, people visited them less frequently. Those who could afford it and living in areas where these outlets were available were able to pivot to safer, more reliable ways of acquiring food such as veg boxes, online deliveries, smaller local shops (seen as safer due to their size), farmers markets and growing veg themselves.
- Being able to access these methods allowed people to circumvent simultaneous supply shortages and online shopping delays during lockdowns, and maintain a supply of fresh fruit and vegetables.

“

So then, we had to find other suppliers. We were lucky that there was a restaurant near us, and they turned the restaurant into like a food shop, a grocery store. They were selling vegetables, fruit, but also pantry items like flour and other items

Ellie, Bradford, H SES



This week's Odd Box

“

So we did actually use the butcher's which I don't often normally do. But it saved you going to these bigger supermarkets which are obviously more, during the pandemic was more scarier.

Mary, Folkestone, H SES

“

I loved having vegetables during lockdown. I had to go and collect it in my car, it wasn't delivered to me because it's very local and not at that stage. But it was just great to get all this fresh fruit and veg especially when food was short. Lovely food with no infection risk, and eggs as well, and now I get apples.

Angela, Folkestone, M SES

- Beyond the practical benefits of these food procurement methods in times of COVID-19 disruption, their use allowed people to live out values of health, sustainability and supporting local.
- For some this was also about using shops that were actively enjoyable as well as feeling safe (e.g., farmers markets). These newer routines provided respite from the drudgery of lockdown whilst providing nutritious foods without the pull of promotions in supermarkets.

“

We started going to the farmers market in Queen's Park. It was more of a social, so you could get out and shop but also you're around people. For two people who are at home all the time it was all under the regulation. [...] Which is quite nice because you'd be outside buying produce, but then obviously it's quite expensive. Makes you realise how expensive food can be.

Moniza, M SES, Brent.



## How might this continue to change?

- For the middle SES households who had pivoted to acquiring food in this way, it often represented a greater drain on their resources and may be less likely to last long-term.
- In the six month follow up, we will be further exploring how the use of these procurement methods has changed over time.



# Section 1: Key findings

## 2 It is extremely difficult for families experiencing financial insecurity to prioritise nutritious foods.

- The increased cost of parenting in COVID-19 was felt acutely by those on a low income, who lacked the financial buffer to absorb the costs associated with protecting themselves from the virus and having children at home during the day (e.g. bills, food, entertainment).
- Additionally, those working in **insecure or precarious work**, such as the low-paid self-employed, were excluded from financial support and faced severe income losses, worsening this financial strain.
- During lockdowns, these families faced the risk of **running out of food**, particularly fruit and vegetables, as they limited supermarket visits but could not afford delivery fees or to buy in bulk.
- When making decisions about food in a context of financial insecurity, ultra-processed and HFSS foods are abundantly available, often cheaper-per-calorie, convenient to prepare and enjoyed by children. These foods therefore fulfil an important need for parents struggling to make ends meet.
- This was **exacerbated in the pandemic**, when shopping safely and adjusting to the disruptions to food environments and daily life stretched food bills further, **as illustrated by Vicky's story on the right**.
- Some families struggled to purchase enough food by any means. Food aid from food banks, schools, and community surplus redistribution efforts provided relief for which participants were extremely grateful. However, these mechanisms were inconsistently available, offer parents little choice over what products they receive and rely on surplus or unwanted food. As a result, the products are often of low-quality, fall short of providing nutritionally adequate ingredients and generate feelings of guilt.

### Participant story: Vicky, Bradford, L SES

- Vicky is a single parent living with her son in Bradford.
- She was signed off work due to mental ill health shortly before the start of the pandemic. Her diabetes diagnosis meant that she was also told to shield.
- She limited supermarket trips by visiting more expensive local shop
- Although no reduction in income, increased cost of bills and feeding son more often put finances in peril
- Food packages from school and some help from grandparents kept her just afloat
- Previously passionate about scratch cooking but now relied on the cheapest food she could find

“

It's depressing. It feels depressing that I'm not feeding him what he needs as a growing child, to grow stronger, I suppose. He's never been the best with eating lots of vegetables and things like that, but I've always hid it in things. I've like made spag bol and hide the veg in or really stuff like broccoli and things like that. But I've literally just got into a thing of giving him whatever I can afford that week. I don't get paid till tomorrow. This week has been really dire, I've got like £29 in the bank

“

I'm having to buy the fattiest stuff. I'm having to buy, like I say, I very rarely buy a load of vegetables because it just goes off. I just can't afford to buy it. So we end up buying like ready meals and things like that.



“

Everything just seems to keep going up and up and up. My rent went up again this year and like I said my gas and electric went up, just everything seems to keep going up and it's going to be breaking point at some point. We're already struggling. My car will have to go probably.

# Section 1: Key findings

## 3 In addition to financial security, a range of specific vulnerabilities make accessing healthy food more challenging

- Adapting to changes in the food environment during COVID-19, and maintaining a supply of healthy food in the house, required a range of resources and capabilities beyond just financial.
- These findings demonstrate the range of factors that make it difficult to buy healthy food beyond just affordability, and the need for policy aiming to reshape the food environment to also respond to these broader vulnerabilities.

### Individual characteristics as vulnerabilities

- While low income made it difficult to afford alternative, safer ways to shop, this challenge was particularly acute for those *also* living with **underlying health conditions and/or anxiety**.
- Families with children who had particular **dietary needs**, due to allergies or autism, particularly struggled at the start because they had a greater need to purchase specific types of foods. They had no choice but to visit many shops to find the right products, despite the COVID-19 transmission risk and drain on time.

### Material and social resources as vulnerabilities

- Those both without **storage space** and unable to afford online deliveries found themselves left at sea when having to self-isolate or shield, particularly if they felt unable to rely on **social support** from other family members or neighbours to deliver them food.

“

I didn't like to go to the supermarket for shopping or anything like that. So, at the first part of it, I was getting food parcels [...] I wasn't in a position or a mind space to go and do shopping [...] t's too open and the fact that you have to wear face coverings and I can't breathe. I felt like I'm going to faint like walking around a supermarket because more than likely I'm doing it when I haven't eaten to when I've eaten.

Laura, Brent, L SES



“

I had to look after him [husband who had COVID-19] for three weeks with a 10-year-old son off school and a seven-month-old baby. It was extremely challenging, because I had to look after all three of them. We ran out of food also, because we had shopped the week before. But obviously, perishable food's not going to last that long. So, we ran out of food, and we couldn't get any online deliveries for three or four weeks

Prisha, Brent, M SES



“

So, it's just me and my daughter and then she got sick over the weekend, she had very high fever and we didn't know what to do, basically. People couldn't come to your house, couldn't help you because of the lockdown, everybody was stressed about this virus. And it was hard but thank god we managed.

Nadia, Brent, L SES

# Section 1: Key findings

## 4 When given the opportunity and time, families enjoy spending time preparing and eating healthy food

- Just as disruptions in shopping routines led to a reorganisation of shopping practices, the changes to daily life brought about by COVID-19 led many families change their approach to eating practices.
- With more time at home and less pressure on schedules (such as from long commutes), those who were furloughed and newly working from home with had more time to recommit to healthy food practices that may have always been theoretical priorities but could now be actualised.
- However, this was not the case in households with an unequal distribution of care responsibilities.
- This included healthier food preparation, cooking from scratch more, purchasing more 'natural' and 'organic' foods, expanding their recipe repertoires and involving children in food preparation.
- We also saw an increase in baking and the development of 'food rituals' to replace out of home foods, as parents sought to create opportunities for shared experiences, pleasure and bonding with kids.

“ So now that I'm just trying to help him learn about food, appreciate it, not pressure him with it, but present things that are healthy and good and there's a variety of them around. That's definitely been my goal. And I think I've had more time to focus on that during lockdown [...] And I maybe would buy the organic stuff rather than just the regular stuff. Because I thought, well if I'm cooking it at home, then we're not having as many meals out. Let's make them as quality as I can. So let's try this instead of the lower [unclear] product.

Louise (QQ), ? H SES



We eat more as a family since lockdown as my husband tends to be home in time for dinner now



“ In lockdown they improved a lot because we were at home and we weren't working, so we could improve our health of doing the exercise. Regarding meals, we had more time to cook. It wasn't rushing to ballet lessons or whatever, so we had to time to actually plan and prepare meals, which in normal routine day of life of work and school that doesn't always happen.

Mary, Bradford, H SES

“ I used to always want to make biscuits with my children and take the time to roll them out and make it a bit fun and a bit arty and creative. And prior to lockdown I never got the time. We used to bake together, but I would do it very quickly. Almost a bit tick-boxy. They did really like it, but yes, after COVID I just, well because I had so much time with them and they had eight weeks of school and stuff.

Stephanie, Folkestone, M SES

## How might this continue to change?

- Many households noted how these new routines became more difficult to maintain as schools, clubs and social activities picked up in October-November.
- Despite this, when asked about changes they wanted to keep in the future eating as a family was a common response as many expressed the benefits this has provided for their social and emotional wellbeing.

# Section 1: Key findings

## 5 However when struggling to cope with the demands of daily life, the nutritional content of food is often sacrificed in favour of foods that are convenient and will be eaten by children

- For some families, and at certain times in the pandemic food became less about nourishment or pleasure and more about getting anything on the table.
- As formal and informal childcare was stopped or limited, all the work that goes into feeding children was taken on by parents.
- The burden of unending food preparation became increasingly significant for many. From scratch cooking and attempts to promote healthy eating fell by the wayside in favour of getting something on the table that will be eaten by children. This often led to feelings of guilt and shame as parents knew what healthy eating involved but lacked the capacity to undertake the planning, preparation, cooking, negotiation and feeding work that it requires.
- For parents, this experience highlighted the value of school food in providing a substantial (and ideally balanced) meal, significantly reducing the amount of work that needs to go into both preparing children's food and making sure they eat it.

[In lockdown] It was harder to think about having a proper lunch and a proper dinner. Obviously, more expense there, actually. That was harder. I welcomed school back and school dinners [...] I didn't have to wrack my brains, you had that for lunch yesterday or that's not healthy, we'll have a hot meal today for lunch but then I'll also have to do the hot meal for dinner, and it was just a lot. When you're working as well, it's a lot.

Gabrielle, Brent, L SES



“

Obviously I was working so it was just quick and easy to have chips and things, we got through a lot of chips, snacks, and crisps

Orla, Folkestone, I SES

“

So even when I'm feeding them I've gone a bit slack in that because I'm thinking I'd rather just not have them screaming and crying. Although that needs to be in place, but I thought for 24/7 we were in each other's way, I was like, what's priority right now. So good habits went out the window [...] Just feeling so mentally exhausted that I just can't think about what to do. Some days it can be really bad where it's just a challenge even getting out of bed. It's horrible but I have. Oh God, I'm going to make myself feel guilty. I am slacking I feel because of that. I do try to still give them the good stuff, and I give them the options of having it.

Amara, Brent, H SES

## Snacking

- Outside of formal mealtimes, parents who were struggling to manage other impacts of the pandemic (home-working, home-schooling, keeping children happy) gave in to snack requests and gave children more autonomy over foods eaten.
- In the absence of structured schooldays and opportunities for social interaction, parents relied more heavily on treats and HFSS foods to provide structure and rewards when home schooling, and to boost children's mood.

“

Yes definitely since then we've done more [snacking]. I think it's probably just because actually we've got more time because we're not going out to loads of groups. And toddler groups, and soft play, and things like that, that we would normally have done, or swimming, things like that, so actually we've just got more time. I can go well you're not doing anything this morning, you haven't got nursery, so let's make a cake.

Grace, Folkestone, M SES

# Section 1: Illustrative case studies

## Participant story: Jennifer, Folkestone, H SES

- Jennifer lives with her husband and two young children in Folkestone. She was **furloughed** at the start of the pandemic while her partner retained his job, working from home.
- With no need to commute into London every day, both she and her partner felt **less stressed** and more able to enjoy time as a family.
- While eating healthily had always been a theoretical priority, she reflected that she now had **more time** to think about cooking nutritious meals rather than just getting something on the table.
- In line with some dietary changes she was also able to maintain an exercise routine through the first lockdown and beyond.



“

Our mood is a lot lighter and we're a lot more positive with each other. I think not having the commute as well, we're just in a better mood with each other and we've actually said that's amazing that we've really changed... Obviously we've always got on well, but we just don't have any stress

“

I had some gluten-free oats in the cupboard and I decided to make them sort of healthy for the kids to eat. And I also knew that my eldest, who's at school, would want to eat them and he gets a craving for a biscuit every day with his school dinner. So if he gets home from school, I don't really want to give him anything else that's too sweet, but he's really obsessed with baking and stuff and I think that came from lockdown, actually. That was an activity that he got to do most days so I wanted to make it healthier.

④

**When given the opportunity and time, families enjoy spending time preparing and eating healthy food**

# Section 1: Illustrative case studies

## Participant story: Leila, Bradford, M SES

- Laila is a single parent living in Bradford with her two primary school aged- children.
- She found trying to work during the first lockdown, while also supporting her two children through home schooling, to be a real challenge which had left her feeling **depressed and stressed**.
- As a single parent before the introduction of support bubbles, she also felt extremely **isolated**.
- While preparing healthy nutritious meals had previously been a priority for her, this had entirely fallen to the side during the pandemic. Her main priority had become just ensuring the children had something to eat, and she was largely relying on pre-prepared foods to ensure this.
- She reflected that she was unlikely to ever return to pre-pandemic preparation practices once things had returned to 'normal'

“

I was making sure that they were healthy, or they were full of nutrition before COVID, but after COVID, the motivation started lagging. Just because I was working and a single mom and stuff like that, I made sure that they got breakfast, then they had a sandwich during the day, and then maybe by five or six they would have a meal, but probably a really basic meal (...) I probably get a lot of fridge stuff. Stuff that I could put in the fridge to cook in the oven, so like pizza, fish cakes. We've definitely moved away from chapatis and rice and stuff like that, and probably more convenience foods that I probably find. Or maybe takeout even. Whatever I can find easiest at the moment.

“

Mentally, it was just so draining. Because I wasn't furloughed, so I was still working. I had to work from home, and I had to do my daughter's schooling and failed miserably with that. And then my son wanted attention as well.

Because we live in a very small space as well. We don't have a garden. And I guess I was apprehensive about taking them out. Like at a certain time in the day, you'd become so drained with everything that I wouldn't even have the strength to get together and go down to the park for a walk, and things like that. It was extremely difficult.



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When struggling to cope with the demands of daily life, the nutritional content of food is often sacrificed in favour of foods that are convenient and will be eaten by children

# Section 1: Illustrative case studies

## Participant story: Omar, Brent, L SES

- Omar, who was self employed, lived with his wife and two children in Brent, experienced a total **loss of income** at the onset of the pandemic. Having just started his own business in February 2020, he was not entitled to any self-employment support.
- He was **unable to afford the minimum spend for supermarket deliveries** and tried to balance anxiety over transmission with a need to feed his family.
- He **did not live close to any convenience stores** so was unable to use these instead of larger supermarkets.
- Initial supply shortages presented a particular concern because one son had **special needs and food intolerances** and struggled if he was unable to consume the same products as usual.
- The combination of supply shortages and lack of affordability led to sleepless nights and significant anxiety.

“

Believe me, I have the photos. Nothing on shelves, nothing, in the big stores, I went to Asda and I went to Sainsbury's, nothing. Nothing (...) Even the non-essential stuff, or the stuff you don't need, it's finished, I was looking for anything, And my son also has food intolerance. He has a special need and also he has some food intolerance, he is not allowed milk or gluten or eggs. So he needs the special foods dairy-free, you know, free-from, and it was very hard to find him anything, so he couldn't eat.

And kids with special needs they need to keep eating the same brand, they are more fussy than normal kids, so, I need to eat this, I need to eat this

“

If, for example, you are trying to eat healthy food and during the pandemic you are not buying what you want. You are buying what you can find. We spent two weeks trying to go to the supermarket to just find any food.



Omar's story illustrates how **financial insecurity**, specific **health needs** and shortcomings in one's local **food environment** can intersect to make accessing nutritious foods more challenging. This demonstrates the need to simultaneously promote a diversity of food sources offering nutritious foods, whilst also supporting families' financial security.

# Summary: Characteristics that shaped participants' responses

## Mental health

- Where participants (or their family members) had pre-existing mental health conditions or vulnerabilities, managing within the restrictions was particularly difficult and liable to compound the situation

## Dietary requirements

- Food shopping was a challenge for everyone at in the first lockdown. However, for families with a child that had particular food requirements due to allergies or other factors such as autism, the challenge of procuring enough food was particularly acute.

## Anxiety around transmission

- Participants varied significantly in their concerns around their risk of COVID transmission, which shaped where they were willing to go and, how often they felt able to leave the house and how isolated they felt.

## Gender dynamics

- Exhaustion and a sense of relentlessness were most keenly felt by single parents and those with unequal child- and house-care burdens, some of whom had to juggle childcare, work and food procurement.
- A number of women reduced their paid working hours to take on increased child care. In some families where care work became more equal, due to shifting work patterns, mothers felt guilty that they were not fulfilling their roles as they should be.

The pandemic was experienced in a diversity of ways by our diverse sample and shaped by a variety of **different characteristics**, many of which intersected. For some, furlough and less time commuting opened up opportunities for better health but for many others struggling to cope, it closed them off. Some families were able to capitalise on the changes brought about by lockdown to do more physical activity and focus on their eating. For some this did not last when children and parents returned to school and work but for others, these new practices have been integrated into daily routines.

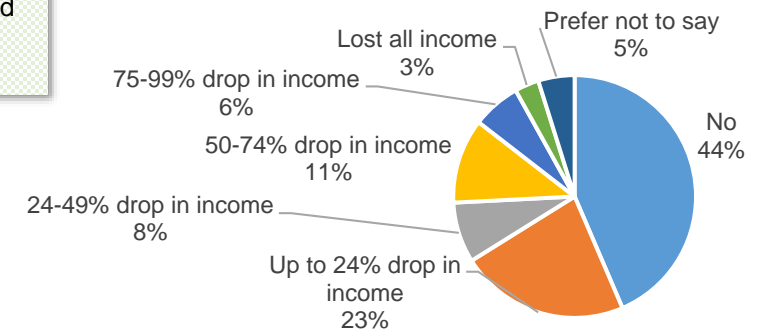
## Comfort being out in local areas

- While some participants were able to comfortably spend time outside, engaging in exercise and leisure, others did not feel that comfortable doing this in their local areas due to transmission fears, lack of transport access and/ or safety concerns.

## Financial vulnerability

- Financial vulnerability occurred not only through loss of income, but also through increases in bills and food costs, loss of informal family support, and limited areas in which to save money.
- Individuals who were self employed or in insecure work found the process for receiving government support extremely challenging and it was often considered too little, too late.
- Increases in the cost of living, combined with existing low income or income losses meant some families had to use charitable food support for the first time.

### Has your household experienced a loss in income since COVID-19?





# Summary: What factors kept families afloat?

✓ **Good, consistent pay and/or timely furlough**

Financial security played a key role in ensuring people felt confident they could weather the pandemic

✓ **Good mental health**

Participants in good mental health were best able to manage unforeseen challenges

✓ **Opportunities for familial support**

When bubbles were allowed, families who needed it were provided respite through food and other support

✓ **More equal division of labour**

Families where parents shared home chores found it easier to maintain routines and pre-pandemic eating practices

✓ **Community, neighbour and school support**

Additional support in the form of free or heavily discounted food provided huge relief for struggling families

While COVID-19 has exposed the many sources of vulnerability that lead families to struggle when circumstances change, it has also helped to reveal the factors that help to keep people afloat

✓ **Able to shop without anxiety**

Participants who could choose shops that felt safer were less likely to go without or feel anxious

✓ **Able to access alternative food sources at the height of the pandemic**

Being able to use alternative food systems helped maintain access to fresh, healthy products while eliminating anxieties

# Summary: What aspects of the COVID-19 lockdowns have been most detrimental for families' ability to eat well?

## Changes to the food environment

- Unsafe shopping environments, supply disruptions and restrictions on movement (e.g. when self-isolating or in lockdowns) made it difficult for families to buy food, in particular fruit and vegetables.
- These difficulties were particularly acute for those who entered the pandemic without the financial, material and social resources needed to effectively adapt their food procurement methods.
- Furthermore, those less prepared to cope with disruptions to other spheres of daily life (social isolation, closure of schools, economic impacts) were less able to adapt to disruptions to the food environment.

## Restrictions on movement and contact

- Social isolation and worsened wellbeing has impacts on comfort eating and eating for pleasure.
- Those experiencing mental health lost access to both informal and formal support.

## School and childcare closures

- The relentlessness of managing food preparation and caregiving when children were out of school was felt nearly universally by parents.
- As a result, there were times where principles of healthy eating fell by the wayside in favour of keeping children happy, fed and doing their home schooling.
- Parents expressed a renewed gratitude for school food in providing a substantial, and ideally healthy, meal that they don't need to think about.

## Economic impacts

- Financial support schemes were a lifeline for some. However, those in low-paid self-employed work or on zero-hour contracts were excluded from sufficient financial support.
- Increases in the cost of parenting in COVID-19 meant that those who were managing to get by previously were now struggling to make ends meet.
- Those unable to keep afloat financially were unable to afford healthy food and adapt their shopping routines to the changing food environment.

The COVID-19 lockdown has demonstrated the multiple systems of support that underpin families ability to eat well and, when disrupted, can limit capacity to procure and prepare nutritious foods.

These contexts have the capacity to occur again both on a large scale in society (e.g. in financial recessions and periods of food system disruption) and in the context of an individual's lifetime (e.g. during periods of ill health, job loss or loss of social support networks).

Policy now has a window of opportunity to implement learning from this period to protect diets long-term from future shocks.

# Section 2: Implications

This section will answer research question 4:

1. In what ways have families' experiences of, engagement with, and feelings about food changed since the onset of COVID-19, and how do they continue to change?
2. How are families' food practices changing, and how do they continue to change?
3. What aspects of COVID-19 & the response to it are shaping these changes and how is this happening?
4. **In light of these changes, how should public health policies aiming to prevent and reduce childhood obesity be adapted or augmented?**

# Section two: Policy implications

## What can the disruption in COVID-19 tell us about what will be effective in obesity policy, or how it is currently being ineffective?

Strategies which look to equip people with the knowledge and skills to eat healthily will not be effective without parallel policies to enhance peoples' **capacity** to implement these skills.

This research has shown that people's **capacity** to eat healthy is shaped by a number of key factors:

- In line with a substantial existing body of research, we've seen how a **good level of income** is an **essential condition** required to allow people the finances to afford healthy foods. This research has shown how this becomes even more important during times of turbulence. Supporting incomes through strengthening social security and minimum wages is a 'must do' for obesity prevention policy.
- Alongside this, we've shown how **support with childcare (equal distribution of labour in the home, families, schools)** gives parents the time and mental energy to prepare healthy foods and ensure their children eat it.
- **Mental health**

## What opportunities for doing obesity policy differently have emerged during this time?

It is critical to invest in the structures that allow people to maximise their capacity to eat healthily

Peoples' renewed commitment to healthy eating practices was enabled by more time spent at home (less commutes, working from home, furloughed) when financial and other stresses were also minimal. Future policy should consider how flexible working could increase peoples **capacity** to nourish themselves

# Section two: Policy implications

➔ **What lessons can be learned from these findings for how public health policies should be adapted or augmented to enhance the capacity of families to eat more healthy food and less HFSS food?**

1 **Families benefit when they have access to a diversity of food sources in addition to supermarkets**

- Post COVID-19 offers a window of opportunity for promoting availability and accessibility of food markets, veg box schemes and food hubs, which allow people to buy healthy foods safely and which are oriented towards serving families with lower levels of income.

2 **It is extremely difficult for families experiencing financial insecurity to prioritise nutritious foods.**

- In the long term, obesity policy must incorporate interventions designed to address levels, variability and predictability of income to reduce people's reliance on unhealthy but easy-to-prepare foods and make healthy foods more affordable. Benefit arrangements need to better accommodate for the additional costs of parenting (e.g., feeding children when other options unavailable).
- Any policy to increase the price or reduce the availability of ultra-processed/ high HFSS foods (e.g. ban on promotions) must be implemented alongside measures to either increase incomes or the affordability of nutritious foods.

3 **In addition to financial security, a range of specific vulnerabilities make accessing healthy food more challenging**

- Official government messaging on food shopping during lockdown-type scenarios should consider implications for nutrition, particularly for those with minimal storage capacity and unable to afford online deliveries.
- Obesity policy should explore new avenues of how social and material support can help families with vulnerabilities maintain a focus on eating healthily

4 **When given the opportunity and time, families enjoy spending time preparing and eating healthy food**

- Consider how flexible working policies may help allow parents the time and capabilities to invest in healthier ways of eating and cooking.

5 **However when struggling to cope with the demands of daily life, the nutritional content of food is often sacrificed in favour of foods that are convenient and will be eaten by children**

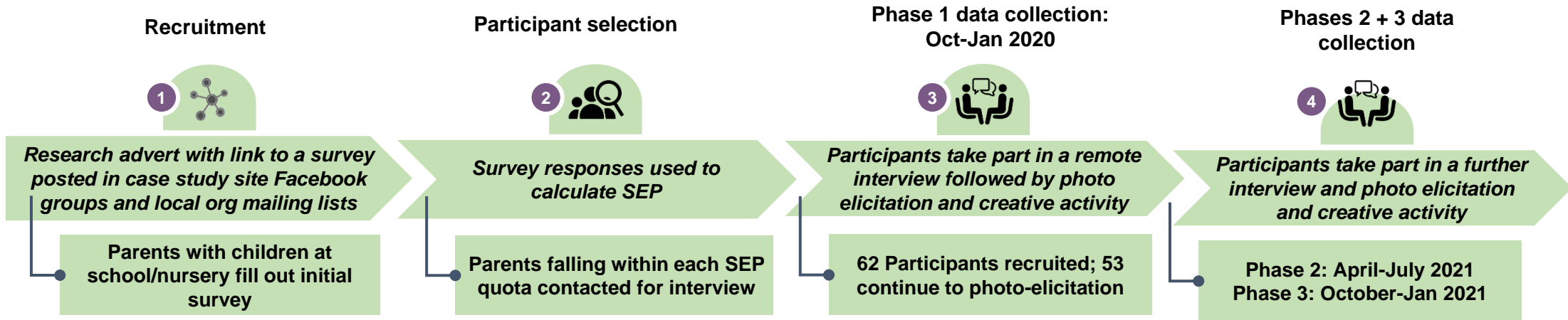
- Given the role public food provision plays in helping families facing vulnerabilities manage their own time, universal free school meals, breakfast clubs and communal schemes for providing nutritious food should be maintained and extended and oriented fully towards obesity prevention (as well as food insecurity). For example, policy must ensure that these meals adhere to School Food Standards and are also acceptable and enjoyed by children.
- Alongside this, consider how to extend the accessibility, appeal and affordability of products that are both convenient and healthy e.g. through a focus on reformulating HFSS freezer foods and ready meals commonly consumed by children.

# Section 3: Appendices

This section will cover:

1. Detailed methods
2. Demographics for each case study site
3. Explanation of SES calculations

# Appendix 1: Methods



## In-depth interview themes:

- Perceptions of local area
- Perceptions of health and wellbeing
- Everyday family life and routines
- Family finances and work set up
- Food acquisition practices
- Food preparation and meal times
- Eating at school or nursery
- Ideal and actual food practices

*Interviews are intended to draw out the personal, relational, social, cultural, and economic factors shaping food practices*

## Creative activities:

### Oral diary

Asked to record thoughts before and after acquiring food

### Photo-elicitation task

Asked to spend a week taking photos of anything to do with the food they buy and eat that has changed since Covid-19

### Mapping task

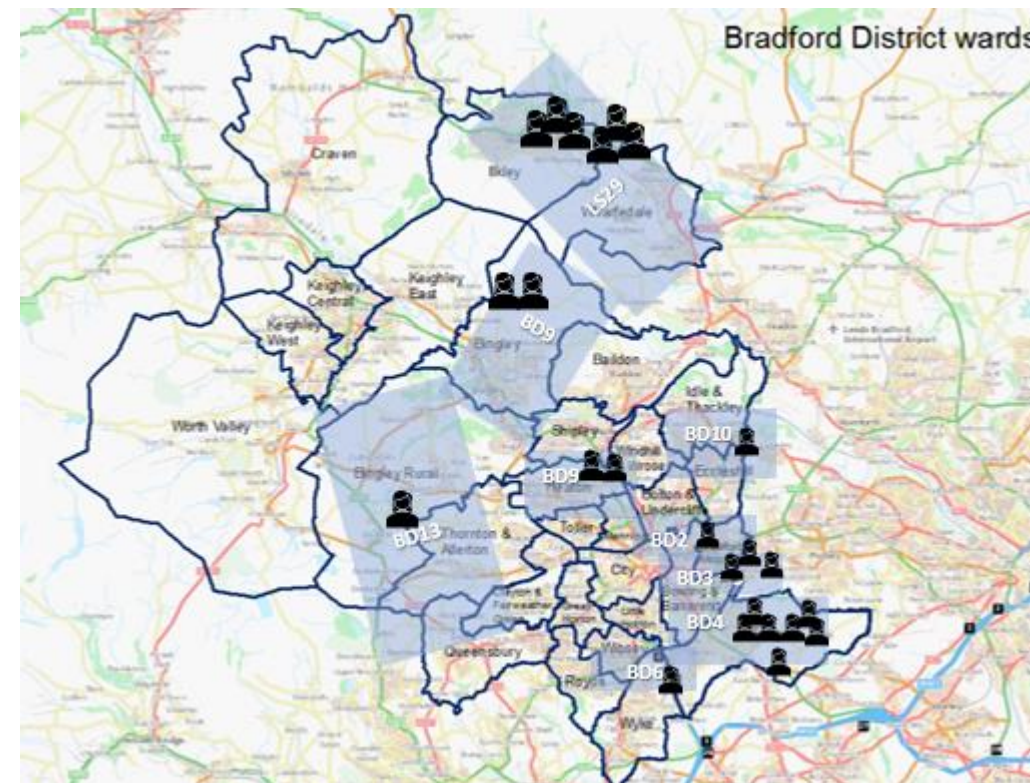
Asked to draw a map showing the places they've been in the past week and the routes they've taken to get there

These are then discussed in a second interview.

## Appendix 3: Study participants: Bradford (21 participants)

- Borough in West Yorkshire containing Bradford City and rural outskirts
- 30% of children living in absolute poverty, the fourth highest in the country
- Participants were recruited from the city itself as well as surrounding villages within the council area

	Population figures	Sample quota (out of 20)	Recruited
Nationality and ethnicity (ONS, 2018)	63% White British	12	11
	20% Pakistani	4	8
	3% Indian	1	0
	3% White other	4	2 (Asian British/ Asian & White)
	2% Black	1	0
Income group	30% <£15,000	6	6
Household type	8% lone parent	2	3

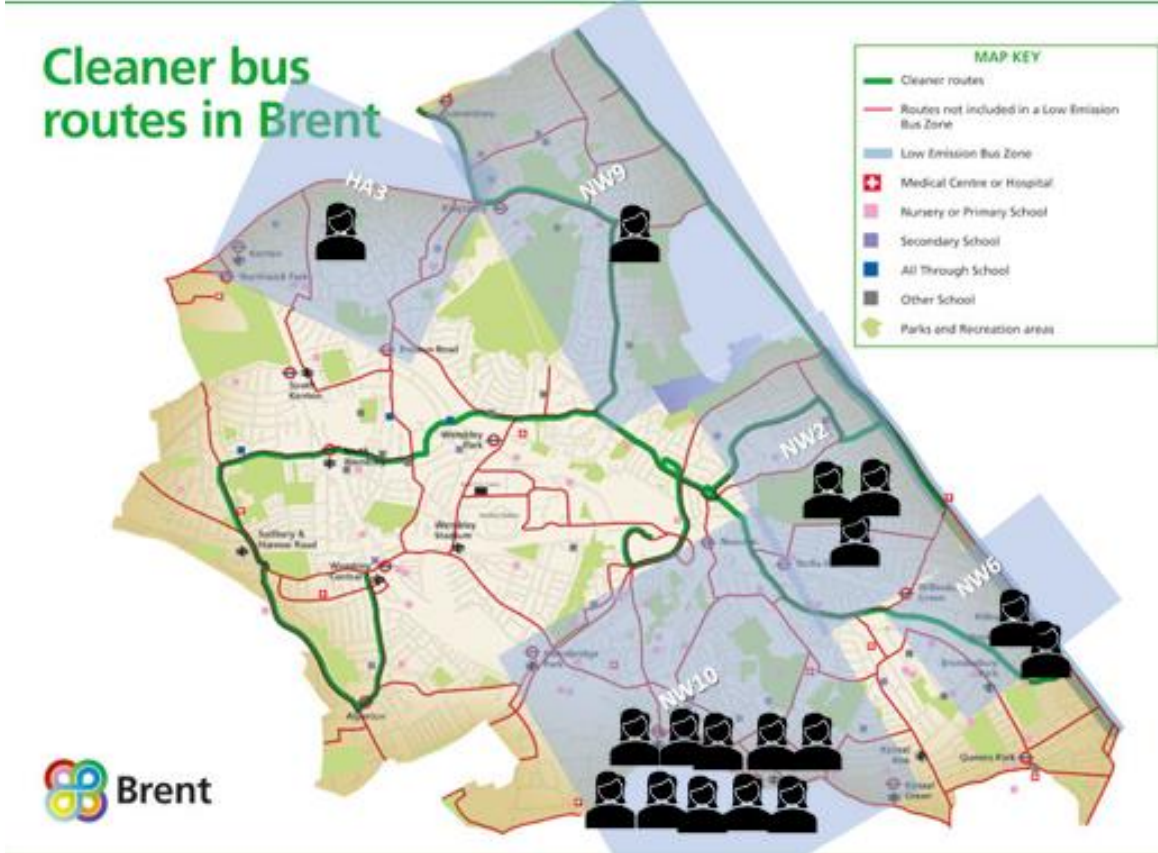




# Appendix 3: Study participants: Brent (20 participants)

- Higher than average unemployment compared to rest of London
- 15% children living in absolute poverty

	Population figures	Sample quota	Recruited
Nationality and ethnicity	18% White British	3	6
	14% White Other	2	4
	19% Indian	4	1
	5% Pakistani	1	0
	9% Asian other	2	2
	8% Black African	2	1
	8% Caribbean	2	3
	3.7% Arab		2
	Afghan		1
Income group	High SEP		4
	Middle SEP		8
	Low SEP		8
	15% >£15,000	3	7
Household type	14% lone parent <sup>e</sup>	3	10



# Appendix 3: Study participants: Folkestone & Hythe (21 participants)

- District in Kent containing coastal towns and villages (also known as Shepway)
- 17% of children recorded to live in absolute poverty
- Older than average population



	Population figures	Sample quota	Recruited
Nationality and ethnicity	90% White British	18	20
	White other		1
	3% Asian Other	1	0
	0.5% Black	1	0
Income group	17% >£15,000	4	4
Household type	11% lone parent <sup>e</sup>	3	7

# Appendix 3: Calculating Socioeconomic status

- As well as acting as a recruitment tool, our initial survey allowed us to calculate the participants' socioeconomic status. This meant we could recruit an even number of participants from across the socioeconomic spectrum.
- Rather than focusing solely on income, we chose to use a measure of socioeconomic position which also took into account level of parental education, employment type, housing status, IMD, and car ownership.
- We used a validated measure developed by Kininmonth et al<sup>1</sup> to calculate an SES score. After calculating the highest and lowest possible SES scores, we defined high, low, and medium SES by creating three equally sized groups within this range.

<sup>1</sup>Kininmonth, A.R., Smith, A.D., Llewellyn, C.H., & Fildes, A. (2020). Socioeconomic status and changes in appetite from toddlerhood to early childhood, *Appetite*, 146: 10457

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Shaping an effective food system