LS14 TRUST

A RECIPE FOR RESILIENCE

THE EAT REPORT

NORTH SEACROFT COMMUNITY FOOD RESEARCH

EAT

in partnership with Leeds Community Foundation

NHS Leeds North Clinical Commissioning Group

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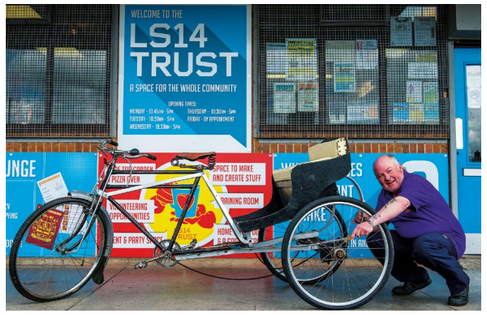
ABOUT LS14 TRUST



LS14 Trust is a community development organisation in which local residents play a central role. We believe that the people who live and work in our community have the strengths, vision and experience to build a positive future for themselves and each other. We therefore work in partnership with individuals and other organisations to develop and promote Seacroft as a vibrant and exciting place to live, work and bring up a family. We operate out of a community hub that our workers and volunteers converted from the old rent office on a parade of shops. Here, we host classes, events, a café, community meals, and open drop-in sessions for people to use our computers.

Everything we do is guided by our six core values:

EXECUTIVE SUMMARY

Over the years, some people have looked at our community and come to the conclusion that it's a bit poorly. A few have gone further and diagnosed a terminal illness. A quick look at the health statistics for the area (see Background) shows us something of where those people are coming from: North Seacroft faces some of the most serious health problems in the city and beyond. We understand that this is a part of the make-up of our community, but we also know that it is far from the whole story. We've done this research and produced this report to reveal some other perspectives, to tell some alternative stories, and to broker relationships with professionals and funding bodies who want to gain a deeper understanding of our community.

The EAT Project was a year-long piece of Action Research conducted by the staff, volunteers and community members at LS14 Trust, funded by the Leeds North CCG. It involved hosting a series of groups to bring together different parts of our community with the twin aims of improving our health whilst learning about our strengths and weaknesses in this area. We utilised a pragmatic methodology, which generated both quantitative and qualitative data.

The questions that underpinned this work were:

1. What are the notable characteristics of this community?
2. What is the extent of our knowledge about the link between food and health?
3. Can we identify any systemic barriers that act as a disincentive to good health?
4. Can we identify any positive interventions that are likely to improve the overall health of the area?

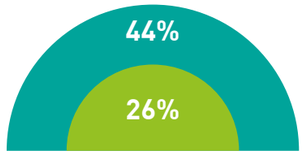
We hope that our findings will help outside agencies to understand how to best engage with people here. Lots more insight and details follow, but a brief summary of what we learned includes:

- Seacroft has a strong and important sense of place. The local networks here are well-developed and people rely on them in many ways.
- The people of this area value hard work and want to be able to contribute towards their own personal and collective progress.
- There is sufficient knowledge/experience of food growing, buying, cooking and eating to build a positive movement towards a healthier future.
- However, deprivation plays a very real role in the lives of many of our residents. This is a complex situation and there are no easy fixes, but access to affordable, nutritious foods and informal, fun, learning opportunities could be improved.
- Potentially the biggest impact that we could make would focus less on what we eat and more on how we eat. Whereas isolation and unhealthy norms/behaviours can have a detrimental impact on health, good community and positive norms can give individuals the resources they need to make all sorts of personal progress towards holistic health.
- We therefore conclude that more investment should be made in genuine community building, and offer insights into what this looks like for us.

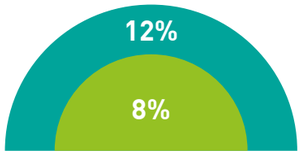
BACKGROUND - What We Already Knew

The challenges our community faces are similar to those faced by many other communities across the country. Every neighbourhood is unique, but we still have a lot to learn from external insights and overlapping stories. As such, before we started our primary research, we reflected on a range of existing viewpoints, and considered how their insights could be used to better understand our own context.

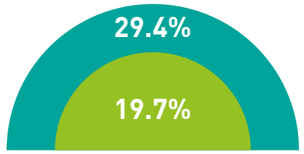
This context is one that we can scrutinize through both quantitative and qualitative data. Our quantitative backdrop takes the form of government statistics which reveal a stark picture of the challenges we face as a community.



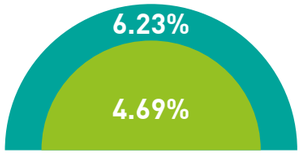
MULTIPLE DEPRIVATION
% of households where multiple dimensions of deprivation exist
SEACROFT: 44% LEEDS: 26%
(Area Profile 2015)



GENERAL HEALTH
% of population "whose health is limited a lot"
SEACROFT: 12% [HIGH] LEEDS: 8%
(GP Data 2011)



CHILD OBESITY
% of Year 6 children who are recorded as "obese"
NORTH SEACROFT: 29.4% LEEDS: 19.7%
(MSOA Public Health Profile, June 2015)



DIABETES
Recorded cases of diabetes
NORTH SEACROFT: 6.23% [HIGH] LEEDS: 4.69%
(MSOA Public Health Profile, June 2015)

Our qualitative backdrop is largely in the form of the lived experience of many people who interact with us on a day-to-day basis. We have just under a decade's worth of both formal and informal community consultations that grounded our insider research team in a deep understanding of the cultures, values and worldviews of our community. This understanding has informed every step of our research process.

In addition to these statistics and our lived experience, we utilised our partnership with the University of Leeds's School of Geography to produce a literature review, which was conducted by a group of students on their Global Urban Justice MA course. This, and our experience of living and working in this community led us to focus our research around two key areas:

1. MULTIPLE DISADVANTAGE AND THE ROLE OF SOCIAL NETWORKS IN HEALTHY LIVES.
2. ACCESS TO GOOD FOOD.

MULTIPLE DISADVANTAGE AND THE ROLE OF SOCIAL NETWORKS IN HEALTHY LIVES

The statistics outlined above don't go far enough to explain the complexity of the situation that our community, and many others like it, are really facing. Physical health is not a stand-alone fact existing in a vacuum. It is one factor of an individual's life experience which is caught up in a complicated web of many other circumstances, including housing, mental health, work life, family situation, cultural background, education and public infrastructure, amongst many other things. Negative changes in any one of these areas can impact other areas like dominoes, and individuals can easily find themselves in a downwards spiral in which their physical health suffers. The networked nature of our communities can lead to whole neighbourhoods becoming entrenched in what some people refer to as multiple disadvantage, and poor health statistics are symptomatic of this. This assertion is supported by a wealth of evidence, notably Sir Michael Marmot's independent review into health inequality:

> **As well as physical places, the communities and social networks to which individuals belong over their life course also have a significant impact on health and health inequalities.**[1]

For a community development organisation such as ours, it therefore makes little sense to attempt to solve our health inequalities solely through medical interventions. Our position in the LS14 community has allowed us the privilege of witnessing both the downward spiral described above, as well as its opposite effect, the hugely positive differences that can be made to individuals' lives through a more holistic, developmental approach. If physical places and social networks can be part of the problem of multiple disadvantage, they can also be part of the solution.

Some other key findings in the literature related to this area are:

- **Lack of social support:** Having a limited social network, being socially isolated, particularly living alone or being divorced, separated or widowed, especially for men, are risk factors for poor nutritional intake or status.
- **Religion:** Individuals who attend religious services on a regular basis are more embedded in a social network and support system where they are in frequent contact with others.
- **Social context of eating:** People eat differently when with others compared to eating alone. Experience is broadened and norms are created and challenged through eating communally.
- **Obesity tends to be clustered around small-world networks:** Patterns of unhealthy eating and a lack of exercise can become seen as the norm, and exposure to alternative lifestyles is more limited amongst people on low incomes.

[1] Marmot, M. et al (2010) Fair Society, Healthy Lives: The Marmot Review (available at www.instituteofhealthequity.org). p.126.

ACCESS TO GOOD FOOD

The key findings in the literature related to this area are:

- **Prohibitive (and rising) cost of food:** Between 2003 and 2013, food inflation reached 47% whilst wages rose by just 28%. Healthy foods are approximately 3 times more expensive per calorie than less healthy foods.
- **Food deserts:** Access to large supermarkets can be difficult for people without cars. Local convenience stores can cost 60% more.
- **Lack of cooking facilities:** Even when people can afford decent food, and have access to the shops that sell it, they may not have the facilities they need to cook it – some landlords may offer tenants only a microwave or one ring cooker.
- **Lack of cooking skills:** Many people have never been taught how to cook. This has a disproportionate impact on poorer families because the nutritional quality of pre-prepared food increases exponentially in line with prices.

- **Time pressures:** Many parents will skip meals, especially breakfast, in order to prioritise their children. Working parents with young children may also struggle to find a convenient time for grocery shopping.

METHODOLOGY

The EAT Project was a piece of Action Research, with the dual aim of short-term impact and longer-term learning. The 'Action' element involved opening up a series of group spaces based around cooking, eating, socialising and learning. The 'Research' element involved integrating the generation of both quantitative and qualitative data into our work. A subsequent period of data analysis has led to this report.

ACTION (PROJECTS AND PROVISION)

An important part of Action Research is that the two elements (action and research) work together in as seamless a way as possible. As such, learning is continually taking place, and projects can be altered as they go along in a series of iterative steps (listed under each project below). Our research was carried out primarily against the backdrop of the following provision:

Digital Dinners: Provided the chance for participants to learn about health and wellbeing in other cultures through online research followed by a healthy meal and a chance to share their findings.

Iterative Steps - Participants discussions around lack of knowledge around food preparation led to this project incorporating cooking skills sessions through a 'one pot' cooking course.

Sporty Snacks: Delivered in partnership with Streetworks Soccer academy, weekly sporting activities were timetabled for children and adults. After each session the groups would come to the LS14 Trust and eat together and learn about nutrition for sport and more widely for a healthy life, picking up skills that they can take away and share at home or with friends.

Iterative Steps - The sessions for adults changed to focus on parents as a group of local Mums showed the most interest in taking part and shaping the sessions. This led to Mother and toddler sessions taking place due to a lack of childcare provision.

Sanctioned Supper Club: A deliberately evocative name, the project was scheduled to happen once a month and was based around a pay as you feel meal. Initial plans were to provide local adults with a chance to support each other in a group regarding any welfare issues including sanctions.

Iterative Steps - The name Sanctioned Supper Club was unpopular with residents so this project was renamed Seacroft Supper Club and each session was developed around a specific theme.

Family Food Club: A monthly family food event to get parents cooking and eating with their children.

Iterative Steps - These sessions were changed in response to feedback and family food events were scheduled around bonfire night, Christmas and other celebrations.

Rein Park Picnics: A series of outdoor events for families and the wider community. The events involved sitting and eating together and engaging with a range of fun activities.

RESEARCH

Grounded in **action research**, the project allowed practitioners to be proactive and reactive. The value of action research is in the open-ended versatile nature of the research, which does not require one to draw rigid conclusions. This methodology allowed us to reflect continually and consciously upon our research, often, this led to a change in emphasis or investigation into a new problem or opportunity not considered at the outset. The aim of this is summed up in this quote from Yoland Wadsworth:

> **Attempting to develop deeper understandings and more useful and more powerful theory about the matters we are researching, in order to produce new knowledge which can inform improved action or practice;**[1]

Our methodology was pragmatic in that we sought to use whatever research methods would be useful in forming a deeper understanding of ourselves and our community.

QUALITATIVE METHODS:

Participant Observation – Community Food Hosts and supervisors engaged with project participants in a friendly, supportive way, taking regular notes of health-related and non-health-related goals that individuals articulated. This participant observation was overt and all participants were made aware of the Host's roles and goals and were encouraged to play the role of co-researchers in the project.

Interviews – Supervisors worked closely alongside each of the projects, taking regular opportunities to conduct 1-2-1 interviews with participants. These interviews provided the opportunity for Community Food Hosts and supervisors to hear any reflections on the work that was taking place. The interviews were dual purpose as they also allowed Hosts to discuss and co-create achievable targets that participants could work towards between meetings. The final part of the project saw the Hosts embrace the newly revised Wellbeing Wheel. This public health tool helped Community Food Hosts to categorise issues that were identified during interviews and start to create ongoing mentor packages for participants.

Focus Groups – Alongside interviews, focus groups were used to ascertain the feelings, perceptions and opinions of individuals and groups. Firstly, this collective form of gathering feedback gave the community the platform to provide valuable evaluations of the types of provision they were accessing. In addition, focus groups were also used as a tool for Community Food Hosts to understand more about people's perceptions, identify changes in behaviour and to triangulate some of the findings that came out of the other forms of research.

QUANTITATIVE RESEARCH:

Questionnaire - Co-designed by staff and students from the School of Geography (University of Leeds) the questionnaire enabled us to collate a range of empirical data to supplement the qualitative research that was carried out. Designed to collate information about people's habits and attitudes towards their own environment, buying and eating food, access to food and personal wellbeing.

[1] Wadsworth, Y. (1998). What is Participatory Action Research?
Available: http://www.scu.edu.au/schools/gcm/ar/ari/p-ywadsworth98.html. Last accessed 25th Jan 2011

FINDINGS AND STORIES

One way of understanding the uniqueness of this community is to look at some of the statistics we highlight throughout this document. We firmly believe however that such numbers can obscure as much as they reveal. Policy makers and funders are often unable to move beyond statistics in their understanding of a community, so we hope that this report can shed some light on why our stats might look the way they do. We want to articulate why some interventions fall flat while others make a tangible difference. We're aiming to tell something of the deeper story of Seacroft.

These results are organised into three categories:

1. WHO WE ARE
2. OUR CONTESTED RELATIONSHIP(S) WITH FOOD
3. WHAT INTERVENTIONS WORK FOR US

WHO WE ARE

Newspapers and politicians of particular persuasions have been known to use negative statistics from communities like ours as evidence of lazy or apathetic people: Unemployed people can't be bothered to work; Parents of troubled young people don't care for their kids; Obesity stems from idleness and greed. This research found nothing of the sort. People of all demographics generally want similar things out of life, but the additional challenges associated with living in an area characterised by multiple deprivation, can make achieving goals more problematic.

In resistance to this, we found evidence that our community has a **strong and important sense of place**. Many people have lived here their entire life, and as such, social networks are extremely well-established. When asked to describe this community, nearly two-thirds of our questionnaire respondents answered positively, with the top answer being 'friendly'. When asked what they would miss if they moved away, the top four answers were all unequivocally related to social networks (community/people, family, friends, neighbours). Local social networks are the way we cope with life's challenges.

The flip-side of this however is that strong local social networks can also have a negative impact on a community's ability to make positive progress. If our networks are limited to people from the same background as ourselves, then we may never be exposed to the broader range of opportunities that could be available in fields such as education and employment[1]. Many funders and policy makers have therefore concluded that there is little value in looking for answers to come from within a community, preferring instead to invest in short-term, professionalised, top-down interventions.

[1] MacDonald, R. et al. (2005). Growing Up in Poor Neighbourhoods: The Significance of Class and Place in the Extended Transitions of 'Socially Excluded' Young Adults. Sociology. 39 (5), pp.873–891.

Seacroft is a community that has been 'done to' for a long time. Well-meaning interventions from public, private and voluntary sector bodies have sometimes helped but sometimes hindered the life experience of residents. Perhaps the clearest value articulated through this research was that **very few people are content to be passive recipients of top-down change**. We all want to make progress – for ourselves, our community, and especially our children – but the progress we envisage is not one that is handed to us on a plate from on high, it is one we earn through participation and hard work. We find dignity in the opportunity to shape our own futures.

Throughout this research we saw and heard multiple expressions of this ***desire for positive change through greater levels of participation***, including:

- A willingness to go above and beyond the call of duty to offer practical help to others.
- A determination to combat personal isolation through making new social connections.
- A strong desire to gain regular, fulfilling, paid employment.
- A readiness to be vulnerable in order to share skills and talents.
- An eagerness to contribute towards anything we benefit from – whether that be through money or hard work.
- A very genuine ambition to make our lifestyles healthier, through both exercise and healthy eating.

It is therefore clear to see that **there is a gap between the values and aspirations of our community, and what the statistics suggest is being realised**. What follows is an analysis of what this gap entails, and what we can all do to help bridge it.

CASE STUDY 1: JOHN'S STORY

When the EAT project started, John had begun to come out from a very dark place. His last partner had died quite suddenly and circumstance transpired which meant he missed the funeral. This was his second partner to have died and the impact, whilst not too noticeable at first, had taken its toll on John's general demeanour. However, over the last year, John has blossomed.

He takes his role as a volunteer very seriously, and, with much appreciation, spent a great deal of the summer of 2016 carrying, lifting, lugging and generally working as a tour de force to ensure that all the LS14 summer activities went without a hitch, come rain or shine. As chief 'quality control' of food, we look to John for the thumbs up.

"What do you think of today's lunch?" I ask

Across the counter, from the closest table, I see a large, friendly grin

"It's alright, that" he says, smiling.

It's our conversation. We have it every time, and every time it makes me smile.

Meanwhile, throughout the EAT project, John has begun to take more of an interest in not only eating the food, but also helping to prepare it. These are always glorious times for us all as he regales, with a twinkle in his eye, things he has seen or heard.

We always have the radio on, and, more often than not, a song will come on which he knows, and, most recently, has started to sing along to.

Interspersed within his day-to-day tales, John's vast knowledge of music is woven through the stories. Places he saw the Kinks, Frank Sinatra songs he loves, foods he's never heard of (I know this sounds tangential, but that is how John's mind works).

I ask him how he feels about the Trust,

"It's my family," he says. "I would feel lost without it"

John has, on occasion, been sanctioned by the DWP, and it is at these points that he seeks solace in 'the family'. Indeed, there have been points where he has had nothing, and although a very proud man, has asked for help. The beautiful thing about the project is that we have been able to create a symbiotic relationship with John which benefits us all.

There is, of course, plenty that John still needs to work through. But for the first time in years, he can truly share his concerns, and knows that, over a cuppa and a lovely bite of something to eat, we will work it through together.

He no longer feels alone.

OUR CONTESTED RELATIONSHIP(S) WITH FOOD

Throughout this research, we found that everyone we worked alongside had a unique relationship with food. It might be useful to conceptualise these relationships with reference to Knowledge, Experience, Motivation and Access. Like any community, people in Seacroft find themselves at different points on each spectrum.

Knowledge and Experience:

+ Many people in our community have an in-depth knowledge of food growing, buying, preparation, healthy choices and sociable eating. For some, this stems from positive family experiences, whereas others have a considerable level of professional experience in the catering industry.
+ On the whole, people know the difference between healthy and unhealthy choices. This was particularly the case amongst children and young people, who, it appears, have genuinely benefitted from improvements to health education. Parents have also benefitted from health advice from school-based support services.
- Many do still lack basic culinary skills (although we have seen people thrive when given the opportunity to learn).
- A lack of knowledge around creating tasty dishes can lead to over-reliance on poor quality processed foods.
- Lower levels of income also reduce the likelihood of travel to, and experience of, different cultures. We believe that this can have a significant impact on an individual's ability to explore a full range of healthy options.
- Knowledge of food growing tends to be amongst older residents, and is therefore at risk of dying out.

CASE STUDY 2: SIMON'S STORY

When we first met Simon he was a quiet, shy, keep himself to himself kind of guy. We would invite him to sit down and eat whatever we had cooked that day, but it was always politely declined. Then, very gradually, usually whilst making a cup of tea, he started to chat. Initially it was just general conversation,

"How's life Simon, you alright?"

"Yeah, fine. You?"

Then, slowly, he began, tentatively at first, and later with more confidence, to show an interest in what we were cooking, and with that, his story unfurled. He'd worked in a kitchen before, but was bullied. Parts of his personal life bothered him. As with everyone, we made no judgement and allowed him to speak at his own pace, revealing what he wished to reveal, and when.

Gradually we invited him to give us a hand. Chopping vegetables, stirring some concoction or other, asking his opinion on how we prepared the food, until one day, whilst making a cake, he offered to help. This changed everything.

"Do you remember when we made that orange cake?" I ask him

"Yeah" he replies

"It was so bloody good I asked for the recipe and made it for a party. Everyone loved it"

From that moment on Simon began, very gradually, to come into the Trust, and make a point of coming over for a chat. Recently we have been sharing recipes, food ideas, and different combinations of tastes. These moments are always a joy, filled with laughter and the occasional snigger of innuendo. It's such a lovely experience to be part of someone's journey and watch as they grow.

Simon has begun to accept and like the person he is and it shows. He stands taller, his appearance is smarter, he looks you in the eye when you speak. He has also started to have similar conversations with others, who come to the counter for a chat.

"What you did for me, I'm trying to do for others," he says.

I ask him what the Trust means to him and am blown away with his response.

"I see this place as the roots of a tree, the ideas are the branches, the leaf buds are the minds coming together and opening" he says.

There is a moment's silence as we both take in the impact this statement has on us, nodding our heads.

"I feel a different person, more confident, you all let me be me and listen to what I have to say. You're genuinely interested."

"Perhaps that's because you are a genuinely interesting and lovely person?" I proffer.

"Yes" he says, "But I'd still be the shy boy in the corner had it not been for here" and he smiles, blushes and says,

"I think we should put another pepper in here" and starts chopping.

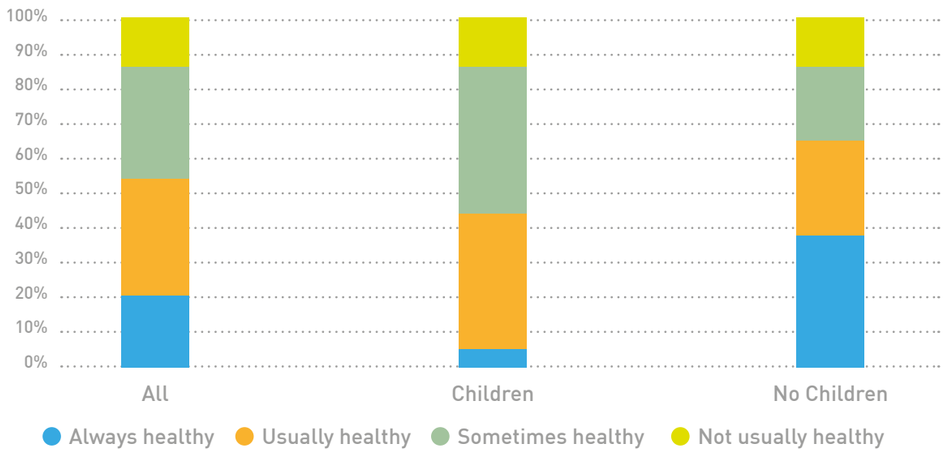
Motivation and Access

> **I think I'm a healthier person now that I've changed my diet because I'm doing Slimming World and I've lost a lot of weight and I've completely changed everything I eat at home... Seeing me eat more fruit means [my children are] eating more fruit, so that's a positive impact on them.**
>
> (Project Participant)

Lots of people in our community have a high level of motivation to eat a healthy diet, and many parents in particular spoke about the health of their families being a high priority. However, the more socially excluded/isolated an individual is, the less likely they are to sustain a high level of motivation with regards to healthy eating.

Our questionnaire produced some interesting results in relation to this, suggesting that families with children are significantly less likely to maintain a healthy diet than people without kids living at home.

How healthy is the food eaten at home?



About a half of all respondents claim that they eat healthily always or usually, with one in 7 (14%) claiming that they don't usually eat healthily.

The key difference between households with children or not; is that those with children are more likely to claim that they only eat healthily some of the time, with 40% of the households without children claiming that they always eat healthily.

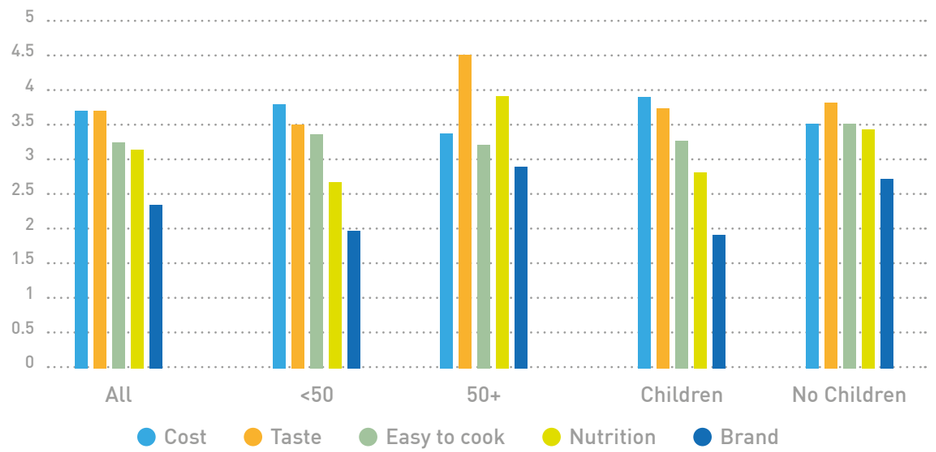
There could be a number of explanations for this, but the most likely ones from our perspective are that either parents are more conscious of unhealthy eating than other people, or **they simply can't afford nutritious food for the whole family**. This is particularly tricky for families who experience food intolerances or eating disorders, as described in Case Study 3.

Influences on food purchases

	Number saying 1: Not important	Number saying 5: Very important	Average rating
Q17 Cost	12	43	3.7
Q17 Nutrition	23	22	3.1
Q17 Easy to cook	15	26	3.3
Q17 Taste	10	41	3.7
Q17 Brand	48	15	2.3

Cost and nutrition are the most important factors, with branding being unimportant.

Influences on food purchases



There is a correlation between the age of the respondent and the presence of children, however this is not a strong relationship. Only 12% of respondents over 50 have children in their household; however, 30% of those under 50 do not have children.

CASE STUDY 3: HELEN'S STORY

Helen has been coming down to the Trust over the last year with Lorraine. Their children are close to each other in age and go to school together locally.

Alfie, her son, was diagnosed with Avoidance Restrictive Food Intake Disorder (ARFID) in October 2016. He was 5 ½ years old.

Helen had known something wasn't right from 16 months old after a norovirus. He just stopped eating.

"He ate everything before the virus", she said, "He refused everything that was offered including drinks after the virus had disappeared."

"He lost all interest in food, it was like he didn't need it"

At first Helen thought he was just being fussy. He refused main meals. He would only eat bread and cheese spread but it had to be separate.

The Health Visitor came and suggested different things Helen could try, to get him interested in eating again. Helen tried many of these things but he would still only eat bread and cheese spread.

This carried on for two years.

During this time the new baby came along – Ellie. When Ellie started weaning she had reflux and was regularly sick. This made Alfie sick too. Every time. Helen found it difficult to convince medical professionals that something was out of the ordinary. Eventually the Health Visitor referred them to the hospital.

Once they were on the hospital list, assessments started to happen. They watched Alfie (they said that he had no emotion and no imagination, Helen disagrees) and eventually put him into food therapy for three months.

The therapy helped to make Alfie more comfortable around food. Helen continues to use the techniques at home, particularly playing with food. Ellie enjoys this too. This is always done after food has been eaten.

Alfie still only eats cheese sandwiches. Helen worries that this will cause more of a problem as he progresses through school. The family can never have a meal out together – eating in public is a challenge. Alfie really struggles being around people when they are eating. Helen tends to feed Ellie all kinds of food whilst Alfie is at school, which gives them both pleasure.

Helen has had to learn to manage her own anxiety with the children. Few people understand Alfie's condition, and sometimes people can be judgemental when they think parents are at fault for every aspect of a child's behaviour. This is a challenge for all of them, but Helen has a strong friendship with Lorraine, who, she says, has helped her more than she can say in terms of keeping her head above water, emotionally. They often drop the older kids off at school and pop into the LS14 Trust for a cuppa and a catch up. 'I couldn't have done it without the love and support of my friend.' She says.

Seacroft is well-served with a number of supermarkets selling fresh food in the local area, but this doesn't mean that our access to them is always straightforward. Bus routes to the Tesco Extra at Seacroft Green are good, those to the Lidl in Gipton work well for some, whereas the public transport access to Asda at Killingbeck, or the Aldi or Farmfoods on York Road are more of a challenge, especially for people with mobility issues. Digital exclusion (lack of internet access or computer skills) mean many are unable to take advantage of internet shopping. Local corner shops are considerably more expensive and lack healthy choices, but our questionnaire showed that over 50% of local residents purchase food in this way.

Where do you shop?

	Ever	Most often
Convenience	55	17
Supermarket	79	67
On-line	18	10

Shopping from the supermarket is the most popular choice from the most frequently used location. Those under 50 were more likely to use either on-line or convenience stores, those over 50 were more likely to use the supermarket. Those with children and those renting their homes were more likely yo use on-line shopping.

Reasons for choice of shop

Price (rating 3.7) was the most important reason stated, with little difference between any of the three options. Product selection was the next in importance, with supermarkets rated very highly for this (4.1). Distance was the third reason, with very low ratings for meeting people as a reason for the choice of shop.

BASKET CHALLENGE

In November 2016, a group of Global Urban Justice MA students from the University of Leeds undertook a Geographical Food Access Survey as part of our partnership with the School of Geography. This revealed the following:

- **Seacroft has a good number of food shops (although convenience stores are not evenly spread across the estate, making access easier for some than others).**
- **The large Tesco Extra store in Seacroft makes fresh food more accessible than in many similar areas.**
- **It is also well-served by local bus routes due to its co-location with the bus station, although the number of services drops significantly in the evening when many people would do their grocery shopping.**
- **Shopping by bus is not a good option financially. A return bus fare costs £2.80 or £4.40 depending on where you live in Seacroft, and the limited amount of groceries someone can carry on public transport makes it likely that someone will have to make multiple trips in an average week.**
- **The physical geography of Seacroft makes access on foot non-viable for many residents. The estate is large and the hills are steep!**
- **The barriers to access are therefore heavily weighted against people with mobility issues, including elderly people, parents with young children and residents with physical disabilities.**

It is therefore of little surprise that our subsequent survey showed that over 50% of residents sometimes buy food from local convenience stores. For that reason, it is interesting to understand what food is available in these stores, and how their prices differ from Tesco. In order to study this, two Basket Challenges were carried out as part of this research. The first was conducted in November 2016 by the Global Urban Justice students, which focussed on purchasing a range of 'essentials'. The second was conducted in February 2017 by a group of volunteers from the Trust, which was designed around attempting to create a decent meal for a family of four for under £5 at three different local convenience stores. These two comparative projects revealed the following:

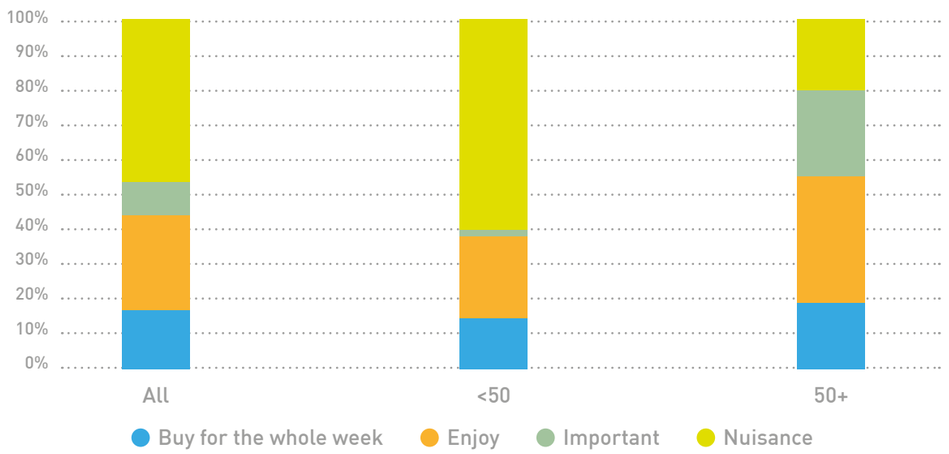
- **6 out of our 17 essential items were not available at all of the four stores in our sample. Apples and carrots were ONLY available at Tesco.**
- **The cost of our essentials basket was between 57% and 97% more expensive at our local convenience stores**
- **Real essentials like bread and tea bags can cost up to three times the price in local shops when compared to Tesco, and cornflakes can cost more than four times the price.**
- **There could be other reasons for wanting to shop at a local convenience store, including the friendly service some of our volunteers experienced when compared to the relatively anonymous large supermarket.**
- **Although all of our local participants managed to create a meal that would be enough to fill a family of four, none of them managed to buy everything on their list with their £5 budget. Geoff and Rebecca both wanted to buy a single onion for their meals but could only find them in big bags, and Chris found the same problem with potatoes.**
- **The quality of some of the items available was questionable.**
- **Our participants also spoke about the social stress of shopping with a limited fixed amount, because of the risk of getting to the till and not having enough to cover the cost.**

Multiple Deprivation

The complex nature of multiple deprivation also plays a significant role in our relationship with food. Throughout this research period, participants opened up to our hosts about a wide range of significant life challenges, including: family breakdown; unemployment; crime; physical/mental health difficulties; addiction; domestic violence; financial poverty; and more. These findings are further validated by our quantitative data, which showed:

- 60% of us stick to a fixed weekly food budget.
- Just under 40% of us reported not owning the necessary equipment to cook a wide range of meals from scratch.
- Just over 30% of us regularly spend until our money runs out, essentially 'living hand to mouth'.
- Cost is the most important factor for us when it comes to buying food (above taste, ease, nutrition and brand).
- Food is our number one priority for our money (above mortgage/rent, bills, travel and entertainment).
- The latest available figures show that in **seven weeks** in the Spring of 2017, our local food bank at St. Richard's Church served a total of 43 families and 75 single people. Interestingly, this period included the school Easter holidays, which saw a 139% increase in food parcels for local families.

Attitudes towards shopping



Overall, respondents were polarised between enjoying shopping and considering it a nuisance, with slightly more people considering it a nuisance. Over half of those aged under 50 considered it a nuisance, with a quarter of those aged over 50 considering it as important.

> **You can get a little punnet of raspberries and it costs 2 quid. Well you can get a full-sized pizza, and a portion of chips and a can of pop from the take away down the road for 3 quid... And things like 5% mince can be £1.50 more than the 20% mince, and so it can be really expensive to be mindful of what you're buying, and I think sometimes, when you're on a budget, it's really, really hard.**
>
> (Project Participant)

As previously stated, it is absolutely crucial to understand these challenges not as isolated events, but as complex inter-connected phenomena that are rooted in systemic disadvantage. Poor diets and bad health in our community have to be viewed within a broader context of families, social networks, housing, education and work, amongst other factors.

WHAT INTERVENTIONS WORK FOR US?

The participants in this study were clear and coherent about what they feel has helped them to make progress in their physical, mental and social health: **a good old-fashioned sense of community**. Our thematic analysis of the participant observation data gathered over the course of this study recorded 37 distinct conversations about the value of community, with supportive relationships being understood as a catalyst for a wide range of personal/social benefits, including:

- New opportunities to participate in collective endeavours
- A context to be vulnerable about personal problems
- Self-acceptance/validation
- Opportunities to achieve
- Skill recognition
- A sense of collective strength/power
- Opportunities to experience and explore new things

> **A lot of these things are not just about what you're going to learn, it's a bit of a social thing and I think it's really good for your wellbeing, just being out with people that are in a similar situation. And we might do a bit of work, and then chat, and then do a bit of work. Like this morning, crocheting and chatting, it's not actually about the crochet is it...? It's that you're not isolated... but something as simple and as silly as that, it just improves everybody's mood.**
>
> (Project Participant)

CASE STUDY 4: BARBARA'S STORY

Based within our building is a new and emerging art therapist who is gently embedding her service, complementing the atmosphere created by almost all who use it and all who work there.

Barbara was, initially, just a client of the therapist, but gradually became more involved in other aspects of the Trust throughout the year of the EAT project.

I ask her how she feels she's changed. She grins from ear to ear and says,

"This place has saved me"

When Barbara first began speaking to others her first story was how she met her now partner. As we have travelled together, through the sharing of food, she has begun to open up to others about her past, her family, her woes, and her strategy to deal with these elements. This has allowed others to begin to open up, and a wonderful community led group has emerged, guided by Barbara. A year ago she might struggle to look you in the eye. Now she's beginning to take control of who she wants to be, and not put so much emphasis on trying to please others at a hard, personal cost.

Barbara has become more confident and positive about who she is, and who she wants to be.

We often speak about food, and over food preparation, Barbara begins to reveal what she used to eat as a child, which opens up all sorts of other conversations, more self-aware and therapeutic each time. Barbara is climbing some huge mountains and learning to appreciate her unique value.

"When I come here, I feel alive," she says.

"You've brought me back to life"

This is quite overwhelming to hear, but then so is Barbara's story.

Barbara has, over the year, become much more interested in the ingredients which go into certain dishes, and we often discuss what certain ingredients could be replaced with. Moreover, she is always so very grateful for the lunches we prepare. Throughout our conversations there is a thread of consistency woven, tentatively at first, and then more confidently, what she didn't have as a child. Through this process, Barbara is working through, and resolving some of her deep-seated concerns and questions. As a consequence of this, we are watching her both physically, and mentally, transform.

In some ways this might be expected because our participants were largely made up of people who have accessed LS14 Trust's community spaces on a regular basis. Some of these people have a recent history of disengagement/isolation, and have been strongly impacted by the new opportunities they've discovered through the Trust. However, it should also be noted that many of our participants have strong pre-existing social networks. This suggests that there is added value to be found in connecting at the level of the wider community: **strong ties amongst family and friends provide us with different benefits to the weaker ties of well-networked communities.**

In addition to this, some people who access the LS14 community have initially been reticent to form new relationships or even to accept any offer of hospitality. However, with huge credit to the staff, volunteers and community members who co-create the atmosphere at the trust, even the most hesitant people have eventually felt embraced by the solidarity of strangers.

> **[Host] is fantastic. She's one of us. She's really friendly, she joins in with everything. She'll show you what to do, she'll come over and help you, she'll sit and chat with you, she'll have a giggle, and she's very enthusiastic about her own craft as well. She's passionate.**
>
> (Project Participant)

When we interrogated what it is that makes the difference between a sense of community existing or not, our research participants spoke of many different things. The role of creating a hospitable environment is an often-overlooked art form, but it probably involves some mixture of acceptance, encouragement, flexibility, familiarity, personal agency, new experiences/ opportunities/learning, but above all else, fun.

CONCLUSION

Throughout this research, we have wanted to articulate something of who we are as a community, with the aim of helping well-meaning partners, and potentials partners, to gain a deeper understanding of what it will take to make improvements to the overall health of our local neighbourhoods. We are incredibly grateful for our NHS and have no doubt that there are no substitutes for medical intervention when it's needed. However we hope that this report will add to the voices of those who also recognise the overriding importance of social factors in our personal and collective health.

In a society in which the overwhelming trend is moving away from community engagement (for example in the form of church attendance, trade union membership and even frequenting pubs), we have to accept that people are increasingly choosing individualised leisure time[1]. However we should remain resolute in our belief that the answers to so many of life's problems are to be found in community. **The old adage remains as true as ever: no one is an island**. This little bit of wisdom is known full-well by the participants of this research.

To sum up, we've created a mnemonic to share what we feel good, healthy community interventions look like. Please accept this as our manifesto for how we want other people to engage with our community:

SOCIABLE
We like spaces that allow us to have fun and meet new people.

EDUCATIONAL
We like to learn new skills, but keep it informal and allow us to move at our own individual pace.

ACCESSIBLE
We all have different needs, and may require different kinds of support to allow us to access services that are available. Feel free to ask.

COLLABORATIVE
We find dignity in shaping, helping, contributing.
We don't want to be passive recipients.

RESPECTFUL
We all have skills, knowledge and experience that we'd be happy to share. You may need to search for them, but always start by assuming it's there.

OPEN
Some community spaces can be intimidating. We value spaces that are hosted in a friendly and welcoming way, and food is a great starting point for this.

FAMILIAR
We value spaces in which we feel safe and secure, and where we are free to be ourselves. Start with where we're at, not where you think we should be.

TEA
Put the kettle on. Everything is better after a brew.

[1] Putnam, R. (2000). Bowling Alone: The Collapse and Revival of American Community. London: Simon and Schuster.

A FEW POTENTIAL PROJECTS

This research started with action, but as with everything we do, we hold that action lightly, in the full knowledge that it can be continually altered and improved. We have taken a step back to look at what we do and how we do it, and can now propose a new round of action that takes into account all that we have learned here. We will be seeking funding to continue some of the projects started during this year, in particular Sporty Snacks, which brings together a children's exercise activity and a family meal. In addition, the following is a list of new potential projects that we would now love to carry out in partnership with anyone who appreciates this report.

COMMUNITY MEAL
A very simple concept. We'd like to host a weekly tea-time meal that is open and accessible to everyone in the community. Every week will be a different hearty but healthy meal, cooked by different members of our community. We'll all sit down to eat at the same time and organisers will aim to make sure everyone has their diverse needs met.

BREAKFAST CLUB
A similar concept to the Community Meal, but with added educational benefits, around 'the most important meal of the day'.

INTERGENERATIONAL GROWING PROJECT
A project to build relationships between older and younger residents, based around passing on knowledge of food growing.

POSTCARD CAFÉ
Giving people a chance to get together for refreshments, a chat, and time to write, send and receive their own digital postcards through the online service, Post Crossing.

FOOD FOR YOUR THOUGHTS
Regular meal for volunteers and other members of our community to discuss issues within our neighbourhoods. Rotating and evolving invite list as attendees are asked to suggest new participants each meal.

MEALS CO-OP
Bulk buying of healthy ingredients, and packaging them up into meals with a recipe card to take some of the stress and expense out of cooking healthy meals for the whole family.

SEACROFT RECIPE BOOK
Working with some of our local culinary champions to record and share their favourite recipes.

CULTURAL EXPERIENCE MEALS
A monthly meal in which we invite someone from a different cultural background to come and show us how to cook a meal they recall from their childhood, and then facilitate a conversation about their life experiences.

MAKER SPACES
We like making stuff (out of wood, metal, fabric, food... and just about anything else). We'd like to get better, and maybe even sell some of the stuff we make... stopping every now and then for tea and cake.

FURTHER RESEARCH
We would also be interested in undertaking some further research into various different aspects of the link between food, health and empowerment.

CHILDREN'S FOOD CHARTER
We have already started a conversation with children from 5 local primary schools. They have lots of ideas about their community, their health and the food they like to eat. Together we want to produce a children's food charter for East Leeds fully encompassing the voices of local children and their vision for a healthy communal future.

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