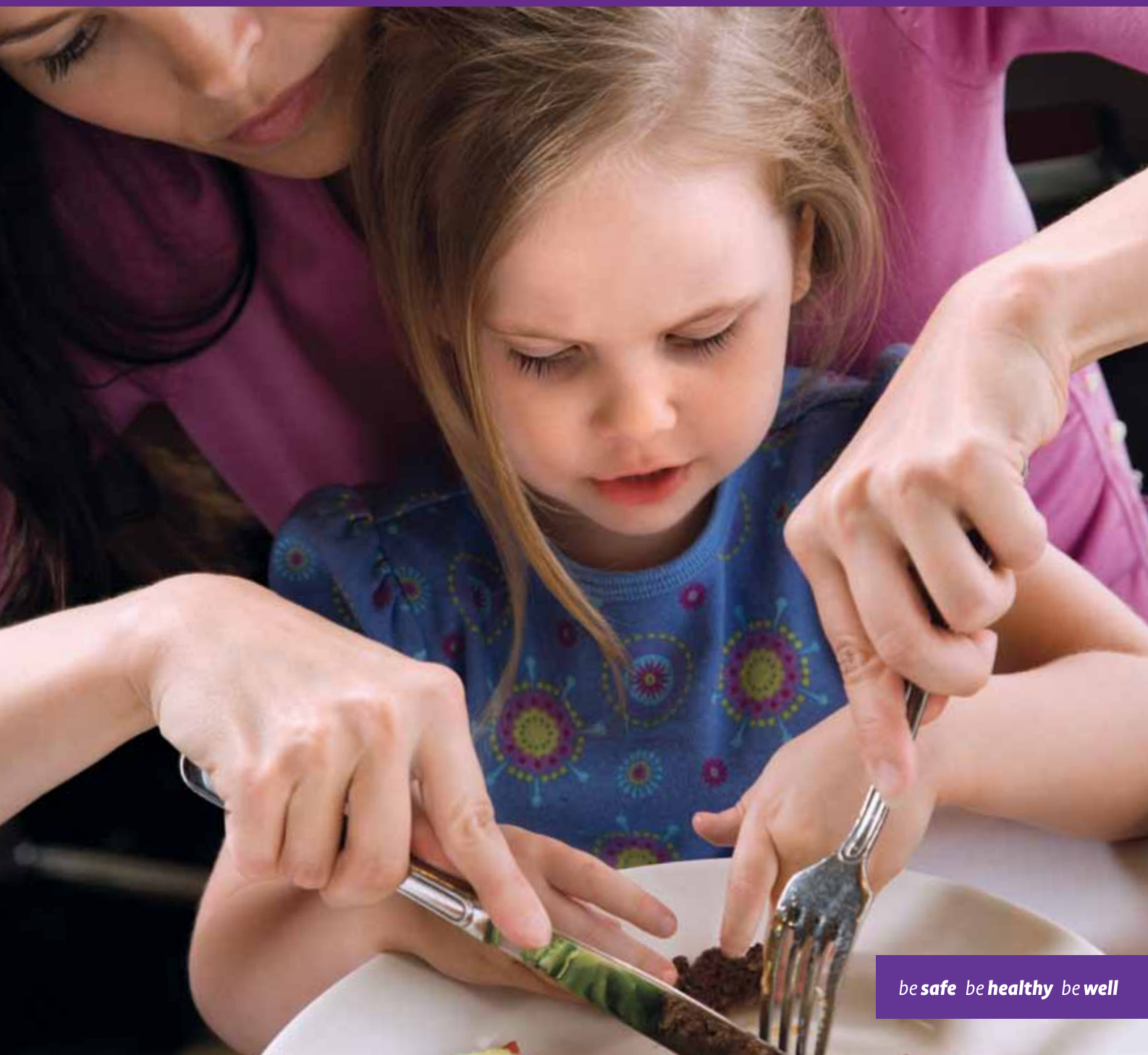
safefood

Food on a low income

Four households tell their story

Summary Report



be safe be healthy be well

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- Members of the Research Advisory Group who supported the research planning process (see Appendix 1).
- Millward Brown Lansdowne who conducted the research and prepared a report on its findings.
- Dr Ken McKenzie (Research Psychologist) who guided the development of the theoretical framework for the planning and analysis of the research.

1

Why this research was carried out

Why do low-income groups suffer more from diet-related ill health than other groups? Is it because a healthy diet is too expensive? Or what other forces are there at work? ***safe*food** commissioned this qualitative research for four different low-income household types to gain a deeper understanding of the dynamics behind food poverty.

Food poverty can be defined as 'the inability to access a nutritionally adequate diet and the related impacts on health, culture and social participation'. It affects many individuals and families on the island of Ireland (IOI) but affects those on low income to a greater extent, thereby contributing to their poorer health status. In Northern Ireland (NI) it is estimated that 20 per cent of people live in low-income households, with around 25 per cent of children living in poverty (1); while in the Republic of Ireland (ROI) 14.1 per cent of the population in 2009 was found to be at risk of poverty, with increased levels among children (18 per cent), the unemployed (33 per cent) and lone parents (35 per cent) (2).

It is important that the needs of disadvantaged groups at risk of food poverty are recognised and addressed appropriately. Although finance is a primary determinant of food poverty, it should be noted that it is a complex issue that incorporates education, transport, literacy, culture and environmental planning. Also, it is not just about the consumption of food to meet basic nutritional requirements, but includes social and cultural contexts, where people cannot eat or shop for food in a manner that is the acceptable norm in society.

As food poverty is so complex and diverse in nature, qualitative research was considered to be the best approach to take in order to meet the aims and objectives of the study. Such research enables exploration of the 'why' behind statistics and is necessary to provide relevant advice to the target group.

It is important that the needs of disadvantaged groups at risk of food poverty are recognised and addressed.

2

Aims and objectives

This research sought to investigate the everyday experiences of food among people in four household types experiencing food poverty on the IOI. The following objectives were set:

1. To understand the meaning and role of food in four different categories of low-income households.
2. To explore food management strategies, including factors which influence purchase and consumption.
3. To investigate the meaning/understanding of 'healthy eating' for low-income households and elicit how agencies, such as ***safe*food**, can support households in this regard.
4. To highlight the differences and commonalities in experiences among the different groupings.

Focus groups were identified as the best approach to take because they would enable a deeper investigation into the current behaviours, attitudes, motivations and concerns among this vulnerable group of low-income households.

It is intended that the research will inform ***safe*food** and other stakeholders targeting vulnerable groups. It should influence both policy and practical programmes such as community food initiatives and awareness campaigns.

3

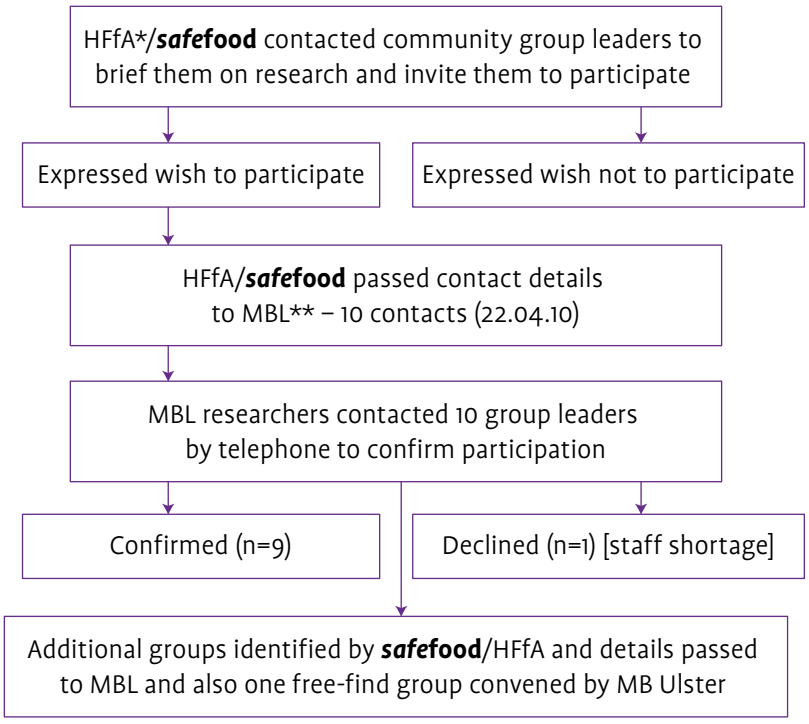
How the research was carried out

The four household groupings that were the focus of this study were:

1. Two parents with two children (a mix of younger and older children, as studies have shown that having a teenager can impact more on a household budget).
2. Single male (aged 25y+) living alone.
3. Single older person (aged 65y+) living alone.
4. Lone parent with one/two children.

Twelve focus groups were planned so that three sessions could be conducted with each of these household types, spread across rural, urban, and city locations between NI and the ROI. Due to the sensitive nature of the topic, participants were recruited from established community groups. The recruitment process is described in Figure 1.

Figure 1 Recruitment process



*HFfA is the all-island multi-agency initiative, Healthy Food for All
**MBL is the company which conducted the fieldwork, Millward Brown Lansdowne

A thirteenth group was held as participants for one of the groups intended to represent lone parents turned out to be from two-parent household families, resulting in a total of four groups conducted with two-parent household families and three groups conducted with each of the remaining household types (See details of the groups in Appendix 2). The fieldwork period lasted from 24 June to 19 August 2010.

Each focus group lasted approximately 90 minutes. The topics covered included:

- What their household ate and why, where they got their food.
- Food shopping habits and the factors that shaped their habits.
- How they managed their housekeeping budget and food expenditures.
- Whether they had ever changed their eating habits for any reason.
- How they feel about healthy eating.

Two researchers attended each focus group – a discussion facilitator and a note taker.

A self-administered questionnaire, designed to capture key information regarding participants' household budgets, was completed voluntarily by 98 per cent of respondents. The questionnaire aimed to put their views in the context of their economic circumstances.

Following the focus groups, analysis was carried out in three stages to identify and categorise the key themes emerging. The three stages were:

- Coding the transcripts.
- Identifying themes.
- Applying psychological explanations to the themes based on existing evidence (details in the full report).

Each household type was analysed separately prior to comparisons being made between them. This analysis process was based on an established method (3).

4

Findings

Based on the information given by participants in the self-administered questionnaire the majority of participants were representative of the target audience (Appendix 3). The exceptions to this were:

- Two single males reported earnings of greater than €1000 per week.
- Four single males were involved in music, art and gardening, rather than mainstream occupations. They were interested in cookery and made a special effort to buy organic products and artisan food.

The findings are reported by:

- Major themes that emerged from the discussions.
- Household type (pen portraits are given in Appendix 4).
- Common issues (barriers and facilitators) across all groups.

First, it is important to note that in the discussions with participants a number of common issues arose across all four household types. These were:

- Limited variety in food choices and a fear of introducing new foods
- Limited feeling of control over food choices and cooking
- A high level of habitual strategic shopping and food management to cope with limited budgets
- A fear of wastage
- Experience of 'lean times' which was a fact of life requiring the adoption of coping strategies, e.g. stockpiling frozen food and making sacrifices
- A focus on the here and now.

Themes

During the discussions people's experience around food fell under five major themes. For the purpose of this summary these themes have been reduced to three major themes (Figure 2). The themes of self-regulation, agency and planned strategic shopping have been grouped into the theme 'control over food.' (Please see the full report for a detailed breakdown of all five themes).

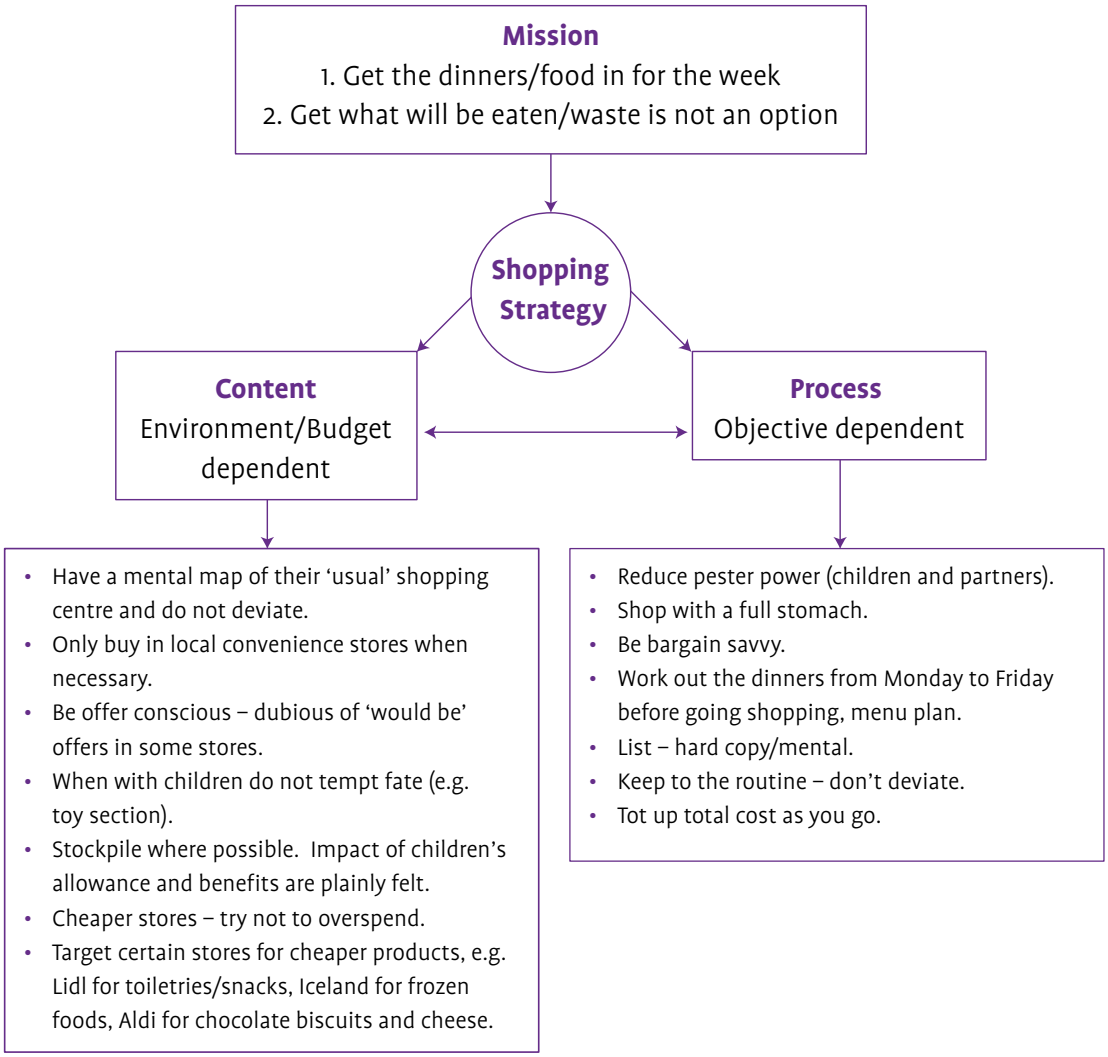
Figure 2 Major themes emerging from focus group discussions

Control over food

Shopping was the one area across all household types where participants exerted the most control, driven by the limited budget they had for buying food. The use of a shopping strategy was evident in all cohorts. Figure 3 demonstrates how households approached shopping.

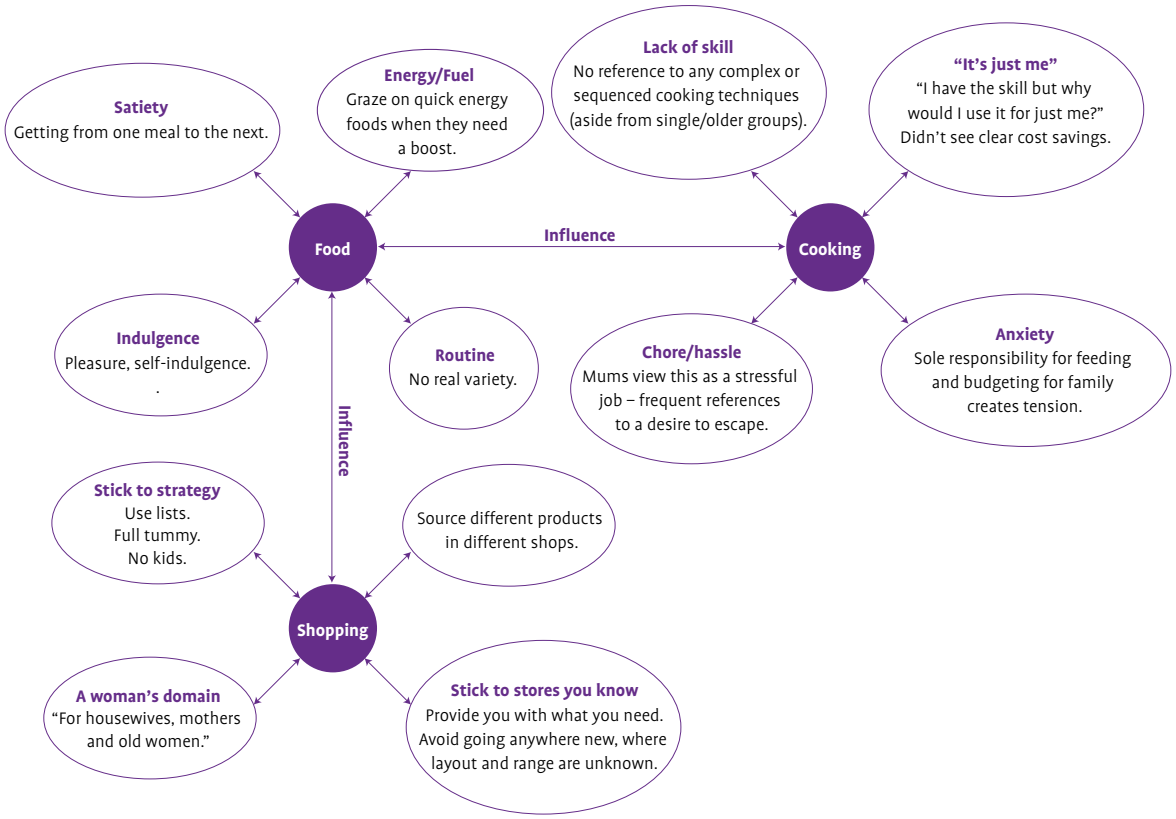
"You work out your Monday to Friday dinners before going shopping. I write a list if I'm short of money that week because you are only buying necessities, not buying any luxuries."
Lone Parent, Belfast

Figure 3 Strategic approaches to shopping followed by all household types



In contrast to strictly adhering to a shopping strategy, participants reported exerting less control over cooking, their own diets and, in the case of parents, control over their children's diets. All four groups appeared to be caught in a cycle of unhealthy eating habits (see Figure 4). Food was viewed in a functional manner i.e. meeting the immediate needs of appetite, energy levels, and pleasure/comfort. Many participants described a high degree of predictability and routine in their day-to-day diets, which gave them a sense of security that their needs would be met. Cooking and shopping were not enjoyed and coping strategies, such as purchasing processed foods that required little preparation, were used. With the exception of older adults, participants reported having limited food preparation and cooking skills.

Figure 4 The impact of 'a functional view' of food on shopping and cooking practices among households



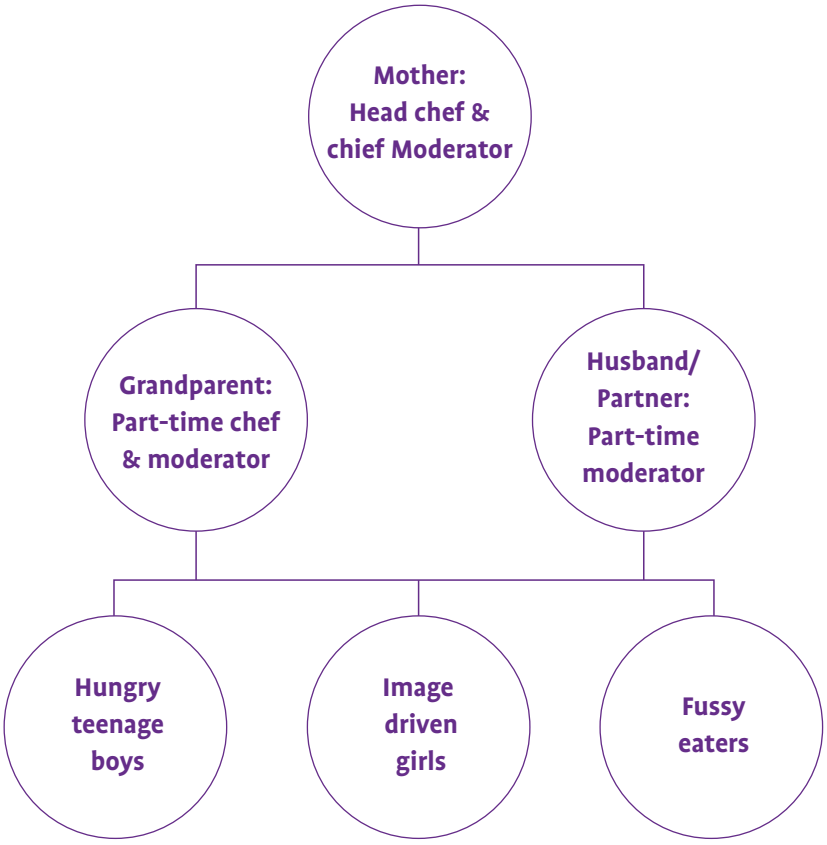
For the majority of mothers, the responsibility of feeding the household fell on them as 'head chef' (being the grocery shopper, meal planner and cook, see Figure 5). Withstanding child pressure to go to fast food restaurants and eat 'junk food' was a major challenge for many households with children. Parents did not want their children to be different or worse off than their peers.

> *"I feel you have no choice. You want to do what you can for your kids. You try and give them what they want."*
> Lone Parent, Clonmel

Some parents did manage to deal with child pressure. This was driven primarily by budgetary factors and involved mothers employing strategies such as not bringing the children shopping with them. In addition, in two-parent households the husband/partner sometimes played the role of second mediator and acted as a back-up in not giving in to the demands of their children. In contrast, for lone parents, the lack of a husband/partner meant that they felt additional pressure, difficulty and stress. Extended family support, especially grandparents, played an important role particularly in reinforcing routine. However, one of the most important factors influencing eating habits in households with children was the combination of different age groups. For example, the presence of hungry teenage boys, image-driven girls and fussy eaters each had huge implications in affecting the mother's control over what was bought, cooked and when it was eaten (Figure 5).

> *"The more I buy, the more they eat, especially teenagers. They bring their friends around, they go to the fridge, they take and they're gone to the room with it and you look in the fridge and it's empty."*
> Two-parent family, Manorhamilton

Figure 5 Overview of influence of family members on food choice



For single males, routine and planning did not feature to any great extent and the majority took a haphazard approach to feeding themselves. In contrast, single older people tended to have greater mastery over food preparation and knowledge about food. Many had a lot of experience of cooking and preparing meals.

> *"Every night I'd put on the spuds, always spuds and bacon or maybe a couple of chops, a couple of sausages. I just rather cook myself. It wouldn't bother me. You get it the way you want it."*
> Single older male, Leitrim

Emotions and Food

It was clear throughout all the discussions and across all four cohorts a strong level of negative emotion was inspired by the fact that people were managing on very limited resources. Anxiety and stress manifest themselves in very different ways depending on one's circumstances and this was certainly the case in examining the reactions of family households and single people. The majority disliked shopping, because it tended to be extremely routine, as discussed previously, and required them to exert a lot of self-control in order to resist acting on the impulses triggered by the range, merchandising, marketing and promotion of products in food stores.

> *"Shopping is a chore, it has to be done. I want to be in and out in 20 minutes."*
> Two-parent family, Belfast

Most single males and single older males viewed food shopping as a necessary evil to be endured. Many mothers (in both two-parent and lone-parent households) viewed food shopping as a source of stress. However, single older females were often more positive about it, even scheduling more shopping trips each week than strictly necessary for the sake of social interaction and entertainment.

All mothers, especially lone parents, appeared to be anxious about managing the food budget. Almost without exception, mothers expressed anger and frustration when it came to food and managing their household budget. This gave rise to intense emotion and clearly visible and commonly held feelings of guilt and anxiety.

> *"You get crankier I think because you are stressed out thinking of what you are going to make them."*
> Lone parent, Coolock

Much of this derived from external forces that impacted on their day-to-day household budgeting. Their anger and frustration was often directed at schools about aspects such as lunch policies, school trips, fees and back to school expenses, which all impinged on their ability to cope on a limited budget. They felt schools displayed a lack of realism and understanding and that this had a dramatic impact on their day-to-day lives. Mothers appeared to be particularly aggravated and frustrated by efforts by schools to enforce healthy lunch policies. Many felt that a healthy lunch scheme was neither consistently enforced nor practical when it required parents to give children the sort of food they would not normally eat, or food that was too costly.

> *"It would end up costing you a fortune to buy some of the stuff they suggested."*
> Lone parent, Clonmel

It was clear a strong level of negative emotion was inspired by the fact that people were managing on very limited resources.

"My little one was going on a trip and you'd want to see the length of the list – four sandwiches, three drinks, goodies. I felt like going over there and saying to the teacher, will you sit down and explain to yourself what the recession is."
Two-parent family, Clondalkin

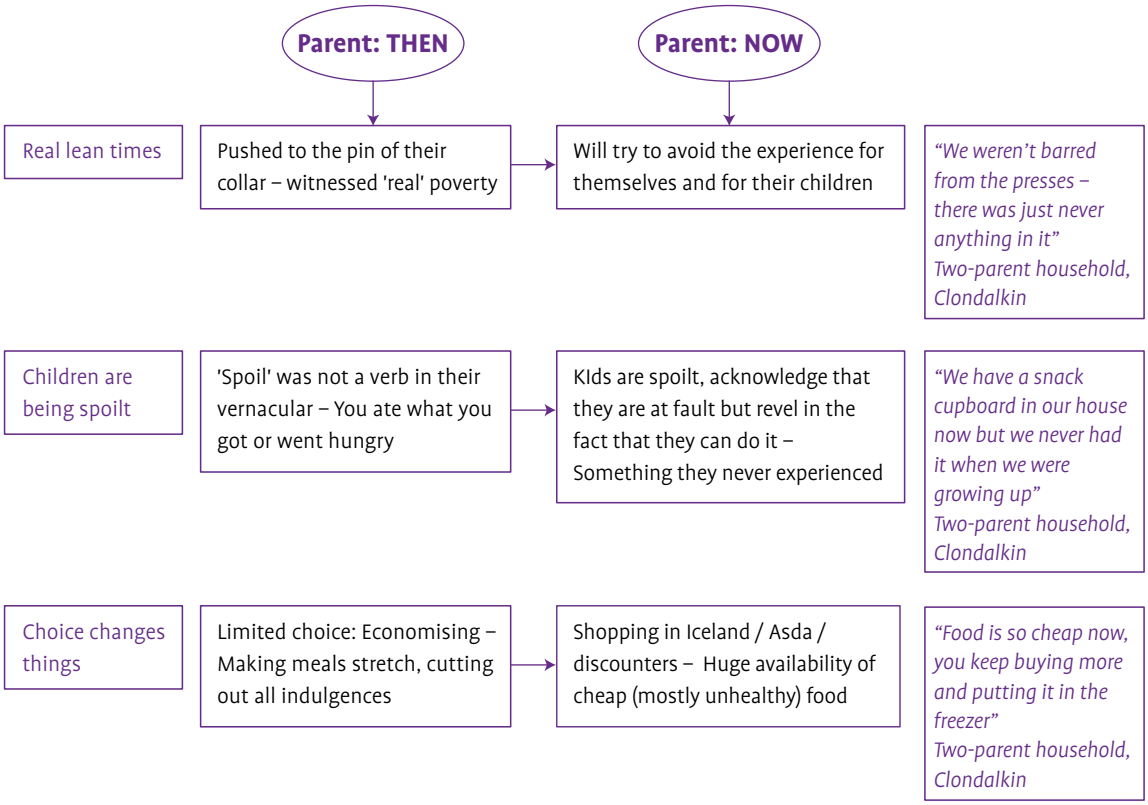
People living alone felt a different, mostly negative, set of emotions. Without responsibility for others, preparing, cooking and eating meals alone tended to give rise to a sense of loneliness, boredom and isolation. Many said they took their meals in front of the television rather than at the kitchen/dining table to minimise those feelings. In addition, many tried to give themselves a boost by introducing a treat to break the routine and make them feel a bit better – the fact that this treat was often a takeaway or restaurant meal indicated that avoiding food preparation itself was part of the reward. These negative emotions could be challenging to overcome, despite conscious efforts to do so.

"It is very depressing when you are cooking for just one. I have cooked myself a meal and just threw it in the bin."
Single male, Belfast

History/modernity

The majority of mothers drew comparisons and spoke in awe about how their mothers managed the household when they were children (Figure 6). However, few felt the need to emulate their mothers.

Figure 6 Overview of how mothers viewed the past and present in terms of feeding families.



Participants felt that the current food environment was totally different from how it was in the past when, according to their recollections of the 'old days', choice was limited, labour saving convenience foods were not available, meals were made to stretch and indulgences were rare. The increased affordability of convenience foods enable people to eat filling and tasty food that is satisfying to the appetite. Some participants highlighted their perception that there is an increased cost associated with buying 'healthy food' compared with less healthy options.

> *"It's cheaper to buy a packet of burgers than it is to buy a packet of apples."*
> Lone parent, Coolock

> *"Pizza from Iceland, they are only £1 and you can get a load of them – do them all week."*
> Lone parent, Belfast

The contrast between the past and the present was a key issue for single older people. Concerns were raised across the spectrum with regard to modern food production, retailing and its reliability, foreign imports, a quality/quantity trade-off of the food supply chain and the reliance on fast foods.

> *"In one supermarket you can get six fillets of chicken for €6 and it's terrible. I tried it and it's tough and it's not nice. Y'see there's all preservatives in these things to keep them fresh for so long. They're pumped up with water or something, they look lovely and full, and fat breasted chicken but it's all antibiotics and steroids."*
> Single older woman, Tralee

There was a clear urban/rural difference in discussions on history/modernity with those in rural areas being more familiar than their urban counterparts with the mechanics of food production.

Themes that did not emerge

Some themes that might have been expected to emerge didn't appear during the discussions. These included:

- The recession in ROI – participants appeared largely unaffected by the "Celtic Tiger"
- A life narrative – a focus on day-to-day living was predominant among participants. Typically they gave themselves little opportunity to plan for the future and they had little expectation of improving their circumstances. Varying their routine would therefore present a risk of losing a sense of control over their budget and expenditure.
- Healthy eating – this didn't emerge spontaneously to any great extent.

Findings by household type

The following outlines the key experiences of food relevant to each household type:

Lone-parent families

- Overall, the diet of the lone-parent family was highly processed. It tended to lack variety and was usually made up of convenience foods.
- The typical diet for the majority was fairly restricted to known favourites. Little or no experimentation occurred.
- Times had changed and, in some instances, not for the better diet-wise. Children were reported to have too much input and say over what they ate. In their own childhood food was more scarce but 'better for you.' The general consensus was that there is too much choice now and not enough control.
- Food preparation and cooking skills tended to be limited. Speed and ease were key when deciding whether or not to prepare food. Mothers with several children often complained that they needed to prepare different dinners for each of them. This 'plate spinning' routine increased their reliance on convenience foods.

- Mothers were going without to ensure that their children were not hungry. Typically this did not mean going without food altogether, it meant that mothers tended to eat whatever the children were having, rather than buying food to meet their own needs.
- Summer time and holidays were harder to manage and proved more challenging for mothers on a limited budget because their children were at home more.
- If more money became available it would be spent on food and clothes. However, there was little evidence of this resulting in a change in the types of foods purchased.
- Being the sole carer and responsible adult was keenly felt and could be frustrating and difficult. Single mums related experiences when, despite feeling that they were being pushed past breaking point, they had to moderate their behaviour and emotions in order to maintain calm and order in the household, as well as a general fatigue from almost never having respite from their responsibilities.
- Children labelled 'fussy eaters' were common and were a cause for anxiety and frustration.
- There was a reasonable level of awareness regarding the health consequences of a poor diet, but little hope of acting upon this. Common barriers to healthy eating included a perception that it is too expensive and time consuming, and a child's tastes would be too difficult to change.

Food choice was dictated primarily by the money available to spend on food and children's preferences.

Two-parent families

- Eating, cooking and shopping habits were very similar to those of lone parent families.
- Food choice was dictated primarily by the money available to spend on food and children's preferences. The focus was on children being fed and this, rather than the actual content or quality of what they were being fed, was paramount. Processed and convenience foods facilitated them in their effort to cater for all individuals separately rather than preparing a single meal for the family as a unit.
- While the influence of their children and partner provided a motive for preparing regular meals, it was time-consuming. Mothers were so preoccupied with juggling everyone else's needs that they sacrificed their own. There was a high incidence of snacking on unhealthy foods throughout the day to maintain energy levels, suggesting that many mothers could be classified as 'grazers'.
- Shopping was highly habitual; the mission was mainly to 'get the five dinners' and 'what the children will eat'.
- Similar to one-parent families, the children were the pace-setters. However, in the two parent households food 'pester power' was somewhat abated by the presence of the partner/husband to act as a backup, helping set the rules and reclaim order. Though the partner/husband may feature little on a day-to-day basis, they did demonstrate a positive influence when dealing with the children.

- Strong 'weekend effects' are present in this cohort. A routine would be followed through weekdays, but tended to be dropped at the weekend. There was a strong desire to escape from being the 'head chef' and to indulge in little affordable luxuries. Takeaways replaced the cooked meal.
- As with lone parents, there was a reasonable level of awareness regarding the health consequences of a poor diet, but little evidence of acting upon it.

Single males

- Unbalanced diets and the consumption of unhealthy foods were prevalent in this cohort. Processed foods (frozen, packaged, tinned) dominated for most.
- There was a strong aversion to cooking, and meal preparation consisted mainly of 'heating up' rather than preparing from scratch. There were a few, however, who found cooking pleasurable and even therapeutic.
- Most actively disliked food shopping, and regarded it as an activity for women and families. This limited their sensitivity to offers and their interest in targeted shopping. However, extreme price sensitivity (evident in Belfast) did provide the incentive for investing more time and effort in sourcing the cheapest possible food.
- Solitary life and the rationalisation that 'it's just me' often robbed single males and single older people of the motivation to make a robust effort to prepare meals. For some, this motivation returned on the occasions when they were feeding others as well as themselves (e.g. children or girlfriends).
- Meal skipping was fairly common. Although typically attributed to lack of appetite or motivation to prepare a meal, skipping meals also facilitated conserving limited food supplies.
- The major effects of financial pressure were an increased reliance on others to feed them and the curtailing of day-to-day activities (e.g. mobile phone usage, bus usage, socialising).
- Single males tended to prioritise socialising over private food consumption.
- There was a reasonable level of awareness regarding the health consequences of poor diet, but invariably this was not followed through and this cohort appeared 'advice resistant.'
- A strong jurisdictional effect was evident with much higher levels of food poverty and deprivation in the Belfast group.
- There was a moderate level of anxiety and concern regarding modern food production and retailing practices.

Single older people

- Relative to other cohorts, this group tended to have a healthy balanced diet consisting of more traditional dinners, with more use of fresh whole foods and less consumption of processed food.
- Both genders viewed shopping as women's domain.
- Single older women turned shopping into a pastime and took pride in their bargain-hunting skills.
- Single older men, on the other hand, restricted themselves to a small number of familiar local stores in order to avoid being overwhelmed with temptation to overspend.

Single older people tended to have a healthy balanced diet consisting of more traditional dinners.

- This cohort also possessed mastery over food preparation, with the single older women especially using a variety of cooking and baking techniques.
- Cooking from scratch was a regular activity, but with gender differences:
  - Women, freed from the obligation to make dinners for a family, limited cooking to three to five days a week.
  - Men, due to long term bachelor-hood, had a regular 'simple' cooking habit.
- Gender difference was further demonstrated in how often they ate out, with women more likely than men to indulge in this.
- The majority were aware of the health consequences of diet though they may not always act on them.
- Meal skipping was evident but was due more to lack of appetite and negative mood surrounding solitary meals than a lack of resources.
- Older people tended to shop more frequently and buy more food for 'day of consumption' than others, with more fresh food in their day-to-day diet relative to other cohorts.
- Single older people were moderately "offer" conscious, but shopping for one did not necessitate the same price scrutiny as shopping for a family. Similarly, they were less financially constrained than other cohorts due to reduced expenses later in life and their solo status.
- The key emotions governing food related attitudes and habits were the loneliness of solitary eating and the boredom of a predictable diet.
- There was a high level of anxiety and concern regarding modern food production and retailing practices.

Common barriers and facilitators to healthy eating

A number of common barriers and facilitators to healthy eating were identified across all four household types.

Common barriers

- The way participants think about food:
  - The majority didn't associate food with health. The purpose of food was not to achieve better health; food was for fuel or the satisfaction of immediate need states (hunger, energy levels, mood management, social inclusion, etc).
  - Eating unhealthy foods was often inexpensive – participants felt that most of the money-saving promotions in shops and supermarkets were on processed foods that they think of as 'bad for you'.
  - Eating unhealthy food is also filling and tasty because it is often high in salt/ sugar and fats.
  - Eating unhealthily typically requires minimal food preparation so the chore of cooking is avoided. Most did not see enough economic advantage to buying fresh food and cooking from scratch to overcome all these barriers.

The majority didn't associate food with health.

Information and support delivered through community groups and local businesses was valuable.

- Absence of routine surrounding mealtimes. Sometimes meals were omitted or replaced with snacking on ready-to-eat packaged foods, when motivation to prepare food was low. In family households, this was further expressed by feeding different household members different foods, often at different times, to suit individual tastes, appetites and schedules.
- Self-acknowledged poor time management with respect to preparing meals also contributed to the tendency to avoid lengthy food preparation as much as possible.
- Non-perishable foods, especially processed frozen, tinned and packaged foods were favoured by some because they could be stored, ensuring there was always enough to see them through lean times.
- The majority had very limited cooking skills and freely admitted that they seldom did more than 'heat food up' in an oven, microwave, or deep fryer.
- Individual differences – some people were not open to new food tastes and experiences.

Common facilitators

- Illness – Some individuals reported increasing their intake of fruit when they felt sick and many talked about cutting out perceived 'bad' foods when ill/unwell.
- Weight loss – The desire to lose weight motivated individuals to temporarily limit or eliminate 'bad' foods and increase their consumption of fresh fruit and vegetables.
- Companion eating – Most were likely to take more care about what they served to a visitor.
- Routine shopping – Supermarkets present variety. However, many actively avoided options outside their normal repertoire using lists and routine and avoiding some shops for fear of being distracted.
- Word of mouth from peers could help overcome one's fear of new food experiences and facilitate experimentation with different foods than those normally purchased. The strength of the recommendation was vital.
- Information and support delivered through community groups and local businesses, particularly in the areas of healthy eating, growing your own food, cookery training/ demonstrations, and exercise was valuable. With so much risk attached to varying one's routine, support for initiatives to try new things was essential. Most would not attempt such changes on their own.

5

Conclusions

A number of common issues, barriers and facilitators to healthy eating were found across all groups. However, it is evident that there are specific issues unique to each household type.

Conservatism and the lack of variety in meal choices were key issues among all households. The typical diet for many was narrow and restricted to known favourites. Little or no experimentation occurred for fear of wastage. Participants claimed to know about a healthy diet but they saw the barriers (cost, convenience, taste etc) to eating healthily as insurmountable. They were not sufficiently engaged by current public health strategies to adopt healthier eating habits. There was a strong sense from all of the groups that they live in the here and now and that their priority is to make the most of the limited budget on which they are living day by day. The research showed that all groups used specific strategies when shopping so as not to deviate from their budget and that for many their approach to shopping was strict and regulated. For most the priority was to put food on the table and the nutritional content of the food did not come into question.

There was a strong sense from all of the groups that they live in the here and now and that their priority is to make the most of the limited budget on which they are living.

For families with children, the strong influence of children's preferences and 'pester power' the lack of time devoted to food preparation and a reliance on convenience foods were evident. There were usually several types of meals prepared at varying times for different family members throughout the evening and, as a result, convenience and processed foods prevailed. In two-parent households, this 'pester power' was somewhat modified by the presence of a partner or husband. The responsibility of being sole carer and provider of food and meals was an added pressure for lone parents. Meal-skipping among mothers was also evident in both family groups, with many prioritising feeding their children over feeding themselves. Often they wouldn't prepare a meal for themselves but instead snacked on the meals they prepared for their children. Among single males, there was an active dislike of shopping for and preparing food. This, along with a solitary life, had a strong negative impact on

eating habits and as a result meal skipping was a common feature. For older individuals, traditional eating patterns were strong and the majority were confident in their cooking skills. The loneliness of solitary eating and the boredom of a predictable diet were the predominant emotions governing food related attitudes and habits among these individuals. Older females appeared to have better coping strategies, which included maintaining social interaction related to food.

This research provides a deep understanding of the meaning and role of food in four subgroups of low-income households on the IOI at the end of the first decade of the 21st century. It has highlighted that the social environment within which low-income households live has an impact on their experiences around food and that food choices are clearly not made in a vacuum.

6

Recommendations

The factors that influence people's dietary behaviour are complex. Recommendations which have evolved from the research are divided into three levels: policy, community and evidence base and each is addressed separately below.

Policy

1. A concerted cross-sectoral approach should be adopted to tackle food poverty on IOI. This approach must involve both public policy and community action.
2. Engagement with the food industry is required to influence manufacturing, retail and catering practices to create a healthier supportive food environment.
3. Any changes in public policy that affects those in low income groups should consider the affordability of a healthy diet.

Community

1. Peer-led community projects that focus on developing coping skills for eating on a budget should continue to be supported and expanded.
2. The design and delivery of healthy eating programmes should specifically address the varying issues experienced by different low-income households.
3. Community food initiatives that make available fresh healthy produce (gardens, cafés etc) in low-income communities should be supported.
4. Community food initiatives that provide culturally appropriate healthy eating information and food skills training should be further mainstreamed.

Evidence base

1. Continue to include a qualitative aspect in future research on food poverty to understand real life experiences.
2. Further research is necessary to study the food experience of low income groups in relation to wider environmental issues (housing, local community, relationships, education etc).
3. Ongoing research on the current and changing cost of a 'healthy diet' is needed.

Appendix 1

Members of the Research Advisory Committee

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Appendix 2

Focus group structures

Table 1 Focus group structures

Two parent household with children (female-only participants)

Age	Location	Location	n	Details
20-50	Manorhamilton, ROI	Rural	6	None were regular users of the centre. Recruited through personal contacts of the group leader.
20-50	Dublin, ROI	City	11	Four were involved in 'the fat club' at the centre involving healthy eating and fit walking groups.
20-50	Ballymena, NI	Urban	8	A 'free find' group. One involved in Weight Watchers; otherwise, no community group involvement mentioned.
20-50	Belfast, NI	City	8	Five were regular users of the centre. Three had attended cooking classes.

Single males

Age	Location	Location	n	Details
25-40	Tralee, ROI	Urban	9	None were involved in programmes at local centre, but all had volunteered there when maintenance or manual labour help was needed.
45-56	Belfast, NI	City	7	Five had taken cookery lessons and/or had been to nutrition talks.
30-60	Cavan, ROI	Rural	9	Five were involved in a men's community garden project on the grounds of the centre.

Single older person

Age	Location	Location	n	Details
66+ F	Tralee, ROI	Urban	9	All came to the centre for a weekly lunch (although some only attended occasionally). Sometimes there was a speaker or cooking demonstration.
66+ M	Drumshanbo, ROI	Rural	9	All were involved in a group and were taking part in a video project recording life experiences in individual interviews throughout the day.
66+ F	Cushendall, NI	Rural	9	Most had attended cookery demonstrations and talks on home economics at the centre.

Lone parent household with children (female-only participants)

Age	Location	Location	n	Details
20-50	Clonmel, ROI	Urban	7	One had a part time job as a community worker. None were specifically involved in food groups.
20-50	Coolock, ROI	City	10	All had attended programmes related to their kids and exercise. Three of the ten were attending Weight Watchers together as well.
20-50	Belfast, NI	City	8	Not recruited through a community group; no involvement in local community group programmes mentioned.

Appendix 3

Exit questionnaire

	2 Parent Household		Lone Parent Household		Single Male		Single Older Person	
	ROI	NI	ROI	NI	ROI	NI	ROI	NI
Weekly household income	€422	£282	€328	£175	€360* [€188]*	£146	€240	£178
Food spending	€180	£86	€150	£84	€82	£31	€87	£51
Household size	4.8	4.3	3.3	3.4	2.3	1.0	1.6	1.0
Children 12 & under	82%	88%	80%	88%	28%	14%	--	--
Children 13-17	65%	38%	33%	25%	6%	--	--	--
In receipt of any social welfare payments	76%	75%	88%	81%	89%	100%	67%	22%
Have a car or access to a car	71%	63%	63%	38%	72%	43%	44%	89%
Below Leaving Cert or GCSE O Level Education	53%	13%	38%	13%	11%	57%	50%	--

* Two respondents reported their weekly income as "€1000 or more". Including these two respondents, the average for this group would be €360. We believe these two respondents misinterpreted the questionnaire, as only one participant in the group was employed full time and he described his occupation merely as 'factory'. €188 therefore refers to the amount excluding these two participants.

Appendix 4

Pen portraits

A number of pen portraits were created by the researchers to provide a true sense of the respondents' personalities, backgrounds and the lifestyles within each household type.

Two-parent families

Suzanne's story

Suzanne is 36 years old and lives with her husband and three children. She has always been a stay-at-home mum. Suzanne feels like she spends 'half her life' in the kitchen preparing food for various family members. She also feels she's constantly multi-tasking and juggling to suit everyone's needs and schedules and as a result she usually does not make herself a dinner. Instead, she finds it easier just to pick at what's left over on other people's plates or take 'tastes' as she prepares meals. There are usually two or three different sittings for dinner a night, starting from when her first child comes home from school. Most of the time, the dinners Suzanne prepares are frozen foods cooked in the oven or deep fryer, or occasionally noodles in sauce that can be microwaved or boiled on the stove. Most Saturday nights, if they can afford it, she and her husband buy a takeaway dinner for the household. The only day she cooks a meal from scratch is the Sunday roast, which she says is the one meal a week where everyone in her family sits down and eats together. With limited funds and many mouths to feed, Suzanne has to watch prices and shop strategically. Suzanne usually splits her shopping between a supermarket and a discounter shop, once or twice a week.

Lone-parent families

Laura's story

Laura is a 33 year-old single mother with two children. Her daily eating and shopping habits are very much like Suzanne's, with a few exceptions. One big difference is that she cannot afford takeaways. Laura also tends to make different things for each child, usually convenience foods like pizzas, chicken fingers, fish fingers, potato waffles, beans, chips, and pot noodles. She herself eats a little of what each child is having. Laura also relies on her family a bit more than Suzanne. She takes her children over to her parents or her sister for dinner a few times a week.

Single males

Michael's story

Michael is 28 and lives alone. He tends to wake up between ten in the morning and noon, sometimes not until 1pm, so he usually does not eat breakfast. During the afternoon he might make himself a sandwich at home. His main meal is always in the evening, and this is when he consumes most of his food for the day. If he is catering for himself, his dinner tends to be something he can throw in the oven and have within the hour. Apart from when his girlfriend is around, he almost exclusively cooks convenience foods. He relies on his family a lot and tends to go home to his mother's to eat twice a week. Michael hates shopping for food so he does most of it in the local shop on an as-needed basis – picking up a few things nearly every day. About once a week or once every two weeks he goes to the supermarket. He also says he would rather shop in the local stores and support the local economy than give his money to 'the big chains'.

Jack's story

Jack is in his late 40s and also lives alone. He has two children who stay with him four or five days a month. In comparison to Michael, Jack is more health-conscious about what he eats and makes an effort to have at least one balanced meal most days. Most evenings he cooks himself a dinner. Sometimes this is very traditional, but he also makes himself curries and stir fries – often improvising the recipes based on whatever he has on hand. He also has a stock of frozen convenience foods but he tries to limit the amount of processed foods and takeaways he eats to no more than three occasions per week. Learning to cook has led him to buy more fresh foods and he is very particular about the quality of fresh ingredients. He is proud that he can make a 'proper' balanced dinner from scratch. Jack does not think that going out of his way to shop around for the lowest prices will save him money and so he tends to shop at the farmers' market and local supermarkets.

Single older people

Frances's story

Frances is a widow with four grown children. She has made a conscious effort to stave off social isolation by keeping busy with a variety of activities that get her out of the house on a daily basis. Frances has a pretty well-balanced diet, comprised mostly of fresh whole foods cooked from scratch, and she cooks dinner for herself three or four times a week. Her most frequently prepared dishes include vegetable soup, stew, stir fries with rice, pasta dishes, and chicken breasts, pork chops or baked fish with potatoes and vegetables. The knowledge and experience she has accumulated during the years when she was actively catering for a full household remain evident in the wide repertoire of foods she buys and consumes, as well as her range of cooking skills. She craves variety and as a result has little appetite for leftovers. One way she manages this is to freeze her leftovers and use them the next week. She also buys and eats a couple of single serve ready meals most weeks. Meeting friends for meals out is an important aspect of her life as it relieves solitary living and especially eating alone. Frances goes out shopping several times a week and is a frequent visitor at a range of different types of stores.

John's story

John is a 67 year old retired labourer who lives alone on the family farm. Although he has never farmed his land for cash crops, he has always had a vegetable garden and kept a cow, a pig and some chickens for his own use. Like Frances, John has a pretty well-balanced diet comprised of mostly whole foods cooked from scratch. John cooks his own dinners nearly every day, unless he makes a stew (which might do him for two or three days in a row). He likes very traditional dinners such as bacon and cabbage, steak with mushroom, onions and potatoes, and chicken breast, pork/lamb chops or fish with two vegetables and potatoes. There are very few processed foods in his diet. The only way in which his diet is lacking is that his repertoire is quite narrow, which means that the variety of foods (especially fruits and vegetables) he consumes is limited. When he goes out for dinner, which he might do once or twice a month on a Sunday, John tends to order the same types of home-cooked meals. Unlike Frances, John does not consider himself to be a good shopper and confines himself to just a few stores for all his food shopping. He buys nearly everything in the local supermarket.

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