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From healthy food environments to healthy wellbeing environments: Policy insights from a focused ethnography with low-income parents' in England

Anna Isaacs [*], Joel Halligan, Kimberley Neve, Corinna Hawkes

Centre for Food Policy, City University of London, UK

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ABSTRACT

Overweight and obesity continue to increase globally. In England, as in many other countries, this disproportionately affects people who experience socioeconomic deprivation. One factor blamed for inequalities in obesity is unhealthy food provisioning environments (FPEs), leading to a focus on policies and interventions to change FPEs. This paper aims to provide insights into how FPE policies could more effectively tackle inequalities in obesity by addressing a key research gap: how the structural contexts in which people live their lives influence their interaction with their FPEs. It aims to understand how low-income families engage with FPEs through in-depth focused ethnographic research with 60 parents across three locations in England: Great Yarmouth, Stoke-on-Trent, and the London Borough of Lewisham. Analysis was guided by sociological perspectives. FPEs simultaneously push low-income families towards unhealthy products while supporting multiple other family needs, such as social wellbeing. FPE policies and interventions to address obesity must acknowledge this challenge and consider not just the makeup of FPEs themselves but how various structural contexts shape how people come to use them.

1. Introduction

Rates of overweight and obesity continue to climb worldwide with 39% of adults and 18% of children living with overweight or obesity in 2016 (WHO, 2021). In England, which has one of the highest rates globally, 64.2% of adults and 40.9% of 10–11 year olds were living with overweight or obesity in 2019 and 2021 respectively (Baker, 2022). Prevalence disproportionately affects individuals at the lower end of the socioeconomic spectrum (Baker, 2021). Data from the UK National Child Measurement Programme in 2019–20 suggests that not only is child obesity increasing in absolute terms, but children living in the most deprived areas of England are more than twice as likely to have obesity as those in the least deprived (NHS Digital, 2020). This is despite child obesity being a key local and national policy focus.

Increasingly, food provisioning environments (FPEs), which are the foods available to people in their surroundings as they go about their everyday lives and the nutritional quality, safety, price, convenience, labelling, and promotion of these foods (FAO, 2016) are blamed for people's diet quality and associated health outcomes. This stems from an understanding that diets are shaped by the foods available to people in their surroundings (Swinburn et al., 2013; C. Turner et al., 2018). FPEs

in low-income neighbourhoods are considered to be particularly detrimental to health as they are often characterised by abundant fast food outlets and poorer than average access to fresh food (Burgoine et al., 2017; Laxy et al., 2015; Pitt et al., 2017). FPEs have thus been considered a critical intervention point in efforts to reduce inequalities in obesity. This includes interventions to change the nutritional quality of out of home foods, such as healthier catering schemes (Healthier Catering Commitment, n.d.); proposals to address labelling, marketing, and promotion of food (DHSC, 2020);

A particular focus in low income communities are policies that seek to alter the composition of the FPE, such as through zoning laws that prohibit the opening of new fast food outlets, or increasing physical access to outlets that provide fresh fruits and vegetables (Jilcott Pitts et al., 2021; Keeble et al., 2019). The theory behind these policies and interventions is that changing specific elements of FPEs shapes what people buy and eat. Yet despite the significant body of research in this area, it has proved difficult to identify consistent patterns (Atanasova et al., 2022; Cummins and Macintyre, 2006; Hobbs et al., 2019; Jilcott Pitts et al., 2021; G. Turner et al., 2021; Widener, 2018). For example, exposure to outlets where people are regularly active such as on routes to work or school may be more important than those where people live.

(Burgoine and Monsivais, 2013; Cummins and Macintyre, 2006; Glickman et al., 2021; Hobbs et al., 2019; Widener et al., 2017). Qualitative research with low-income communities, primarily from the US and UK, indicates that price may trump location in determining retail choice (MacNell, 2018). Shoppers may seek to balance physical accessibility and affordability, travelling further than the nearest shops to purchase foods that are cheaper elsewhere (Liese et al., 2017), or shopping at a range of stores to find the best offers in each (Cannuscio et al., 2014; Pitt et al., 2017; Zachary et al., 2013). Beyond price or location, physical aspects of supermarkets as well as social norms and relationships also influence food outlet choice. Shoppers may avoid shops that do not correspond to their class or ethnicity, where they feel physically unsafe, or where the food is considered unsanitary (Cannuscio et al., 2014; Colón-Ramos et al., 2018). They may choose locations where they feel welcome, can socialise, or have a rapport with the shop owners (Clary et al., 2017; Díez et al., 2017; Piacentini et al., 2001; C. C. Thompson et al., 2018; Yi et al., 2021).

These findings on retail choice indicate that developing FPE solutions that work for people in low income communities needs to be informed by an understanding of the interplay between FPEs and the structural contexts (e.g., economic, social-cultural) of people's lives. Exploring food provisioning environments as a holistic concept has the potential to add to existing public health approaches by informing the design of interventions that reflect lived realities and enhance wellbeing in its broadest sense, such as the relationships between the various factors influencing acquisition, how broader life experiences outside of food, may shape interactions, and why different people might engage with the same FPEs differently. (Mattioni et al., 2020; Pitt et al., 2017).

Sociological and anthropological approaches can help to explore these questions. Specifically, they can frame our understanding of food purchasing practices as nested and reproduced within the context of particular social, political, physical, and economic structures (Cohn, 2014; Delormier et al., 2009). This study draws on sociological theories of food and eating to explore how 60 low-income families across three case study sites in England navigated and engaged with their FPEs. Using a focused ethnographic approach comprising semi-structured interviews, photo-elicitation, and go-along interviews the study sought to understand:

1 How do families in areas of low income experience their FPE?
2 How do families' structural contexts (socio-cultural, economic) shape their use of the FPE?
3 How do FPEs shape food practices and vice versa?

The ultimate objective is to provide insights into how policies and interventions in FPEs could more effectively facilitate healthy diets and thereby reduce inequalities in obesity.

2. Methods

Our findings are drawn from focused ethnographic case studies conducted in three areas of England with considerable socioeconomic deprivation and higher than average rates of childhood obesity. Through the use of focused ethnographies, researchers in diverse fields have adapted ethnographic methods to applied research (Cruz and Higginbottom, 2013). Focused ethnographies are characterised by short term field visits, specific research questions, and a focus on a narrow element of one's own society (Knoblauch, 2005). Following Wertheim-Heck et al.'s approach to understanding food practices through interrogating people's 'doings' and 'sayings' (Wertheim-Heck and Raneri, 2020) the methods sought to elicit not only people's own accounts but also their engagement with FPEs in situ. The methods used comprised semi-structured interviews, 'shop-along' interviews, photo-elicitation, and informal FPE observations. Participants were able to take part in as many or few activities as they chose. This paper includes the data gathered through the semi-structured interviews and shop along

interviews, but not the photo-elicitation.

2.1. Setting

During 2018 and 2019 AI, KN, and JH conducted fieldwork in three locations: Great Yarmouth, a coastal resort in East Anglia with a population of 99,370 (Great Yarmouth Borough Council, 2019); Stoke-on-Trent, a city of approximately 257,000 people in the West Midlands, previously dominated by heavy industry; and Lewisham, a highly multicultural London borough with a population of approximately 308,000 (ONS, 2021). These locations were chosen so as to get a diverse range of English food provisioning environments and urban settings (e.g. inner city suburb, ex-industrial town, small seaside town). Neighbourhoods were chosen with a similar socioeconomic makeup to each other and above average rates of childhood obesity compared to England as a whole (see Table 1). Fieldwork in Great Yarmouth and Stoke-on-Trent took place over approximately nine weeks each and involved being resident for the majority of this time. Fieldwork in Lewisham, near where the researchers are based, took place over two periods of six weeks each. Ethical approval was sought and obtained from the Research Ethics Committee at the authors' university (will be identified if published).

2.2. Sample and recruitment

Within each case study site, participants were recruited from a set of neighbourhoods via direct engagement in community events and activities as well as referrals from trusted gatekeepers. Recruitment venues included a library, two shops selling highly discounted produce, and community playgroups. Flyers were also posted around the target neighbourhoods. This recruitment method allowed the researchers to meet most participants before their formal participation. Subsequent recruitment took place via snowballing, where participants passed on the researchers' details to friends and acquaintances. A purposive sample was drawn, with participants recruited according to the following inclusion criteria:

Resident in one of the specified neighbourhoods.

Living in the 20% most deprived postcodes in England OR not currently in work*

Aged over 18.

Parent of a child in school or nursery.

Primary shopper.

*We originally restricted recruitment to the 20% most deprived postcodes in England, as defined through the index of multiple deprivation, a composite indicator of deprivation. However the demographic makeup of London meant that this excluded some individuals with very low income, while including others who were not. Thus, recruitment expanded to include those outside these postcodes but not currently employed.

Participants were not recruited on the basis of their or their children's weight, nor due to any prior interest in food.

In the first case study location, Great Yarmouth, 20 participants were recruited. We drew on a concept We then sought to recruit the same number of participants from each site. In total 60 participants were recruited (N = 19 in Stoke-on-Trent; N = 21 in Lewisham). We targeted

Table 1
Overweight & obesity prevalence in case study authorities in 2017 (Office for Health Improvement and Disparities, 2022).

Local Authority	Overweight & obesity at age 5	Overweight & obesity at age 12
England	22.63%	34.25%
Lewisham	21.8%	38.2%
Stoke-on-Trent	23.7%	39.2%
Norfolk (containing Great Yarmouth)	22.8%	32.1%

60 participants as this was comparable to research of a similar depth, and was practicable within the time allotted to the project. All participants gave written informed consent and were provided with a £50 shopping voucher of their choice to them for participating.

2.3. Data collection

2.3.1. Semi-structured interviews

All participants took part in a semi-structured interview lasting between 30 and 70 min. These were audio recorded, with permission. Participants chose their preferred interview location, with approximately half opting for their home, and half choosing a local café or library. The interview guide covered aspects of practices relating to the purchasing, preparation, and consumption of foods in the family, and the roles of different family members, including children, in enacting these practices. Basic demographic information was also collected (see Fig. 1 in findings). The intention was to understand food practices and engagement with the FPE in the context of individual, social, structural, and cultural norms and the topic guide was constructed to achieve this. As the interviews progressed the topic guide was amended to include emerging areas of interest. Additional topics, relevant to the FPEs and contexts in each area, were also added. The researchers took detailed field notes after each interview.

2.3.2. Shop-along interviews

Following the interviews, participants were asked if they were interested in taking part in additional research activities. 22 participants took part in a shop-along interview where the participant guided the researcher around (a) shop(s) of their choice. This was intended to contextualise the practices described in the first interview. At the start of the interview the researcher asked the participant to guide them through where they were going and what they were buying. The researcher used prompts such as "what have you just picked up there" if the conversation faltered.

2.3.3. Photo-elicitation

58 participants also took part in a photo-elicitation exercise. Over a week participants photographed things that made it easier or harder to buy the foods they wanted for their families. These were then discussed in a follow up interview. Analysis of the photographs is not included in the present discussion.

2.4. Ethical considerations

Research on food practices can be morally loaded, particularly when there is a gulf in background between researchers and participants. Beyond obtaining the requisite university ethical approval, it was important to conduct the research in a sensitive and respectful manner. The researchers did not discuss weight or health, unless raised by the participants. This was intended to reduce the risk of participants Feeling judged, as well as ensure that it was their food priorities, rather than the researchers' that were foregrounded. Secondly, in addition to enriching the data, photo-elicitation and go-alongs enabled the participants to control aspects of the research process.

2.5. Analysis

The audio transcripts of the interviews were transcribed verbatim and checked for accuracy. Together with field notes, they formed the basis of the analysis. Transcripts and field notes were uploaded into the qualitative research software NVIVO 12. The data were analysed via a process of iterative thematic analysis (Ziebland & McPherson 2006).

Following the end of the first case study in Great Yarmouth, AI and JH independently read the first two transcripts and noted key ideas. They then jointly developed a coding framework of 118 codes and subcodes which they used to independently code a further two transcripts. At this stage they compared two coded transcripts to ensure that no key ideas were being missed. AI completed the rest of the coding, working iteratively, so that additional codes were added over time. The same coding framework was used to analyse the Stoke-on-Trent and Lewisham data, with additional codes added for area specific information.

At this stage, AI and KN looked at the codes with reference to sociological and anthropological theory. Codes were grouped together to develop a final set of three analytical themes which illuminate the relationship between food practices, broader life practices, and experiences of FPEs.

All names presented in the results are pseudonyms and all identifying features, such as references to places of work, or particular neighbourhoods have been removed.

3. Findings

After outlining the characteristics and general food purchasing practices of the participants, we present three themes relating to how participants from all case study sites navigated FPEs on a low income, taking account of differences within and between sites. In doing this we elucidate how shopping and eating practices are formed through an interaction between the physical features of diverse FPEs and the socio-cultural and economic contexts within which people live. We present here 1) how participants across FPEs draw on diverse tools to get what they need within budget, 2) how participants use FPEs to fulfil of non-nutritional needs. Finally 3) how current FPEs generate tensions where concern about a lack of affordable healthy options, aggressive marketing, and pressure from children conflict with the benefits FPEs provide.

3.1. Participant characteristics and practices

Reflecting the highly gendered nature of food work, 56 of the 60 participants were women. Though formal data was not collected on ethnicity, the samples broadly reflected the ethnic makeup in each case study site. Thus, the Great Yarmouth sample was almost exclusively white British; approximately 1/4 of the Stoke-on-Trent sample were first generation immigrants from South Asia; and the Lewisham sample was ethnically highly diverse with many participants reflecting on their different cultural backgrounds in the interviews.

Almost all the participants considered their lives to be characterised by low incomes and/or financial insecurity. 36 of the participants were unemployed, of whom 17 were single parents. In the small majority of two-person households where the participant was unemployed, their partner was in a similar position. Employment did not necessarily mean secure employment, however, with insecure or casual contracts
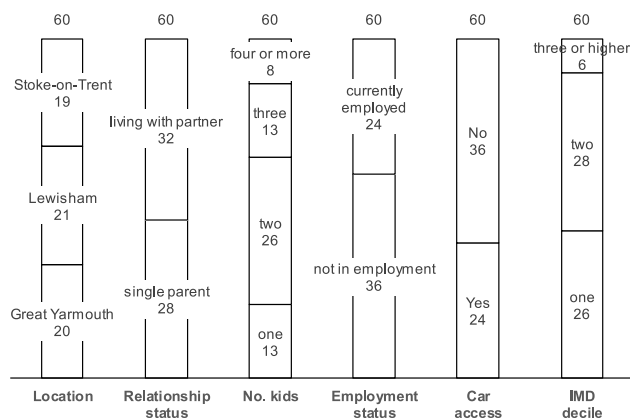

Fig. 1. Participant characteristics.

common.

When discussing food, all participants emphasised the importance of their children's broader wellbeing and almost all expressed a preference for their children to consume a healthy diet. In practice, participants took a range of approaches. For a small minority, the value placed on nutrition meant it dominated feeding decisions. In most families, while 'healthy eating' was valued it, was just one of myriad factors that shaped what children ate. Perspectives on food preparation followed a similar pattern, with the majority taking a hybrid approach combining pre-prepared meals and snacks with cooking from scratch (the latter being viewed as ideal but not always achievable). Participants cited various reasons for these preferences: familial norms, cultural backgrounds, transmission of values, and time and cost.

3.2. Food purchasing across the case study sites

Family life was generally highly routinized. Participants travelled between home, school, play groups, and, for those in work, their jobs. They frequented similar shops and out of home outlets from week to week, purchasing similar foods. Most parents preferred to shop without their children, but this was often impossible. Takeaways were considered a treat by most (e.g., every one to two weeks) and some lamented they were not able to do this more often. Although some participants had used food banks in the past, they were not a regular feature of any participants' current FPE. However, many considered it a challenge to afford food, particularly towards the end of the month, and many used non-conventional forms of provision such as surplus food stores.

The FPEs in each case study site were arranged differently and the shopping practices of the participants living in each site reflected this. In Lewisham, purchasing from the local markets played an important role, particularly for those who sought out products from their or their parents' country of origin. In Great Yarmouth, the tourist and resident FPEs blurred into each other in the summer months, increasing the accessibility of snacks popular with tourists such as donuts, ice cream, and candy floss. In Stoke-on-Trent, all participants lived at least a mile from their nearest full-service supermarket and there was a much greater level of dissatisfaction with the ability to access shops than in the other two locations where food was easily accessible on foot (see Table 2).

3.3. In the context of limited food budgets, parents drew on tools to navigate FPEs

Whatever the physical nature of the FPE, a dominant influence across the sites was managing on a low income. This shaped when and how participants shopped and the types of food they purchased, requiring them to draw on various tools to stay within budget.

3.3.1. Food shopping was prioritised for certain times in the month

Participants scheduled their shopping to coincide with particular times in the budget cycle, sometimes delaying purchasing and relying on freezer products until the next salary or benefit instalment.

> "Because I work part-time and obviously being on benefits as well. So I would do shopping a few times a week. I don't do a massive shop. I'll just get, say I get money on Monday, for example, then I'll buy a bit to last from Monday to Thursday. And then obviously when I get money on Thursday, then I'll buy a bit to last from Thursday to Sunday" - Samira (2 children), Lewisham

Samira, a part time teaching assistant could shop to fit in with her budget cycle. However recent changes to the benefit system in England had left some participants managing less money, received in monthly rather than more frequent payments. This challenged pre-established practices, creating stress and anxiety and sometimes requiring parents to rely on store cupboard staples until the next benefit cheque.

Table 2

FPEs in each case study site.

Great Yarmouth

As a coastal town Great Yarmouth essentially has two sets of food outlets overlaid on top of each other: one catering to holiday makers, and one to locals. The four neighbourhoods located in central Yarmouth where participants lived, and deprivation is the most concentrated, are all within a mile of one or more full service supermarkets, including Lidl, Aldi and Farm Foods which are considered more affordable than others. In other ways, the food outlets in each vary considerably though participants moved between neighbourhoods on a daily basis. One neighbourhood is densely packed with food outlets, including one supermarket, numerous cafés and fast food outlets, bargain stores selling highly discounted HFSS food (e.g., Poundland) and the Central Market with its chip stalls and fresh fruit and vegetable sellers (the latter generally considered overly expensive). A second neighbourhood has three supermarkets, but there are few other food outlets and many of the residential streets appear isolated. A third neighbourhood that encompasses the sea front has no full-service supermarkets but has a large number of independent stores and many fast food outlets serving typical seaside dishes: fish and chips, burgers, ice cream, and doughnuts. The fourth neighbourhood has one supermarket but far fewer food outlets overall than the others. While largely catering to tourists, many participants visited these outlets for treats. Yarmouth is also dotted with independent Portuguese and Polish shops selling fresh vegetables and long-life foods. However these were not frequented by the white British participants who reported not feeling that they were for them.

Stoke-on-Trent

Stoke-on Trent is comprised of six separate 'towns'. Although the official city centre is located in one of these towns, each of the six has its own nominal centre that draws residents from the surrounding area. There are large areas of Stoke-on-Trent that are over a mile from the nearest full-service supermarket. These include all the case study sites. Participants were recruited from four neighbourhoods with reasonably similar food provisioning environments, including a number of traditional takeaway outlets and small corner stores (stocking largely long-life produce), but no large supermarkets. There is a Co-op store in one area (generally considered expensive so only used if an item was needed quickly or when particular offers were available), and a discount supermarket in another area that draws customers from the surrounding areas. This shop receives out-of-date and end of line products from larger supermarkets that it sells on at an extremely discounted price. These are mostly non-fresh, HFSS products. One area also houses a large independent store stocking produce from the Indian Subcontinent, though many of these products were also available in the mainstream supermarkets). Due to the dearth of local supermarket options, participants without cars would often take the bus to a full service supermarket and return with their shopping in a taxi.

London Borough of Lewisham

The FPE in Lewisham varies greatly between neighbourhoods, depending on the location of the nearest high street or parade of shops. Movement between areas is common, as they represent small geographic areas.

All the areas have small rows of shops and HFSS takeaway outlets in more residential areas, as well as a range of small, independent grocery stores that sell foods from particular countries, such as Romania, Poland, and Brazil, or regions, such as Europe, West Africa, Asia, and the Caribbean. Many participants in Lewisham (particularly those who cited migrant heritage) purchased foods that were only available in these stores or the local market. Lewisham market attracted participants from all over the borough, and two areas included in the study have their own popular markets nearby selling both fresh produce (fruit, veg, fish and meat) as well as pre-prepared foods. These areas have a large range of food outlets in general, including many cafes, restaurants, and bars; whereas a third area is mostly residential with a few fast food outlets and one large supermarket. Whether participants utilised the markets and independent shops depended less on proximity to them and more to whether they were culturally and socially salient. For some participants markets were not a part of their food provisioning environment at all, whereas for others they were absolutely integral.

> "I definitely find it a lot harder, because I got everything on a Tuesday before, so it was easier to budget. So, you run out of more, don't get me wrong. But yes, you just struggle through, don't you? A lot of my freezer stuff lasts, it's more cupboards and fridge things, they just go like no tomorrow (…) It is definitely like, you can feel the end of the month feeling, the pinch, as I say" – Danielle (3 children), Great Yarmouth

Danielle shopped when she received her benefit payment, but when this became less frequent, she ran out of food before the next. She therefore purchased cheaper products, such as pasta, in bulk to tide her family over. In spite of complex FPE navigation, financial insecurity put constraints on parents that they could not always control.

3.3.2. Items were sought out where they were cheapest

Many were aware of the relative prices of food in various shops, choosing to purchase each product where it was cheapest, and often visiting multiple outlets in one shopping trip. Participants were attuned to price changes, switching outlet if something seemed more expensive on a given day. By frequenting discount stores such as Poundland, or independent stores selling supermarket surplus (mostly snack foods), parents stretched family food budgets yet further. This practice was evident in many of the shop-along interviews where participants took the researcher to multiple shops, and/or considered whether they could find each item they picked up more cheaply elsewhere. A shopping trip in Stoke-on-Trent with Bhavisha and Shreya (who shopped together to share a minicab home) involved first the low-cost supermarket Iceland for the essentials they considered to be cheapest there (different stores were visited on other weeks), followed by a surplus food store to buy snack foods at extremely low prices. Although obtaining food like this involved more work, Lolade, a mother of two from Lewisham, considered this knowledge not only a necessity, but also a source of pride.

> "If you are money conscious you have to, like me I know the where to get certain things, I know where I can get them cheaper. I know that I can get this, so I tend to do that."

What was considered "value-for-money" beyond price alone also influenced where products were bought. Relevant elements of 'value' included if a product that was likely to get eaten or be wasted, and whether it was culturally salient (such as a green rather than a yellow banana variety). Lewisham residents were split on whether fresh produce was preferable and cheaper at the outdoor market or supermarket.

> "Yes, the green banana. The supermarkets have it, but these here [in the market] are more cheaper, I feel, and you get more for your money. And the green bananas, they're more healthier" – Pamela, 2 children, Lewisham

> "I used to buy fruit and veg on the High Street, but the reason I stopped was because I didn't find there was enough variety. I started going to the supermarkets at first and I realised that actually the prices are a lot higher along the High Street, which was a bit shocking" – Ellen, 2 children, Lewisham

3.3.3. Certain products were bought if there was a deal

Participants sought out deals in their FPEs for various reasons, such as for affordable treats such as chocolate and snacks foods, and to please their children (see 4.4.1 and 4.5), One key use was to buy preferred products more cheaply. Felicity purchased certain products only if they were on offer, saving them until she could make a full meal. Thus, she could fulfil her needs without breaking her budget.

> "I'll make a list, and I'm thinking, and I'll go in, oh, that isn't on offer this week is it, so I'll sack that, I'm not buying that. When I buy things like, if I saw the Dolmio [on offer], I will buy that, and then maybe the following week I'll go get some mincemeat. I'll say, oh, I've got them jars of Dolmio so I do use them" – Felicity (7 children), Stoke-on-Trent

3.4. In the context of limited opportunities for affordable activities parents use FPEs to meet social and emotional as well as food needs

Participants engaged with FPEs to fulfil functions beyond putting food on the table and thus used non-food budgets as food ones in the FPE. Narratives demonstrated how FPEs could positively impact family wellbeing, offering solutions to various challenges. This benefit conflicted, however, with the fact that the type of foods that often facilitated family life were problematic from a nutritional perspective in that they were high in fat, salt and sugar.

3.4.1. FPEs offered access to affordable treats

FPEs provided access to affordable treats that parents could have themselves and offer their children. All three case study sites were replete with options for tasty and inexpensive snack foods such as ice cream, biscuits, or cakes. Thus, affordable foods could take the place of other treats that felt out of reach. Nancy, the parent of a toddler, listed at length activities that were unaffordable: holidays, trips to the large town nearby, activity centres. One of the few 'treats' she described, were foods – drinks, ice creams, and fast foods. Her shop-along interview included a visit to the confectionary shop.

> Nancy: it's the only place in Yarmouth that sells real Jersey ice cream

> AI: Does that remind you of being on holiday?

> Nancy: Yes. Being on holiday times and I'm glad, in a way, because I've not got the money to go to Jersey every year like my mum did and that. So, I thought I won't miss out, because I'll just go to this place

The dichotomy between a negative nutritional aspect of the FPE and its positive social value was exemplified by the role of deals. Participants noted how deals influenced their purchasing, and were critical that they were predominantly for "junk" foods. However, they were also appreciated and valued because they facilitated the purchase of small pleasures that might not otherwise have been enjoyed within monotonous food routines.

> "There are some deals which are really good and you can't …. Maybe sometimes you couldn't afford it before. Maybe there's some nice ice cream, because sometimes very nice ice creams. Maybe £2 or £3", Rose, 2 children (Lewisham)

3.4.2. FPEs enabled social engagement and activities

> "Everything involves money. No. Like for example, I wanted to take Danny for his fifth birthday to soft play, but I thought about the money. I thought, I can't just call people and say, come. I have to pay for the kids as well, so I was like, you know, just forget it. Whenever that I have enough, then I'll take him. So nothing's free, nothing. Apart from the park. Nothing is free. Nothing else is free." Aisha, 1 child (Lewisham)

When aspirational activities are considered out of bounds, food related activities may be able to take their place. In this context, less healthy foods and the FPEs that sell and serve them provide a route to social activities and social connection that families may struggle to find elsewhere.

Nancy felt aggrieved at being unable to offer her toddler the educational and enriching activities she wanted. In their absence, rituals and routines became particularly important. Each week her mother would take the bus into Great Yarmouth, collecting a token for McDonalds on the back of her bus ticket. Mother, daughter and granddaughter would then be able to enjoy a special meal together.

FPEs provided solutions for engagement despite financial barriers. Amanda, a single mother of three children of widely different ages struggled to find activities that could provide an opportunity for family time.

> "Yes, we have one night a week on a Saturday night is our, it's called family night, we go to the Chippy normally. Sometimes we'll have kebabs or pizza or something like that, but normally it's the Chippy. That night we'll eat chocolate and crisps and watch a film or play a board game or something. We try to do it once a week because although they're in the same house you don't always see each other. Like I said 14 year olds in her bedroom on her phone, you hardly say hello to her some days."

While her daily recounting of her food practices suggested a

preference for healthier foods, a weekly snack and takeaway night had become a hook around which she and her children could come together.

3.5. In the context of unhealthy food shopping environments, parents face tension in attempting to balance multiple needs

With money tight, the double-edged nature of the FPE was clear: All the FPEs offered a variety of products to feed a family without complaint or waste. They could also be largely within budget, and easily available. However, these products were generally those higher in fat, sugar, and salt. Although participants appreciated being able to buy these products, they also criticised the imbalance, noting that healthier foods were more expensive, less heavily promoted, and harder to encourage their children to eat.

"We just went to the shop, just then and they've got big bags of crisps, £1.50 for two and they're normally £1 each and then, they'll do Haribos, two for £1.50, the really big packets and stuff like that. It's mainly the stuff that they're saying, oh, we don't want people eating. We want everyone to eat healthy but then, they've put all the healthy stuff up and kept all the crap stuff really cheap. What do they expect people to be able to afford?" – Tanya, Yarmouth, (2 children)

FPE's also created tensions between parents and children. At the same time as providing easy access to valued treats, the sheer ubiquity of unhealthy foods, and marketing for those foods made life difficult for parents when shopping with their (particularly young) children. Parents often felt obliged to respond to their children's wishes, lest tantrums (on the part of the children) or guilt (on the part of the parents) ensued. Thus when parents tried to limit these products their efforts were often thwarted by their ubiquitous and heavily advertised presence.

"As a parent for the second time around, I'm beginning to understand why they wouldn't want things like McD's posters everywhere. I'm beginning to understand the logic behind it. Other than, okay, yes, it's unhealthy. It's just your kid will cry all the way home saying they want McDonald's instead of having something substantial and proper to eat" - Kalinda, Lewisham (2 children)

4. Discussion

Clear findings emerged from the study which were consistent between families living in very different physical FPEs (as described in Table 1) and with very different approaches to cooking. They also reflected the findings of sociological research with similar populations in other locations, demonstrating the transferability of the findings. As explored in the introduction, previous research on FPEs has typically focused on access to healthy and unhealthy options in the spaces in which people live. This research showed that participants' FPEs extended way beyond physical access to the shops and food outlets in their environs. Rather, participants interacted with what was available, to create their own FPEs, purchasing food that fulfilled a wide range of needs related to improving wellbeing. The influence of non-FPE related factors can explain why many participants had a similar experience across the different case study sites and some had different experiences within the same sites. What was physically available in FPEs did still matter, clearly shaping the parameters within which people purchased food. This was particularly the case in terms of the abundance of heavily promoted, appealing, and affordable unhealthy foods across the case study sites but less clear in relation to accessing healthier foods. However, this relationship was not unidirectional and participants engaged with FPEs in ways that met a wide range of needs.

An important way in which the participants engaged with their FPEs was through choosing foods and food experiences from what was available that met multiple family needs. Participants chose products and outlets that enabled them to purchase enough to feed their families and get by, *and* find treats or activities when non-food options were

lacking. This included both treats for home, such as a weekly pizza night, and activities when out and about, such as a weekly McDonald's visit. This finding aligns with previous research that shows how socioeconomic conditions influence not solely what families can physically afford, but also the meaning of that food and the role it plays (Daniel, 2020; Fielding-Singh, 2017; Wills et al., 2011). Exploring the meaning of food amongst high, middle, and low SES families in the San Francisco Bay Area, Fielding-Singh noted that while understandings of health and nutrition were relatively consistent across families, food was used in ways that reflected its differing value. For low-SES families, giving children foods they desired demonstrated love and care when other means to do so were constrained (Fielding Singh 2017). Additionally, while the desire to pass on particular values such as health, discipline, and culture through food preparation and consumption has been demonstrated amongst those of higher SES (Fielding-Singh 2017; Wills et al., 2011), Wills et al.'s research on food and family practices among high and low SES families in Scotland suggested that in low-SES families, simply getting everyone feed was more meaningful (Wills et al., 2011).

FPEs also facilitated participants' social experiences. This happened both because families could purchase products that facilitated social activities at home and also because out-of-home outlets provided spaces for social engagements and traditions. While the contribution of FPEs to people's social lives may not be particular to a specific SES bracket, it is afforded more importance where other options are limited (Burningham and Venn, 2021). Further, the options for those on a low income to engage in this social aspect tend to be limited to those outlets that serve predominantly unhealthy foods. It has been suggested that for those on a low income, immediate psychosocial benefits often take precedence over, and may clash with, longer term nutritional goals (Bissell et al., 2016; Schuster et al., 2019) even though families want their children to be healthy. Previous research with those on low incomes has shown that the benefits of the social aspect of the FPE tend to outweigh health concerns which are felt at a different time (Will & Weiner 2014). Thompson et al.'s study looking at people's use of chicken shops in East London, drew out this duality. Chicken shops were considered risky from a health perspective, but the social value derived from frequenting them was more important (Thompson et al., 2018).

How families engaged in their FPEs – seeking food that was affordable, convenient to prepare, acceptable to children, and that fit in with daily routines; purchasing HFSS foods as treats; and using the FPE to facilitate sociality-exemplify the double edged nature of the FPE a set of locations that allow families to fill certain immediate needs at the potential expense of longer term ones. It likewise reveals the role that inequality plays in embedding particular practices. Parents used FPEs in ways that place them at risk of poor nutritional health while also fulfilling other important needs critical for wellbeing that, given their low-income, are difficult to satisfy in other ways. They engaged with the less nutritionally healthy aspects of the FPE, even when they considered them to be unhealthy, precisely because they enabled and facilitated other aspects of their lives which wealthier groups are more able to satisfy in healthier ways.

5. Limitations

There are a number of limitations to consider in this research. First, food is a sensitive topic. While we were careful to minimise potential discomfort, and did not mention health unless prompted, participants may have felt obliged to answer questions in a particular way. Secondly, the research was burdensome, requiring at least two meetings with the participant, and additional activities. Although we recompensed the participants for their time, it is likely that only those who had sufficient energy and resources chose to take part and the accounts of those who experience greater challenges may be missing. Further, our presence during the shop alongs may have influenced purchasing. An additional limitation was that we did not control for time of residence in each location. Finally we did not collect data on individual deprivation, nor

on race or ethnicity.

6. Conclusion: insights for policy and practice

Our findings demonstrate that FPEs which are not nutritionally 'healthy' contribute to other aspects of human wellbeing by providing social, financial and emotional support in the face of challenge and constraint. People do not simply respond to the availability of food and its price, but develop food practices in the context of the realities of their lives. These practices both reinforce and are reinforced by the conditions of FPEs. Considered this way it is entirely logical that the participants in this study engaged with FPEs in the ways they did – buying snack foods, fast foods, "freezer foods" and other "store cupboard staples" and that meet financial, emotional and social needs - even though they were aware many of these foods were not nutritionally optimal for them or their children. In short, these foods, many of which are high in fats, sugar and salt, support social, financial and emotional wellbeing, while also creating tensions for parents trying to manage their finances and efforts to ensure their children are healthy.

This finding has important implications for public health policy and practice: policies and interventions that focus on solely improving nutritional health will be insufficient to address dietary inequalities if implemented in isolation since in the absence of other resources, people will still look to FPEs to serve social and emotional needs. While efforts to alter what is available and appealing is critical to make FPEs healthier, if interventions are to be successful in addressing inequalities in children's diets, they should be designed to consider more than just the availability of food, its price, promotion and nutritional composition to support and serve other aspects of human wellbeing (Hawkes et al., 2020). For example:

- Banning promotions on snacks high in fats, sugars and salt will support parents by addressing tensions they face with their children. However, it will make a source of emotional pleasure less affordable. Policy and practice on promotions should thus also ensure promotions are shifted to healthy products that already form part of core food baskets for families, as well as foods that are desired but not affordable, such as fresh fish. This ties into people's existing practices seeking out deals and serves financial needs. To work, 'deals' would need to be adapted to ensure they met the needs of local communities and thus require engagement with retailers that serve these communities.
- Zoning out unhealthy food service outlets has been proposed and enacted in a small number of jurisdictions in the UK and globally as a way of reducing access to unhealthy food (Caraher et al., 2013). However, these provide important social spaces for families and young people unable to afford more expensive activities. Efforts to increase the healthiness of foods in these spaces, such as the healthier catering commitment (Healthier Catering Commitment, n.d.) while still retaining their appeal should be a priority. Any programmes would need to engage with and build on the reasons why these spaces have salience. This necessitates engagement with businesses and local communities to identify what would be appealing and serve their needs in the context of their everyday lives.

These two examples take as a starting point, the realities of life on a low income. They suggest changes in FPEs that are tailored to these realities by also serving emotional and social wellbeing.

A further set of changes could be made by providing affordable activities that support wellbeing but are not focused on food consumption as the source of social and emotional connection. For example:

- Investing in settings that both benefit and appeal to local communities (e.g. childcare centres, parks) and that provide opportunities for families to connect and engage.

- Increasing the affordability of activities favoured by parents and their children, such as discounts on local attraction. This would need to be co-designed since the offer needs to chime with the realities of local families' lives.

Finally, approaches are needed that address the economic constraints that push people to engage in FEs in the ways that they currently do. For example:

- Vouchers for foods which are not just nutritionally healthy, but which are widely consumed and/or highly desired by parents and their children. Already existing voucher schemes include Alexandra Rose Vouchers in the UK or 'Double up food Bucks programmes in the US.
- Policy options to lift families out of financial insecurity, such as more extensive benefit schemes, living wage policies, and action on insecure work.

Our findings also suggest a shift in how policies and interventions are made. Specifically (a) greater engagement between national government and local authorities; (b) greater emphasis on co-design of policies with communities; (c) greater engagement with food and other businesses serving these communities, recognising and managing the risk of conflict of interest; and (d) place based approaches tailored to the context of local communities. In turn, this implies intense engagement, resources and investment by policymakers, businesses and communities.

Declaration of competing interest

There are no conflicts of interest to report.

Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.healthplace.2022.102862.

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