

# **'NO CHILD GOES HUNGRY'**

## **A strategic initiative to tackle food poverty in Bristol**

**Bristol City Funds  
Quartet Community Foundation  
March 2019**

## SUMMARY

The Bristol City Funds<sup>1</sup> initiative was launched in March 2018 to bring together Bristol's businesses, community organisations, funders and the public sector to share resources and raise new funding to address the key issues Bristol is facing. By focusing on agreed strategic priorities, the City Funds aim to reduce disadvantage and inequality, and improve environmental sustainability, leading to a fairer, more inclusive city.

The Governing Board of Bristol City Funds selected four priorities for its initial focus, one of which is 'No Child Goes Hungry' (NCGH). NCGH aims to secure funding to tackle child food poverty and poor nutrition across the city.

Child poverty affects around 20,000 children in Bristol today. In some areas more than half of children come from low income families (BCC 2019; BCC 2018a:), and this is forecast to rise in the coming years.<sup>2</sup>

Child food poverty – the inability for children to obtain healthy, nutritious food regularly – impacts on children's physical and mental health, limits their educational attainment and reduces their life expectancy. It is both a social and a health inequality issue; poor nutrition is a result of a 'lack of food and food choices' (Broadnax 2018:21).

This paper sets out a new, strategic approach to tackle food insecurity and malnourishment among children in Bristol. It outlines the work done by the NCGH team to develop an understanding of the root causes of child hunger and malnutrition, as well as a pathway to desired social change through the NCGH Theory of Change. We hope the theory of change will provide a blueprint for us to work together with children, families, communities, organisations, partners, donors and stakeholders to bring about tangible change to Bristol's food landscape and children's wellbeing and development.

For our baseline study, more than 60 professionals gave their views on the context in which food poverty and malnutrition occurs for children in Bristol. We spoke to city influencers involved with the City Funds, grassroots organisations and community groups, charities and social enterprises, community wellbeing practitioners and health experts, policy makers, academics and leads in community outreach, parents, dietitians, theory of change experts, community anchor organisations<sup>3</sup>, advice centres, children's centres and schools.

Our informants helped us understand how malnourishment, lack of access to food and the health consequences of bad food affect many of our children. They also helped us to review some of the best work currently being done to tackle these problems in Bristol. Through them, we learned about a great deal of activity addressing undernourishment through food provision,

---

<sup>1</sup> <http://www.bristolcityfunds.co.uk/>

<sup>2</sup> This estimate is calculated using the percentage from the latest strategic document for Bristol – One City Plan (BCC 2019) and the latest Bristol City Council population estimates (BCC 2018:2). There are still no officially agreed measures of poverty for the whole population, although a new measure has been recently proposed (SMC:2018). End Child Poverty estimate higher figures for Bristol (ECP: 2018), as they show that an average of 26% of children live in poverty.

<sup>3</sup> <https://quartetcf.org.uk/wp-content/uploads/2018/04/Quartet-Community-Anchor-Organisations.pdf>

food waste reduction/management schemes and the wider food network of local producers, growers and retailers trying hard to radically change the city's food landscape and diversify the food offer.

We also learned of the excellent existing work in Bristol to give children better year-round education and inform families about food-growing, cooking and nutrition, and the impact of food on health and development. We have some of the best community and pre-school cookery classes in the country and projects helping people to share meals and skills in ways that take account of the many different cultures across our city.

Great effort is being made in local communities to engage residents in taking control over their lives when hardship persists. This includes supporting parents through advice and counselling; 'wrap-around' support that combines work on health and wellbeing with food provision; crèches for families with small children to enable them to engage with projects; family visits to reach those who don't access services regularly; and intergenerational work that tackles social isolation and mental ill health.

Despite these valuable initiatives, the problem of child food poverty isn't going away, and further steps are needed to address the fundamental root causes. Our research has found that some underlying issues haven't been defined or addressed in the most useful way and there have been issues with sustaining the most valuable projects that could lead to behavioural changes. Some good partnerships across the city show great potential to tackle things more systemically, but we have seen gaps that need to be filled in a co-ordinated way.

In line with the NCGH theory of change, (see the diagram on p.17 of this report), we are looking to support activities, additional to those currently running in the city, that will result in real, measurable change for our children. These include but are not limited to:

1. Supporting identified good practice in food and nutrition education, skills training and awareness raising in different parts of the city
2. Encouraging the spread of good practice more widely within organisations such as schools, health bodies and local authorities, starting where the need is most urgent
3. Supporting third sector collaborations through local alliances and partnerships to address food poverty and/or provide accessible, inclusive support through 'hub' models of holistic services in communities
4. Resourcing new and existing models of direct local engagement of families to generate community-led initiatives that will create real change;
5. Seeking out and supporting investable community business opportunities and new initiatives that would give people access to fresh, nutritious, affordable and locally-produced food.

This paper should help our donors and investors not only to clearly understand the problems we want to address with their support but also how we see change happening in Bristol through collaborative and orchestrated action in a defined timeframe<sup>4</sup>. It should also serve to remind those involved in tackling child food poverty in the city of our shared priorities and

---

<sup>4</sup> When the City Funds are launched, we will initiate a campaign to seek philanthropic donations from businesses and individuals to make grants to further these aims. We will also seek social investment to support the development of community-led, sustainable businesses aimed at solving child food poverty.

main goals. This will help us to track our progress in every step we make towards a better future for Bristol's children.

*'Developing a theory of change involves key players coming together, taking a step back from their day-to-day work, thinking about what they are trying to achieve and how they might best achieve it, and aligning themselves in purpose and approach.'*  
(Abercrombie et al 2018:5)

NCGH is not a stand-alone project; rather it is a route to raising awareness of the impact of poverty. We hope to help people and businesses take positive steps to reduce poverty and challenge malnutrition in the longer-term. We will not duplicate existing work in this field but rather raise new, additional funding to support the extension of existing projects which show good results and catalyse new, strategic initiatives that will create the lasting change we all want to see.

## CONTENTS

Are children really going hungry or poorly nourished in Bristol in 2019?	4
What are the causes?	5
What is already being done to tackle this issue and where are the gaps?	8
How can Bristol City Funds make lasting change?	9
No Child Goes Hungry Theory of Change	13

We are very grateful to all the people who gave so generously of their time and wisdom to help with this research and to Nikola Grujic who volunteered full-time to carry out the research and compile this report (get in touch with Nikola at [nick.grujic@gmail.com](mailto:nick.grujic@gmail.com)).

Anyone able to assist with any aspect of our work should contact the Chair of the No Child Goes Hungry Funding Priority Group:

Sue Turner

Chief Executive

Quartet Community Foundation

[sue.turner@quartetcf.org.uk](mailto:sue.turner@quartetcf.org.uk)

0117 989 7700

## ARE CHILDREN REALLY GOING HUNGRY AND POORLY NOURISHED IN BRISTOL IN 2019?

The short answer is yes; this is a real problem that will grow without concerted, collaborative and creative effort to stop the problem at source.

Bristol is a city divided – culturally diverse, thriving and economically successful on the one hand, but on the other hand up to 16% of our population, or around 70,000 people, live in neighbourhoods which are among the most deprived in England, experiencing little or no benefit from the city's growth (BCC: 2018d).<sup>5</sup>

Child poverty is a real and persistent problem in Bristol with one in five of our children under 16 living in low income families (BCC 2018a: 8, 2019: 23). Many of those families struggle to provide enough food for their children throughout the year and rely on groceries from local foodbanks. Bristol's foodbanks are busy. Single parent, low-income households are particularly at risk; these households are almost two times more prevalent at foodbanks compared to the general population.<sup>6</sup>

Nearly 19% of school age children are eligible for Free School Meals but in some wards, this reaches 40% (BCC 2018d). In the school holidays these children may regularly have no access to a hot daily meal; 73% of parents on low incomes say they can't always afford to feed their children during school holidays (Kellogg 2015: 4). The city has some existing holiday hunger programmes which try to stop children going hungry when the school gates close during holidays.

*'In the school holidays...when there are no free school meals and no access, we literally have children looking through the window waiting for us to open.'* NCGH Informant A

Poor nutrition and unhealthy diets impact on children's health and educational attainment (PHE 2013). Only 16.1% of Bristol pupils who are on Free School Meals got a 'strong pass' in both English and Maths GCSE in 2017 compared to 41% for Bristol overall (JSNA 2018:9). A recent study found that raising income for families where children receive Free School Meals to the average income for the rest of the population could reduce the gap in educational attainment at age 11 by half (JRF 2016: 11).

One in four Bristol children aged 4 and 5 have excess weight, which is significantly more than the national average (BCC 2018a:5), and the figures increase for the city's areas of highest deprivation (BCC 2018c: 5). Obesity in childhood is proven to be associated with an increased risk of premature onset of illnesses including diabetes and heart disease. Obese children are more likely to suffer ill-health, be absent from school due to illness and to require medical care.

---

<sup>5</sup> Feeding Bristol targeted some communities most at risk of food insecurity – Hartcliffe & Withywood, Avonmouth and Lawrence Weston, Filwood, Southmead, Brislington East, St George Central, Henbury & Brentry (Crow Lane), Lawrence Hill, Hillfields, Bishopsworth (Carey et al., 2019).

<sup>6</sup> The Trussell Trust report (2018) found an increase of 13% in foodbank use in their network in 2017-18 compared to the previous year, and a 46% increase compared to 2013-14.

A recent study found that a child born in a deprived neighbourhood 'will die an average of nine years earlier than a child born in a wealthier area' (JRF 2016: 5). In Bristol life expectancy is lower for people living in the more disadvantaged communities (JSNA 2018: 16), including ethnic minority groups, disabled people and refugees. A report by JRF shows that while overall levels of poverty remain fairly static, child poverty rates are high at 29% and are projected to rise sharply in 2019 and 2020 (ibid: 6). The problems of poor health, lower life expectancy and lower educational attainment in Bristol's most disadvantaged communities are not going to go away without concerted action.

Hunger and poor nutrition can directly affect both physical and mental health leading people to seek quick-fix foods. Our research shows that for parents and carers, scarce disposable income, lack of shops in which to buy healthy food, lack of time and skills for cooking from scratch, and health inequalities leading to poorer mental health can all lead to being trapped in a vicious cycle that results in feeding children food that is not the best for them.

*'If you are a single mom who doesn't have transport, and everything is already quite stressful, imagine it is pouring with rain and you are carrying 5 bags in each hand... that's not a supportive culture...everything is hard work, and then again think about how that is going to affect somebody's mental health.'* Informant B

## **WHAT ARE THE CAUSES?**

### *Access to food*

A recent national study (Corfe, 2018: 27) showed that some parts of Bristol are among the top five most deprived 'food deserts' in the UK, having neither supermarkets nor independent greengrocers. Some of our neighbourhoods are also over-supplied with fast food outlets, with only a few places to buy fresh food or eat healthily at an affordable price. With poor or costly public transport options, residents in these areas are often forced to use local corner shops or convenience stores where prices can be higher and fresh food can be hard or impossible to obtain.

*'Bristol is already a recognised leader in innovative food-related projects and practices, but much deeper change is needed to address issues such as food poverty, obesity, and the environmental damage caused by the current food system.'*  
*One City Plan*

Even where fresh food is accessible, the established culture of buying ready-made meals from supermarkets or local takeaways, often with high sugar and fat content and heavily processed, is compelling. In the prevailing food culture, ready-made meals are the norm so we have either a generation of parents who do not have the cooking skills to pass on to their children or, if they do have the skills, the younger generation are not learning them. The

marketing of unhealthy food and prevalence of fast food outlets across our communities promotes the culture that food should be 'easy to get' rather than 'good for me'.

### *Education*

When children start in the Reception year at school, they immediately lose the broad support they have been receiving in nurseries and children's centres that includes learning about food through joy and play. Our study has found that some of the children most affected by food poverty don't attend breakfast clubs for a variety of reasons, including chaotic situations at home; they often don't come to school on time and are at risk of slipping through the net. Teaching children only in nurseries and school about healthy food is not enough. Our study suggests that a more comprehensive school curricula around food and nutrition could help build a foundation that would shift these trends.

Educational initiatives, which are often top-down rather than community-led, are not having enough of an impact in our most disadvantaged communities. However, even if food education and skills training programmes around cooking improved and even if we have decent food accessible in areas across the city, we must also ensure that families have got enough money to shop and time to cook.

### *Affordability*

Research shows how changes to the benefit system and problems with Universal Credit (UC) are driving families to seek help from foodbanks to put food on the table (Butler 2018b; Trussell Trust 2018). In areas where UC had been fully rolled out for a year or more there was a 52% increase in foodbank use compared to the previous 12 months; in areas with no UC roll-out this was a 13% increase (ibid.: 6). Welfare benefit reform has created systemic disadvantage and health inequalities, impacting unfairly on women and single parents, the majority of whom are women.

For households on low incomes, the 'fuel versus food' choice is very real and can lead people to buy cheap, low-nutritional-value food rather than higher-quality fresh food. Visitors to foodbanks are asking for food that does not have to be cooked in order to save on gas/electricity costs. In Bristol, more than 20,000 households are 'fuel poor' which is higher than the rest of the South West (BCCe, 2018: 5).

Moving from benefits into employment often doesn't mean food security for parents and carers – the 'working poor' are the widening group of parents and carers strongly affected by food insecurity. In fact, for people on low incomes, unpredictable working requirements, low wages and poor working conditions can increase their vulnerability to food poverty.

### *Time*

Another chronic problem for many parents and carers is 'time poverty'. Even going to a foodbank can take people with no car of their own half a day so people have less time for work, family life and cooking because it takes so long to secure the food they need. For

families working hard with several jobs, time poverty is a real issue with little time in the day to shop for, prepare and cook healthy food. Whether employed or on benefits, people can struggle to find or balance work time, family time, accessing available services and engaging in community life.

*'Bringing up a child as a single parent – everything else becomes irrelevant as this is time consuming, so you've no head space and time to do behavioural change, when you are on the threshold of surviving. If you are in debt and have poor mental health on top, physical health, no access to education, your children are demanding...'* Informant C

### *Access to services*

Access to support and community services is another real barrier to behavioural change. As many as 13% of families with children up to 5 years of age in the areas of greatest need in Bristol do not access children centre services, even though the 10% most disadvantaged families are eligible for significant extra funding (LGA 2018: 11). This means that initiatives targeted through formal programmes may not reach these families.

*'Some parents won't want to access it [early years programmes for their 2-3 year olds]... They want to keep them at home. Maybe that's part of their culture and you have to respect that – as long as they know about it, then they can make that choice... and they might need it in the future.'* Informant D

Yet this disengagement with services might not be a matter of choice. Multiple referrals to different agencies can make the process of accessing support overwhelming for families that struggle with finances, time, confidence and/or trust in organisations. For others, the cost and inflexibility of childcare or difficulty accessing English language courses, or potentially also employment, can also present difficulties in accessing services (BWV 2018).

Our context analysis confirms that widening poverty and financial insecurity of many families can lead to sharpened health inequalities. The lack of self-esteem and stigma around poverty often prevent families from accessing services and being engaged in community life, and this is something to which additional attention needs to be paid. Some of our most disadvantaged people live in isolation with no network of support in their local communities. In addition, women in some cultural communities have limited English language skills; they may lack the opportunity or cultural freedom to get into work or socialise in their area on their own, so initiatives need to consider how to make safe places for people of different cultures to participate.

### *Facilities*

Some families in the city don't have access to decent housing and cooking facilities, so cooking healthy food can be a big challenge. Those in transient or insecure housing in Bristol (for example people housed in temporary accommodation) may have only one room

for all of their day-to-day living with no access to a shared kitchen, no space for storage and no or limited cooking facilities, giving them very limited options for preparing healthy food.

Homeless people in temporary accommodation (such as hostels or night shelters<sup>7</sup>) and those sleeping rough<sup>8</sup> also lack access to food and cooking facilities. In these circumstances, children and parents 'eat fewer meals per day, lack food more often and are more likely to have inadequate diets and poorer nutritional status' (Power and Hunter in Maslen et al. 2013:10). Children experiencing homelessness often experience hunger but can also gain in weight because of eating fast food after school 'knowing there would not be a meal at home for them later that evening' (Digby & Fu 2017:11).

*'People struggle with other things around finances and childcare. It's hard to do anything outside of that (get your kids to school, feed your kids) ...children who are affected by poverty and poor food, they are miles away from being able to be involved with the community'* Informant H

## **WHAT IS ALREADY BEING DONE TO ADDRESS THIS ISSUE AND WHAT IS MISSING?**

There are many initiatives across the city seeking to reduce holiday hunger, teach children to grow veg or cook from scratch, or make healthier food choices. Since it was established in 1987 Quartet Community Foundation has given grants to hundreds of small local charities, community groups and voluntary organisations to support their work on this issue, but the problems persist.

In addition, local food producers<sup>9</sup> are doing a great job not only to offer healthy, locally-sourced food but to engage local people in activities beneficial for their health and wellbeing. However, demand for sustainably and locally-grown fresh produce is currently below the level that would reduce prices and make them competitive with cheaper, but much less healthy, options available in local areas and mainstream food supply outlets.

Our study shows that some great interventions across the city are having an impact in teaching children how to cook, grow veg and eat healthily. However, the way interventions are designed and delivered means that there has not been a tangible shift in food habits. In addition, many local organisations struggle with finances, governance and human resource challenges. In the context of decreasing local government funds, access to grant funding becoming limited and other sources of funding disappearing, some groups are having to compete among themselves to offer services, which influences their capacity to support affected communities.

---

<sup>7</sup> Over 530 people last officially measured and the number are rising (BCC 2018:80)

<sup>8</sup> The last publicly available number is 126 (BCC 2018e)

<sup>9</sup> For example, organisations involved in the Bristol Food Producers network

*'We are not short of ideas, we are not short of working together, it's just ... how do we find resources to do it, when they are just not there? They are really just not there at the moment.'* Informant F

This can further contribute to organisations working in silos and not synchronising activities with similar goals to maximise their impact. This takes them further away from the goal of the desired change – sustainable social-economic development. Furthermore, our study found that impact is often not measured in a systematic way and many interventions appear ineffective in the long term<sup>10</sup>.

The baseline research has also shown a very low level of community engagement in decision-making processes around relevant local issues. Many of our informants confirmed a lack of engagement of families in their wellbeing programmes and some of them struggled to reach the proportion of families who traditionally wouldn't engage or seek help. Almost all of them agreed that if interventions were better informed by needs or were co-designed with beneficiary families, they would have much better long-term effects.

*'There are organisations out there that are doing the same as us... and then we become competition and then we don't play nicely, because we are all competing for the same pot of money. We are all trying to do the same piece of work, we are all trying to shout from the rooftops about how well we do it and yet we are ignoring the fact that we could be working together.'* Informant G

## **HOW CAN BRISTOL CITY FUNDS MAKE LASTING CHANGE?**

The problems of child hunger and poor nutrition have been the focus of attention of policy makers in government, health and education for many years. These issues are not new and yet the problems are still here and growing.

The NCGH work has benefitted hugely from the input of many people involved in food initiatives across the city – their work is very important and much needed. The City Funds will be careful neither to take funding away from them nor to duplicate their work, so their continued involvement and input will be key to our success. Through the City Funds we will seek to provide new sources of funding to target the causes of child hunger and poor nutrition and apply that funding in new ways to achieve the 'systems change' that is highly needed.

A new approach – inventive, flexible and sustainable – is needed if we want to make sure that all Bristol's children have the chance to eat the food that will give them the best

---

<sup>10</sup> For example, many cookery workshops designed as 6-week courses often don't work long term, as consumer culture and time poverty are not addressed, so parents and children don't replicate the intervention at home.

start in life, maintaining wellbeing and good development throughout childhood and adolescence. We want Bristol to be fairer, so we need to support grassroots community organisations and small community businesses to take their own action.

All too often the funding system pits organisations against each other as they compete for the little funding that is available. There is a great deal of ingenuity and creativity happening in the food sector in Bristol, but we need to encourage more collaborations to save organisations expending time competing fruitlessly. The City Funds will specifically seek to fund collaborations so that multiple organisations can benefit from the funding we raise, and less time will be spent competing and producing winners and losers in the race for funding.

Yet, as much as we would like to address all the core problems we have indicated, it would be too ambitious to expect that a new city initiative would solve them all. Many causes of food poverty listed above are driven by factors that we cannot easily influence and change in a short time, for example: universal access to free food in preschool settings, the way the welfare benefits system is regulated and delivered, or even the advertising rules around food. However, our aim is to make tangible change for local people. If there is a window of opportunity to affect regulation and local policies<sup>11</sup>, NCGH will be ready to support such initiatives, offering an evidence base and community-led partnerships.

Food aid and crisis management won't be a direct part of our strategy: as an initiative we want to focus on changing the environment for families before the point where they need to use emergency food. Yet, we are aware that this is necessary for many families in crises. Some great initiatives in the city are showing how food aid can be a first step to provide security and build towards change.<sup>12</sup>

Focusing on our strengths and resources we can leverage funds to create micro changes in behaviour, practice and engagement. We will focus on the strengths in Bristol, including existing assets, people's enthusiasm and collective knowledge, to focus on building resilience and enhancing that knowledge to push broader changes for the long term. Building on smaller scale change, we will aim to work with partners and stakeholders to influence broader systems change.

One of the key aspirations of the City Funds and No Child Goes Hungry is to build resilience and recognise the agency of parents and children to not only have their say around issues that directly affect them but to empower them and provide them with platforms to get involved in research, outreach work and creating long-term plans and strategies around the most pressing needs. Community anchors, local hub alliances, children centres and schools should help residents with a non-judgmental, familiar, inclusive and productive space to get together and start having conversations to address issues that concern them.

---

<sup>11</sup> For example local or regional food procurement for schools, nurseries, children's hospitals and care settings

<sup>12</sup> Such as the collaboration between Fare Share South West and Bristol Early Years around breakfast clubs and school holiday programmes.

## **NCGH identified priorities**

In order to best solve the main problems indicated by our study, we want to support ideas that are based in four key priority areas. These are a starting point for exploring initiatives that could meet our objectives and are not intended to be prescriptive.

### **1. Making education around food and nutrition in the city more comprehensive and appealing for children, helping good cookery schools in communities sustain and broaden their activities and supporting innovative and child-focused public health campaigns**

Supporting play-based learning for children after they leave nursery settings is rooted in an understanding that play and joy is crucial for child development. We seek to support good models of community learning that create joy about food for children though, for example, outdoor growing activities, or family cookery sessions that build confidence or break cultural barriers.<sup>13</sup> New models of inter-generational work, we believe, will lead to long-term change with increased awareness, skills and knowledge, and social cohesion in the city. Learning through play work<sup>14</sup> and shared meals in the community will, we predict, lead to much better health and education outcomes for our children.

There is also excellent work that could be built upon to change local consumer food culture with healthy alternatives cooked from scratch<sup>15</sup> and help some of the best cooks and community cookery schools in the country thrive through working more closely with schools and nurseries.<sup>16</sup>

### **2. Making local support services more accessible, consistent and co-ordinated; creating local plans to tackle food poverty in communities through local collaborations**

Our baseline research shows a great deal of professionals, whether they be working around financial and debt support, cookery classes, health and wellbeing, child development or community learning, recognise the urgent need for synchronising and joining up work to prevent duplication, enhance communication and improve outcomes for families. This should make accessing services easier for families, so they can get continuous support in one place with no or few referrals outside of familiar community spaces.

Our baseline study confirms that services in communities, including all children and family support services, 'should give greater attention to how well they meet the needs of those low-income families who may be least well served, including ethnic minority families, single-parent families and families with disabled children or disabled parents' (JRF 2016:27).

We also aim to help services become more holistic – eg joining up support around how to access decent housing, improve education, debt advice, health and wellbeing support, through new or existing 'hubs' of local services. Organisations may be motivated to join

---

<sup>13</sup> Such as the work of '[91 ways](#)'

<sup>14</sup> A good example is the work of [Learning Partnership West](#) in communities across Bristol

<sup>15</sup> Such as '[Somali kitchen](#)' group

<sup>16</sup> For example [Square food foundation](#) and [Jo Ingleby](#)

forces through new collaborations, mergers or partnership working in order to benefit from the funds.

### **3. Creating a more inclusive environment for communities to act for themselves**

One of our main commitments is to make action through NCGH genuinely bottom-up, which means listening to people in local communities and those organisations that support them. Some of Bristol's community anchor organisations generate significant funds to support their work in communities<sup>17</sup>. Others, however, are struggling and may need support to build resilient communities that can tackle food poverty and social inequality.

Our commitment means that we want to place children in the centre of the action. If we agree that children have the right to health, wellbeing and for the food given to them to be healthy and nutritious, then we need to make sure we create the right environment for them and their families to fulfil their rights and agency, their potential and aspirations, through local action<sup>18</sup> or peer research.<sup>19</sup> This will help us to further understand the needs of communities, build on existing channels to access hard-to-reach families and spread examples of good practice from family to family.<sup>20</sup>

With the expertise of people who have been doing fantastic work in communities for years and the support of local anchor organisations, alliances and children centres with their links to families, we can support and train parents, carers and children to create sustainable, informed and co-designed interventions, programmes and policies for the long term. Food can be used as a catalyser to bring people together and start conversations over shared community meals.<sup>21</sup>

### **4. Create opportunities for families to access affordable fresh, nutritious food in local areas across the city**

There is an urgent need for wider urban food production to provide affordable fresh food in less advantaged parts of the city and support for families in cooking and healthy eating (Maslen et al 2013). Inaccessibility and unaffordability of fresh produce is a chronic problem. As the number of people who cannot afford healthy food is rising dramatically, if we want to tackle the issue systematically, we will need a holistic approach in creating food policies to include people's access to land, community and education (King 2017).

We want to help create a much better environment for local businesses that would support community based and led food growing, production and retail. This means recognising and

---

<sup>17</sup> Barton Hill Settlement, for example: <https://www.bartonhillsettlement.org.uk/the-network/>

<sup>18</sup> A great example of child led intervention in the community is [Room 13 in Hareclive](#)

<sup>19</sup> A good present example is the Women of Lawrence Hill project:

<https://www.bristolwomensvoice.org.uk/women-of-lawrence-hill/> and <https://www.ageing-better.org.uk/sites/default/files/2018-10/Hartcliffe-Primary-research-community-contributions.pdf>

<sup>20</sup> Peer support groups such as parent's networks or breastfeeding and weaning groups are a good example: <https://www.bristol247.com/lifestyle/women/inside-brisstols-successful-breastfeeding-group/>

<sup>21</sup> Good example is shared lunch in Barton hill organised by [Food Cycle](#) and delivered by community volunteers that runs every Saturday

strengthening capacities of existing business models for local food provision that communities benefit from, so the demand for good healthy food rises.

Added value to this would be engaging people in the process – integrating food aid and local food production wherever suitable. For example, can we replace cheap ready-meals and fast-food that lacks nutritional value with good food, prepared by and in communities? Could there be an investable business to create local, affordable healthy meals?<sup>22</sup>

Local growing, production, retail and distribution would aim at meeting both demands for support at present but also building skills and creating local food infrastructure that is self-sustaining in the longer-term, especially in food deserts and areas remote from the centre or commercial infrastructure. An audit of land that could be used for growing food in disadvantaged areas would produce a map of potential sites. This could form the bedrock of community-led initiatives<sup>23</sup> to put food production back into local people's own hands.

## **NO CHILD GOES HUNGRY THEORY OF CHANGE**

### **Background**

Tackling food poverty in Bristol is a complex, multi-layered process needing engagement at all levels. In order to make a social change, we need to change the wider 'systems' that result in food poverty. Systems change 'is both a way to understand why difficult social problems persist and an effective challenge to our own role in tackling them' (Abercrombie et al 2018:4).

A theory of change approach helps us to deal with the root causes of social problems, by helping us to understand why difficult social problems persist. If applied properly it becomes 'a process of inquiry that asks the searching questions that systems change demands' (Ibid: 30). It is basically a 'description of a sequence of events expected to lead to a particular desired outcome' (Davies in Vogel 2012:1). A theory of change forms a 'pathway' towards an expected impact, and it is usually captured in a diagram (logic model) with an accompanying narrative to provide a guiding framework for the project team and stakeholders (ibid.).

*'Theory of change is actually a very simple concept. Throughout our work and personal lives, we have aims, objectives and ideas about how to achieve our goals, but we rarely take the time to think these through, articulate and scrutinise them. All a theory of change process does is to make these assumptions explicit and therefore more testable.'* (Harries et al 2014:8)

---

<sup>22</sup> Such as, for example, the 'Can cook' project in Liverpool

<sup>23</sup> For example, along the lines of Incredible Edible, The Community Farm, Simms Hills Shared Harvest<sup>23</sup> and other community supported agriculture models<sup>23</sup>

A theory of change helps identify the factors that affect programs and enable actors to anticipate what will be needed to achieve success (WK KF 2004:27). It helps teams work together to achieve a shared understanding and maximise the effects of programmes/projects; it quickly communicates a project's aims and brings the process of change to the forefront; and it encourages teams to engage with the existing evidence base for the project (Harries et al 2014:6).

Such a model and framework will help No Child Goes Hungry and the City Funds to plan stakeholder engagement and communication approaches and monitor progress towards defined goals, but can also be used to support discussions with communities and partners. Shaping a theory of change is an iterative process (Harries et al 2014:9) and it is likely that stakeholders will refine and change some elements as they define others (PO 2018: 1 and 2).

Communities do not exist in isolation, but are embedded in a policy environment, in markets, and in networks of institutions; they reflect wider cultural norms and respond to changes in demography (Abercrombie et al 2018:4). As social action is a response to need within communities, it is important to take the pulse of our communities before planning the goals, outcomes and activities for our action.

## **Methodology**

With the aim of developing a new strategic programme to tackle food poverty in Bristol, we conducted a baseline analysis to focus in on the issue we wanted to solve, helping us set realistic goals. The NCGH baseline study served to develop our understanding of the root causes of food poverty among children in Bristol, providing the basis for a new pathway to a brighter future. Learning from various professionals in the city, experts and community leaders, as well as exploring interventions which could reduce the number of children living in food poverty, we created a basis for our theory of change.

To identify root causes we looked at a variety of indicators, identifying issues and circumstances that lead to deprivation and/or malnourishment. To understand how these affect children in Bristol, we looked at the wider context of how food poverty is part of children's lives, including the different local contexts in which food is provided, prepared and consumed in homes, schools, nurseries and community settings. The baseline study included a scoping review<sup>24</sup> of current and past interventions, including secondary data reports, academic literature, media coverage and policy documents.

Two rounds of interviews were then conducted with stakeholders, partners and professionals. A set of introductory meetings was used to define the main themes and the research question, to help map actors, stakeholders and power relations, as well as the receptiveness of stakeholders to new evidence on these issues (Vogel 2012: 9). Primary data was then collected with professionals working directly with families around food

---

<sup>24</sup> A scoping review provides an overview of a broad topic as it allows for a more general question and exploration of the related literature (Peterson 2016:12-13).

growing, cooking and provision, child development, education and care, community engagement and organising. More than 60 people were consulted.<sup>25</sup>

The main research questions were:

1. Which situations and processes underline food poverty for families in Bristol?
2. In what ways do organisations address those underlying issues?
3. What could be improved on to support local communities with long-term food security?

Interviews were semi-structured and contained three parts or three main themes, where prompts were used to guide conversations rather than a set of strict questions. The first part of the interview looked at poverty and poor diet among the families who access services that informants are involved with. The second part was used for understanding the nature, scope and limitations of the work done by organisations to address this. Finally, interviews were concluded with discussion about perspectives on improving the context in which support to families is being provided.

The baseline study helped us identify the key issues in the context of Bristol, with chronic and growing food poverty and malnutrition among children the key problem we looked at. In order to focus our efforts, we looked in precise terms at the root causes identified as contributing to this problem the most.

## **NCGH Theory of Change Narrative**

### *The problem*

The overall problem NCGH seeks to address is chronic child food poverty in Bristol. As the context analysis confirms, there are a growing number of children in Bristol going hungry throughout the year and/or their families are struggling to provide children with healthy, balanced diets. Unchecked, this will lead to multiple negative health outcomes, including undernourishment, tooth decay, obesity and diabetes.

To combat this, there is an urgent need for more cooking from scratch in families and better food choices that would support positive health and development outcomes. Many parents lack confidence and skills around cooking and growing, and children generally need more comprehensive understanding of benefits of healthy food and balanced diets. This is also a generational issue as many grandparents still have cooking and growing skills, but these are not usually being shared. Work done by schools is often limited with 'top-down' education and is not comprehensive enough to provide solid understanding and skills. Work done by some local organisations and nurseries in cookery is admirable, but not consistent and synchronised enough to make a sustained impact. In fact, it is limited to number of patchy, mainly short-term interventions.

---

<sup>25</sup> The main limitation is related to the very nature of the study as a scoping review and introductory, baseline study. This study interviewed many expert practitioners close to those living in poverty and with knowledge of the problems affecting children and parents, but direct evidence is highly needed. Further needs assessment is suggested in our ToC under community engagement activities to fully understand the needs, challenges and barriers to good nutrition and levels of food poverty among families in Bristol.

Families and children need more inclusive, accessible, effective and continuous support in local settings, whether that be around financial support and debt advice, mental health counselling or childcare, as these all affect parenting, food choices and nourishment. Getting support related to food and nutrition often means referrals to a range of outside agencies, which can be time-consuming and overwhelming for families, and with little real effect. Despite some excellent examples of optimising support through local partnerships, too many support services across the city end up duplicating other work, are short-term and/or are not designed according to resident families' needs.

Furthermore, processes in which policies, programmes and interventions are formulated and delivered in the city don't always engage children and their parents or carers in tangible and consistent ways. This often means that interventions either don't genuinely meet the needs of beneficiaries or many families don't get the chance to be engaged in ways that would support real behavioural or structural change. Families need meaningful channels of communication with decision makers and service deliverers and models of engagement which will allow them to take part in and gradually control such processes.

It is a widespread problem that many families cannot access much or any healthy, nutritious food to access in their neighbourhood. Our food landscape is non-diverse and doesn't provide many options for access to good food. Many areas are lacking in independent greengrocers, despite some very good sustainable businesses and community-owned and led interventions.

### *Our goals*

NCGH's key aspiration is that all children and their families have access to good nutritional food every day. Ideally, in 10 years' time they will have improved their health, but also their level of educational attainment and overall achievement.

Our aim is that children are better able to recognise good food and understand its benefits for health and wellbeing as well as to grow their own food and know how to prepare up to 10 meals from scratch.<sup>26</sup> Parents/families will have more confidence in cooking from scratch at home and/or growing food. Families will have at least one shared meal made from scratch each day. The prevailing food culture will be radically challenged and shifted to much better food choices with comprehensive food and nutrition education through health campaigns designed and led by children.

We also hope that community networks and hubs of support services are created or strengthened through local partnerships and alliances, and work effectively. These will be affordable and accessible to all parents and children and will offer continuous, evidence based, innovative, wrap-around support in local settings such as children centres, community centres or other similar safe and non-judgmental environment. Support will be provided on the bases of evidence of needs and strengths, shared assets, knowledge and

---

<sup>26</sup> This goes in line with One City Plan's ambition that children leave school knowing how to prepare a meal from fresh produce, ideally locally sourced from Bristol's market-gardens and city farms (BCC 2019:18)

experience, shared measurements to track impact and a clear strategy.

Networks within communities will be developed and families can visit local community 'hubs' where they can access most services. Individual organisations will benefit from partnerships. The environment will be set up for local hubs to provide space for families to articulate needs and find their own solutions to local problems. Children and their families will be tangibly engaged in decision making and designing interventions. Policies to address food, nutrition and child development in the city will be informed by those families most at risk.

# No Child Goes Hungry – Theory of Change

## PROBLEM: Too many children in Bristol eat unhealthy diets and/or go hungry

- Families can't regularly access healthy food options in their local area
- Many families can't regularly provide healthy nutritious meals for children, which reflects society's unhealthy food culture
- There are barriers that prevent families and children from fully accessing and benefitting from the support provided in their neighbourhoods
- Families and children have limited control over the factors that affect their nutrition, wellbeing and quality of life

## ASSUMPTIONS:

- Improved education, skill training and family-led initiatives will enhance nutrition, development and well-being
- Better nutrition will enhance educational attainment and improve life chances
- Community-based organisations, working collaboratively, can provide inclusive environments and effective support for families
- Community-led organising, working in partnership with statutory organisations, needs assessment and planning can influence decision-making and support effective service delivery for families at risk of food poverty

## NEEDS: where are the gaps?

- Skills and knowledge in healthy eating, growing and cooking
- Range of accessible statutory and non-statutory support services that work for all local people
- Engagement of families in policies and programmes around food, nutrition and related topics
- Affordable and accessible healthy food in local areas, especially those regarded as 'deprived'
- Opportunities for communities to influence the food provided in their area

## ACTIVITIES – Creating change

### Increased support for:

- High-quality education about nutrition and cookery, creating positive attitudes and behaviours around healthy food and prioritising innovative child-, family- or community-led campaigns
- Creation and strengthening of strategic collaborations between support services around food, nutrition and child development designed to build resilience to food poverty
- Stakeholder engagement work at local and city-wide levels, to align food poverty projects with strategic partners
- Local organising, engagement, needs assessment and planning by and for resident families and community groups around tackling food poverty
- Sustainable, community-based businesses and/or interventions related to healthy food provision in high risk areas

## IMPACT – Desired overall change

Children and families in local neighbourhoods can:

- afford and access healthy food
- understand the benefits of healthy eating and cooking
- consume healthy nutritious meals at home regularly
- have influence over processes, policies and programmes that affect their nutrition and wellbeing
- be supported by trusted local community organisations when they need it

The local food economy and landscape are improved with a higher demand for good, locally-produced food.

Reliance on food-banks is reduced  
Nutrition related health outcomes are improved

## Conclusion

NCGH is not the only programme aiming to tackle food poverty in the city. And while some of the underlying causes we have described above are beyond our scope because they depend on much broader political, environmental or socio-economic factors, the strength of the City Funds as a hub of professionals and community representatives is that it looks at the broader aspects of key problems. This will help us to influence change and make Bristol a fairer, healthier and more sustainable city. As part of our analysis, members of the other City Funds priority groups and the Government Board had their say about their vision for NCGH as part of the City Funds action, and this has helped us look across these priorities to make the best fit and best use of the NCGH Theory of Change.

We hope that Bristol City Funds will help drive inclusive and collaborative approaches that can be replicated across the city region and beyond. The existence of centrally managed grant and investment funds will enable faster, more targeted decision making as investment comes from one as opposed to multiple, disparate sources. We hope that smaller changes in local settings will showcase good practice and bring about broader change over time. We aspire to change that leads families in Bristol to have a better environment and better chances to thrive and control processes that affect their nutrition and wellbeing, and have the support of 'key' players to make that change for themselves.

*'I grew up in a poor area [of Bristol] with an alcoholic father and five siblings. Some days we didn't eat so we were really impoverished. Then I became a teenage mum – people were saying "oh she's going to become a criminal and her life is going to be terrible", so it made me feel I wanted to do something different. I've had few key people along the way who supported me to go back and do a degree, buy my own house, my daughter is married and has got a degree herself, so I measure that as a few key people along the way can make a real change...'* Informant E

## REFERENCES

- Abercrombie, R., Boswell, K., Thomasoo, R. (2018) *Thinking Big – How to Use Theory of Change for Systems Change*. New Philanthropy Capital (NPC)
- Aceves-Martins M, Cruickshank M, Fraser C & Brazzelli M. *Child food insecurity in the UK: a rapid review*. Public Health Res 2018;6(13)
- BCC (2018a). State of Bristol Key-Facts 2017-18. Bristol City Council, retrieved from: <https://www.bristol.gov.uk/documents/20182/32947/State+of+Bristol+Key+Facts+2017-18>
- BCC (2018b). The Population of Bristol – December 2018. Bristol City Council, retrieved from: <https://www.bristol.gov.uk/documents/20182/33904/Population+of+Bristol+December+2018.pdf/e65be8b1-93a7-153d-da6d-62fbef265a04>
- BCC (2018c). New wards: data profiles. Bristol City Council, retrieved from: <https://www.bristol.gov.uk/statistics-census-information/new-wards-data-profiles>
- BCC (2018d). *Health and Wellbeing in Bristol 2018 Joint Strategic Needs Assessment (JSNA) 2018 data profile*. Bristol City Council, retrieved from <https://www.bristol.gov.uk/documents/20182/34748/JSNA+2018+Data+Profile.pdf/f931b437-84fc-699a-639f-89dde144b142>
- BCC (2018e). 'Bristol joins global cities to tackle urban food issues'. Bristol City Council, available at <https://news.bristol.gov.uk/news/cllr-asher-craig-signs-milan-urban-food-policy-pact> accessed 22/1/19
- BCC (2018f). Best Start in Life: Laying the foundations for healthier futures, Bristol City Council retrieved from <https://www.bristol.gov.uk/documents/20182/305531/Director+of+Public+Health+report+2017-18+Best+Start+in+Life+Laying+the+foundations+for+healthier+futures/f7f9209c-8c58-8791-9164-44aca4092872>
- BCC (2018g). 'Annual rough sleeping figure revealed'. Bristol City Council – Newsroom, December 3<sup>rd</sup>, available at <https://news.bristol.gov.uk/news/annual-rough-sleeping-count-figure-revealed> last visited 18/3/2019
- BCC (2019). *One city Plan- A Plan for Bristol to 2050*, Bristol City Council, retrieved from <https://www.bristolonacity.com/wp-content/pdf/BD11190-One-City-Plan-web-version.pdf>
- Broadnax, V. C. (2018). *Hunger among Families Entering the Intake Phase of Placement into Temporary Housing* (Doctoral dissertation, Capella University).
- Bryman, A. (2012) Chapter 17: 'The Nature of Qualitative Research', *Social Research Methods* (Oxford: Oxford University Press)
- Butler, P (2018a). 'Four million UK children too poor to have a healthy diet, study finds', The Guardian, September 5th, available at <https://www.theguardian.com/society/2018/sep/05/four-million-uk-children-too-poor-to-have-a-healthy-diet-study-finds> accessed 22/1/19
- Butler, P (2018b) 'Universal credit rollout 'loads unreasonable risk' on to claimants' The Guardian, October 31st, available at <https://www.theguardian.com/society/2018/oct/31/universal-credit-rollout-loading-unreasonable-risk-on-to-claimants> visited January 6
- Carey, J., Pardoe F., Lewis, T., Stevenson J. (2019) Bristol Food Provision and Services Informing the work of the Feeding Bristol charity, a short summary. Feeding Bristol. Retrieved from: <https://gallery.mailchimp.com/bc819b96c0a232637977b2494/files/a73bd37e-c064-4977-ab3a->

[f18fdad021d8/Bristol\\_Food\\_Provision\\_and\\_Services\\_Feeding\\_Bristol\\_Jan\\_2019.pdf?fbclid=IwAR3bulloapY4SHzNBVYsmdCZhs3ooTCLYyyjK2hBYvWd41mj-DF9yZAYSNg](https://www.leedsbeckett.ac.uk/carnegie-school-of-education/child-food-insecurity/#)

CFFI (2018). 'Children's Future Food Inquiry', available at <http://www.leedsbeckett.ac.uk/carnegie-school-of-education/child-food-insecurity/#> accessed 22/1/19

Chakraborty, A. (2018). 'It took a UN envoy to hear how austerity is destroying lives'. The Guardian 14 November

Connell, J. P., & Kubisch, A. C. (1998). Applying a theory of change approach to the evaluation of comprehensive community initiatives: progress, prospects, and problems. *New approaches to evaluating community initiatives*, 2(15-44), 1-16.

Corfe, S. (2018). *What are the barriers to eating healthily in the UK?* Social Market Foundation

Davidoff, F., Dixon-Woods, M., Leviton, L., & Michie, S. (2015). Demystifying theory and its use in improvement. *BMJ Qual Saf*, 24(3), 228-238.

Digby A., Fu, E., (2017). Impact of homelessness on children – research with teachers. Shelter. Retrieved from [https://england.shelter.org.uk/data/assets/pdf\\_file/0011/1474652/2017\\_12\\_20\\_Homelessness\\_and\\_School\\_Children.pdf](https://england.shelter.org.uk/data/assets/pdf_file/0011/1474652/2017_12_20_Homelessness_and_School_Children.pdf)

ECP (2018), 'More than half of children now living in poverty in some parts of the UK', <http://www.endchildpoverty.org.uk/more-than-half-of-children-now-living-in-poverty-in-some-parts-of-the-uk/> January 24, accessed 22/1/19

Foster (2018). 'It's a dereliction of the state that people can't afford to eat during the holidays', The Guardian July 25th

Harries, E., Hodgson, L., & Noble, J. (2014). *Creating Your Theory of Change*. London: *New Philanthropy Capital*.

JRF (2016). *We can solve poverty in the UK*. Joseph Rowntree Foundation

Kellogg's, Y. (2015). *Isolation and Hunger: The Reality of the School Holidays for Struggling Families*.

King (2017). 'Beyond food banks: Solutions for feeding Bristol'. The Bristol Cable, July 27<sup>th</sup> available at <https://thebristolcable.org/2017/07/beyond-food-banks-solutions-feeding-bristol/> accessed 22/1/19

LGA (2018), *Delivering children's centre services – Case studies*. Local Government Association, retrieved from [https://www.local.gov.uk/sites/default/files/documents/LGA\\_Delivering%20children%E2%80%99s%20centre%20services\\_15%2024\\_January%202018.pdf](https://www.local.gov.uk/sites/default/files/documents/LGA_Delivering%20children%E2%80%99s%20centre%20services_15%2024_January%202018.pdf)

Loopstra, R., Reeves, A., Taylor-Robinson, D., Barr, B., McKee, M., & Stuckler, D. (2015). Austerity, sanctions, and the rise of food banks in the UK. *Bmj*, 350, h1775.

Loopstra, R., Fledderjohann, J., Reeves, A., & Stuckler, D. (2016). The impact of benefit sanctioning on food insecurity: a dynamic cross-area study of food bank usage in the UK.

Maslen, C., Raffle, A., Marriott, S., & Smith, N. (2013). *Food poverty: What does the evidence tell us*. Bristol: *Bristol City Council*.

McDermont M., & Millner N. (2018). *Productive Margins: Who decides what's in my fridge?*

Moore, G.F., Audrey, S., Barker, M., Bond, L., Bonell, C., Hardeman, W., Moore, L., O'Cathain, A., Tinati, T., Wight, D. and Baird, J. (2015) *Process evaluation of complex interventions: Medical Research Council guidance*. *British Medical Journal (BMJ)*, 350.

Moragues, A., Morgan, K., Moschitz, H., Neimane, I., Nilsson, H., Pinto, M., ... & Halliday, J. (2013). *Urban Food Strategies. The rough guide to sustainable food systems*.

O'Connell, R. (2018). Families and Food in Hard Times: rising food poverty and the importance of children's experiences. *SPERI British Political Economy Brief*, (33).

Peterson, J., Pearce, P. F., Ferguson, L. A., & Langford, C. A. (2017). Understanding scoping reviews: Definition, purpose, and process. *Journal of the American Association of Nurse Practitioners*, 29(1), 12-16.

PHE (2013). School Food and Attainment – Review of the literature. Public Health England

PO (2018). Theory of Change Guidance. Project Oracle Children and Youth Evidence Hub. Retrieved from <https://project-oracle.com/resource-library/theory-of-change>

PSHEA (2019). We've got it covered... Mapping the PSHE Association Programme of Study to the new statutory guidance on health education and relationships education/RS. PSHE Association

SMC (2018). A new measure of poverty for the UK - The final report of the Social Metrics Commission. Social Metric Commission

Stroh, D. (2015). *Systems thinking for social change : A practical guide to solving complex problems*, avoiding unintended consequences, and achieving lasting results / David Peter Stroh.

Trussel Trust (2018). *The next stage of Universal Credit Moving onto the new benefit system and foodbank use*. Trussel Trust, retrieved from <https://www.trusselltrust.org/wp-content/uploads/sites/2/2018/10/The-next-stage-of-Universal-Credit-Report-Final.pdf>

Vogel, I. (2012). ESPA guide to working with Theory of Change for research projects. *ESPA programme*.

Wakeford, T., Rodriguez J.S. (2018). *Participatory action research: towards a more fruitful knowledge*. University of Bristol and AHRC Connected Communities Programme

WK Kellogg Foundation. (2004). *WK Kellogg Foundation logic model development guide*. WK Kellogg Foundation.