

# Investigating the eating habits and barriers to healthy eating at St Sidwell's Community Centre

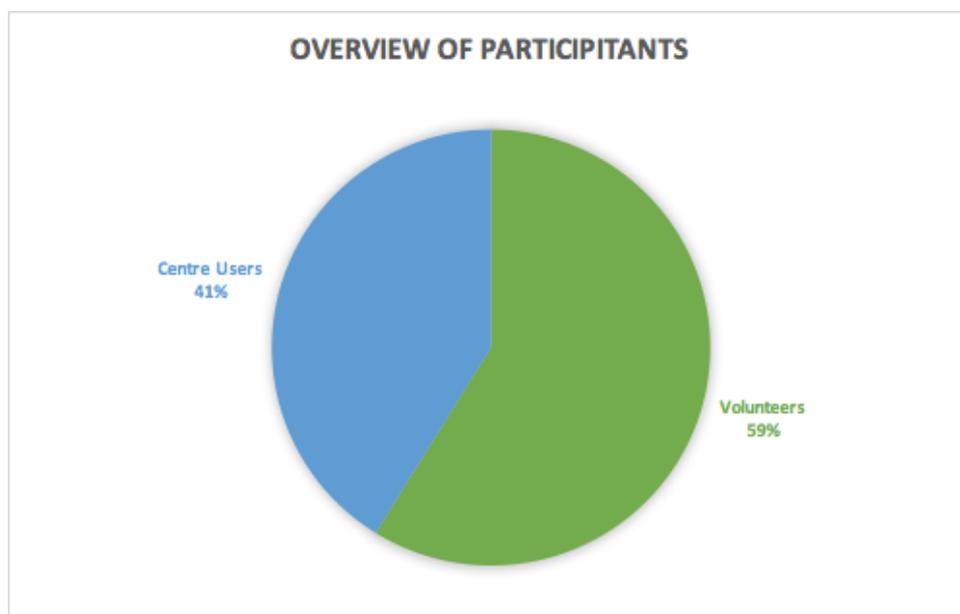
Friday 9<sup>th</sup> June 2017



By Ellen Grey, Miranda Sandy and Anna Bevington, as part of Exeter University's Grand Challenges Week

## An Introduction

For the 'Grand Challenge' project week at Exeter, a group of students collaborated with St. Sidwell's Community Centre to collect some data regarding centre-users' and volunteers' eating habits. The aim was to provide a variety of quantitative and qualitative data to provide ideas for the Centre's future projects that could improve eating habits for some of these people. Students spent an afternoon collecting data in the café regarding the eating habits of volunteers and centre users of St. Sidwell's. A survey, consisting of closed and open questions regarding shopping, cooking and eating habits was devised. In order for it to be accessible to the participants, who might have struggled with a formal written questionnaire, informal interviews were used. Participants were informed of the general purpose of the data and its anonymity, before signing their consent to take part. In all, 17 volunteers and centre-users were involved in the project.



St. Sidwell's Community Centre serves a very wide range of people's needs. Often, centre users and volunteers are disadvantaged in some way, with learning disabilities or mental health issues for instance. Many participants were volunteers, undertaking a wide variety of work-placement style roles within the café, such as operating the till, making drinks, and serving customers, or in reception, working several days per week. Some have learning difficulties, and use this as a stepping-stone to paid employment. Others are involved in various projects including a stroke support group and a heritage project. Centre users come for a variety of reasons, including the job club and maths lessons, which are also aimed at enabling employment. Some of the participants said they attended these sessions as they lacked basic numeracy and literacy skills. Others enjoyed the space as a quiet and calm place to work with free Wifi, or for a healthy and affordable meal. Some also alluded to mental health issues, and found the Centre a friendly, "*safe and inclusive*" environment.

## What did the participants like about St Sidwell's Community Centre?

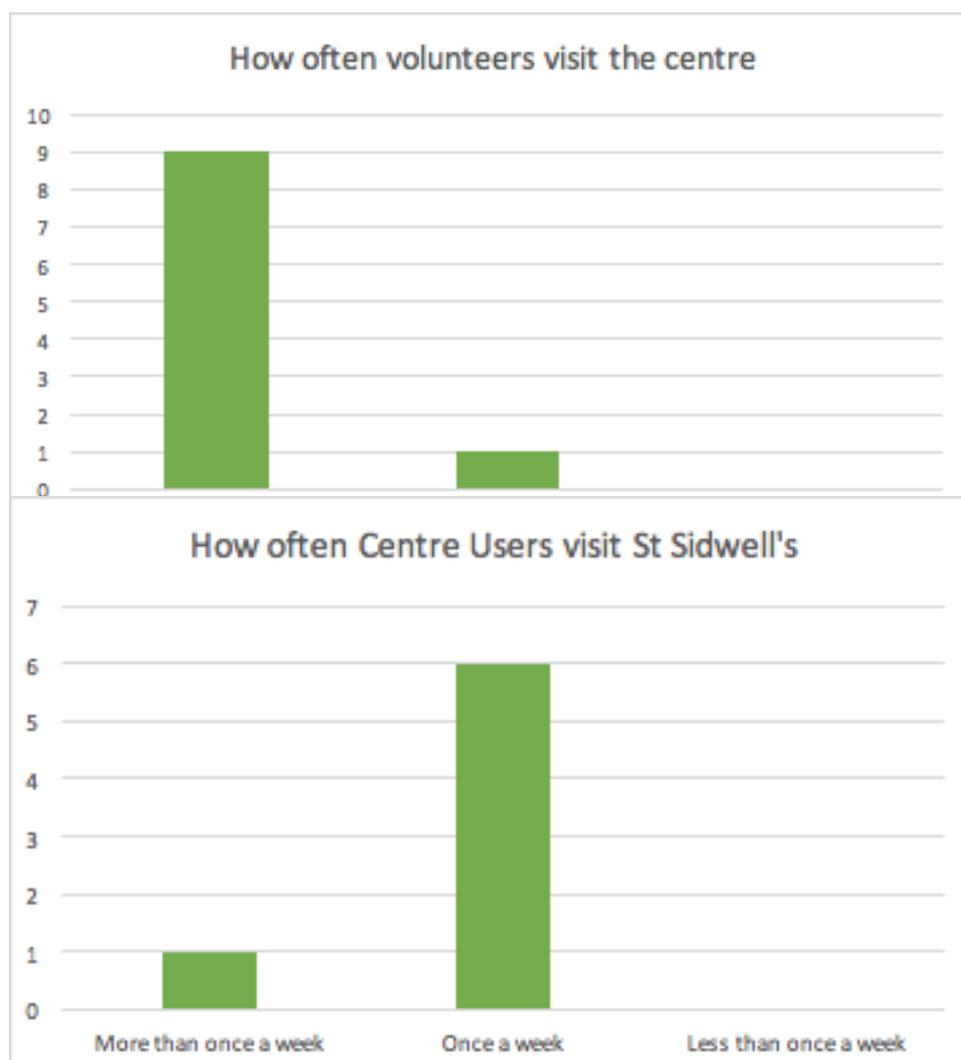
All the participants were very positive about the Centre, with many remarking on the community spirit, atmosphere and the delicious food. All attended at least once a week.

*The centre is like "Another Family", so that you "feel part of something", as "everybody pulls together" (a volunteer)*

Volunteers said the skills learnt made them feel valued and "needed", but mostly talked about the supportive and social atmosphere and the importance of meeting new people and helping others.

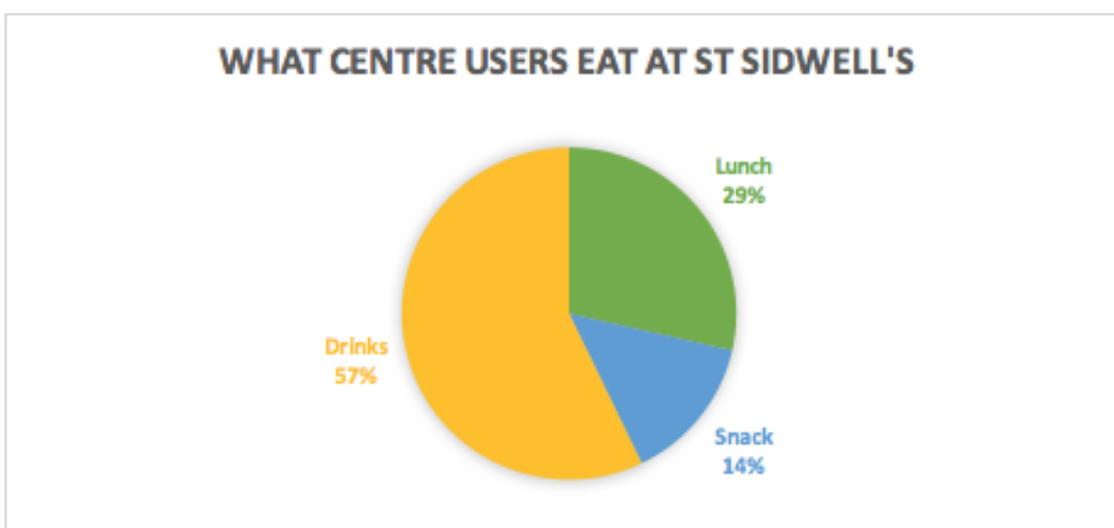
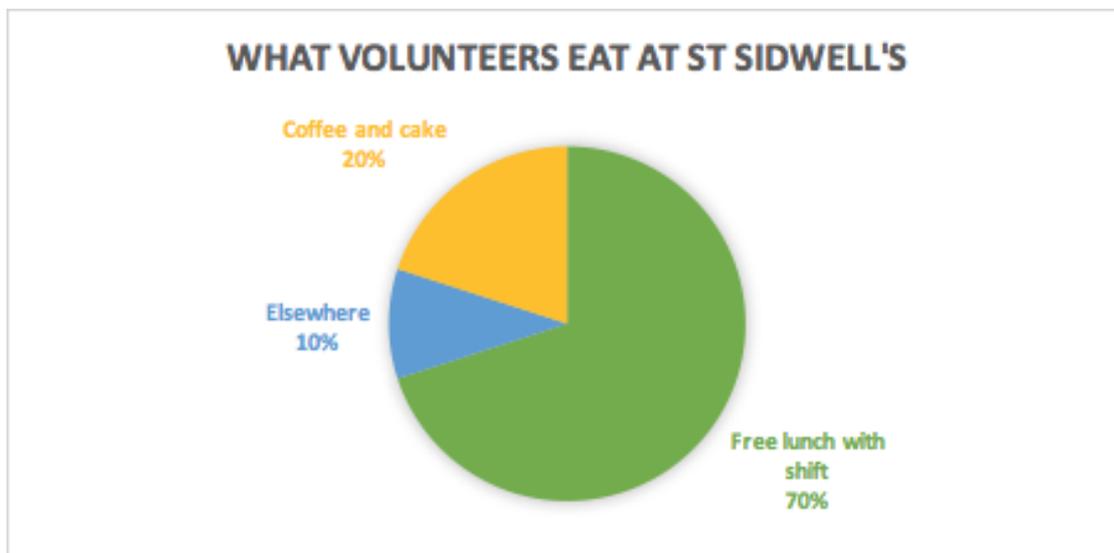
*The centre is "life-affirming", and "really important" to me and "the variety of courses on offer are fantastic, that the tutors are brilliant" (a centre user)*

*"the whole delivery of it is very positive ... [with] real love, warmth and empathy" and that it helps you to "maintain your trust in the human race" (a centre user)*



## What are the participants' eating habits within the café?

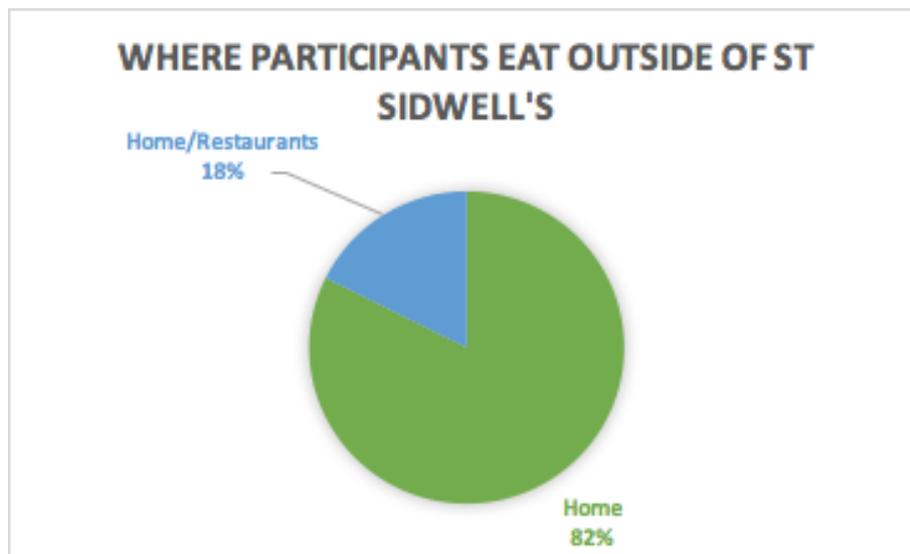
In the café, which was considered a relaxed and sociable environment, food was generally perceived as excellent value for money, good quality, "imaginative" and healthy. For example, one person highlighted that there are no bags of crisps available to buy. One centre-user said that they only bought a drink as "money is still an issue", but that they were able to bring a flask to the centre when coming for a course. Most highlighted the social importance of eating in the café, because there were other people there, as opposed to eating on their own or in front of the TV at home. Volunteers were given a free meal, usually soup or a jacket potato, for each four hour shift completed, and nearly all took up this offer. They also sometimes took home excess fresh produce provided by supermarkets including M&S and the Cooperative, including potatoes and asparagus, as well as occasionally enjoying excess food in the café, whilst on shift. One volunteer found this made their daily cooking more varied, especially being on a low income. One centre-user thought the cake options might not be healthy for managing their diabetes, but others with diabetes found balanced meals to be readily available.



## Where did the participants eat outside of the café?

Most of the participants predominantly ate at home, mainly for pragmatic reasons, including cost, habit and convenience. Those who tended to eat out more had a variety of reasons for doing so. These included not caring as much about cooking, enjoying the social aspect of eating out, particular food preferences, and also because cooking can be challenging. One centre user said that they cooked ready meals, because they had "forgotten" how to cook and were "dreadful" at it.

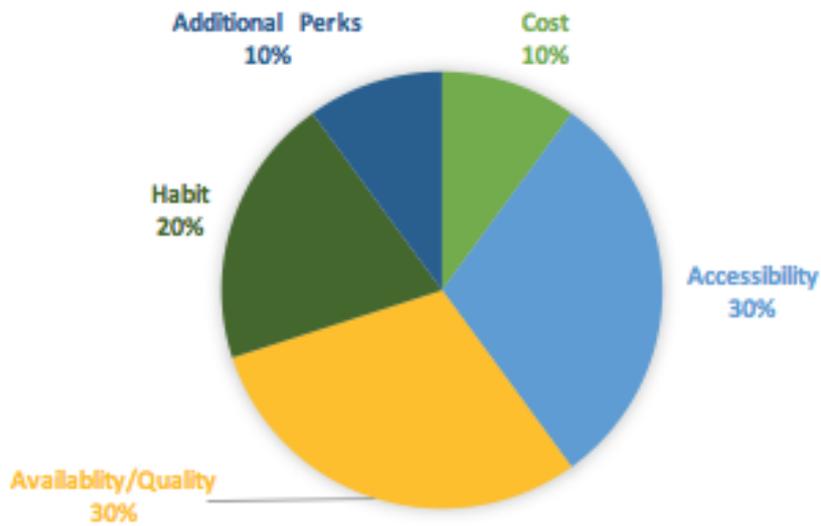
*"cooking is a chore, eating is fun" (a centre user)*



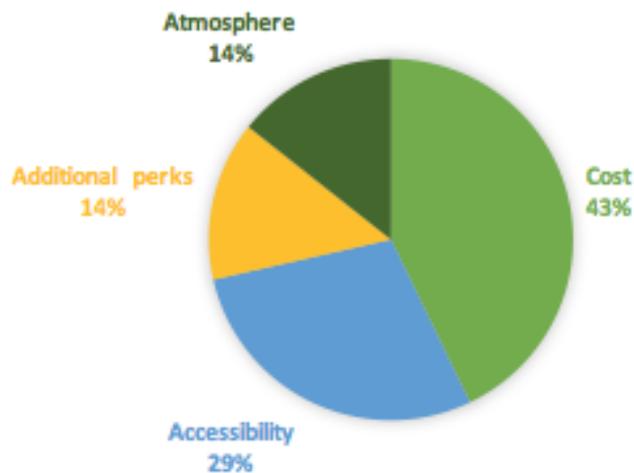
## Where did participants buy their food?

All the participants shopped mainly at supermarkets. Most seem concerned about price, but accessibility, in terms of distance and transport, was also a key factor. Tesco was a popular choice, as food was considered fresh, healthy and cheap. Some of the shops have additional financial influences such as a 'clubcard' system or free coffee. Some of those without access to a car opted for a more "convenient" but expensive (Waitrose) and/or worse equipped shop (Spar), due to being limited to travelling by either foot or bus. Having to rely on lifts from others was also common, one participant commented: "I get a lift from my dad for heavier things", whilst another with a shoulder injury relied on a friend for more thorough food shopping. One volunteer was reluctant to shop on their own, and their parents generally shop for food. Also, a centre user also considered the atmosphere of the shop an important factor, such as that of Sainsbury's which was smaller thus "not overwhelming", with "light[er]" and "wider aisles".

## THE FACTOR THAT MOST INFLUENCES VOLUNTEER SHOPPING CHOICES



## THE FACTOR THAT MOST INFLUENCES CENTRE USER SHOPPING CHOICES



### What did the participants cook at home most of the time?

For those who often cooked freshly prepared food from scratch, their motivation had various influences. Some of the participants liked the challenge of cooking creatively, often using many different methods, or by being limited to bargains.

*"Food can be a real joy" (a centre user)*

For others, healthiness was a priority, for instance to contribute to general wellbeing, to control diabetes or to lose weight. Some only cook freshly prepared meals when they have more time, such as at weekends.

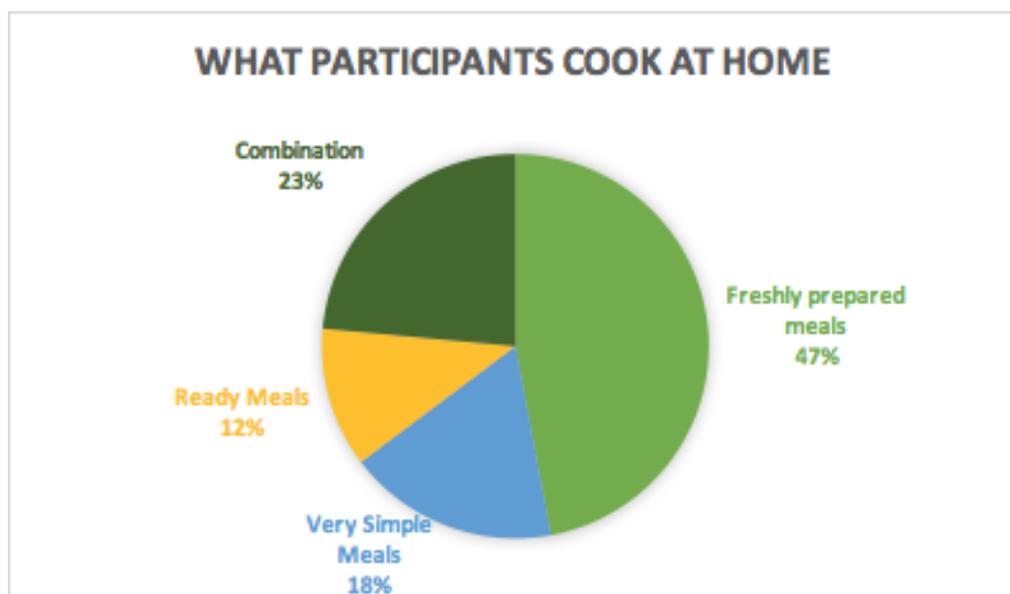
For those who do not have such a varied diet, manifested in heating ready meals or cooking very simple meals, like beans on toast, there were some recurring reasons. Many of the volunteers, whilst confident in preparing drinks and washing dishes from their work at St Sidwell's, were less certain about cooking, thus tending to eat ready meals at home. Another volunteer felt uncertain about "trying new things". Whilst they had grown in confidence through trying a variety of activities at the centre, this had not extended as far as home, so they did not consider their diet to be particularly healthy. Another volunteer felt cooking anything complex would be too time-consuming after a busy day, and said that they often forget to buy and prepare fresh fruit and vegetables.

*"I don't really know how to cook a fresh meal" (a volunteer)*

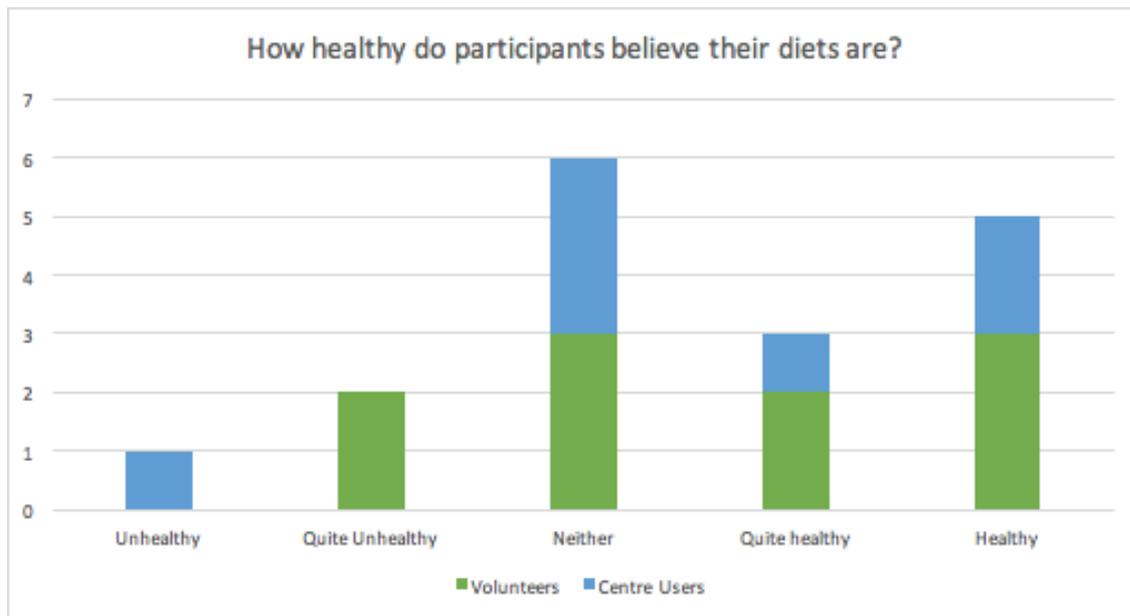
Centre-users seemed to have different reasons for not cooking freshly prepared food. One felt that living alone led to a lack of motivation to cook for themselves: *"when you're happy, you cook better food"*, with others echoing similar emotional sentiments. A few centre-users had broken cookers and hobs that they could not afford to repair or replace, and so were limited to just a microwave and kettle. One participant had found some creative ways to cook a great variety of dishes in a microwave, but others struggled, for example, one said that *"it's hard to afford anything else [other than ready meals] on the dole"*, and that they would be able to prepare healthier meals if they had better resources.

*"when you're happy, you cook better food" (a centre-user)*

*"If someone taught me how to learn a new dish I would make it" especially if it was "free" like some of the courses at St Sidwell's (a centre-user)*



## How healthy did the participants consider their diets to be?



The participants considered many aspects when rating their diets, including the idea of a balanced diet (with occasional unhealthy treats) and their fruit and vegetable intake. When asked about their rationale for healthy or unhealthy food choices, responses were varied. Many ate healthily for medical reasons, like diabetes, or as part of a healthy lifestyle including exercise. Those who ate less healthily cited a variety of reasons. This included forgetting to buy and eat fruit and vegetables, and preference for processed foods and fast food outlets. Cooking habits and abilities (covered above) were also key factors.

## Conclusions

Whilst sample sizes were small due to time constraints, clear patterns emerged in data analysis. Participants were nearly always highly optimistic about their eating habits within the café, yet many noted areas of their daily eating habits that could be improved. Most considered cost and access when choosing where to shop, but did not see this as a major barrier to healthy eating habits. Some volunteers did not appear to have the knowledge of how to cook healthier meals, whereas some centre users did not have adequate access to a working cooker. For both groups, emotional and behavioural barriers to healthy food preparation were significant. Some were reluctant to try preparing something new, or forgot to buy fresh ingredients. Those who lived alone sometimes lacked motivation to cook for themselves, particularly after a busy day. These features would suggest a number of interventions might be helpful. For those lacking in confidence, basic cookery lessons might be beneficial. For centre users without access to a working cooker, microwave cooking lessons could make a positive practical difference to some participants. These activities could also help to extend the overwhelmingly positive social aspect of St. Sidwell's that all participants enthusiastically described, to providing a motivational influence for some centre users to improve their daily eating habits.

**Acknowledgements:** We would like to thank George and Dave for their support and advice in arranging this project at very short notice, as well as all of the participants who contributed to the research.