

The cost of a socially acceptable healthy diet for low-income families

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Introduction

In April 2008 a couple with two young children needed a disposable income of £370 per week (excluding rent/mortgage) to achieve a socially acceptable minimum standard of living according to new research published by the Joseph Rowntree Foundation. Of this £97.47 each week was needed to provide a basic nutritionally adequate diet. To achieve this living standard, this household with one earner working 37½ hours each week would need a gross wage of £13.76 per hour (more than twice the minimum wage). The average spending on food for this type of family on Income Support, according to the government's survey on spending, is £67.58 each week. £30 per week less than what ordinary people say is needed to provide a healthy diet. Those who took part in this study were particularly concerned about the longer-term consequences for children if the minimum income standard was not met.

'If the Chancellor's not willing to invest in children now what does he expect children to achieve, because if you're not giving them healthy meals they are going to get obese, if you're not giving them different things to learn stuff he's not putting the money into what children need for them to develop into people who are going to want to go to university... they're going to have no faith in themselves.' (Woman, parent of primary school age children group)

Since the budgets were priced, food inflation has soared, especially for staple foods such as potatoes, cereal and bread and fresh meat. By August 2008, the couple with two children would need to spend £103.87 each week to buy the same basket of food (£6.40 more than in April 2008). If food prices continue to rise at this rate we could be seeing an unprecedented increase of more than £19 by April 2009 for this particular basket of food.

Background

A Minimum Income Standard (MIS) has been produced for eleven types of family through in-depth consultation with members of the public supported by input from experts. Throughout this process the discussion groups were focused on providing a basket of goods and services that met **needs**, not wants. The lists were compiled through working with focus

groups drawn from people from a range of backgrounds and income groups, because at the heart of the project is a strong commitment to the principle that those best placed to set minimum acceptable standards are those for whom those standards will apply.

The MIS provides a new benchmark to inform poverty debates and public policy decisions that affect the incomes of the worst off. The research confirmed that groups whose benefits have been falling in relative terms are now far too poor to reach a standard of living that the public consider is acceptable. In 2008 at least one in five people in Britain were found to be living below the MIS standard. In today's climate of looming economic recession and unprecedented rises in the cost of fuel and food the numbers living below the MIS is predicted to reach worrying proportions.

The food standard

The method of producing the food component of the budget standard combined the views of experts whose aims are to promote a healthy and balanced diet with those of ordinary people who were best placed to agree a diet that is reasonably healthy, practical in terms of lifestyle, realistic in terms of preferences and treats and basic in terms of cost.

The discussion groups defined a socially acceptable 'minimum standard' as:

..... more than just, **food**, clothes and shelter. It is about having what you need in order to have the opportunities and choices necessary to participate in society.

The nutritional expert

The role of the nutritional expert was to examine the menus devised by the discussion groups, in the context of the nutritional requirements for that particular group of the population. Each nutrient has a particular function or series of functions in the body and the amount required to maintain good health varies according to age, gender, level of physical activity and state of health. All foods consumed for one week were included in the assessment of nutritional adequacy, that is, food and snacks eaten at home, outside the home and the nutritional value of any alcohol included in the diet.

The discussion groups

In terms of food, the role of the groups was to create a diet that not only met a minimum for good health, but modern day expectations of social consumption at home and in the wider community. Several levels of discussion took place to set menus for fifteen individual case studies which were combined in eleven types of household. Single females were recruited to discuss the needs of single females; male partners with children and female partners with children discussed their needs separately and further groups of parents of the appropriate age of child were recruited to discuss the diets of that particular age of child and so on. In the later stages groups were made up of combined case study representatives, for example partnered men and women discussed menus for couples.

To help the groups focus on the needs of someone on the minimum income standard, rather than on personal experience, case studies were used. These were hypothetical people created by the first groups to represent someone in their category. The pre-school child, for example, was three-year-old 'Annie' who lived with her primary school brother Tom and her parents. When talking about diet, facilitators helped participants first to construct a one-day sample menu, outlining food and drink. The groups then devised a list of alternatives for each meal and snack and described what items might be kept in a household store cupboard. A common eating structure for weekend or weekdays including snacking, eating out, takeaway meals; catering for visitors; higher costs of holiday food and festive spending was agreed. If social eating and drinking was incurred an agreement was sought on the frequency this took place, whether alcohol was consumed by adults and what level of spending was acceptable. Household menus were devised by combining the food baskets for the relevant group of individuals and the groups discussed the potential for savings on communal meals (economies of scale).

A final stage of groups were given information on the cost of the food budget and asked to reflect on differences between the budgets and figures on actual spending. Actual spending was defined by average spending according to an analysis of the Expenditure and Food Survey (EFS) for different types of household.

So what did people think?

All groups agreed 'minimum' did not mean unhealthy diets or insufficiency or even eating different foods to what is common for particular types of households. Many participants,

male and female, and of all ages referred to the 'five-a-day' campaign and the importance of creating a healthy diet and that this sometime would come at an additional cost.

'She should not be in position where she is forced to buy things that are not healthy because they are cheaper.' (Partnered mothers)

Some participants thought additional costs reflected high quality produce:

'And when you buy again the basic range of stuff, like you were saying frozen chickens, they are like £2.... I mean there is no taste. I know if you buy organic chicken it tastes absolutely fantastic. You know there is a huge difference (*in cost and taste*). And if we had the choice we wouldn't be buying the frozen chicken, we would be buying the one that has got taste, that is probably not pumped full of water and those sorts of things.' (Lone parent)

Others disagreed that cheapness was synonymous with poor quality foods:

'we've got the 'Taste the Difference' and then there's the organic and then the other end of the spectrum is the basics line, there's nothing wrong with it, it's just not in the fancy packaging, so you can sometimes have a 100% price difference on that...' (Primary school child parent)

In general the groups agreed 'minimum' could mean lower prices perhaps achieved through a combination of 'basic' or 'no-frills' cost items for some foods and a little higher than the cheapest price for important foods such as meat or vegetables. Although some thought costs might be higher for people with specific dietary requirement (vegetarian or food intolerance) they did not think it necessary to build in these additional costs in as standard.

Brown bread was thought to be more expensive than white, and although it was acknowledged to be the healthier choice participants mostly said that their children preferred white bread. Most groups therefore decided on a compromise and specified Hovis 'Best of Both' would be acceptable to the majority of people. All groups agreed that some provision for alcohol should be included but not all agreed consuming alcohol outside the home was necessary.

Groups with parents of school children talked about lunch boxes; what they should include and the importance of children not being seen to be different by their peers. Packed lunches were seen as being cheaper to provide than buying school meals. The common theme was sandwiches, crisps or a small chocolate bar and a piece of fruit. Sandwich filling suggestions were jam, peanut butter and ham or cheese with salad.

'It's best not to have fancy sandwich fillings because the other kids laugh. If you have anything unusual for your packed lunch the other kids kill themselves laughing.' (Primary school child parent)

Secondary school parents discussed it was common for children to reject what they saw as being 'budget' buy or bargain food items. As one mother put it:

'If I buy Sainsbury's basic crisps she says "I am not taking them to school the kids will laugh at me". It is true! I have seen kids dump crisps in the bin on the way to school so they will not be seen eating them.' (Secondary school parent)

Interpreting what people think

Using the options for alternative meals and the meal structure agreed by the groups a weekly menu for each individual was created. Layers of detail such as: standard portion sizes, food weights, volume and quantities of drinks, snacks and sweets were added. Recipe ingredients and cooking methods were identified and described. The nutritionist suggested only essential adjustments to the menus to compensate for readings outside the acceptable margins of nutritional adequacy.

The most common change suggested by the expert was to increase the amount of fruit and vegetables to 400g per day where low. Some menus needed no changes, others minor changes. The menu for the couple with two children (pre-school and primary school age) proved to be a balanced intake, some extra fruit and vegetables were added to bring the diet in line with government guidelines, extra mince, broccoli and mushrooms were added to the adult menus to counter low levels of iron, copper and energy. Fish was substituted for one pizza meal. The guidelines for children's meals are not as specific as for adults but full fat milk, yoghurts and full fat spread was recommended for the pre-school child. These small adjustments did not change the nature of the menus agreed by the task group - pizza, fish and chips and chocolate biscuits and wine or beer remained on the menu as before.

Pricing the basket of food and drink

The final processes were to adjust the quantities of some foods for preparation, serving and table waste and add food for casual visitors. A shopping list was produced from the basket of food, which stipulated whole loaves of bread and suitable packet sizes for family size. Food

items and alcohol consumed in the home were priced in a local branch of a well-known supermarket. As some groups had specified branded items, the final prices included a mixture of value items, own brands and named brands. Part packets not used during the week and not suitable to be saved for later use were treated as waste. The cost of social eating or drinking outside the home was collected from external catering sources (cafés, restaurants or pubs).

The cost of a basic but nutritionally adequate diet

Table One shows the total cost of providing each family with a minimum, socially acceptable and healthy diet each week. The types of family, which range from pensioners to couples with four children, represent 79% of all single unit households in the UK. Food described as the 'extra cost of food eaten outside the home' includes food purchased as takeaways and meals in restaurants, pubs or cafés. Small amounts shown in the extra costs of food or drink outside the home may indicate that this happens infrequently, for example once per month rather than weekly.

**Table 1: The cost of weekly food baskets for 11 types of families.
April 2008 prices in £s.**

| | Food eaten at home | Extra cost of food outside the home | Alcohol at home | Extra cost of alcohol outside the home | Total cost (Errors of +/- 1p) |
|--|--------------------|-------------------------------------|-----------------|--|-------------------------------|
| Households with no children | | | | | |
| Single person working age * | 28.60 | 11.75 | 4.38 | 0.00 | 44.73 |
| Couple working age | 50.33 | 18.97 | 9.39 | 4.46 | 83.16 |
| Single pensioner * | 29.73 | 6.25 | 2.63 | 0.37 | 38.98 |
| Couple pensioner | 47.13 | 6.12 | 6.53 | 0.87 | 60.65 |
| Households with children | | | | | |
| Lone parent, one child (aged 1) | 41.54 | 5.51 | 3.04 | 0.45 | 50.53 |
| Lone parent, two child (ages 3, 8) | 59.08 | 6.63 | 3.04 | 0.45 | 69.19 |
| Lone parent, three child (ages 3, 8, 14) | 75.39 | 9.32 | 3.04 | 0.45 | 88.20 |
| Couple, one child (aged 1) | 63.69 | 5.10 | 6.06 | 0.00 | 74.85 |
| Couple, two child (ages 3, 8) | 90.74 | 6.73 | 6.06 | 0.00 | 103.53 |
| Couple, three child (ages 3, 8, 14) | 96.12 | 8.97 | 6.06 | 0.00 | 111.15 |
| Couple, four child (ages 1, 3, 8, 14) | 113.12 | 8.97 | 6.06 | 0.00 | 128.15 |

* the mean of male and female cases

** totals may be subject to rounding errors of +/- 1p

Table 2 shows the cost of food for a child has a tendency to increase by the age of the child. In April 2008, the weekly cost of providing a child of secondary school age with a healthy diet was £19.34. This includes significant eating out costs compared to younger children. A pre-school child was £6.09 cheaper to feed than a secondary school child. However, the cost of providing for a toddler or baby is £2.50 more than a child aged three or four years old as a

result of less opportunity for sharing family meals and some convenience baby foods. The estimate is crude, as we have not differentiated between boys and girls. Past budget standard work has shown that the nutritional requirements (and therefore costs) for older boys are higher than those of older girls.ⁱⁱ

Table 2: The cost of weekly food baskets for children living at home*
April 2008 prices in £s.

| | Food eaten at home | Extra cost of food eaten outside the home | Total weekly cost of food |
|------------------------|--------------------|---|---------------------------|
| Child toddler | 16.50 | 0.50 | 17.00 |
| Child pre school | 14.57 | 0.92 | 15.49 |
| Child primary school | 19.14 | 0.92 | 20.06 |
| Child secondary school | 19.08 | 2.50 | 21.58 |

* Costs derived from lone parent family menus

Comments

This research shows that focus groups of similar individuals in terms of age, gender and life-stage were able to discuss and agree a diet that met the criteria for a minimum income standard for food. Subsequent checks by the nutritional expert showed that these diets needed only minor adjustments to achieve nutritional adequacy and that increasing the amounts of fruit and vegetables to 5-a-day in line with government guidelines would, in most cases, have achieved the required standard.

The household cost of food and alcohol is dependent on family type and size. Single pensioners need to spend almost £36 a week on food and £3 a week on alcohol, while the largest family we considered, which is a couple and four children need to spend £122 on food and £6 a week on alcohol to meet the minimum income standard. Compared to actual spending on food, in most cases the MIS is more and at times substantially more than actual spending on food for people with incomes made up of Income Support/Pension Credit and, to a lesser extent households living in social housing. It seems that where hardship occurs food is likely to be subject to cutbacks that may well effect the nutritional intake and so the future health of families at the lowest income levels.

Britain now has, for the first time, a MIS that has been developed through a process of blending expert advice and social consensus hammered out by 39 groups from a range of social backgrounds. The focus has been on 'need' rather than 'want'. MIS is not a perfect

tool for policy makers. It cannot accommodate the huge range of human diversity in needs and circumstances nor produce a single figure to suit all needs. The end of this initial research project represents the mere beginning. The task is now to ensure its continuing relevance by periodic uprating of prices and reviewing trends over time.

ⁱ Note: This article is based on a research conducted by The Family Budget Unit at the University of York and The Centre for Research in Social Policy at Loughborough University. The nutritional expert for the project was Sian Burr. I alone take full responsibility for the views expressed. For further information go to www.minimumincomestandard.org

ⁱⁱ Oldfield N, 1997, The Adequacy of Foster Care Allowances, Studies in Cash and Care, Ashgate Aldershot