



Evaluation of Peckham Pantry: interim findings

Report submitted to Pecan, June 2021



“Peckham Pantry has been amazing, the staff can’t help enough, lots of families can now make wholesome meals [and] save money for those other things like your bills. I share stuff with neighbours and when I cook everyone can get some. I honestly can’t praise you guys enough, thank you.”

Member email to the evaluation team

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Executive Summary

In February 2020, Pecan commissioned a team of consultants to act as Evaluation Partners to feed in formative learning over the evaluation period, capture the impact of Peckham Pantry upon its members and assess the longer-term sustainability and social return on investment of the programme. This report contains interim findings at a mid-point of the evaluation, drawing upon all data captured so far, with a final report scheduled for January 2022.

Key findings

The Pantry is reaching and supporting the right people: According to the Pantry membership data, 53% of active members have children in their household and, in terms of finances, 80% of the impact survey respondents said they were ‘just about getting by’, ‘finding it quite difficult’ or ‘finding it very difficult.’ Furthermore, the ethnographic research suggested that the Pantry was reaching out and engaging local people and families who were experiencing multiple and overlapping challenges including financial and food insecurity.

The Pantry has created a warm and welcoming environment which encourages a spirit of reciprocity: The impact survey revealed that 97% of respondents agreed that ‘the Pantry staff/volunteers were helpful and supportive’ and 83% agreed that ‘I feel like a valued member of the Pantry’. In shoppalong visits ambassadors and staff greeted members warmly and adapted their support to the needs of members. In some cases, this inspired members to reciprocate, motivating them to become more involved with the Pantry.

Positive word of mouth could help overcome misconceptions about the Pantry: There were rare but some examples of people associating the Pantry with a food bank or thinking it was designed for people in more need than themselves. There is an opportunity to encourage active members to help overcome these misconceptions by raising awareness of the choice and control built into the Pantry model.

The Pantry has saved Members money and made a big difference to their sense of control over their finances: 97% of survey respondents felt that Pantry membership was value for money and 98% said it had made things a ‘little’ or a ‘lot’ better in terms of household finances. Economic analysis of a sample of nine member baskets suggests that the average cost of purchasing the same goods in a supermarket would have been £31.60. For a member who used Peckham Pantry once a fortnight, this represents a financial saving of £702 per year. Members who ‘saved’ money through the Pantry described how it helped them towards paying off debt or rent arrears; helped them take up educational opportunities; and allowed one family to take a summer break.

Having greater financial control has had a positive impact on Members’ mental health: The impact survey showed a positive correlation between members’ financial situations and the extent to which they agreed that being a member of the Pantry was good for their and their family’s mental health. Members found it reassuring to have food in the cupboards, and (for those with children) felt satisfied that their children would not go without. Members also valued being able to get a decent amount of food at one time and the opportunity to freeze food, to generate confidence that they would have food available in the future.

The Pantry provides Members with dignity in choice and control over what they buy: Alongside financial savings, choice, access and variety of food scored highly in the impact survey as key motivating factors for Pantry membership. Indeed, 98% of survey respondents

agreed it was important' or 'very important' that they were able to choose their own food through their membership. There were also examples when the Pantry gave members the opportunity to buy things they wouldn't normally be able to buy for themselves, such as their favourite food items, brands they perceived as high-quality or even non-food items like cut flowers. Members described these as luxuries, as pick-me-ups that gave them joy.

There has been a wide range of food on offer although availability could vary each week: Members generally appreciated the choice and range of foods available although there was some question over the reliability of supply. Members had asked for more African and Caribbean products stocked and the Pantry has focused considerable effort on sourcing these. During shopalongs there were good stock levels of a range of these products and a wide range of healthy items available in the Pantry. There were a few unhealthy exceptions but access to 'treats' was important to members and contributed to their shopping experience.

The Pantry has increased access to healthy food for low-income families who are feeling healthier as a result: Over half (53%) of survey respondents said their household was eating 'more' or 'a lot more' fresh fruit and vegetables as a result of the Pantry membership. Over two-thirds (67%) of respondents said they were eating ready meals or processed foods 'less' or 'a lot less' since becoming a member of the Pantry. Further analysis suggests that the ability to access Peckham Pantry results in an increase in fruit and vegetable intake of between 0.65 and 2.0 portions per adult, and a similar range for children. This increase in intake for both adults and children is greater than would generally occur to fruit and vegetable intake after a movement of household income from the lower quartile (£13,800 p.a.) to the median (£20,900 p.a.).

Children's eating habits dictate shopping behaviour: Children's eating habits stood out as a key driver of members' shopping behaviour and sometimes as a barrier to the use of the Pantry. The research found that members from households with complex dietary requirements (driven by allergies, neurodiversity etc) or those that described their children as 'fussy,' could struggle with the inconsistency of food supply, particularly if a specific item was a child staple. This finding is important as it shows the multiple barriers to improving the diet of children, even when access to fresh fruit and vegetables is assured.

More work is needed for the Pantry to become a social hub: 88% of survey respondents said that 'making friends with others in my local community' was an important or very important reason why they joined the Pantry but only 55% agreed that this had happened (although this is caveated by the survey's timing). This suggests a desire amongst members for the Pantry to be more of a social hub. However, the Peckham Park Road Pantry space is small and the time spent inside the shop is short – not to mention the impact of Covid-19 restrictions in limiting contact. We would suggest that other ways for members to meet each other outside the Pantry site itself may be an opportunity.

More work is needed for the Pantry to signpost to other services: In a similar way to its effects on social interaction in the Pantry, Covid-19 also affected how the Pantry was able to signpost to other services. This was significant as like member engagement, signposting was positioned as an important part of the Pantry's impact model. However, findings from the shopalongs suggest that members do not expect referrals as part of the member experience although there are several areas in which advice, support and signposting would be valuable – including around healthy eating, especially building healthy eating habits for children.

The system has the potential to create perverse incentives: The ethnography noted a number of ways that the system could drive unanticipated behaviours. This includes the blue and red ticketing systems, managing freebies to limit potential wastage and the use of Healthy Start vouchers. Similarly, members sometimes feel a lack of flexibility in the system makes it more difficult to meet their needs. The members who took part in shopalongs revealed the considerably different shopping needs of different members. As a result, some members occasionally found the system restrictive for their own circumstances. Whilst building flexibility into the model may be difficult to manage (and risk further complicating the system), considering the different personas of members might help shape future delivery.

The Pantry provides substantial health benefits, plus further benefits in sustaining employability: The economic analysis estimates a reduction in health costs of some £59 per year per Pantry member, and wider social benefits of £106 per year per Pantry member as a result of improved fruit and vegetable in-take for them and their households. For a household comprising an adult female, the direct health benefits would be £17 per year, the wider social benefits would be £31, and the overall social benefits would be £48. For a household with adult female and male plus one girl and one boy, the direct health benefits would be £68 per year, the wider social benefits would be £123, and the overall social benefits would be £191.

The Pantry is producing a positive social return on investment: The economic analysis suggests a positive social return on investment, with each £1 in costs returning a benefit of at least £2.56 in social value – and potentially significantly more. This calculation is based on assessments relating to the benefits from the NHS of improved diet of fruit and vegetables, and the financial benefits to clients and their households of cheaper groceries. The next step in the analysis is to review other potential dietary benefits to the NHS, to review the value of volunteer time, and to include the effects on education, training and employment where clients' savings are used in part to fund educational and training activities for themselves and/or their partners and children.

Achieving financial sustainability is a long-term challenge and goal: Currently the Pantry relies upon high levels of financial subsidy, which is unlikely to be sustainable. Currently also, progress on growth has been slower than anticipated, not least through the impact of Covid-19 upon expansion plans. By achieving strong levels of growth, Pecan has scope to gain economies of scale, and so improve prospects. Important planning activity has been undertaken and a further programme of analysis and preparation is in train. However, this will require a substantial increase in member numbers, increases in members contributions, and very tight cost management – all of which present a challenge to achieve.

Conclusions and recommendations

This interim report illustrates the many and varied ways that members valued their Pantry membership, particularly in terms of the financial, health and wellbeing benefits reported through all strands of research. This is particularly notable during the unprecedented uncertainty of Covid-19 and is testament to Pecan's resilience and adaptability in response.

The wider structural context has prevented the Pantry from fully operating as a community-hub and the inconsistencies of food supply impacts those members who require guaranteed supply of specific goods. As such, interim recommendations for St Luke's and Peckham Park Road focus on areas within the Pantry's control to become more sustainable, by becoming more member-led and re-engaging lapsed members to create a more active membership.

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Introduction

Pecan have delivered a Pantry at St Luke's Church in Peckham since May 2019 and, with funding from Impact on Urban Health (as part of the Guy's and St Thomas' Foundation), opened a new Pantry in Peckham Park Road in November 2020.

In February 2020, Pecan commissioned a team of consultants¹ to act as Evaluation Partners to feed in formative learning over the expansion period, capture the impact of Peckham Pantry (at both St Luke and Peckham Park Road sites) upon its members and assess the longer-term sustainability and social return on investment (SROI) of the programme. This is referred to in this report as *Phase 1 evaluation*.

A second phase of the evaluation was agreed in March 2021 as part of additional Impact on Urban Health funding to further expand the Pantry in response to Covid-19². *Phase 2 evaluation* has been scoped out in principle, with many of the fieldwork activities and key indicators to roll over from Phase 1, albeit with a greater focus on sustainability. The timings of *Phase 2 evaluation* activities are still to be agreed and are dependent on expansion plans.

As such, this report contains interim findings at a mid-point of *Phase 1 evaluation* as agreed in the original proposal. It draws upon and triangulates all data captured so far and is designed to explore findings and identify any gaps to address through remaining fieldwork.

A final *Phase 1 evaluation* report is scheduled for January 2022 although the content and scope of this report may be affected by practical decisions around expansion and *Phase 2 evaluation* plans, not to mention any further developments around Covid-19.

About Peckham Pantry

Building on the Your Local Pantry³ model, the Peckham Pantry aims to reduce childhood obesity in Southwark through increased access to affordable healthy food. For a small weekly subscription of £4.50, members of Peckham Pantry are able to buy food, including fresh fruit and vegetables and store cupboard favourites, to the value of £15-20.

The Pantry also aims to:

- reduce shopping bills;
- provide relevant advice and support; and
- create opportunities for members to be more active in their community.

The project is targeted at young families who are either living in poverty or near-to-poverty - but it is open to all members of the community, including those not in poverty and people without young children.



Figure 1: Peckham Park Road Pantry

¹ The evaluation team is Linda Jackson, Sophie Reid and Neil Reeder.

² More detail about the impact of Covid-19 and expansion plans is included on Page 7.

³ For more information about Your Local Pantry see the website: <https://www.yourlocalpantry.co.uk/>

Pantry membership

The following table is a snapshot of the Pantry membership, as collected through the Your Local Pantry database⁴.

	<i>Membership</i>	<i>'Active members' (shopped at least once)</i>
Total number of members	2,797	1,949 (70% of all members)
% members with children in the household	53% (1,473)	52% (1,005)
% members in social housing	50% (1,391)	73% (1,003)
Average number of shops per month	N/A	1,281 (across both sites) 1,125 (Peckham Park Road)

Table 1: Peckham Pantry membership figures

Ambassadors and staffing

Across both sites, Peckham Pantry has some 16 volunteers who volunteer as ambassadors, supporting with an average of 64 hours per week; and a core team of Peckham Pantry Manager and Assistant Pantry Manager, overseen by the CEO and Pecan back-office staff.

Food supply

The sites handle an average of 2,100kg weight of food per week, primarily supplied through the Felix Project (previously Fareshare) but supplemented by Glengall Wharf Gardens (a local grower), Tropical Sun (to provide produce to meet the needs around African and Caribbean foods) and Reeves Butchers in relation to meat supplies⁵.

The impact of Covid-19 and expansion plans

The global pandemic brought both challenges and opportunities for Pecan and the Peckham Pantry. During the first national lockdown in March-July, Pecan closed the St Luke's Pantry and café, and moved to a free delivery model. This supported 100 vulnerable members with a lifeline but without recouping any membership fees. Similarly, the six-month delay to opening Peckham Park Road Pantry, plus increased building costs (and significant staff capacity to project manage the process) meant a greater financial outlay with slower returns on investment⁶. The pandemic also impacted upon the original evaluation plan, both in terms of the approach to data collection and the timing of key evaluation activities.

⁴ Figures correct as of 10th June 2021 at 10:00am.

⁵ This combination of food supply is precarious. For example, there is inconsistency in the volume, quality and range of food delivered each week. Furthermore, the wider increases in food costs are also an issue, with Reeves Butchers recently increasing the cost of goods by 50%. The impact of inconsistent food supply has an impact both on the cost of member baskets (and so has a direct impact Pantry finances) and on member experience, explored through this report.

⁶ For more information on the impact of Covid-19 on Pantry operations, as well as a summary of the positive impact of the Pantry upon members over the first lockdown period, refer to *Peckham Pantry learning report March-September 2020*.

Whilst the pandemic had a direct and negative impact on Pecan's original financial projections it also strengthened need and demand. On a national scale, Covid-19 heralded waves of unemployment – with many more people on furlough – which led to increased financial and food insecurity. Job uncertainty and redundancy impacted disadvantaged and vulnerable groups disproportionately hard; particularly those working families in lower-paid retail and hospitality roles. Social distancing and other lockdown restrictions, combined with the wider uncertainty had an adverse effect on the mental health and wellbeing of population, including children and young people⁷ and those who were already in receipt of social care⁸.

At a local level, there was a growth of interest in the Pantry model as a means to tackle some of these issues. Pecan were approached by a number of local organisations who were interested in the Pantry model to support their service users, proposing a role for Pecan to play as part of delivery. This interest reflects wider stakeholder awareness of the Pantry model as a way to assure dignity in choice without creating food dependency, as well as the trust placed in Pecan as an organisation that could guide this development.

Together, the increased interest and opportunities around the Pantry model expansion, combined with increased costs and financial challenges during the Covid-19 pandemic meant it was necessary for Pecan to revise the original business plan submitted to Impact on Urban Health. The revised proposal was to expand the Pantry offer throughout Southwark, with Pecan delivering or supporting other local organisations to deliver the model. The proposal was accepted by Impact on Urban Health in March 2021 with funding agreed until 2025, including additional *Phase 2 evaluation* capacity. The exact shape of expansion is still in development but the key commitment is to open and/or support other local organisations to open four additional sessions across Southwark.

Phase 1 evaluation

Aims of the evaluation

A key objective of *Phase 1 evaluation* is to act as learning partners, by feeding back insights as they are gathered through ongoing fieldwork and analysis. Additionally, the evaluation has two other objectives, to capture health impacts on families and children using the Pantry, and to explore the financial sustainability of the business model.

Health impacts on families and children using the Pantry

The evaluation explores the impact of the programme on drivers of health e.g., the proportion of fresh fruit and vegetables in diets, diet variety, cooking and dining habits, participation in healthy activities, and improvements in wellbeing. It examines the Pantry's impact on wellbeing through several mechanisms including:

- growth of dignity in a social model where people are paying for their food, rather than finding places where it is free;
- improved family and social cohesion; and
- reducing stress through improved family finances and debt management.

The evaluation explores the difference the Pantry makes to all members of the Pantry, but especially families with children. In addition, it examines the programme's ability to:

- attract those families with the greatest need;

⁷ Taken from *Children and Young People research and analysis* by [Public Health England](#).

⁸ Taken from [A Telling Experience](#), Think Local Act Personal Insight Group report.

- support the target families to make healthy choices and other desired outcomes; and
- influence the desired outcomes e.g., whether the programme supplies appropriate food to the local communities.

Financial sustainability of the business model

The evaluation explores the following two questions:

1. Is the Pantry worth doing? In other words, do the benefits of the programme exceed the costs of the programme for funders (such as the NHS and local authorities), from the perspective of commissioners' budgets and required outcomes; and the perspective of societal wellbeing?
2. Is the Pantry financially sustainable?

As such, *Phase 1 evaluation* delivers a full evaluation of the financial performance of the Pantry programme, examining (a) the value of Peckham Pantry to its members; (b) the business model of Peckham Pantry evaluated on purely commercial criteria; and (c) SROI of the programme.

The evaluation framework

In order to integrate the two strands of the evaluation, the primary activity was to design an overarching evaluation framework. This process built on the existing Pantry theory of change, plotting primary and secondary fieldwork and analysis against key evaluation questions. These included questions that focussed specifically on impacts (including the impact on children and their access to healthy food) and questions that drew out process learning. A simplified version of the evaluation framework is presented in Appendix 1.

Overview of methodology

At this point in the evaluation, data has been captured through the following methods:

- *Scoping interviews*: phone interviews with key internal and external stakeholders to understand a strategic view of the Pantry
- *Member stories*: open invitation to members to share their experiences of the first 2020 lockdown and how they were supported by the Pantry over this period through email to the evaluation team
- *Ambassador diary fieldwork*: targeted work with a small number of Ambassadors to capture learning as the new Peckham Park Road site first opened up
- *Impact survey*: delivered primarily online but also with paper option, this survey was texted to all members to gather their views on what they valued about the Pantry and the impact it had upon them⁹
- *Member shopalongs*: ethnographic research with a sample of 10 members to understand their motivations, drivers and experiences of shopping at the Pantry
- *Counterfactual interviews with members*: these phone interviews took place with members who had not shopped with the Pantry for a while to understand the reasons behind their disengagement
- *Economic analysis*: namely assessment of SROI, sustainability assessment, value assessment and basket of goods analysis

A more detailed summary of the methodology is contained in Appendix 1.

Next steps for the evaluation

The following activities will complete the Pantry evaluation:

⁹ This survey was designed alongside a central Your Local Pantry survey so that it included overarching indicators to compare responses on a national level

- *Follow up interviews with members who took part in shopalongs*: these interviews will identify additional impact and draw out further process learning
- *Second impact survey*: which will replicate the first survey to assess changes to impact over a longer time frame
- *Economic analysis*: to update assessments (excluding the basket of goods analysis) based on the latest data available to the team

These strands will be pulled together in the final *Phase 1 evaluation* report in January 2022. An executive summary or highlight report will be fully designed with key findings and member stories for sharing with external audiences.

Note: the additional funding, expansion and *Phase 2 evaluation* may affect the shape of the planned activity described above but this will be agreed with Pecan and Impact on Urban Health.

The purpose of this report

This *Phase 1 evaluation* interim report pulls together data gathered through all strands of the fieldwork so far. It presents the key findings, both in terms of impact and process, and includes detailed economic analysis against the value for money, sustainability and SROI questions.

The report also includes a series of insights which are intended to inform and support Pecan to shape delivery in the short term to improve their reach and support to members and to increase sustainability through member visits at St Luke's and Peckham Park Road.

Finally, this report acts as a blueprint for the final report to identify any gaps to address during the remaining fieldwork activities.

Key findings – process and impact

This section presents findings from the ethnographic research alongside data from the impact survey to present a picture of how the Pantry is working well and less well to engage and support its members and the key impacts it has had upon them. It also references overlapping findings from the economic analysis, which is expanded upon in the following chapters.

The Pantry is reaching and supporting the right people

Peckham Pantry aims to reach low-income families in Southwark. As a borough, Southwark has high levels of people with low food security. Almost 1 in 4 people in Southwark have low or very low food security and this is much higher for those with dependent children (44% compared to 18% without dependents)¹⁰.

The following map depicts the home locations of all members who have shopped five or more times at the Pantry. It shows the concentration of members against each of the two Pantry sites, as well as its wider reach across Southwark, and further beyond the borough as far away as Harrow, Croydon and Docklands.

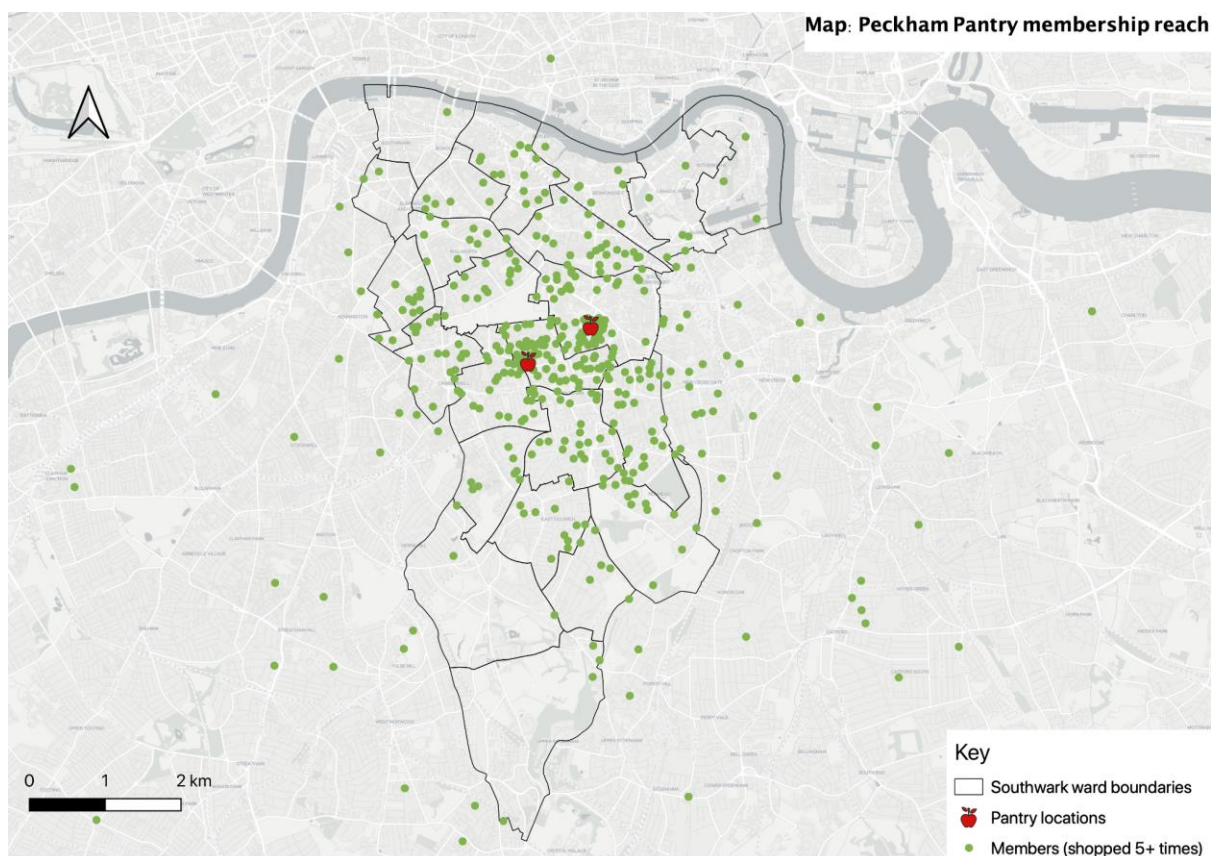


Figure 2: Peckham Pantry membership reach

Table 2: Impact survey findings on state of member finances

¹⁰ Household Food Insecurity, Southwark Joint Strategic Needs Assessment 2019 [\[link\]](#)

According to the Pantry membership data, 53% of active members have children in their household. In terms of finances, 80% of the impact survey respondents said they were ‘just about getting by’, ‘finding it quite difficult’ or ‘finding it very difficult’¹¹. These figures suggest that the Pantry is successfully reaching its target audience.

State of finances	Peckham Park Road	St Luke's Church	Use about equally	Total
Living comfortably	1			1
Doing alright	5	8		13
Just about getting by	12	26	2	40
Finding it quite difficult	12	9	3	24
Finding it very difficult	3	4	1	8
Total	33	47	6	86
(% quite or very difficult)	45%	28%	67%	39%

Members we spoke to through our research included a mix of people in and out of work. Many working members worked part-time in order to fit this around caring responsibilities. Both those in and out of work spoke about the difficulties of stretching their budget to pay for necessities like food, gas/electricity and transport, with some people we spoke to telling us that they sometimes had to choose between buying food and paying household bills.

“I was struggling usually at the end of the week to make a meal.”

“I’m on Universal Credit and there’s a short week sometimes.”

“Because my budget is terrible because of being sick and everything, sometimes I’m having to decide whether to get food or electricity.”

Quotes from member phone calls

Members were also living with a variety of long-term health conditions such as chronic pain, diabetes, hypertension, overweight and obesity, asthma and mental ill health.

“He’s got diabetes and that’s causing him quite a lot of other problems such as passing out. He first realised he had diabetes after he passed out in public and was taken to hospital where he stayed for three and a half weeks. Now he has to take insulin five times a day so this imposes the structure of his day-to-day life. He gets up at 7am takes his insulin and a bit later has breakfast and takes insulin again, and so on throughout the day. He also has problems with his back and legs so that they’ll go numb or tingly and he sometimes can’t walk or can’t get up out of the bath.”

Researcher notes

¹¹ Member survey conducted between October and November 2020. Base for question = 93

Many members were also struggling with housing issues including not having suitable accommodation for their mobility needs, not having issues fixed, or being on the social housing waiting list (in some cases for years). One member had experienced homelessness at an earlier point and another had mobility issues and lived in a flat which required them to climb several flights of stairs. This was a significant barrier to them leaving their home.

In addition, most members we spoke to had significant caring responsibilities, including for family members with mental ill health, neurodiversity, learning difficulties and long-term health conditions, sometimes alongside caring for their children.

“She lives in a 2-bed flat with her two children. The eldest has a heart condition and she thinks the youngest may be autistic, so they are currently in the process of getting a diagnosis. She hopes an official diagnosis will mean they are able to get some support for his needs. Her brother suffers with mental ill health and she has to be the point of contact for the psychiatric hospital for his stays there. She also suffers with anxiety and depression herself. I remark that there’s a lot to cope with and she says ‘these things happen and you have to get on with it’” **Researcher notes**

In these ways, the Pantry is reaching out and engaging local people who are experiencing multiple and overlapping challenges including financial and food insecurity. The following findings explore the impact of Pantry membership upon these members.

The Pantry has created a warm and welcoming environment

Across all the research activities, members told us time and again what a friendly and welcoming place the Pantry was. The impact survey revealed that 97% of respondents agreed that ‘the Pantry staff/volunteers were helpful and supportive’¹² and 83% agreed that ‘I feel like a valued member of the Pantry’¹³. In shoppalong visits we observed ambassadors and staff greeting members warmly and adapting their support to the needs of members (where some members needed more help and guidance, and others were happier to shop independently).

“Everyone’s so lovely, like the staff and stuff there they were always really helpful and lovely and asked lots of questions and made you feel really, really, really welcome” **Member stories**

“When we went through, one of the ambassadors helped her quite a bit. He was quick to understand that she needed a bit more help and helped her in a calm and patient way, giving her a lot of time to make decisions and being kind and helpful. He made lots of suggestions for things that she could get, and free items that they had that day. As she went round and picked out various different items she asked a lot about which were red and blue items and how many of each she could get. The ambassador was helping her by keeping track of what she was getting as she went round.”

Researcher notes

¹² Base size = 79

¹³ Base size = 80

In some cases, this warm and supportive atmosphere inspired members to reciprocate, motivating them to become more involved with the Pantry. This is encouraging given Peckham Pantry's ambitions to become more member-led in future. There were examples of members baking and cooking dishes which they brought in to share with the Pantry volunteers. One member wanted to volunteer at the Pantry herself (but the time she was available didn't work out with what the Pantry required) whilst other Ambassadors have since applied and successfully been recruited as members of Pantry staff.

For many members it felt much like an ordinary shop, and members often slipped into talking about 'red' and 'blue' items in terms of monetary value, e.g., '2 for a £1' rather than '2 for a blue'. Despite this, in comparison to shopping in the major or discount supermarket chains, (where almost all members shopped outside of the Pantry), members found the Pantry to be friendlier and enjoyed being able to speak to Ambassadors.

Positive word of mouth could help overcome misconceptions about the Pantry

For active and engaged members, their experience of using the Pantry was without stigma. We heard stories about members talking with friends, neighbours and family members about the Pantry, to recommend they use it, to share intelligence about what was in stock, or to share food from the Pantry directly. This indicates the potential and importance of word of mouth in recruiting new members.

However, there were some rare occasions where the question of stigma arose, including one member taking part in a shoppalong who commented that some of her neighbours did not use the Pantry because of what they thought their neighbours would think of them. In calls with members who had not shopped for a while, there were also some indications that suggested some members associated the Pantry with being a food bank or felt that they ought to leave it for others who were in greater need than they were.

"She mentions that some of her neighbours won't go to the Pantry, because they say they don't want to be seen in there. One person said they went and they felt that a neighbour looked at them funny. But she thinks that's silly, she says 'you're paying for it, it's not a food bank.'" **Researcher notes**

"Done it for my sister who struggles a bit, wouldn't go on her own to a food bank place, so signed up and went with her." **Member phone calls**

"I tend to use the Pantry when I'm running low on money and try to be a bit more resourceful, if managing my money I don't tend to use the Pantry. I leave it for when I am in a situation or other people are in my situation"
Member phone calls

In these ways, the research revealed the importance of word of mouth in community awareness and the evidence of misconceptions about the Pantry. As such, there is an opportunity to encourage active members to help overcome these barriers by raising awareness of the choice and control built into the Pantry model, as described in more detail in a subsequent section. These members could distribute flyers or recruit local social media 'influencers' to spread the word.

The Pantry has saved Members money and made a big difference to their sense of control over their finances

Members were emphatic in feeling that the Pantry was excellent value and helped them with their finances. In the survey, 97% of respondents felt it was value for money and 98% said it had made things a 'little' or a 'lot' better in terms of household finances¹⁴. Indeed, 100% of survey respondents agreed that 'saving money on my weekly shop'¹⁵ was a primary reason why they used the Pantry (and scored as the primary motivator).

The economic analysis of a sample of nine member baskets suggests that the Pantry offered excellent value for money for its members. The analysis shows that the average cost of purchasing the same goods in a supermarket would have been £31.60. Since Pecan charges £4.50 per basket, this represented an increase of value of around £27.00 per basket. *For a member who used Peckham Pantry once a fortnight, this represents a financial saving of £702 per year.* A full breakdown of this analysis is presented in the following chapter¹⁶.

The importance of money and financial control was reinforced through the ethnographic research, in which members spoke about how the money 'saved' through the Pantry helped them towards paying off burdensome debt or rent arrears. Others had been able to take up educational opportunities with the money that they saved in their budget and one member was planning on taking the family on a break over the summer (a prospect which would have been impossible without the Pantry).

Members who claimed Universal Credit spoke about relying on the Pantry when they had a 'short' week before their payment came in. Without the Pantry the 'short week' would mean being unable to keep their cupboards stocked, or having to change what and where they bought food e.g., 'trading down' in terms of quality¹⁷. Some members also commented that since Covid-19 they had noticed food prices going up (with those on low incomes particularly vulnerable to food price fluctuations) making the Pantry ever more important to them.

"He has particular issues with paying his bills for electricity and gas. At one point he was persuaded to switch energy providers by an advice service, but has since experienced problems with the prepaid meter, which has had to be reinstalled three times, for which they've charged him. Because of this issue and being without any income, he finds it a bit easier to pay the bills at the end of the month because of using Peckham Pantry."

Researcher notes

"The Pantry has made a huge difference to them financially. Before, she was spending about £200-250 a week on groceries for her very large family, and she describes this as 'smart shopping'. Now she spends about £100-150 a week. She says that with the money they've saved, this has

¹⁴ Base = 76, 80 respectively

¹⁵ Base = 89

¹⁶ See page 28 for a detailed breakdown of this analysis and conclusions.

¹⁷ 'Trading-down' has been documented in many studies whereby those on low incomes switch to the cheapest food available (often the least healthy). See Caplan, P. (2016) Big society or broken society: Food banks in the UK. *Anthropology Today* 32:1 pp.5-9

allowed them to book to take the children away on holiday this summer. She is really looking forward to having a break.” **Researcher notes**

“She is saving money to train to teach beauty and says that it is the money she saves by using the Pantry which makes this possible. She has also recently recovered from serious illness during which she was given a Freedom Pass, because she had so many hospital appointments. Now that she no longer has this, using the Pantry helps her to save money to pay to travel on the bus. Her daughter who also uses the Pantry has been able to save a little extra money to spend on driving lessons and says that without the Pantry she wouldn’t be able to do that.” **Researcher notes**

In these ways, the evaluation shows that active members are making significant savings through their Pantry membership and that they are able to use this money in ways that make a quantifiable difference to the quality of their lives. This also had a positive impact on members’ mental health, explored in more detail below.

Having greater financial control has had a positive impact on Members’ mental health

Beyond the specific ways in which members spent the money they saved through the Pantry, there was evidence that being a member of the Pantry helped members to feel less anxious about their finances. We know from other studies that those who are food insecure are more likely to experience anxiety than those who are not,¹⁸ and this was supported by the impact survey findings, which showed a correlation between members’ financial situations and the extent to which they agreed that being a member of the Pantry was good for their and their family’s mental health.

Being a member of the Pantry has been good for my/our mental health				
By financial situation	Finding it very difficult	Finding it quite difficult	Just about getting by	Doing alright
% agree or strongly agree / respondents	100% (8)	86% (22)	77% (35)	78% (9)

Table 3: Impact survey findings on mental health by financial situation

During the ethnographic research members described how access to the Pantry helped them to feel less worried and anxious. They found it reassuring to have food in the cupboards, and (for those with children) they felt satisfied that their children would not go without. Some members also commented on the ability to get a decent amount of food at one time, which meant that they didn’t have to think about going shopping and what they were able to afford for a short while. Members were often pleased to get something they could put in the freezer, like a whole chicken, as this meant they could rely on having a meal ready in the future¹⁹.

¹⁸ For example, the 2019 ‘State of Hunger’ report for the Trussell Trust found evidence for greater anxiety amongst those who were food insecure, including a statistically significant difference compared to those who were not in the Food and You survey conducted by the Food Standards Agency

¹⁹ Members we spoke to had fridges and freezers and other kitchen facilities, although kitchens were generally cramped. We know from other studies that lack of kitchen facilities and/or poor kitchen environments can affect peoples’ shopping, cooking and eating behaviours – for example if children cannot be supervised whilst cooking ([Families and Food](#) – Research report produced by Shift for Guy’s and St Thomas’ Charity, 2018)

“It does make you feel as though you can get through the week, you’ve got plenty of food and you’re full. I’m not worrying now with the Pantry being there ‘have I got enough food after I’ve paid the bills, to feed us?’ It just gives you that little bit of security.” **Member stories**

Given the wider increases in anxiety documented during the pandemic, these positive impacts on mental health for members are significant findings.

The Pantry provides Members with dignity in choice and control over what they buy

The Pantry has dignity in choice and control built into the heart of the model, through both the membership scheme (whereby members exchange money for goods) and through the general shopping experience (whereby members select their goods from a range of options). Indeed, alongside financial savings, choice, access and variety of food scored highly in the impact survey as key motivating factors for Pantry membership.

	% saying very important	% saying important	% saying not important
Increasing the fresh and healthy food eaten in our household	76.1%	23.9%	-
Choose own food	70.5%	27.3%	2.3%
Increasing the variety of food eaten	62.8%	36.8%	1.1%

Table 4: Impact survey findings on key indicators

Members who took part in the shopalongs were effusive when talking about foods which they enjoyed, for example about visiting the fishmonger for crab claws to make crab rolls, making jollof rice and stews, or making orechiette pasta by hand. But food and food shopping could be a great source of stress for many members because it took a lot of their budget and they found their children’s demands challenging. Some spoke about feeling sad that they were unable to afford ‘celebration’ or favourite foods that the family enjoyed, like meat for a roast dinner. For example, one member described having to say no to her children when they asked if they could have roast lamb. Things like birthday cakes, or turkey at Christmas were sometimes beyond members’ budgets.

“She goes to the fishmongers sometimes and gets crab claws or dressed crab or jellied eels. She loves seafood and if it’s a special occasion like Mothers’ Day, she will go with her mother and sister to get crab claws and some rolls and sit at the table together cracking the claws to make crab rolls. [...] She talks about how expensive things are at the supermarket, for example, to buy meat for a roast dinner. She says her children sometimes ask if they can have things like roast lamb for a roast dinner and she has to tell them no, because she can’t afford to buy it. But she says they find alternatives.” **Researcher notes**

The Pantry gave members the opportunity to buy these things they wouldn’t normally be able to buy for themselves, such as their favourite food items, brands they perceived as high-quality or even non-food items like cut flowers. Ambassadors spoke about having legs of lamb for Easter and one member taking part in the shopalong had received a whole turkey for Christmas. Members described these as luxuries, as pick-me-ups that gave them joy.

For example, during the shopalongs one member was thrilled to find a couple of packs of sea bass, while another member got a sirloin steak. Non-food items like cut flowers and toys were also sometimes available and members often spoke about wanting to treat themselves and their children. Members referred to the price of these individual luxuries in comparison to the Pantry price, to demonstrate what bargains they were. For example, one member said he often came to the Pantry for a big pot of coffee (which he used to distract himself from chronic pain). This item in itself might have cost him £4.50 in another shop, so by buying it from Peckham Pantry he felt like the rest of the shop was free.

*“She notices they have the Tilda brand of rice and swaps the one she had chosen before, saying that it’s a good brand and when you see something like that you choose it.” **Researcher notes***

*“She talks about a neighbour telling her that they had orchid plants and also getting cut flowers like roses here before. She says it’s really nice to be able to get things you wouldn’t normally buy for yourself.” **Researcher notes***

*“She gives the children quite a lot of choice in terms of what they want to eat. She describes it as an ‘open kitchen’ so the kids can take what they want and says that friends and family have said ‘no wonder you spend so much on food’ because of this. But she says she never wants the children to go without.” **Researcher notes***

In these ways, the research revealed the ways in which the members greatly valued the Pantry experience, particularly in terms of the opportunity to exercise choice and control over their shopping decisions and the thrill of being able to access desirable goods, often unexpectedly during their visit.

There has been a wide range of food on offer although availability could vary each week

The research explored the range of food and goods available to members and whether this met their needs and expectations. Whilst members generally appreciated the choice and range of foods available, there was some question over the reliability of supply. For example, some Members planned their meals before they went around the Pantry, secure that they could rely on the shop to have the staple items in stock that they would need²⁰. Others however, didn’t go to the Pantry with a plan, feeling that stock varied too much, so they would need to see what was there before they decided on meals to make. This particularly applied to certain foodstuffs such as meat, which could vary significantly week on week.

According to the impact survey, almost half of members (48%) identified as Black African/Caribbean/Black British²¹. We noted in earlier learning reports that some members wanted there to be more African and Caribbean products stocked.

²⁰ Although notably milk was rarely available, which was disappointing for some members. Members also preferred to go to Peckham Park Road Pantry which they felt had much more of a variety and quantity of stock, even if that meant travelling further from their homes.

²¹ Base = 107

Peckham Pantry has focused considerable effort on sourcing these products, through for example, a deal with Tropical Sun to purchase some products in bulk at 50% rates. During shopalongs there were good stock levels of a range of these products, including for example garri flakes and oloyin (honey) beans (pictured below).

Generally, there were a wide range of healthy items available in the Pantry. This included fruit and vegetables such as apples, tropical fruits, potatoes, carrots, celeriac and swede (and in summer months vegetables and herbs were also available supplied by local Glengall Wharf community gardens). There was good stock of oily fish e.g., tinned sardines and tuna and also high fibre options such as porridge oats, beans and pulses.

There were a few notable unhealthy exceptions including sugary drinks (e.g., Irn Bru), cakes and sweets (e.g., Creme Eggs), highly processed items (e.g., Pot Noodles and Wotsits) and tinned fruit in syrup (rather than juice). These were notable given the Pantry's policy to limit availability of unhealthy items but reflect stock availability at the time. However, given the importance of members having dignity in choice and control of their shopping as outlined above, having access to 'treats' was important to members, and contributed to their shopping experience.



Figure 3: Stock in Peckham Park Road

The Pantry has increased access to healthy food for low-income families who are feeling healthier as a result

In the impact survey, 75% of respondents reported that 'increasing the amount of fresh and healthy food eaten in their household' was a 'very important' reason for them becoming a member of the Pantry. Over half (53%) of survey respondents said their household was eating 'more' or 'a lot more' fresh fruit and vegetables as a result of the Pantry membership. Over two-thirds (67%) of respondents said they were eating ready meals or processed foods 'less' or 'a lot less' since becoming a member of the Pantry²².

The survey also suggests that the ability to access Peckham Pantry results in an *increase* in fruit and vegetable intake of between 0.65 and 2.0 portions per adult, and a similar range for children. Further economic analysis – presented in detail a following chapter²³ – suggests that this increase in intake for both adults and children is greater than would generally occur to fruit and vegetable intake after a movement of household income from the lower quartile (£13,800 p.a.) to the median (£20,900 p.a.).

²² Base numbers 89, 86 and 86 respectively.

²³ See page 25 for the full breakdown of analysis and conclusions.

The survey also showed that members felt they were feeling healthier as a direct result of being a member of the Pantry. Again, there was a broad correlation between those that agreed or strongly agreed that being a member of the Pantry was good for their/their families' physical health and their financial situation.

Being a member of the Pantry has been good for my/our physical health				
By financial situation	Finding it very difficult	Finding it quite difficult	Just about getting by	Doing alright
% agree or strongly agree / respondents	100% (8)	82% (22)	77% (35)	89% (9)

Table 5: Impact survey findings on physical health by financial situation

Members were not specifically prompted to think about healthy eating during shopalongs, so as not to bias their choices. However, where this did come up naturally, members tended to talk about difficulties managing their weight. They spoke about things they tried to do to eat a healthy diet, including not eating too much sugar, or using less oil in cooking, or using the palm of a hand to measure out portion size. Most characterised this in terms of an 'everything in moderation' heuristic. One member had heard from a friend about differing dietary needs as you get older, but felt it was challenging to put this into practice without more practical support.

Conceptions of healthy eating were also tied to cultural understanding of what makes a 'proper' meal, for example what are seen as correct combinations of food in traditional cuisines²⁴. This could sometimes be a barrier to trying some of the British vegetables which are more commonly available in the Pantry (particularly swede and celeriac at the time of visits), which some members spoke about not knowing how to use, or even fearing they would poison themselves or their families by getting it wrong²⁵.

"He says he cooks African food including stews and rice and fufu. He explains how eating these different foods are good for your health and I ask him if that's important to him. He says it is, because it's up to us all to take care of our health, and that eating these combinations of foods will 'sit right' in the stomach and will help with the prostate, and protect against diabetes and hypertension. He tells me about drinking aloe vera in the morning which he says helps to protect his liver" **Researcher notes**

"I asked her if she'd ever tried any new ingredients, new vegetables because they were in the Pantry and she said 'no if I don't know it I wouldn't choose it because I don't want to poison myself or my family.'"
Researcher notes

These findings show how the Pantry is supporting members to access healthier food, with specific evidence of how members are increasing their fruit and vegetable intake as a result of their Pantry membership. Findings also suggest that there is an opportunity to increase

²⁴ For example, Tuomainen explores the cultural significance of satiety and a sensation of fullness in eating practices amongst Ghanaians living in London: Tuomainen, Helena M. (2009) 'Ethnic identity, (post)colonialism and foodways: Ghanaians in London', Food, Culture & Society 12(4): 525–554. [Available [online](#)]

²⁵ Although this seems extreme, a staple food in many traditional African and South American diets is cassava which has to be prepared in specific ways to reduce the risk of cyanide poisoning, so it is understandable why some members may be nervous about preparing vegetables they are not familiar with.

members' (and their family's) food confidence, particularly in trying new types of food and specifically different kinds of vegetables.

Children's eating habits dictate shopping behaviour

Throughout the qualitative research, children's eating habits stood out as a key driver of members' shopping behaviour and sometimes as a barrier to the use of the Pantry.

Calls with members who had not shopped at the Pantry for a while revealed that some members did not feel the Pantry met their needs because they had households with complex dietary requirements (driven by allergies, neurodiversity etc) or simply described their children as 'fussy'. This meant that they could struggle with the inconsistency of availability of items at the Pantry if a particular item was a child staple.

*"[My sister's kids] like particular tastes, I've got a child with allergies so have to be careful what I buy. Check to see if stuff has got milk and nut allergies. They're only allowed stuff with soya milk so I have to stop elsewhere already, so [the Pantry is] not a good place, well it's alright. Would go there if I was in a struggle but not for me for child with those needs" **Member phone call***

*"Sometimes it can be difficult because I've got a complex needs household who tend to want to eat the same meal over and over again [...] we've got dietary requirements, fussy eaters. We've got an eating disorder. We really are far and wide. It affects the food shop, got to get lactose free stuff [...] careful with peanut, so many different things, we have a chart on the wall colour coded who's good with this and who can't have that..." **Member phone call***

This finding was consolidated through shopalongs where a high number of members who had children in their household spoke about finding it difficult to get their children to try new things or even to eat anything at all. Three separate members (out of the five with children who were accompanied on their shops) mentioned they had trouble with at least one of their children (usually a young child under 5 years-old) not being 'good eaters' or refusing to eat. This meant they often preferred to give them what they were confident they would eat; fruit seemed to be popular, but this also often meant treats (foods high in sugar and fat).

*"Her children like rice and pasta, and she tries to get them to eat more fruit and vegetables so that they have a balanced diet. Although she says they are not too picky, her younger child does not eat very much; is not interested in food and generally only eats fruit and so she's trying to get them to eat more. Whereas her older child will eat anything and has a big appetite." **Researcher notes***

"She tells me that one of her younger children is very thin and doesn't like eating, which she suspects is linked to a congenital health problem. Her child will need to have another operation. Gaining some weight will allow this to be done as keyhole surgery, which will drastically reduce the recovery time. She is really keen for this to happen, so is trying to find ways to get her child to eat more. The can of fruit cocktail that she bought at the Pantry is for this purpose. She says that they have an arrangement with the

school that she is allowed to bring in snacks that her child can eat during the day.” Researcher notes

This finding is important as it shows the multiple barriers to improving the diet of children, even when access to fresh fruit and vegetables is assured. It suggests a potentially important referral role for the Pantry to play, by linking up with early years nutrition and dietetics services (such as the Southwark and Lambeth based [Community children's nutrition and dietetics service](#)), to help support members build healthy eating habits in their children. The Pantry could also consider organising a section of the shelves to be ‘healthy treats for kids’, designed in collaboration with members with children in the household.

More work is needed for the Pantry to become a social hub

In the impact survey, 88% of respondents said that ‘making friends with others in my local community’ was an important or very important reason why they joined the Pantry but only 55% agreed that this had happened²⁶. However, at the time of the survey which coincided with the opening of Peckham Park Road Pantry, over a third of respondents (36%) had been members for less than a month, so this was to be expected²⁷. Despite this, 69% of respondents agreed that ‘The Pantry has allowed me to meet people and socialise’ and 68% agreed that ‘I feel more connected to my local community’²⁸.

This suggests that there was a desire amongst members for the Pantry to be more of a social hub, and provides evidence to suggest that members felt it was different from an average shopping trip. Whilst conducting shopalongs with members, we observed members greeting each other and standing to talk outside the Peckham Park Road Pantry (many know each other as neighbours or through dropping children off at the nearby school). It was also not uncommon for members to be recognised by Ambassadors and staff (especially if they came more regularly to shop).

However, the Peckham Park Road Pantry space was small and the time spent inside the shop was short. When visiting with members on shopalongs, we were struck by how quick so²⁹me of the shops could be; some of the more regular members were in and out within a few minutes. In fact, some members commented on this themselves and it was sometimes felt to be one of the reasons they liked using the Pantry (i.e., because they lived next door and could pop in quickly to fit it into the rest of their day etc).

“She tells me that she’s super quick when shopping at the Pantry. Compared to shopping in other supermarkets it’s so quick, even if she has to wait (because they can’t have more than two people in the shop), because it’s close by and it’s small so she can just stand in the middle and see everything that’s available. She can get here and do a shop in 3 minutes and nobody even knows she’s left the house!” Researcher notes

²⁶ Base = 88 and 79 respectively

²⁷ Base = 101

²⁸ Base = 79 and 79 respectively

²⁹

Within the shop itself, observed interaction was mainly between members and Ambassadors – rather than between members. The Covid-19 restrictions played a big part in this, as numbers were managed so as not to bring people into contact with each other. However, the space available within the Peckham Park Road Pantry was limited, including in the waiting area where a large freezer took up a big proportion of the space. We would suggest that other ways for members to meet each other *outside* the Pantry site itself may be more suitable.

In addition, most of the conversations observed between members and Ambassadors were about the system and the rules (e.g., members asking how many of an item they could have for a ‘blue’ or counting up items in their basket at the end). Whilst this seems unavoidable, it suggests that other spaces will need to be created, or other conversations will need to be encouraged, in order to reach the ambition of being a social hub.

More work is needed for the Pantry to signpost to other services

In a similar way to its effects on social interaction in the Pantry, Covid-19 also affected how the Pantry was able to signpost to other services. This was significant as like member engagement, signposting was positioned as an important part of the Pantry’s impact model.

During the first lockdown, there was a break in some services operated by Pecan as the team transitioned to safely working from home and offering services in new ways. This meant that emphasis was on safety and operations rather than referrals (particularly as many of those services were equally closed or adapting to new processes).

Of all the survey respondents, 90% said that they or members of their household had not been connected to another service through the Pantry³⁰. Indeed, the findings from the shopalongs suggested that members do not expect referrals as part of the member experience. They were surprised to be asked whether they had been signposted to other services, as they considered the Pantry to be completely about the food offer. However, there was one example of a member who thought that she had been referred by the Pantry to Pecan’s money and debt service, and linked up to the Citizens Advice Bureau for help managing her debt.

There are a number of areas in this report where advice, support and signposting could be offered to members – including around healthy eating (especially building healthy eating habits in children). There were also one-off examples of good health behaviours being obstructed by lack of money; one member could not book a dentist appointment because he didn’t want to use the remaining credit on his phone when he was put on hold, so signposting to advice around tariffs for those receiving benefits could also be beneficial.

The system has the potential to create perverse incentives

The rules of the shop

³⁰ Base = 79

The Pantry has its own internal economics of supply and demand³¹, based on what was available through surplus food deliveries (and topped up through direct purchases to ensure stock for certain items e.g., meat etc). This meant that beyond the basic allotment of seven ‘blue’ items and three ‘red’ items, there were also rules for particular items about how many items could be taken. This includes, for example, only being able to take one meat item and one bag of apples. This situation raised the potential issue of unintentionally reinforcing access issues if healthy items were low in stock.

“When we’re discussing what meat options they got, I ask a bit more about the one item limit on meat and they tell me that it’s the same for some other items, such as bags of apples which you are only allowed one of per shop. She says this is a shame because apples are one of the things her child will eat.” **Researcher notes**

Other Pantry models circumvent this issue by offering all fruit and vegetable items free to members (for example in some Pantry models in Stockport and Manchester).

Freebies

Throughout the visits, the Pantry was well stocked and there were also a large quantity and variety of free items for members to take. Members responded well to this, as they were able to further increase the value of their basket but the approach to ‘freebies’ was markedly different across the ten shops observed. A labelled shelf of free items was available each time, which members could look through and Ambassadors told members about additional free items that were being offered, either during their shop or after the members had completed their selections. In one case where multiple freebies were available, Ambassadors pre-bagged these and simply handed them over with their shop at the end. This resulted in some members being unsure what to do with what they had been given, suggesting that this approach could mean that free items are not being used when members get them home.

Peckham Pantry may want to consult with Ambassadors about the most appropriate way to offer free items, in a way which retains their choice and control, balances food waste (both in the Pantry and at home) and ensures that members’ shopping experience is about ‘what is available and what do I need?’ rather than ‘how much can I get?’

“When we came out we spoke about some of the free items that she’d been given. She didn’t know what to do with the celeriac. Remembering how she’d explained to me how she prepares yam, I told her she could treat it a bit like yam – by roasting it or boiling and mashing it. We also talked a bit about what to do with the egg whites. She wasn’t sure what she could do with them, as the Ambassadors had suggested meringues but she didn’t know what meringues were.” **Researcher notes**

³¹ Additionally, others have noted the potential for competition within the surplus food ‘market’ to lead to vulnerabilities and inconsistency of supply for organisations who rely on it – see Saxena, L. P. and Tornaghi, C. (2018). The Emergence of Social Supermarkets in Britain: Food poverty, Food waste and Austerity Retail. Research Report. Centre for Agroecology, Water and Resilience, Coventry University: Coventry [Available [online](#)]

Having a considered plan to distributing free goods will not only help increase the value of the shop to members, but also tackle potential food waste, an issue that 100% of survey respondents agreed was very important or important to them³².

Healthy Start vouchers

In April 2021 the value of Healthy Start vouchers was increased from £3.10 to £4.25. This was further increased when used in the Pantry to provide about £15 worth of goods. In the one example which was observed, Healthy Start vouchers could now be used to get 10 additional blue items (in addition to their full normal shop). This resulted in the member finding it difficult to find enough items that she wanted to choose. It is important that this rule doesn't lead to increased waste, or people feeling as though they have to get things for the sake of it. Therefore, Peckham Pantry may want to consider allowing people to use their Healthy Start vouchers without the need to do a full shop (if this is possible within the business model).

Members sometimes feel a lack of flexibility in the system makes it more difficult to meet their needs

Within the shoppalong sample of members, there was a family of nine and a single older man living alone. Whilst having considerably different shopping needs, these members follow the same rules in the Pantry.

As a result, some members occasionally found the system restrictive for their own circumstances. One member spoke about coming to the Pantry two days in a row to get enough meat for one meal to feed her large family, because only one meat item was allowed.

Whilst building flexibility into the model may be difficult to manage (and risk further complicating the system), one way to start to explore this would be to come up with a couple of 'personas' and try these out the shop every so often to see what meals you could make. In a similar way to the Pantry's social media posts about what you could get in a Pantry shop (following the scandal about substandard government free school meals replacement boxes), these different sorts of shops could be shared on social media or even displayed in the shop to help inspire people about what they could buy.

³² Base = 89

Impact on member intake of fruit and vegetables – economic analysis

Key finding

The impact survey data of Peckham Pantry members suggests that the ability to access Peckham Pantry resulted in an increase in fruit and vegetable intake of between 0.65 and 2.0 portions per adult, and a similar range for children³³.

Even the lower bound increase was greater than the difference of 0.4 portions a day between the average fruit and vegetable intake per adult per day for those on average income (3.6 portions) compared to those on the lower quartile of income (3.2 portions).

In other words, the Peckham Pantry scheme by itself had an effect (0.65 to 2.0) on fruit and vegetable intake for both adults and children that was greater than would generally occur to fruit and vegetable intake after a movement of household income from the lower quartile (£13,800 p.a.) to the median (£20,900 p.a.).

Assessing changes in levels of fruit and vegetables among Peckham Pantry members

Context

Scott et al (2018)³⁴ provides an insight into the difficulties that many face in achieving a good diet of fruit and vegetables for their households in the UK. The report compares the cost of following the Eatwell Guide against household expenditure data and family income data. It calculates on the basis of 2015/16 data that for households with children in the bottom 20% for income (at £15,860 or less) “42% of after-housing disposable income would have to be spent to meet the Eatwell Guide costs.”

In response to high or unaffordable food prices, among households in the UK with an annual income of £10,000 or less, Corfe (2018)³⁵ assesses that: 43% started shopping at a cheaper food store; 34% purchased cheaper and less healthy food instead; 14% cut back on their own level of food consumption so that others in their family could eat; and 12% cut back on their family’s overall level of food consumption. Both reports provide clear evidence that many of those with the socio-economic circumstances of Peckham Pantry members would prefer to increase the levels of fruit and vegetables that they and their families consume.

Analysis

We used the Peckham Pantry impact survey data as the main source of insights into the extent to which members changed the levels of fruit and vegetable intake among their households. We then contrasted and refined those estimates drawing on patterns observed for the UK from the Understanding Society database. We consider these two sources of data in turn.

³³ This has been calculated from self-reported measures which can be inaccurate.

³⁴ Scott, C., Sutherland, J. and Taylor, A. (2018) “Affordability of the UK’s Eatwell Guide”, The Food Foundation

³⁵ Corfe, S. (2018) “What are the barriers to eating healthily in the UK?” Social Market Foundation

In response to the question of whether more fruit and vegetables are eaten as a result of becoming a member, the impact survey had 7% saying “less” or “a lot less”, and 63.5% saying “more” or “a lot more”. If we give an indicative quantity of 2 for “a lot”, and 1 for a change, we arrive at an assessment of an average increase of 0.65 as shown in table 6 below.

	Number	Percentage	Impact
A lot less	3	3.5%	-2.0
Less	3	3.5%	-1.0
About the same	34	39.5%	0.0
More	27	31.4%	1.0
A lot more	19	22.1%	2.0
Total	86	100.0%	
Weighted average			0.65

Table 6: Impact survey responses on impact on in-take of fruit and vegetables

We also examined the differences in the amounts of fruit and vegetables specified for adults and for children in the survey. These showed an increase in portions per day as shown in table 7.

	<i>Adults</i>			<i>Children</i>		
	Before	Now	Difference	Before	Now	Difference
<i>Vegetables</i>	1.69	2.85	1.15	1.78	2.96	1.18
<i>Fruit</i>	1.18	2.24	1.07	1.59	2.61	1.02

Table 7: Impact survey responses to quantity of fruit and vegetables before and after

These would suggest an increase of the order of two portions of fruit and vegetables per day – for both adults and children.

To examine whether this upper estimate is robust, we turn to data available from the Understanding Society database, a UK Household Longitudinal Survey that in 2018 included questions on consumption of fruit and vegetables. Based on 19,750 records covering households from very low to very high incomes, this showed the following set of portions per day, as shown in table 8.

	<i>Vegetables</i>	<i>Fruit</i>	<i>Fruit and vegetables</i>
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<i>Lower income quartile</i>	1.74	1.43	3.17
<i>Median income</i>	1.96	1.65	3.61
<i>Difference</i>	0.22	0.22	0.44

Table 8: Understanding Society assessment of portions of fruit and vegetables per person

Note: The level of fruit and vegetables per day per adult in the sample is 3.6 portions per day, and this is a close match to the level of 3.7 found in page 30 of the 2018 Health Survey³⁶.

What these data suggest is that a move from the lower income quartile to the median income range implies a 0.44 increase in vegetable and fruit portions per day – and this is exceeded even by the lower of the two estimates of impact of the Pecan Survey, namely a 0.65 increase.

A further cross-check is a regression analysis to provide an indicative view on the role that age, gender and income make to fruit and vegetable diet. The full results are set out in Appendix 3. These indicate that:

- Women have a tendency to eat more fruit and vegetables than males (by an amount of some 0.5 portions per day)
- Having children has a tendency to reduce adult intake (by an amount of some 0.1 portions per day)
- As adults age they have a tendency to increase intake (by an amount of 0.1 portions per day each 6.25 years)
- With higher income, the intake of fruit and vegetables increases (by an amount of 0.1 portions for a 21% increase in income).

A key point for our analysis is that, though increases in fruit and vegetable in-take have a tendency to occur as adults become older, they appear to have an impact that is much less than those observed as due to the Peckham Pantry scheme.

³⁶ <https://files.digital.nhs.uk/B5/771AC5/HSE18-Adult-Health-Related-Behaviours-rep-v3.pdf>

Value of Peckham Pantry to its members

Key finding – the Pantry provides exceptional value for money for members

When reviewing a sample of nine baskets of members' choices, we calculated that the average cost of purchasing the same goods in a supermarket would have been £31.60. Since Pecan charges £4.50 per basket, this represents an increase of value of around £27.00 per basket. For a member who uses Peckham Pantry once a fortnight, this represents a financial saving of £702 per year ($26 * £27$).

Analysis

Our approach here was to draw up a list of the items chosen by the relevant shopper in each of the nine shopalongs. The researcher noted details on each item's product type, size and brand. To put a price against each item, we undertook an online price search, using Tesco (www.tesco.com) as the main source of data, while drawing on other sources as appropriate. Table 9 below shows our calculated value of each basket.

Member A	£19.11
Member B	£28.58
Member C	£31.64
Member D	£33.70
Member E	£39.28
Member F	£25.94
Member G	£33.18
Member H	£26.71
Member I	£36.77
Average of nine members' baskets	£30.55
Median of nine members' baskets	£31.64

Table 9: Value of each Peckham Pantry basket in the nine shop-a-longs

For full details of the items in each basket and associated value see Appendix 4.

We calculate that the median value was £31.64. Given that the cost to the shopper was £4.50, this represents an increase of value of around £27.00 per basket ($£31.64 - £4.50 = £27.14$); for a member of Peckham Pantry who attends once a fortnight, this represents a value of around £700 per year ($52 \text{ weeks per year} \div 2 * £27.14 \text{ per basket} = £705.64$).

One question to note in relation to our comparison is whether online prices are a good comparator of the actual alternatives to the member, which will tend to be major supermarkets. We have an insight on this from the study Ginn et al (2016)³⁷. Using information on five different diet scenarios, we have calculated a mark-up of 1.1% between average prices at a large supermarket compared to online prices. This is a relatively small difference (and its effect is to increase the value of the basket, rather than decrease it), so we believe that this does not affect our conclusion.

Other benefits to members

Though the above analysis presents the main source of value of Peckham Pantry to its members, it is also worth noting that, in so far as Pecan strengthens wellbeing through a greater sense of empowerment, and ability to serve the community (for Ambassadors), this also creates a social benefit that should be recognised, even if it is not readily quantified and put into monetary terms.

³⁷ Ginn et al (2016), Mapping access to community-developed healthy food baskets including cost and availability, *Health Education Journal*, Vol. 75(8) pp. 911–924

Value of Peckham Pantry to wider stakeholders

This section looks at the potential effects of wider dietary considerations and wider benefits of health on employment.

Key finding – Peckham Pantry provides substantial health benefits, plus further benefits in sustaining employability

We estimate a reduction in health costs of some £59 per year per Peckham Pantry member, and wider social benefits of £106 per year per Peckham Pantry member as a result of improved fruit and vegetable in-take for them and their households.

For a household comprising an adult female, the direct health benefits would be £17 per year, the wider social benefits would be £31, and the overall social benefits would be £48. For a household with adult female and male plus one girl and one boy, the direct health benefits would be £68 per year, the wider social benefits would be £123, and the overall social benefits would be £191³⁸.

Analysis

The focus of attention for our social value calculations are (a) the health effects of Peckham Pantry for its members, and (b) the wider social benefits, such as more sustained employment, that have a tendency to result from improved health.

Health conditions associated with unhealthy diet for an adult are obesity, Type II diabetes, maternal health issues, cardiovascular diseases, some types of cancer, and joint problems such as arthritis.

Health conditions associated with an unhealthy diet among children are tooth decay, insulin resistance / diabetes, hypertension, early signs of heart disease, poor growth and development, poor mental health, asthma and greater risk of obesity as an adult.

By improving diet, which in turn enables health to be sustained for longer, the Pantry reduces the costs to the NHS, enables more sustained employment, and improves the tax / benefits position for HMRC and DWP.

Our framework for assessing the impact on health costs of a poor diet – and in particular a poor diet in fruit and vegetable intake – is based on Lieffers et al (2018)³⁹, a study of the cost implications of not meeting food recommendations in Canada.

The starting point for the study is to assess the numbers of people not meeting recommendations in terms of eight categories of healthy and unhealthy foods and drinks (nuts and seeds, whole grains, fruit, vegetables, milk, processed meat, sugar sweetened beverages, and red meat).

³⁸ For the final report, the assessment of value for stakeholders will review a wider range of social value indicators, presented in a table on page 36

³⁹ Lieffers, R., Ekwaru, J., Ohinmaa, A., Veugelers, P. (2018) The economic burden of not meeting food recommendations in Canada: the cost of doing nothing, PLoS ONE 13(4): e0196333

It then calculates “population attributable fractions” [the fraction of disease cases that would not occur if food recommendations were followed] by age, gender, and type of disease, and multiplies this against relevant population numbers.

The final stage of the study was to multiply population numbers against two sets of unit costs (one focussed on health costs, one focussed on wider costs, including loss of economic output through illness), to obtain an assessment of health and wider costs by disease for males and females, disaggregated by disease type and dietary category.

Our analysis takes its estimates of health costs, and wider social costs, and then makes a set of adjustments to put them into a UK context with 2021 prices – taking into account the relative prevalence of the given diseases (cancer, cardiovascular disease, chronic kidney disease, diabetes) for the UK compared to Canada, the scope for meeting recommendations on fruit and vegetables in UK compared to Canada in 2014, the exchange rate for Canadian dollars versus sterling in 2014, the difference in UK and Canadian per capita health costs, and inflation since 2014.

Our conclusions are set out in table 10 below. For details of calculations see Appendix 5.

	Overall		Fruit and vegetables	
	Female	Male	Female	Male
Assessment of health costs per person	£180	£192	£32	£48
Wider social benefits per person	£304	£322	£58	£86

Table 10: Direct health savings and wider social benefits for females and males (UK 2021)

Value of impact of Peckham Pantry on diet of fruit and vegetables

Our assessment of the value of the improved in-take of fruit and vegetables proceeds as follows:

- Calculate number of female adults, female children, male adults and male children on average supported by one member
- Multiply the average number of people supported (of given gender) by the unit value (per that given gender)
- Multiply that by the proportion of Pecan survey saying that Pecan has led to ‘more’ or to ‘a lot more’ in-take of fruit and vegetables (53.5%).

Table 11 below shows our indicative calculations for the average number in the household supported by one member, building up from a cohort of 100 members.

	Adult females	Adult males	Children (girls)	Children (boys)
100 members (85% female, 15% male) [1]	85	15		

Single adult household (65% of members) [2]	55	10		
- 60% of households with children	36	3		
number of children (if 2.5 each) [3]			49	49
Multiple adult household (35% of members) [4]	30	5		
Other adults not main shopper [5]	5	30		
- 60% of households with children	21			
Number of children (if 2.5 each) [6]			26	26
Total supported by Pecan basket of groceries for cohort of 100 members [row 2 + 3 + 4 + 5 + 6]	90	45	75	75
Per member = total supported in cohort ÷ 100	0.90	0.45	0.75	0.75

Table 11: Calculation of people supported by one Peckham Pantry member

The final stage is to multiply these numbers of people supported per member by the impact on health and wider costs, taking into account that only a proportion are supported to improve fruit and vegetable in-take. Table 12 below shows results.

	Adult females	Adult males	Girls	Boys
Potential effect on direct costs per person [row 1]	£32	£48	£32	£48
Potential effect on indirect costs per person [row 2]	£58	£86	£58	£86
Number supported [row 3]	0.90	0.45	0.75	0.75
Potential effect (direct) x no. supported [row 1 x row 3]	£29	£21	£24	£36
Potential effect (indirect) x no. supported [row 2 x 3]	£52	£39	£44	£64
Adjustment for impact [row 6]	53.5%	53.5%	53.5%	53.5%

Reduction in health costs [row 4 x row 6]	£16	£11	£13	£19
	(totals £59 per Peckham Pantry member)			
Improvement in wider social benefits [row 5 x row 6]	£28	£21	£23	£34
	(totals £106 per Peckham Pantry member)			

Table 12: Effect on direct and wider social benefits for those supported by one member of Peckham Pantry

On the basis of the above, we estimate a reduction in health costs of some £59 per year, and wider social benefits of £106 per year per Peckham Pantry member as a result of improved fruit and vegetable in-take for them and their households.

We can also use the above information to assess unit benefits for different types of households. For a single adult (female) household, the direct health benefits would be £17 per year, the wider social benefits would be £31, and the overall social benefits would be £48. For a household with adult female and male, plus one girl and one boy, the direct health benefits would be £68 per year, the wider social benefits would be £123, and the overall social benefits would be £191.

Further benefits in relation to educational attainment by children (and consequent employment gains), as well as wellbeing through greater empowerment are additional to these calculations.

Other benefits to health (such as increases in nuts and seeds, whole grains, and milk; and reductions in processed meat, sugar sweetened beverages, and red meat) would also lead to increased savings in health costs and wider benefits.

Social Return on Investment analysis

Key finding – Peckham Pantry is producing a positive social return on investment

Our analysis suggests a positive social return on investment, with each £1 in costs returning a benefit of £2.56 in social value – with £0.22 going directly to savings for public services.

This assessment is, however, potentially an underestimate of the benefits – since members' diet improvements may go wider than fruit and vegetables, while their use of financial savings for such purposes as training may carry additional social benefits. Our scenario modelling indicates that the return in such cases might be of the order of £4.08 in social value per £1 spent (with a ratio between savings to public services and cost of £0.88 per £1 spent).

The SROI for the final report will review a wider range of social value indicators, presented in a table at the end of this section.

Analysis

Table 13 below sets out our assessment of Social Return on Investment from Peckham Pantry as it currently stands.

	Main scenario	All diet scenario
Members	400	
Number of visits per year	30	
Costs	200,000	
Revenues	54,000	
Net costs (costs minus revenues)	146,000	
Net unit cost (net costs divided by Members)	365	365
Value of baskets of groceries to Members per year [A]	750	750
Health benefits per client	60	240
Gain to HMRC / DWP from more sustained employment	20	80
Benefits to public services per client (NHS / HMRC / DWP) [B]	80	320

Employment (members & household) from better health [C]	105	420
Overall unit social benefits (calculated as [A] + [B] + [C])	935	1,490
SROI (overall unit social benefits divided by net unit cost)	2.56	4.08
... of which return to public sector	0.22	0.88

Table 13: Social Return on Investment analysis for Peckham Pantry

For a service that delivers 30 baskets of groceries for members at a net unit cost of £365 per year, we model – in our main scenario – a Social Return on Investment of the order of 2.56 : 1.0, with a return to the public sector of 0.22 : 1.0.

We have also undertaken a wider scenario that covers an improvement in all dietary issues, not just fruit and vegetables. It should be noted that this is purely indicative, as we have not asked questions about wider dietary intake in our survey. However, if dietary improvements do go wider than fruit and vegetables, it is possible that the Social Return on Investment could rise to the order of 4.08 : 1.0, and similarly the return to the public sector could rise to the order of 0.88 : 1.0.

A further point to note is that we have observed at least some members using savings for purposes such as education that will in time lead to further social benefits (through employment). Such effects are in addition to the results set out above.

SROI Analysis for final report

Table 14 below shows the range of benefits that the Pantry provides for stakeholders. In this report, we have examined two of the most prominent forms of benefits, highlighted in green. The range of further benefits will be considered in the next phase of the evaluation, both for the final SROI and when assessing the value of Peckham Pantry to wider stakeholders.

Stakeholder	Type of social benefit	Included?
Clients and their households	Savings on food purchases	√
Clients and their households	Improved wellbeing through reduced financial anxiety	X
Community	Value of volunteer hours	X
NHS	Savings due to better fruit and vegetable diet for clients and their households	√

NHS	Savings due to better types of diet for clients and their households (excluding fruit and vegetable diet issues)	Work in progress
NHS	Savings due to better mental health for clients and their households from reduced financial anxiety	X
DfE	Adult education (clients using savings on food purchases to undertake forms of education)	X
DfE	Children's education and youth work (clients using savings on food purchases to support forms of education and youth work for their children)	X
DWP	Increased levels of employment (people supported into work by the Pantry and its community)	X
DWP	Increased levels of employment due to better health	Work in progress

Table 14: Full list of social value indicators

Sustainability: Peckham Pantry business model evaluated on commercial criteria

Key finding – achieving financial sustainability is a long-term goal

Currently Peckham Pantry relies upon high levels of financial subsidy, which is unlikely to be sustainable. Currently also, progress on growth has been slower than anticipated, not least through the impact of Covid-19 upon expansion plans. By achieving strong levels of growth, Pecan has scope to gain economies of scale, and so improve prospects. Important planning activity has been undertaken and a further programme of analysis and preparation is in train. However, this will require a substantial increase in member numbers, increases in members contributions, and very tight cost management – all of which present a challenge to achieve.

Analysis

Table 15 below shows revenue and expenditure for Peckham Pantry – (a) actual for year 2020/21 (year end March 2021), (b) planned for 2020/21, (c) planned for 2022/23, (d) planned for 2024/25.

	Actual Year 1	Planned Year 1	Planned Year 3	Planned Year 5
	Apr20-Mar21	Apr20-Mar21	Apr22-Mar23	Apr24-Mar25
Income from membership	28,780	37,990	176,905	255,060
Grant requested	153,100	201,360	160,000	75,000
Donations and gifts	2,473	-	-	-
- Total revenue	184,354	239,350	336,905	330,060
Capital costs for premises	59,906	75,125	-	-
Operating costs (delivery)				
- Rent and associated services	6,177	15,000	39,500	39,500
- Stock costs / Food supply	3,865	16,605	55,035	64,915
- Transport	1,042	7,405	900	900
- Misc operating costs	3,920	4,245	3,900	3,830
- Staff costs	57,068	76,395	138,480	144,000
- Sub-total	72,072	119,650	237,815	253,145

	Actual	Planned	Planned	Planned
Central costs	Apr20-Mar21	Apr20-Mar21	Apr22-Mar23	Apr24-Mar25
- Management costs	32,780	32,780	21,240	22,080
- Admin costs and franchise fee	10,014	3,900	8,400	8,400
- Marketing, legal, finance	13,727	20,960	7,980	7,980
- Evaluation	23,490	25,000	15,000	15,000
- Contingency			4,800	4,800
- Sub-total	80,011	82,640	57,420	58,260
Total Costs	211,989	277,415	295,235	311,405
Surplus/Deficit – (covered by Pecan)	-27,636	-38,065	41,670	18,655
Income (excluding grants)	28,780	37,990	176,905	255,060
Costs (excluding one-off)	152,083	202,290	295,235	311,405
Surplus - excluding grants	-123,302	-164,300	-118,330	-56,345

Table 15 Income and expenditure (actual and planned) (2020/21), planned (2022/23 and 2024/25)

Assumptions in relation to the above analysis are set out in Appendix 3.

We believe that there are three key points worth noting from the above analysis.

First, progress has been slower than anticipated.

The comparison between actual revenue and expenditure and planned revenue and expenditure for the period 2021/22 shows a lower level of activity than planned - 25% down on aspirations⁴⁰. This shortfall is highly likely to be due in large part to the disruption that has occurred as a consequence of the Covid pandemic, though we believe that the general difficulty of orchestrating a major expansion also has a part to play.

Second, the current balance between revenue and expenditure is not financially sustainable.

⁴⁰ Our proxy for activity is Members' revenue, as this directly reflects the number of visits by members. The ratio between actual Members' revenue for 2020/21 of £28,780 and planned Members' revenue of £37,990 is of the order of 75%, which represents a shortfall of 25%.

Peckham Pantry is heavily reliant upon funding from Impact for Urban Health, and that funding in turn is dependent upon Peckham Pantry moving much more closely towards a financially stand-alone position in the medium-term. Donations are useful, but are unlikely to fill the gap (donations amounted to £2,500 in 2020/21); and any public sector funding (from either NHS or Local Authority) is unlikely to be generous in the current fiscal climate.

Third, Peckham Pantry does have a route towards a financially sustainable position – but this is a difficult route to achieve.

For financial sustainability, Peckham Pantry will need to increase prices to members, dramatically increase the number of members, make the most of economies of scale, and implement very tight cost management. These represent considerable though not insuperable challenges, and we would recommend that strategic options continue to be kept under review⁴¹.

⁴¹ The additional funding from Impact on Urban Health includes evaluation support and additional consultant support to focus on the question of sustainability and expansion.

Conclusions and recommendations

Conclusions

At this interim point in *Phase 1 evaluation*, the data gathered so far builds up a strong picture of the Pantry's key impacts and a number of considerations for future delivery. The evidence suggests that the Pantry is reaching the people and families it is set up to support and that ambassadors and staff are creating a friendly, warm and supportive environment which is contributing to a spirit of reciprocity. Given the fact that members are drawn to the Pantry by the potential of making new friends, this indicates a solid foundation upon which the Pantry could build to become a more member-led community hub in future.

The evaluation also explored the impact of the Pantry upon member finances and the data here is conclusive; the survey, ethnography and basket analysis triangulated to show that members do have greater financial control as a result of their membership, with analysis suggesting this could be in the region of over £700 per year. Whilst not every member might be able to use their 'saved' money in such tangible ways, there were significant examples of money being spent elsewhere to enhance the quality of members' lives. Indeed, the value of Pantry membership returned a positive SROI - and the final report will explore a greater number of social value indicators to get a clearer picture on the return for public services.

Similarly positive are the findings related to the Pantry's impact on member health and wellbeing. The analysis suggests that the Pantry had a significant impact upon members and their families' access to, and intake of, fruit and vegetables of between 0.65 and 2.0 portions per adult, and a similar range for children. Members also felt they were eating less unhealthy foods and trying new foods at the Pantry, encouraged by the food choice available, ambassador encouragement and also through the freebies on offer, and they generally reported feeling healthier as a result of their membership. This combined with greater financial control also had a positive impact on mental health, and evidence so far suggests that this is particularly so for those who have been struggling the most.

The Pantry has dignity embedded at the heart of the model, based on members paying for and selecting their food. The evidence suggested that this mechanism was working well and that members without specific food needs enjoyed the process of shopping at the Pantry and picking up bargains or other goods which would otherwise be out of budget. The ethnography and basket analysis suggested that less healthy goods were also available and bought from the Pantry. This met members' desires for 'treats' but there could be an opportunity to explore a 'healthy treats' option, particularly in reaching out to engage families with children.

These positive findings are particularly notable during the unprecedented uncertainty of Covid-19 and is testament to Pecan's resilience and adaptability in response. However, Covid has had a negative impact upon the Pantry's financial projections (particularly in the move to support members with free food boxes in early lockdown and by delaying the opening of Peckham Park Road). Covid guidelines also limited the Pantry's scope to act as a social and community-based referral hub. Another factor out of the Pantry's control - but which has a large impact on member experience - is the nature of food supply. Inconsistencies and gaps in supply cause issues both for the Pantry team (having to juggle stock at short notice, incurring both capacity and financial costs) and for members and families with specific food needs.

Given the wider structural context being out of the Pantry's control, the recommendations point to practical steps to enhance the sustainability of St Luke's and Peckham Park Road Pantries by a) increasing member visits and b) to move towards the vision of becoming a member-led community hub as Covid restrictions potentially ease. The expansion activity planned for 2021 onwards – and covered in *Phase 2 evaluation* - will have a significant impact on the wider sustainability of the Pantry and will be reviewed in the final report.

The remaining fieldwork for *Phase 1 evaluation* includes: follow-up telephone interviews with members who took part in shopalongs; the impact survey; and revised SROI analysis to incorporate a wider suite of social indicators. This will help fill any 'gaps' in the current narrative and assess the impact of Peckham Pantry membership over time.

Recommendations

The following set of recommendations reflect the key findings and challenges outlined in this *Phase 1 evaluation* interim report. They are designed to increase Pantry sustainability by creating a more active membership, moving to a more member-led model, promoting the value of (and tackling misconceptions about) the Pantry and by re-engaging lapsed members.

1. **Move to a more member-led and community-hub model to encourage member engagement and ownership over the Pantry:** Hold a member event to share key findings in this report and invite members to sign up to a 'steering group.' Ask members to consider and inform the following areas which emerged as **key elements of the member experience**:
 - a. **Informing the food offer:** mechanisms and food to support members with specific food needs e.g., options and sources of 'healthy treats' or the 'boring basics' which need consistent supply
 - b. **Creating a social space:** inform the layout and format of the Pantry store, especially in terms of creating a social hub
 - c. **Signposting and referrals:** identify appropriate referral organisations and other forms of support e.g., debt advice, nutrition and healthy eating for children, digital access etc
 - d. **Marketing:** to overcome misconceptions about the Pantry, support member retention and attract new members
 - e. **Other areas identified in this report** e.g., explore other barriers to membership such as issues around how children dictate families shopping behaviour and how the Pantry could respond to these challenges
2. **Encourage the return of lapsed members:** Review the database of members who have not shopped in the last three months (particularly those members who signed up when the Peckham Park Road site first opened and only visited once) and hold time per month for ambassadors to reach out to understand and tackle their reasons for not

shopping. Offer a member shop to those who take part in the short conversation as a means to tempt them back into store⁴²

3. **Promote the social and financial value of the Pantry:** Raise wider awareness of findings in this report (beyond the member event) amongst key stakeholders and audiences, particularly in terms of attracting and identifying sites for expansion and to encourage a new wave of members (both at the existing and new sites)
4. **Build sustainability into the model during early expansion:** Review options to improve sustainability of the Pantry model by bringing forward the allocated support (both from the evaluation team and from an external consultant) which is ring-fenced in the new Impact for Urban Health Funding. Review specific elements of the model e.g., the value of a member basket or cost of an individual shop etc as part of this to ensure that the Pantry is offering the right amount of value for members at a sustainable cost to the Pantry
5. **Understand wider context around food supply:** Given the importance – and concerns – over food supply, work with networks to identify the reasons behind the current challenges and the likelihood/timing of resolution, and to help find alternative, sustainable sources of food (including ‘healthy treats’ and ‘boring basics’)
6. **Further recommendations to explore:** Consider the following recommendations as noted throughout the report:
 - a. Identify active members to raise awareness of the Pantry (including the key findings in this report about value for money) and help tackle any misconceptions. These members could distribute flyers, chat with people in their networks or recruit local social media ‘influences’ to spread the word
 - b. Identify specific support for members with children with food needs such as Southwark and Lambeth Community children’s nutrition and dietetics service to help build healthy eating habits for their families
 - c. Plan other ways and spaces to bring members together through the Pantry in a sociable way, for example holding events or gatherings outside the Peckham Park Road site
 - d. Identify other forms of support for members, particularly around healthy eating but also including financial advice and tariff information
 - e. Review the freebie system to ensure a consistent approach and to minimise potential food wastage
 - f. Consider the usage of Healthy Food vouchers as part of the offer

⁴² There is evidence that this process worked for the ‘counterfactual’ interviews with members who had not shopped recently at the Pantry and who were incentivised to take part in the call with a free member shop.

- g. Build a range of member personas e.g., a member living alone compared to a member living with a large number of people etc, to understand how the Pantry offer works from different member perspectives. Use this to inspire different members about what they could buy in the shop and to encourage new members to join

Appendix 1 Full methodology

The evaluation team was appointed in February 2020. By early March the team had completed a series of scoping interviews and review of the Pantry's theory of change. Then the country went into lockdown, putting the evaluation on hold whilst the Pantry adjusted operations and processes to safely and effectively support their members. During this period, and in lieu of the evaluation taking place as planned, the evaluation lead and Pecan CEO held fortnightly calls to log the Pantry response over this period, and members were invited to share their stories of their experience via email in their own words or in telephone interviews.

As restrictions were lifted and work to open the Peckham Park Road Pantry gained traction, the evaluation team revisited the scoping work to ensure its relevance in a post Covid world. The team built an evaluation framework which mapped all of the fieldwork activities against the intended outcomes and key evaluation questions, which was signed off by late summer 2020. A simplified version of this table is presented below.

Outcome area	Scoping	Ambassador fieldwork	Member fieldwork	Impact survey	Value for money	Sustainability assessment
Reaching out to target families and children	X	X	X		X	X
Sustaining member engagement and visits	X	X	X		X	X
Impact on health		X	X	X	X	X
Impact on financial security		X	X	X	X	X
Impact on personal dignity		X	X	X		
Impact on wellbeing		X	X	X		X
Impact on community connectedness		X	X	X		
Sustainability of the expansion model	X	X	X	X	X	X

Table 16: Simplified evaluation framework

Data collection began in October-November 2020 in earnest as the new Peckham Pantry store opened up. The following table details the different fieldwork strands.

Type of data collection	Details
Scoping interviews Mar-May-20	<ol style="list-style-type: none"> 1. Chris Price, CEO Pecan 2. Carole Coulon, Portfolio Manager, Guy's & St Thomas' Charity 3. Sylvie Bissileu, Head of Finances and Resources 4. Charlotte Whiting, Pecan volunteer 5. Becky Steele, Policy Officer (Obesity & Physical Activity), Southwark Council 6. Gillian Bennet, Public Health Fellow, Southwark Council 7. Gillian Oliver, UK Development, Your Local Pantry 8. Neil Kirkby, Head of Regeneration, Southwark Council 9. Temitope Okudiya, Peckham Pantry Manager, Pecan

Fortnightly catch ups Mar-20-ongoing	Fortnightly catch ups with Chris Price to capture ongoing learning and the 'story' of Covid-19 upon operations
Member stories May-Jul-20	Five stories submitted by email Two follow-up interviews with members
Ambassador fieldwork Aug-20	Fieldwork with four Ambassadors during site visit (August)
Participant observation Jul-20 and Nov-20	Visit to re-opening of Peckham Pantry, St Luke's Church for informal data gathering and a site visit on at the new Peckham Park Road site
Ambassador diaries Oct-Nov-20	Five Ambassadors kept diaries about their volunteering (including responding to prompt questions) through Whatsapp over the initial four weeks of opening at Peckham Park Road
Ambassador After Action Review/ telephone follow up Nov-20	Three of the Ambassadors involved in the diary project attended a virtual 1.5 hour After Action Review facilitated by the lead qualitative researcher. One further Ambassador who was unable to take part in the After Action Review took part in a 1 hour follow-up telephone interview with lead qualitative researcher.
Impact survey Oct-Nov-20	99 participants (both online and paper) and survey support provided in person at St Luke's Church on 28th October.
Ethnographic Shopalongs May-21	Shopalongs were conducted with a sample of ten members chosen to resemble the wider membership (in terms of age, gender, household composition, ethnicity, and frequency of Pantry use). 10 Members were accompanied on shopping trips at the Pantry, including journeys from their homes in most cases. The contents of their baskets were also recorded.
Economic analysis Mar-20-ongoing	SROI assessment, impact on fruit and vegetable consumption analysis, basket of goods analysis and sustainability assessment.
Counterfactual calls May-21	A sample of five Members who had not shopped in the Pantry for a while were conducted, focusing on barriers to shopping in the Pantry.

Table 17: Table of key fieldwork activities

Fieldwork findings have been shared during fortnightly project management calls where relevant but also through two learning reports.

The first learning report was submitted in September 2020 and captured the story of the pandemic and covered Pantry's response to supporting members and work to adapt process and policy. It also contained member stories from lockdown to show the impact of pantry support over this period.

The second learning report was submitted in January 2021 and contained findings from the impact survey and ambassador diary fieldwork which explored the process of setting up the new Peckham Park Road Pantry site.

Phase 2 evaluation has been scoped in principle, with many of the fieldwork activities and key indicators to roll over from Phase 1. However, the timings of key activities are still to be agreed and are dependent on expansion plans (suggesting some iteration of approach) and Phase 2 includes a greater focus on sustainability.

Appendix 2 Shopalong sample

Within a sample of 10, it was not possible to cover all criteria and so the shopalong sample was therefore not representative of the Membership as a whole (particularly as some data about the Membership population as a whole is still estimated).

At the point of analysis, 34% of those in the Membership database had never shopped whilst 1,366 were ‘active members’, defined as having shopped at least once. Population % below are based on these ‘active members’ unless stated otherwise.

Criteria	Groups	Population	Target sample	Achieved sample
Gender	Male/ Female	72% female 28% male Source: used Gender API on batch of ~500 Member names to determine gender	7 women 3 men	7 women 3 men
Ethnicity	Black African/ Caribbean / Latino / White British	48% Black/African/Caribbean/Black British 28% White 10% Asian/Asian British Source: survey data ~100 respondents	5 Black/ African/ Caribbean/ Black British 3 White 1 Asian/Asian British 1 Latino	7 Black/ African/ Caribbean/ Black British 2 White 1 Mixed
Age	Young / Mid / Later life	No data (Cross-check with Ambassadors/ staff)	N/A	2 Young 5 Mid 3 Later life
Household composition	Single / with children	53% have children in household Source: Your Local Pantry data	5 with children	5 with children
Use of Pantry	‘Super shopper’/ infrequent user / user of both Pantries	7% of members classed as ‘super shoppers’ (avg 0.9 shops per week, member at least 3 wks) 22% of members classed as ‘regular shoppers’ (avg 0.4 shops per week, member at least 3 wks) 42% of members classed as ‘shop every month’ (avg 0.2 shops per week, member at least 3 weeks) No data on use of both Pantries	2 ‘super shoppers’ (uplift) 2 regular shoppers 4 who shop every month 2 who shop infrequently	2 ‘super shoppers’ 2 regular shoppers 4 who shop every month 2 who shop infrequently
Use case	Using Healthy Start vouchers ⁴³ / not using vouchers	No data (Cross-check with Ambassadors/ staff)	1 using voucher	1 using voucher

Table 18: Sample of members for shopalongs

⁴³ Note that the value of Healthy Start vouchers rose in April 2021

Appendix 3 Regression analysis

Analysis of fruit intake

Regression Statistics	
R Square	0.040
Adjusted R Square	0.040
Standard Error	1.396
Observations	33913

ANOVA

	<i>df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	<i>Significance F</i>
Regression	4	2,757	689	353.74	0.00
Residual	33,908	66,066	1.95		
Total	33,912	68,823			

	<i>Coefficients</i>	<i>Standard Error</i>	<i>t Stat</i>	<i>P-value</i>	<i>Lower 95%</i>	<i>Upper 95%</i>
Intercept	-0.940	0.090	-10.49	0.000	-1.115	-0.764
Gender (M=0, F=1)	0.327	0.015	21.43	0.000	0.297	0.357
Children	-0.030	0.018	-1.67	0.094	-0.066	0.005
Age	0.010	0.000	22.95	0.000	0.009	0.011
(Ln) Income p.m p.p.	0.214	0.011	19.38	0.000	0.192	0.235

Analysis of vegetable intake

Regression Statistics	
R Square	0.032
Adjusted R Square	0.032

Standard Error	1.270
Observations	33913

ANOVA					
	<i>df</i>	<i>SS</i>	<i>MS</i>	<i>F</i>	<i>Significance F</i>
Regression	4.00	1817	454.25	281.81	0.000
Residual	33,908	54,656	1.61		
Total	33,912	56,473			

	<i>Coefficients</i>	<i>Standard Error</i>	<i>t Stat</i>	<i>P-value</i>	<i>Lower 95%</i>	<i>Upper 95%</i>
Intercept	-0.560	0.081	-6.88	0.000	-0.72	-0.40
Gender (M=0,F=1)	0.202	0.014	14.54	0.000	0.17	0.23
Children	-0.064	0.016	-3.89	0.000	-0.10	-0.03
Age	0.006	0.000	14.47	0.000	0.01	0.01
(Ln) Income p.m p.p.	0.261	0.010	26.03	0.000	0.24	0.28

Appendix 4 Details of items in member baskets

Member A	
Frozen part-cooked whole chicken (Nandos)	3.00
Supermalt x2	1.52
Apples and pears x6 (mixed loose bag)	2.17
Irn Bru x6	2.63
Green tea box	2.15
Rice x300g (loose)	0.60
Baked beans x3 200g (Heinz)	2.10
Fusili pasta x500g	0.53
Bread	0.85
Paneer x200g (Everest)	1.50
Bottled water x3	1.00
Grapes (loose)	1.06
Member B	
1x pizza base (Crosta and Mollica)	1.90
Single cream 250ml	0.85
Seabass fillets x2 (each 2+ fillets)	8.00
Instant chicken noodles x2 packs	0.70
Penne pasta 500g (loose)	0.53
Fruit cocktail cans x2 400g cans (Del Monte)	2.00
Mixed plum and apple bags (~10) (loose)	2.33
Plain flour 1kg bag	0.60

Eggs x12 (Sainsbury's)	1.69
Hot pepper sauce 150ml	1.50
Sardines x2 125g cans	0.80
Carrots 1kg (Waitrose essential)	0.65
Wotsits multipack x6 46g bags	3.75
Green beans ~250g (loose)	0.78
Egg white mix (Happy Egg Co)	2.50
Member C	
Lamb mince x500g unbranded	4.25
Mackerel fillets x2 125g cans (John West)	1.98
Corned beef tin 340g (didn't get brand)	2.30
Haggis cans x4 400g cans (Grant's)	9.60
Hot pepper sauce 150ml (Village Pride)	1.50
Coconut powder 500g (loose)	7.32
Fusilli 500g (loose)	0.53
Canned grapefruit segments 400g can (Del Monte)	1.00
Irn bru x3 330ml cans	1.31
Semolina 500g (Tropical sun)	1.00
Sliced bread 600g (didn't get brand)	0.85
Member D	
Baked beans x giant 2.6kg tin (Heinz)	6.24
Juice carton multipack (Capri sun)	2.00
Jollof seasoning 100g (Tropical Sun)	1.50
Fusilli 500g (loose)	0.53

Wotsits multipack 6 x 46g bags (Wotsits)	3.75
Mangoes x2	1.48
Semi skimmed milk x 4 pints	2.18
Eggs x12 (Sainsbury's)	1.69
Nandos cooked chicken pieces (equivalent of 1 chicken)	3.00
Small tomato and cheese pizzas x2	0.98
Celeriac (loose)	1.12
Swede (loose)	0.90
Flavoured yoghurt x2 (Oyko)	1.00
Egg whites (Happy Egg Co)	2.50
Green beans 200g (loose)	0.78
Sliced bread (Polish brand)	1.20
Pork sausages x12 (Richmond)	2.85
Member E	
Apple juice x2 250ml bottles (Frobishers)	0.80
Garlic doughballs 180g (M&S)	2.00
Oreo crème eggs x loose bag of 6	3.60
Mangoes x2	1.48
Lilies (M&S)	7.99
Melon x1 (loose)	1.00
Canned tuna x2 160g cans (The Fishmonger)	2.65
Beef mince 750g	3.70
Pineapple x1	0.75
Wholegrain spelt flour (Sharpham Park)	2.50
Small tomato and cheese pizzas x2 (Hearty Food Co)	0.98

Pork sausages x24 (Richmond)	5.70
Water x2 (330ml?)	1.00
Baking trays (disposable)	4.00
Iced finger buns x6	1.13

Member F	
Vegetable soup x3 400g cans (Heinz)	2.85
Hot pepper sauce (Village Pride)	1.50
Fish seasoning (Tropical Sun)	1.29
Sweetcorn x1 326g can (D'aucy)	0.89
Whole chicken (Morrisons)	3.00
Spaghetti hoops x2 400g cans (Heinz)	1.30
Peach slices x2 400g cans (Del Monte)	2.00
Corned beef x340g (Morrisons Savers)	2.30
Sardines in tomato sauce x2 125g cans (The Fishmonger (Aldi))	0.80
Bananas x6 (Fyfes)	1.04
Eggs x6 (Rookery Farm Organic)	1.80
Small tomato and cheese pizzas x3 (Hearty Food Co)	1.47
Pork sausages x24 (Richmond)	5.70
Member G	
Spaghetti hoops x2 400g cans (Heinz)	1.30
Chicken and mushroom noodles x3 (Pot Noodle)	2.25
Carrots x1kg (Waitrose essential)	0.65
Sirloin steak x227g (Tesco finest)	5.00

Bananas x6 (Fyfes)	1.04
Fruit cocktail x2 400g cans (Del Monte)	2.00
Corned beef x1 340g	2.30
Bran flakes x750g (Kelloggs)	2.50
Pizza base x1 (Crosta and Mollica)	1.90
Chicken noodles x2	0.70
Orange and lime sparkling drinks (Innocent 'bubbles') x6	8.70
Alpro soya x2 250ml cartons	1.50
Small tomato and cheese pizzas x3 (Hearty Food Co)	1.47
Pretzel x1 (loose)	0.75
Celeriac x1	1.12
Member H	
Long grain rice x1kg (Rozana)	1.20
Eggs x6	1.10
Tuna x2 160g cans (The Fishmonger (Aldi))	2.65
Baked beans x2.6kg giant can (Heinz)	6.24
Penne x500g (loose)	0.53
Tinned ham x300g (Ye Olde Oak)	2.00
Wheat flour x1kg (loose)	1.70
Oats x500g (loose)	0.75
Bananas x6 (Fyfes)	1.04
Sardines x2 160g cans	0.80
Orange and lime sparkling drinks (Innocent 'bubbles') x6	8.70
Member I	

Spicy nduja pizza (Amazon)	3.50
White cabbage (loose)	0.45
Lamb mince x500g	4.25
Chickpeas x2 400g cans (Morrisons)	1.10
High protein porridge bag (FUEL)	1.00
Marmalade sachets x~10 (Bonne Maman)	1.40
Haggis x2 400g cans (Grant's)	4.80
Beef Bolognese x2 400g cans (Grant's)	3.00
Baked beans pack of 3 each 200g (Heinz)	2.10
Eggs x12 (Co-op)	1.69
Mackerel in tomato sauce x2 125g tins (Prince's)	1.98
Cold brewed coffee with coconut milk 750ml bottle (Vita Coco)	1.50
Small tomato and cheese pizzas x3 (Hearty Food Co)	1.47
Melon, watermelon and pineapple fruit pack x1 (Tesco)	2.00
Celeriac (loose)	1.12
Salad cream sachets x~10	1.99
Spaghetti x500g	0.53
Pastries e.g. pain au chocolat and croissant	2.00
Naan bread x1	0.89
Member J (basket was collected after the economic analysis and so not included in the calculations)	
Aero mint chocolate mousse yoghurts x4 59g each	
Bananas x6 (Chiquita)	
Percy Pig sponge roll 221g (M&S)	
Beef mince x500g (Morrisons)	
Sanitary towels (Morrisons)	

Nutella 200g	
Bar-b-que seasoning (Tropical Sun)	
Potatoes x4 (loose)	
Chopped tomatoes x2	
Tuna x2 145g each (Morrisons)	
Basmati rice x500g (Tilda)	
Croissant (loose)	
Tartar sachets x~10	
Swede	

Table 19: Contents in member baskets from the shopalongs

Appendix 5 Value of health and wider social benefits from improved diet

Lieffers et al (2018)⁴⁴, presents a study of the cost implications of not meeting food recommendations in Canada.

They assessed “direct costs” to the Canadian health system, and also examined “indirect costs”, which relate to costs associated with mortality, long-term disability, and short-term disability.

Their definition of indirect cost estimates included “discounted (5%) present value of lost productivity of all deaths during their estimated life expectancy, together with annual lost productivity by long-term and short-term disability. The used method utilizes age- and sex-specific rates of life expectancy, average annual earnings, workforce participation rates and values of unpaid work in Canadian provinces and territories.” Lieffers et al (2018) (p8).

The conclusions were that the health cost in 2014 for Canada was \$1.68bn (Canadian) for females, and \$3.46bn (Canadian) for males, with a further indirect cost of \$2.83bn (Canadian) for females, and \$5.82bn (Canadian) for males.

These represented:

- *Direct* costs of \$295 (Canadian) per female, of which \$55 relate to fruit and vegetables, and \$322 (Canadian) per male, of which \$81 relate to fruit and vegetables.
- *Indirect* costs that were some 169% greater than direct costs when considering all dietary issues, and 180% greater than direct costs when considering diseases affected by intake of fruit and vegetables.

The key question for this study is how to adjust these figures into a UK context with 2021 prices.

We consider six adjustments in turn, the first of which is adjusting unit costs for given diseases by the relative prevalence of the given diseases (cancer, cardiovascular disease, chronic kidney disease, diabetes) for the UK compared to Canada. The results are shown in table 19 below.

⁴⁴ Lieffers, R., Ekwaru, J., Ohinmaa, A., Veugelers, P. (2018) The economic burden of not meeting food recommendations in Canada: the cost of doing nothing, PLoS ONE 13(4): e0196333

Table 19: Details of calculations of baseline unit cost by disease (Canadian \$ 2014) – Cost per disease (\$m) / Population at risk (m) / Unit costs (\$)

	1 Female cost (\$m)	2 Male cost (\$m)	Total cost (\$m)	F - at risk (3)	M - at risk (4)	F unit cost (5)	M unit cost (6)	Scalar F (7)	Scalar M (8)	Adjusted F (\$) (9)	Adjusted M (\$) (10)
Chronic kidney disease	1.8	2.6	4.4	0.24	0.33	7.54	8.03	68%	60%	5.12	4.85
Colon & rectum cancer	63.8	114.0	177.8	3.15	4.32	20.22	26.41	104%	104%	21.07	27.51
Esophagael cancer	3.3	11.2	14.6	3.06	3.25	1.09	3.45	267%	176%	2.91	6.09
Kidney cancer	0.4	0.3	0.7	0.12	0.14	3.82	1.87	127%	109%	4.84	2.04
Laryngeal cancer	0.5	2.3	2.8	0.90	0.94	0.59	2.43	121%	97%	0.72	2.37
Leukemia	0.3	0.3	0.6	0.06	0.05	5.91	6.17	92%	91%	5.44	5.62
Liver cancer	0.0	0.1	0.1	0.07	0.16	0.24	0.68	119%	84%	0.28	0.57
Mouth cancer	1.9	4.3	6.2	0.90	0.94	2.15	4.51	100%	100%	2.15	4.51
Ovarian cancer	0.0		0.0	0.01		2.93		130%		3.80	
Pancreatic cancer	0.1	0.1	0.1	0.03	0.05	2.19	1.67	105%	99%	2.31	1.65
Breast cancer	0.5		0.5	0.01		89.83		117%		104.75	
Thyroid cancer	0.1	0.1	0.2	0.06	0.12	2.17	0.74	100%	100%	2.17	0.74
Tracheal, Broncial, Lung	23.5	26.1	49.6	1.59	1.65	14.81	15.76	88%	92%	13.08	14.47

Uterine cancer	0.6		0.6	0.21		2.89		110%		3.18	
Hemorrhagic stroke	54.5	60.8	115.3	10.21	11.20	5.34	5.42	135%	125%	7.21	6.77
Ischemic heart disease	830.4	2,039.1	2,869.6	12.25	13.49	67.82	151.12	101%	107%	68.49	161.47
Ischemic stroke	71.5	94.3	165.8	11.25	12.17	6.36	7.75	120%	111%	7.65	8.64
Diabetes	626.2	1,108.7	1,734.9	10.61	12.91	58.99	85.87	133%	126%	78.65	107.98
Total (Canadian \$)	1,680	3,464	5,144							333.82	355.27

Table 20: Calculation of baseline units

Note:

- Number at risk (millions) (columns 3 and 4) is calculated according to: population * population attribution factor
- Unit cost (\$ Canadian) (columns 5 and 6) are calculated as cost (column 1 for females and column 2 for males) divided by the number at risk at risk (columns 3 and 4 respectively for females and males)
- “Scalar” (columns 7 and 8) represents the ratio between prevalence for the given disease in UK versus Canada, based on 2019 data from the IHME Global Burden of Disease database
- Adjusted unit cost (column 9 for females, column 10 for males) is the original unit cost (columns 5 and 6) multiplied by relevant scalar (columns 7 and 8).

The other adjustments were to:

- Translate Canadian dollars to UK £ at the 2014 exchange rate of 0.548
- Adjust for UK per capita health costs for 2014 being 9% lower than Canada per capita health costs (using data from the OECD health database <https://stats.oecd.org>)
- Adjust for UK per capita health costs for 2019 rising by 19% compared to 2014, according to data from the OECD health database <https://stats.oecd.org> (note that the latest data in that database relates to 2019)
- Uplift for 1.6% UK CHI inflation between 2019 and Q1 2021
- Adjust for reduced propensity for meeting recommendations on fruit and vegetables in UK compared to Canada in 2014, with 20% meeting recommendations currently compared to 10% in Canada in 2014.

The calculations and results of this are shown in table 21 and table 22 below.

	Overall		Fruit and vegetables	
	Female	Male	Female	Male
Unit costs based on Canadian dollars, 2014 prices, adjusted for UK vs Canada disease prevalence	\$333.82	\$355.27	\$60	\$88
Revise to UK pounds, at 2014 exchange rate	£183	£195	£33	£48
Adjust for UK health spend (2014) versus Canadian spend	£166	£177	£30	£44
Adjust further for inflation between 2014 and Q1 2021	£200	£213	£36	£53
Assessment of unit cost, after adjustments above plus difference in diet intake UK vs Canada	£180	£192	£32	£48

Table 21: Direct health savings for females and males (UK 2021)

Indirect costs per person	Overall		Fruit and vegetables	
	Female	Male	Female	Male
Cost per person of poor diet - ratio indirect versus direct	169%	168%	180%	180%
Cost per person of poor diet	£304	£322	£58	£86

Table 22: Wider social benefits of better diet for females and males (UK 2021)

As a cross-check on these results, we consider the implication of these unit costs at an aggregate level, for a UK population in 2019 of 33.82m females and 32.98m males.

As shown in table 22 below, these suggest an overall social cost of not meeting diet recommendations of the order of £33.3bn, with health costs accounting for some £12.4bn of this.

Fruit and vegetable diets account for an overall social cost of £7.5bn, with health costs due to poor diet of fruit and vegetables amounting to some £2.7bn.

	All dietary issues			Fruit and vegetable diet		
	Female	Male	Total	Female	Male	Total
Size of population (m)	33.82	32.98		33.82	32.98	
Direct (£m)	6,089	6,319	12,410	1,090	1,571	2,660
Indirect (£m)	10,270	10,624	20,890	1,964	2,833	4,800
Total (£m)	16,359	16,943	33,300	3,054	4,403	7,460

Table 23: Overall costs due to diet (UK 2021)

These costs are in line with the often-quoted research estimate of Rayner & Scarborough (2005)⁴⁵ on the costs of poor diet to the UK health system. Based on 2001/2 data, this study estimated a health cost of poor diet for the UK of £6bn; when adjusted by (i) a 91% increase in NHS spending between 2001/2 and 2019 (<https://fullfact.org/health/spending-english-nhs/>), plus (ii) 1.6% inflation between 2019 and Q1 2021, this scales to £11.6bn, relatively close to the £12.4bn equivalent estimate above.

⁴⁵ Rayner, M. and Scarborough, P. (2005) The burden of food related ill-health in the UK, *Journal of Epidemiology and Community Health* (59) pp. 1054–1057

Appendix 6 Key assumptions for financial modelling

Revenue

The three aspects of revenue that we consider here are Membership income; funding from Impact on Urban Health, and funding from Shell. These are scenarios for indicative modelling of growth which formed the basis for the initial plans for expansion.

Membership income

Prices for Members are currently £4.50 per visit, and we have modelled revenue income on the basis of steadily increasing visitor numbers:

- St Luke's site – 50 members, visiting 1 day a week, 4.2 days per month in 2020/21 (excluding 1st lockdown period), rising to 60 in 2021/22, 70 to end of 2022, and 80 from Jan 2023;
- Peckham Park Road site – 60 members per day in 2020/21 (after initial build-up phase), with site open for 5 days a week (equating to 21 days a month). Visits rising to 80 a day from June 2021, 100 a day from April 2022, and 110 a day from Jan 2023 and 120 daily from April 2024;
- New site 1 – we anticipate steady growth to 70 members a day for 1 day a week by November 2021, with a further rise to 93 by Jan 2023;
- New site 2 – we project 50 members visiting for 1 day a week (after initial build-up phase), rising to 67 members from Jan 2023;
- New site 3 – we anticipate 30 members a day for 2 days a week (after initial build-up phase), rising to 40 from Jan 2023.

The cost per visit is modelled to increase to £5 per visit in April 2023, and to rise further to £5.50 per visit from April 2024.

Impact for Urban Health, Guy's and St Thomas's Foundation

Guy's and St Thomas's Foundation (G&STF) has a major programme named the "Impact for Urban Health", focused on changing food and activity environments in Lambeth's and Southwark's childhood obesity corridor. The programme aims to bring healthy affordable food into homes.

Impact for Urban Health have proven receptive to a strategic approach that has changed direction from "test and learn before undertaking large-scale expansion over several years" to "build on past experience and promote several key local partnerships quickly, flexibly and cost-effectively".

The forecasting is based on achieving a relative state of break-even in the medium-term, with Impact for Urban Health providing the difference after taking into account costs, membership fee revenues, funding from Shell, and a small (3%) surplus for Pecan.

Costs

Key aspects of costs are:

- Core staff team comprises full-time manager and three full-time assistants equivalent (two part time from October 2020, two further full time equivalent from April 2021). In addition, Food Security Projects Development Coordinator is employed for one year from March 2021, to develop and implement the community food hub model of service delivery. Volunteer costs are also included.
- FareShare supply the main bulk of the food and their costs are approximately £1 per member per week, though this is assumed to decrease as economies of scale are gained;
- Transport is at £617 per month, until purchase of an electric van reduces this cost;
- Office space, insurance, management oversight and IT support is provided by Pecan;
- Senior management time slightly decreases by 12.5% from July 2021 after the third new site is up and running;
- Franchise fee of £125 per month assumed applicable to up to 4 sites;
- Evaluation programme for first two years follows confirmed trajectory, with additional time covering reviewing impact while also covering such issues as success factors in partnership working, factors affecting member retention and departure, and price sensitivity.