



City Research Online

City, University of London Institutional Repository

Citation: Lindberg, R., Lawrence, M. and Caraher, M. (2016). Kitchens and Pantries—Helping or Hindering? The Perspectives of Emergency Food Users in Victoria, Australia. *Journal of Hunger & Environmental Nutrition*, doi: 10.1080/19320248.2016.1175397

This is the accepted version of the paper.

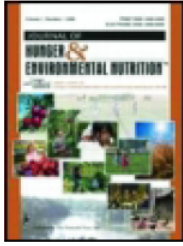
This version of the publication may differ from the final published version.

Permanent repository link: <https://openaccess.city.ac.uk/id/eprint/14958/>

Link to published version: <http://dx.doi.org/10.1080/19320248.2016.1175397>

Copyright: City Research Online aims to make research outputs of City, University of London available to a wider audience. Copyright and Moral Rights remain with the author(s) and/or copyright holders. URLs from City Research Online may be freely distributed and linked to.

Reuse: Copies of full items can be used for personal research or study, educational, or not-for-profit purposes without prior permission or charge. Provided that the authors, title and full bibliographic details are credited, a hyperlink and/or URL is given for the original metadata page and the content is not changed in any way.



Kitchens and Pantries—Helping or Hindering? The Perspectives of Emergency Food Users in Victoria, Australia

Rebecca Lindberg, Mark Lawrence & Martin Caraher

To cite this article: Rebecca Lindberg, Mark Lawrence & Martin Caraher (2016): Kitchens and Pantries—Helping or Hindering? The Perspectives of Emergency Food Users in Victoria, Australia, *Journal of Hunger & Environmental Nutrition*, DOI: [10.1080/19320248.2016.1175397](https://doi.org/10.1080/19320248.2016.1175397)

To link to this article: <http://dx.doi.org/10.1080/19320248.2016.1175397>



Published online: 24 Jun 2016.

1

2

3

4 **Kitchens and pantries – helping or hindering? The** 5 **perspectives of emergency food users in Victoria, Australia**

6 **Introduction**

7 In order to develop effective programs and policies that respond to food insecurity,
8 it is necessary to understand the experiences of people affected and their desires for
9 support and change. People who have experienced food insecurity in Australia, estimated as
10 four percent of households (1), have not been routinely included in policy or solutions-
11 orientated research. In a recent international journal of emergency food research, the

12 editors urged for “...more representation of the unheard voice of the user” (2), highlighting
13 that this topic has been neglected in both the Australian and international evidence-base.

14 In a number of high-income countries, including Australia, Canada, the United
15 Kingdom, national governments have failed provide a safety net and to protect the right to
16 food and a growing proportion of people are forced to seek out free or subsidised charitable
17 food programs (3, 4). These programs attract thousands of volunteers and wide support
18 from civil society, the philanthropic and political spheres. Amongst food and health scholars
19 there is significant concern about the effectiveness and appropriateness of charitable food
20 programs, although there are gaps and inconsistency within the available evidence. The
21 poor-nutritional quality of food provided in meal and pantry programs has been
22 documented (5-7), there are however examples of nutritious-food provision in the
23 charitable setting (8, 9). Barriers to accessing charitable food programs include food supplies
24 that are inadequate or inappropriate, ad-hoc access criteria and a mismatch of services with
25 community needs (10, 11). People may feel guilt and embarrassment about seeking out
26 charitable support (12) and ethnographic research has demonstrated how charitable
27 programs represent social exclusion via client non-participation in mainstream consumer
28 culture (13). Conversely, Wicks and colleagues found that soup-kitchen clients attended
29 meals and valued the social interaction and connectedness (14).

30 This Australian study provides insight into the issue of individual and household food
31 insecurity and it investigates the preferred food insecurity strategies, in terms of both food
32 charity and other possible programs or policies, from the perspective of those who are food
33 insecure. In the limited Australian literature, a cross-sectional national survey (n=1,719) in
34 food insecure households found that participants nominated local fruit and vegetable
35 production (84%), nutrition education (84%), transport to shops (82%) and improved public

36 transport (76%) as their favoured food insecurity strategies (15). According to a sample of
37 low-income Australian caravan park residents (n=83) helpful food strategies included
38 regular access to a community bus and the establishment of community gardens (16). Pezet
39 (2012), in a grey literature report, described the preferences of Central Australian
40 Aboriginals relevant to their food security needs; these included amended emergency relief
41 programs, increased community-led food projects and more flexible government-provided
42 social security benefit schemes (17). The Australian charitable food sector is estimated to
43 provide food and/or meal programs for between 900,000 and 2,000,000 users each year
44 (18). Most users are self-referred and obtain disability, unemployment, pensioner and/or
45 other types of government-provided social security benefits (hereafter referred to as social
46 security) (19). The existence of food charities can be seen as a symptom of a society that
47 does not safeguard people's ability to obtain enough safe, nutritious, and affordable food
48 through socially acceptable means; people who need to rely on charitable food programs
49 are not defined as food secure (3).

50 The aim of this study was to develop an understanding of users' experiences of food
51 using food relief or emergency food charity. To achieve this aim, semi-structured interviews
52 with a sample of Victorian food charity users were conducted. Interviewing provides the
53 researcher with access and understanding of the participant's private interpretations of
54 their own social situation (20). This manuscript outlines the interview methods used, results
55 found and discusses the ramifications of the study for practice, research and policy.

56 **Methods**

57 A semi-structured interview was used in order to achieve three interview objectives,
58 to allow general discussion and to allow unexpected ideas to emerge. The three interview
59 objectives, linked to the overall study aim, were to:

- 60 i) gain insights into the lived experience of those suffering food insecurity;
- 61 ii) gain insights into the lived experience of using food charity; and
- 62 iii) identify users' preferred responses to food insecurity, including interviewees'
63 perspectives of the usefulness of a potential framework for food bank/rescue
64 organisations (relevant to a parallel study).

65 Most Australians (85%) live in zones classified as urban (21), therefore an urban
66 sample in Melbourne, Australia, was sought to develop an understanding of the urban
67 experience. Given the potential vulnerability of people using food charity, caution was used
68 in participant recruitment: volunteers linked to charity services were deliberately recruited
69 as they were accessible, informed and less likely to be in acute crisis, but at the same time
70 they were people who currently were using, or within the last three months had used, food
71 charity. Deakin University human research ethics approval was obtained to conduct this
72 research (HEAG-H 50_2013).

73 **Recruitment**

74 Twelve participants were recruited from two sites over a four week period. The
75 choice of sampling method for the interviews had purpose (seeking people who have
76 recently used, or who currently use, food charities), variation (urban and outer-urban) and
77 convenience (interviews able to be conducted during business hours). The first recruitment-
78 site was a service for people affected by homelessness, located in downtown Melbourne.
79 The service operates a program that provides training to people experiencing homelessness
80 or recently affected by homelessness. The training prepares people for public speaking,

81 consulting and research participation, and program graduates are volunteer homelessness
82 representatives (referred to as users throughout this paper). The service was contacted by
83 the lead author. The program manager distributed the recruitment flier (which outlined the
84 desire of the researchers to interview food charity users) to seven volunteer homelessness
85 representatives via email. Six volunteers agreed to be interviewed and one volunteer did
86 not reply.

87 A similar notice was also placed in a state-wide emergency relief network
88 newsletter, seeking more recruitment sites. A church-operated welfare service, located in
89 an outer-urban suburb of Melbourne, responded and agreed to help recruit interviewees.
90 The service had volunteers working in a variety of roles including driving trucks, reception
91 and food pantry duties. The manager placed recruitment fliers at reception and explained
92 the research at the morning briefing, highlighting the desire of researchers to interview
93 volunteers who were also current food pantry clients (referred to as users throughout this
94 paper). Six volunteers indicated their willingness to be interviewed.

95 ***Interviews***

96 The lead author, trained in qualitative research and experienced with this setting,
97 conducted all interviews. None of the participants were known to the interviewer. The
98 interview guide was designed around the three interview objectives. It commenced with
99 general questions about participant's eating habits and preferred foods. Then it focussed on
100 food insecurity, in terms of going without food, budgeting and coping strategies including
101 the use of food charities to elicit information about program strengths and weaknesses. The
102 interview concluded with questioning the participants about how charitable services,
103 community programs and/or government actions could better meet the needs of people
104 affected by food insecurity.

105 The interviews were a one-off and took place in a private room at the two services.
106 The shortest interview (17 minutes) was with a participant who responded timidly; the 11
107 other interviews occurred for an average of 48 minutes (ranging from 26 to 95 minutes).
108 Consent forms explained research purpose, qualifications of interviewer, management of
109 data and intended reporting. Field notes were taken pre- and post-interview. Given the
110 potentially sensitive nature of this topic, participants were made aware that they could halt
111 the interview at any time and the interviewer could refer them to local counselling services.
112 This was not necessary during any interviews. Participants were informed that the
113 discussion would not impact their capacity to access food charity and data would be de-
114 identified. Basic demographic information was captured at the conclusion (age, gender, and
115 years using food charity). All participants were compensated after the interview with a
116 supermarket voucher. Transcripts were not returned to participants for member checking
117 unless requested, and no participants requested a transcript.

118 ***Data entry and analysis***

119 The first three interviews were transcribed by the lead author to identify any
120 necessary changes to the interview discussion guide. The lead author conducted the next
121 nine interviews and these were transcribed by a professional transcription service. The nine
122 transcripts were read against audio recordings for accuracy. The two-phase data collection
123 (three interviews, then nine) enabled an iterative thematic analysis and recruitment of more
124 participants or sites if required. Saturation was achieved when no new information emerged
125 and rich data had been gathered (22). After twelve interviews, similar themes were found
126 and were complementary to the literature. Sites were requested to recruit no further
127 participants and the notice was withdrawn from the emergency relief network newsletter.

128 The data were analysed using both personal, socio and ecological perspectives, i.e.
129 analysing for individual and environmental determinants of food insecurity. A four-stage
130 thematic analysis (23) was conducted. Firstly the transcripts were read and re-read by the
131 lead author for stage one immersion. NVIVO 10 (QSR International, 2014) assisted coding on
132 the digital transcripts in stage two. The coded-data were organised into sections pertinent
133 to three interview-objectives. Thirdly, categories, or “nodes” were created within each
134 section of the objectives, and shared with co-authors for linking between coded-data, nodes
135 and themes relevant to each objective. Finally this procedure helped to develop ideas and
136 ultimately generate content description and themes.

137 **Results**

138 Six males and six females were recruited across the two sites (Table 1); notably the
139 equal gender divide was by random chance. The youngest participant was a twenty-year-old
140 female and the oldest was a fifty-seven-year-old male. Participants 4 and 5 had used food
141 charity for less than one year, whereas participant 8 explained his mother took him to soup
142 vans when he was growing up; he was an inter-generational food charity user. During
143 interviews the participants shared their perspectives both as volunteers located within this
144 setting and as users of food charity services; the findings should be interpreted accordingly.
145 These perspectives shed light on service access and service provision and although only 12
146 were interviewed, the data is rich and relatively rare in the literature.

147 *TABLE 1 INSERT HERE*

148 *Table 1. Participant demographics*

149 **Lived experience of food insecurity**

150 *Description of diet, food preparation and food acquisition*

151 Participants described the value they placed on healthy food, cooking and providing
152 for their family. The parents in the sample (n=5) described the importance of feeding their
153 children. Three participants identified how a healthy diet was a key part of their recovery
154 from health problems which included heroin addiction, alcoholism and breast-cancer.
155 Participant 12 described diet quality as a low-order priority for people in immediate crisis
156 and nutrition was something he considered only when he started to regain stability in his
157 life and aspire for his future.

158 In terms of domestic facilities to store, prepare and consume food, a number of
159 participants explained they enjoyed cooking and had the capacity to entertain guests.
160 Participant 1 reflected that his new home allowed him to have friends over for a “...food
161 party” and participant 2 described that her best dish was pork chops. This was contrasted
162 with several participants explaining their shared accommodation and/or the anti-social
163 behaviour of co-tenants, meant the kitchen was unsuitable for preparing food. One female
164 client dryly laughed when asked about cooking. She stated that she was “...a shocker”,
165 implying her cooking skills were poor.

166 All participants described that they were currently accessing mainstream retail
167 supermarkets and food outlets through resourceful budgeting, bargain hunting, buying in
168 bulk, and shopping at the end of the day. A participant at the urban site explained that she
169 could locally access cheap take away options “...for under \$10” and outer-urban participants
170 valued cheap home grocery delivery services. Participant 8 consumed cheap sausages,
171 tinned tuna and legumes as low cost protein options to replace the steak he once enjoyed.
172 One participant had a friend who could loan her money and her sister supplied her with
173 discount vouchers. Three participants also spoke about food acquisition practices that they
174 undertook which were illegal such as dumpster diving, begging and shoplifting.

175 ***Determinants of food insecurity***

176 The participant's personal circumstances were complex. Multiple barriers to
177 achieving food security were faced, but several strategies were used to reduce the impact of
178 food insecurity. Two themes emerged from participants' narratives: "vulnerability" to food
179 insecurity and "resilience" to mitigate effects.

180 ***Vulnerability to food insecurity***

181 When people experienced a crisis such as becoming homeless, it jeopardised their
182 ability to secure many basic needs, including their dietary requirements. Users shared
183 feelings about being emotionally stressed and disorientated, particularly when a crisis first
184 struck. Participant 12 described that "...one of the most crippling emotional things about
185 being homeless, or living in a rooming house...is the daily uncertainty. The fear, the worry,
186 the anxiety..." Participants referred to a period where they were unaware of support
187 available and hence unable to access food or other programs. Participant 9, reflecting on his
188 first experience of homelessness explained "...people are lost. You can't find your way
189 ...there's no billboard..." Whilst the participants had all experienced an acute crisis, it is
190 important to note that 10 of the 12 participants had used food charities for more than a
191 year suggesting that their underlying chronic poverty was the major driver for food charity
192 usage, rather than an acute issue.

193 Interviewees described substandard housing and domestic issues which contributed
194 to food insecurity. All participants recruited from the urban service and two from the outer-
195 urban service referred to periods where they had been "sleeping rough" (squatting in
196 houses, sleeping in cars, sleeping outdoors). Participant 1 explained that he consumed only
197 non-refrigerated food whilst he was sleeping rough. Storing foods in his back-pack, he
198 needed to be vigilant of food safety. Using microwaves at convenience stores was possible

199 for food-heating, when people were living on the street or did not have access to kitchens,
200 although participant 8 clarified that he was often chased away by staff working in stores. At
201 the time of the interview all participants were living in boarding houses, public housing,
202 renting or servicing a mortgage.

203 Acute and chronic health problems contributed to user vulnerability to food
204 insecurity. For example, participant 1 had been through drug and alcohol rehabilitation,
205 chemotherapy and suffered hepatitis C. His chemotherapy treatment lead to a period of
206 homelessness when he lost fifteen kilograms. He asserted that his current focus was "...a
207 healthy diet, lots of protein, lots of good food that will refuel and replenish..." For
208 participant 6, the current demands on her life (dealing with the death of her mother,
209 repaying debt, living in a boarding house, finding a job) were time consuming and stressful.
210 She stated "I don't think about myself...until I get to the point where I'm ill because I need to
211 eat". One participant described an accommodation service where he was once housed; the
212 meals were so small he lost sixty kilograms.

213 Relationships and family units could also increase client vulnerability. One female
214 participant explained she became homeless after being a victim of domestic violence.
215 Another woman was a part-time carer for her grandchild, financially supporting her son with
216 his prison-associated stipend and struggling to find part-time employment. For another
217 mother, her husband's illness increased the family's vulnerability to food insecurity because
218 he could no longer drive or work. Participant 11 was offered support from his brother when
219 he first became homeless, demonstrating how families can be advantageous. This personal
220 relationship, however, eventually became an additional stress on his life. He described:

221 "...my brother said...live with me and my daughter...until you get on your
222 feet, just put in whatever you can for rent. That day I moved in to the flat,

223 he had a heart attack and died...And I was left with rent ...I couldn't afford,
224 a fourteen year old girl I was supposed to take care of...And well basically
225 one day she just took all the money out of my wallet in the middle of the
226 night...and took off."

227 Due to their limited financial resources, users were vulnerable to periods of reduced
228 food intake, the need for charities, anxiety about the food budget and swapping-branded
229 products for no-brand/cheap foods. All participants had used, or currently accessed social
230 security; ten were not undertaking paid work. Participant 5 explained that despite his stoic
231 nature and tolerance for plain/no-brand foods, items purchased when he and his wife were
232 out of work, were unrecognizable and "...just horrible, there was no taste". Another male
233 couldn't remember the last time he ate meat. Similarly participant 6 stated that "...the meat
234 and vegetables is really what I'm missing out on because I just can't afford it" and instead,
235 she was consuming "...small serves of sausages and potato..."

236 ***Resilience to food insecurity***

237 Among the interviewees, the theme of helping others was a source of pride and
238 contributed to resilience. Participant 6 described her volunteering experience as "... I'm
239 relaxing, I'm not thinking about anything else at home...I'm still trying to work out stuff for
240 myself which is a lot harder. It's easier to help other people, I've noticed that". Another
241 participant was a life-coach (paid-employment) after his homelessness journey. He was
242 invited to attend services and advocate for people experiencing hardship. Participant 5
243 explained that he and his wife could not wait to re-pay the support they had been given, so
244 he'd been volunteering at a pantry for three years.

245 The users employed a number of masking techniques in order to disguise the effects
246 of their personal circumstances. One of the interviewees, a mother of two boys, who had

247 suffered severe mental health issues, suicide-attempts and personal trauma reported that
248 others would incorrectly perceive her as bubbly and light hearted because “...she plays the
249 clown”. When asked why she did this, she clarified that it was “...to make everyone happy”.
250 Participant 1 felt like he had to “...keep up a façade”; he went dumpster diving alone to
251 avoid humiliation. Two participants spoke about an awareness of other people in the
252 community being too “snobby” to ever use food charity; one client joked that “...it's those
253 people that you feel sorry for. You've got so much money, your life must be so boring.
254 [Laughter]”. This use of humour could be a mask for the disempowerment that accompanies
255 the experience of living in poverty.

256 In contrast to relationships contributing to people’s potential vulnerability to food
257 insecurity, many interviewees identified significant support in social networks and
258 professional services. Participants described how friends and social networks enabled them
259 to get a referral/self-refer to food and welfare programs. One client felt dietetic support was
260 a part of his recovery from a drug addiction and eating disorder, whereas another
261 participant recovering from chemotherapy felt that her dietitian was out of touch with her
262 needs and “...insulting” after recommending an organic and healthy diet. She was “...on the
263 smallest budget this side of the black stump and there is no way...” she could afford that.
264 Participant 12 spoke about the positive impact of a drug and alcohol rehabilitation camp he
265 attended.

266 Another element of their resilience was a tenacious and brave personality. For
267 example, one client explained that he would “...never lay down and die”. He was currently
268 housed after long term homelessness. His struggles with mental health meant that he had
269 good and bad days, but he said he was on a journey to recovery. Participant 2 escaped a
270 violent marriage by packing her belongings one day when her husband went to work. She

271 believed that other women were not as brave, but felt it was vital to escape for her survival
272 and that of her daughters. As a final demonstration of tenacity evident in this client group,
273 one male participant described a “cess pool” where he once lived. The low standard of this
274 accommodation and the lifestyle that went with it triggered something in him. He gave up
275 alcohol and filed a law suit against the accommodation provider. Eventually he was
276 successful and awarded compensation. At the time of the interview, he was 52 weeks sober.

277 A profound factor in client’s ability to manage the effects of food insecurity and even
278 experience food security, was their capacity to regain stability in their life. Participants who
279 were no longer homeless had increased domestic stability which provided a cooking and
280 storage space. Participant 5 explained that when he and his wife were in work they could
281 purchase and eat in a manner that was satisfactory, but things were “...not too crash hot”
282 when his wife was out of work. Participant 11 moved into his own unit, to live alone, only as
283 a middle aged adult after years of homelessness. He proudly explained that he “...could
284 actually cook”.

285 **Lived experience of using food charity**

286 Each interview participant was asked about the strengths and the limitations of the
287 food charity options available to them. Based on the thematic analysis of the transcript
288 data, the experience is represented by three major themes: charitable food services have
289 significant shortcomings, services are a basic means to help users survive and services can
290 help users to move forward.

291

292 ***Shortcomings of emergency food***

293 The likelihood of being granted effective emergency help was questioned, with some
294 describing it as “...a lucky dip”. Qualifying for a food-voucher, parcel or meal may be totally

295 at the discretion of the staff and volunteers at different services. One participant found the
296 process at one service intrusive and strict, however two other participants believed all users
297 should be assessed by case managers so underlying issues are addressed. The church
298 welfare service had a local policy, whereby people from neighbouring regions could not
299 access their programs. Participant 12 explained that there was an over-saturation of
300 services in some regions of the city and not enough in other areas.

301 A common colloquial phrase in Australia, “beggars can’t be choosers” was used by
302 several participants to qualify their critical feedback, exposing the power inequities that play
303 out in the charitable food setting and the tensions between seeking aid and adopting the
304 role of being “beggar”. Participant 10 felt that the charities were operated by “...the rich”
305 and the volunteers and staff have a sense that they “...know what’s best for you”. She
306 lamented the lack of a rights-based approach due to the government’s “...handball (of) the
307 problem to non-profit organisations”. Participant 12, however, believed that the
308 government had to “champion the issue”, but there ought to be private and community
309 partnerships to assist.

310 Several participants acknowledged that faith-based services were active in the sector
311 and found that the services were happy to supply people of no/other faiths. One
312 participant, however, was concerned with a local faith-based barbeque where some
313 “...pretty vulnerable people” were in attendance. He felt obliged to listen to the preaching
314 after he had taken the food. Participant 2 admitted it was “...a little embarrassing” to use
315 the service, and participant 8 more strongly stated: “ ...half the services you walk in there
316 dead...You’re leaving your pride and your dignity at the front door”.

317 Users described the food offered in meal or parcel programs as non-nutritious
318 because it was monotonous, unsafe or poor quality. Participant 11 received “...a little bit of

319 fruit that's on the turn, cereal, lots of noodles, a lot of starchy food..." and another
320 commented, "...you ...get lots of noodles and pasta, and pasta sauce..." Participant 9 was
321 concerned that users, particularly the youth who access food services, were being denied
322 "...brain food". He was worried about the hot dogs, mars bars and pies being freely provided
323 through a night soup van. Drawing on his experience in hospitality, one participant
324 recognised that two large urban emergency accommodation services, were catering meals
325 for great numbers and "...nutrition is (*therefore*) automatically replaced by speed and
326 efficiency". One interviewee, who also volunteered at a pantry, explained that some people
327 were "...fussy" and that most of the fresh food donated was not of the same cosmetic
328 standards expected in retail stores. A "...couple of marks" on the fruit and vegetables can be
329 cut off. At least one participant believed he had experienced food poisoning at a charity and
330 another described the food at one service unfit for feeding dogs.

331 Participant 10 explained that every Monday morning supermarket-vouchers,
332 provided by a local welfare service, were quickly allocated and the numbers provided were
333 insufficient to meet the demand. The youngest female participant said that it was harder
334 accessing her local pantry as a single person, because there was "...a lot less veggies, a lot
335 less variety" as compared to family parcels. The difficulty of catering for unknown quantities
336 of people at meal services sometimes transpired in people arriving to find no food left and
337 one participant suggested that this can cause fights amongst users. Also, some feared night
338 soup vans may be interrupted due to weather or other barriers.

339

340 ***Charities help people survive***

341 Despite the previously described limitations, the prominent health and financial
342 vulnerability in this sample indicates that some users may, indeed, be unable to eat

343 sufficiently without charity services. As one participant described it “...four bags of
344 shopping...that’s life or death to some people”. Participant 7, who had used food charities
345 for over ten years, conceded that she was unable to work and reliant on a disability social
346 security payment. Access to the food pantry where she volunteered, meant that she could
347 use their food program when needed, but otherwise shop online and bargain hunt. Using
348 the food charity appeared to be a part of her normalised and regular food acquisition
349 practice for more than a decade. Participant 8 was concerned about reduced funding and
350 explained how services were shutting down “...too fast” in Melbourne.

351 Many participants appreciated the charitable food services: with some preferring
352 meals, others preferring supermarket vouchers, and others still, valuing pantry services
353 when you can get “... a trolley full of food”. School breakfast programs were used by one
354 participant to feed her children in the days leading up to her social security payments (which
355 typically occur fortnightly in Australia). The muesli bars obtained by participant 4 helped to
356 provide a treat for her granddaughter, the vouchers granted to participant 12 helped with
357 his weekly shop and participant 11 explained how when he once ran out of food, a local
358 food pantry volunteer told him “...oh come down, we’ll get something for you”.

359 The participants at both services also explained that by seeking food support, users
360 can be linked with a variety of other services. One participant described how she was
361 referred to an emergency accommodation service for a room and then another service for
362 furniture. She “...had to start again. They were fantastic”. The interviewee who was a life
363 coach explicitly attended services so he could mentor, refer and advocate for people
364 experiencing homelessness. Several participants mentioned case managers and staff at food
365 charities who were able to refer them with other vital support.

366

367 ***Charities help people move forward***

368 The opportunity to socialise, relax and connect with people at food services was
369 valued by the participants. Participant 1, for example, explained that he enjoyed a local
370 meal service: "... just to access it ... you feel like you're not necessarily on the streets. Like
371 you might not (*otherwise*) have access to a newspaper, for instance, and a coffee and a nice
372 brekkie and a nice sort of place to sit". The lack of social support and poor-domestic
373 environment described by participants may be offset by the atmosphere offered at services.
374 Participant 9 believed "...around food you can actually...you can build a relationship with
375 people, and you can find out what's going on for them". This experience of socialising with
376 food was a more evident part of the user experience at the urban service, likely because of
377 their use of community meal programs, as opposed to pantry programs more common in
378 welfare settings where users can access food to prepare in their own/shared kitchen.

379 Participants described services that were providing food that was "beautiful",
380 "nutritious", "quality" and "phenomenal". These food charities were providing programs
381 that were greatly valued, as exemplified by participant 8 who acknowledged the
382 commitment of one charity who was open every day of the year for breakfast and another
383 who provided a "...good tea...somewhere you can sit down at a table and eat with a bit of
384 dignity". This food then was a means of, as one male participant described it, drawing
385 "...people forward".

386 The care, commitment and compassion demonstrated within services was valued by
387 users and recognised as a mechanism to help people cope. The youngest female client
388 described the people at the church-operated welfare service as "...nice, there are people to
389 chat with". And participant 7 found them to be "...very supportive...very generous". One
390 male participant was pleased that volunteers and staff created programs to demonstrate

391 care for the community and not wait for others to take the lead. He appreciated their
392 passion and resolve to try and contribute.

393 **Users identified solutions**

394 All participants were asked their perspectives on food insecurity strategies, with
395 prompts to help gather ideas about government's role and non-charitable options. Table 2
396 summarises the interviewee's proposals for food charities, non-charity services and
397 government programs and policies.

398 *TABLE 2 INSERT HERE*

399 *Table 2. Participants preferred responses to food insecurity*

400 The users articulated a number of changes they'd like implemented at food charities.
401 Participant 10 explained that when she met case workers she didn't want "...grandiose
402 promises..." but instead someone who knew the complex welfare system and could navigate
403 her to the support she needed. A number of participants explained that they would like
404 charities to reverse demeaning policies like lining up for food or intrusive questioning, and
405 incorporate positive activities like providing newspapers, hosting a band (at community
406 meals) and as participant 12 described "...more respectful access to the provision of food
407 supplies rather than cap in hand...".

408 Beyond the direct food service provision aimed at individuals and households,
409 interviewees provided suggestions about what food charities could do relevant to the
410 determinants of food insecurity. Given their experience as trained homelessness
411 representatives, it is unsurprising that participants recruited through the urban service
412 suggested advocacy and awareness raising should occur. Participant 9 was eager to see
413 collaboration across the charitable food sector, where "...more organisations...actually come

414 together instead of working against each other...” competing for funding and duplicating
415 services.

416 Participant 4, like several others, was dismissive about the capacity of charities to
417 work with governments, asserting that public servants and politicians “...all suck”. Many
418 interviewees suggested that policy makers and government leaders needed more empathy
419 when making decisions about welfare and services for marginalised Australians. A repeated
420 suggestion was that government decision-makers needed to walk in their shoes and “...stop
421 guessing...please come down and rub shoulders at grass roots”. Although there was
422 generally significant apathy and resistance to further government involvement in food
423 security and welfare, participant 12 suggested that government, industry and community
424 partnerships could provide opportunities for “shared value” and through the re-allocation of
425 under-utilised public spaces, food hubs for cooking, vending and social-interaction could be
426 established.

427 Almost all users described their social security as an insufficient stipend for meeting
428 the cost of living, particularly the Newstart unemployment allowance (24). Participants were
429 grateful for the support, however many suggested changes to welfare payment amounts,
430 increased investment in welfare services and reduced spending on perceived non-essential
431 events (for example, participant 11 was concerned about spending on Australia’s major
432 sporting events in light of the poverty he experienced and witnessed in his community).
433 Reducing the cost of nutritious food was also suggested by participant 6.

434 Several participants recommended innovative programs to help ensure people’s
435 access to food. Participant 10 wanted local level food system change, suggesting vegetable
436 patches and access to farmers markets through charity-issued vouchers, also identifying the
437 importance of modifying behaviours to teach people cooking and budgeting. Three

438 participants suggested quarantined social security payments set aside for food purchasing.
439 Free training for people to gain employment skills, cooking classes and subsidized access to
440 supermarkets were also offered by participants.

441

442 **Discussion**

443 This study generated contemporary evidence about the food insecurity experience in
444 urban Australia; it's an existence that contributes to people's poor health, social exclusion
445 and disempowerment. In a country renowned for quality and abundant food, a high
446 standard of living and a spirit of egalitarianism, the findings are disturbing. Based on the
447 interviewees perspectives it appears that charitable food services are an important part of
448 the safety net, although services could be improved and are not a total solution. The major
449 themes revealed in the interviews: vulnerability, resilience, shortcomings, survive and
450 moving forward touched on re-occurring minor themes such as health, social inclusion and
451 dignity. Programs should promote and embody these minor themes by adopting some of
452 the recommendations discussed below, so that users no longer feel that they need to (as
453 participant 8 described) leave their dignity at the door. Importantly, alterations to food
454 charities affect service provision but they do not affect the underlying conditions that cause
455 and perpetuate household food insecurity; hence, implications for future research and
456 policy are also discussed.

457 Food charity users and people who are food insecure have been identified as a
458 population with significant risks of nutritional deficiencies and poor health (6, 25, 26).
459 Without an appropriate nutritional analysis of participant's diets it's difficult to draw
460 conclusions about the dietary intake in this sample however, there was an indication of sub-

461 optimal dietary patterns and difficulty in obtaining and preparing food. Practical programs
462 that improve the accessibility of low-cost and healthy food provision may help to mitigate
463 nutrition-related risk factors. For example fresh food markets in low socio-economic settings
464 (27), nutritious food pantries (28) and community kitchens (29). However, local-level food-
465 based interventions may have a limited long term impact on household food insecurity (30).

466 The participants explained that experiencing a crisis and/or living in substandard
467 housing greatly affected their vulnerability to food security. The recent national funding-
468 cuts to emergency relief services (which provide food, vouchers, financial and material aid)
469 (31) are therefore particularly concerning. The results also suggest that poor health may be
470 a causal factor in food insecurity and related issues around unemployment and insecure
471 housing, but that food insecurity can also compound poor health; for example, food
472 insecurity can lead people to use food charities that have limited capacity to adequately
473 service their needs and/or compromise on nutritional quality of purchased food. This
474 cyclical and compounding process merits further enquiry.

475 Consistent with other research (32), most participants displayed significant
476 resilience. This study revealed that volunteering for services is a novel resilience strategy,
477 covered in the literature in a limited way (33). On the one hand this further linked the
478 person to charitable food by providing greater access to food charity; normalising and
479 habituating use. On the other hand, interviewees took pride in helping peers, saw this as a
480 chance to give back to services that helped them and (in the urban sample) raise awareness
481 about homelessness. Resilience strategies should be bolstered and could be delivered as
482 volunteer programs, mentoring or peer-to-peer support. Programs that offer users choices
483 have been promoted as a desirable service-model in this setting (34, 35), as well as case-

484 management and empowerment approaches to help meet peoples' underlying needs
485 (beyond their immediate need for food) (36).

486 The limitations of food charities raised in this study are concerning, particularly
487 because as many as 2,000,000 people use this sector and charities are an increasingly
488 popular response to food insecurity in Australia. There was evidence of unsafe and
489 unhealthy food, undignified services and limited access in times of need. Kent emphasizes
490 the importance of people defining what and how they are fed (37) hence more consultation
491 and research in the Australian emergency food setting would help clarify the desires of
492 users. Canadian scholar, Riches, warns against the institutionalisation of food charities,
493 arguing that they allow civil society to believe that the problem of food insecurity is being
494 adequately met; deflecting attention from government's legislated responsibilities (3).
495 Rather than challenging the social and environmental conditions that allowed food
496 insecurity to take root in this wealthy nation it would appear that Australian society has
497 responded in a manner that is typical of neoliberal welfare states; benevolence and gifts
498 instead of rights and justice.

499 At the same time, interviewees explained that charities played an important role in
500 helping people who "...are lost" to survive. Charities have the capacity to deliver localised
501 interventions (38) and have been found to have significant webs of referrals and networks
502 (39). This study also highlighted how dignified and healthy food programs can be perceived
503 by users as a mechanism to "...draw people forward"; considering the adversity people face,
504 food charities are likely to be one of the many stepping stones required to allow people to
505 rebuild their lives. Programs that consult with their client group, evaluate their programs,
506 collaborate across the sector and prioritize healthy food, social inclusion and dignified
507 services, may be the most appropriate to implement in this setting. This study suggests that

508 they are also a realistic and vital part of welfare services for disenfranchised people until
509 broader improvements to the food and social system are made.

510 This sample was recruited through welfare services and were volunteers hence, the
511 participants were familiar with downstream charitable programs. It was likely then that this
512 experience informed their suggestions about food insecurity strategies and may have
513 contributed to the more positive reviews of service provision. Putland and colleagues
514 examined “lay” knowledge of health inequalities (40) and found that interviewees tended to
515 focus on individual health behaviours and attitudes and hence, tended to also favour
516 individual level programs and policies. This was consistent in this study; however, there
517 were several examples of suggestions pertaining to broader policy issues, advocacy and
518 systems change that could be described as an upstream approach to food insecurity.

519 ***Implications for research and policy***

520 Researchers must employ techniques sensitive to this population (41) as their
521 perspectives and knowledge are vital to improve efforts to tackle food insecurity.
522 Researchers should engage further with users to better understand their needs and
523 evaluate interventions with metrics defined by this population. In the future, larger samples
524 can be used to identify widely-supported interventions and policies. Public health and food
525 security researchers need to continue to build the evidence base and support political
526 momentum for adequately resourced food security and welfare programs, particularly as
527 the charitable model is rising in popularity in Australia (42). Action-research projects that
528 engage people who are food insecure in order to share their stories, inform social policy,
529 and monitor progress, offer an innovative and promising research model (43, 44).

530 A framework based on the human right to food and dignity highlights how charitable
531 food organisations can work towards long term solutions and government can fulfil their

532 obligation to serve their people. Chilton and Rose (45) propose such a framework that
533 emphasizes government accountability and transparency, public participation and priority
534 support for people who are vulnerable. National food charities can advocate for food rights
535 to be respected and protected by raising awareness about the inadequacies of current social
536 and food policies. Charities and their supporters can stress the need for ongoing monitoring
537 of household food insecurity, the national governments adoption of the Voluntary
538 Guidelines for the Human Right to Food (46) and the fulfilment of the International
539 Covenant on Economic, Social and Cultural Rights (ICESCR)(47). Advocacy could also be
540 based on the interviewees' suggestions including increased government-provided social
541 security benefits, more nutritious and dignified food charities and engagement from policy
542 makers with frontline services and their clients. To date, Australia's food charities have
543 advocated in a very limited way (19) and food scholars (3) highlight this as a vital
544 responsibility for this sector.

545 ***Study limitations***

546 Although most Australians live in urban settings and in the south-eastern states,
547 food insecurity is a major issue in remote communities and future research should
548 incorporate these people's perspectives. Another limitation of the research was the process
549 for member-checking. Creative techniques (41) have been used to engage vulnerable
550 populations with analysis and results, and this has been under-utilized in this study. Finally,
551 the modest sample size did not allow for content-analysis or quantitative approaches that
552 would improve the generalizability of the research. However, the thematic analysis and use
553 of pre-existing literature to compare and contrast the findings, helps to demonstrate the
554 validity and theoretical-generalizations that are appropriate with research of this nature.

555 **Conclusion**

556 The findings from this study suggest users who are volunteers at food charities, face
557 significant adversity and vulnerability linked to their underlying poverty. Interviewees'
558 resilience strategies included helping others, masking behaviour, seeking support, personal
559 tenacity and stability. Based on the perspectives shared by 12 interviewees it appears that
560 charitable food services in Melbourne, Victoria are an important part of the safety net;
561 although services could be improved and are not a total solution. Frontline food charities
562 may benefit from changes articulated by interviewees in order to be more conducive to
563 client dignity, health and social-inclusion. Beyond charities, the results highlight that
564 government collaboration and leadership is vitally important to ultimately help realize the
565 right to food in Australia.

566

567 References

568

- 569 1. Australian Bureau of Statistics (ABS). File generated 11 July 2014 using Australian Health
570 Survey, Nutrition and Physical Activity (2011-12) TableBuilder. Findings based on use of ABS
571 Tablebuilder data. Canberra 2014.
- 572 2. Caraher M, Cavicchi A. Old crises on new plates or old plates for a new crises? Food banks
573 and food insecurity. *Br Food J.* 2014;116(9).
- 574 3. Riches G, Silvasti T. Hunger in the rich world: Food aid and the right to food perspectives In:
575 Riches G, Silvasti T, editors. *First world hunger revisited: Food charity or the right to food?*
576 Basingstoke: Palgrave Macmillan; 2014.
- 577 4. DeSchutter O. Freedom from Hunger: Realising the Right to Food in the UK: a lecture by the
578 United Nations Special Rapporteur on the Right to Food London2013 [03/01/2014]. Available from:
579 <http://just-fair.co.uk/freedomfromhunger>.
- 580 5. Tse C, Tarasuk V. Nutritional assessment of charitable meal programmes serving homeless
581 people in Toronto. *Public Health Nutr.* 2008;11(12):1296-305.
- 582 6. Castetbon K, Méjean C, Deschamps V, Bellin-Lestienne C, Oleko A, Darmon N, et al. Dietary
583 behaviour and nutritional status in underprivileged people using food aid (ABENA study, 2004–
584 2005). *J Hum Nutr Diet.* 2011;24(6):560-71.
- 585 7. O'Reilly S, O'Shea T, Bhusumane S. Nutritional vulnerability seen within asylum seekers in
586 Australia. *J Immig Minor Health.* 2012;14(2):356-60.
- 587 8. Eppich S, Fernandez CP. Study finds Chapel Hill, NC, soup kitchen serves nutritious meals. *J*
588 *Am Diet Assoc.* 2004;104(8):1284-6.
- 589 9. Ross M, Campbell EC, Webb KL. Recent trends in the nutritional quality of food banks' food
590 and beverage inventory: Case studies of six California food banks. *J Hunger Environ Nutr.*
591 2013;8(3):294-309.
- 592 10. Tarasuk V, Dachner N, Hamelin A-M, Ostry A, Williams P, Bosckei E, et al. A survey of food
593 bank operations in five Canadian cities. *BMC Public Health.* 2014;14:1234.
- 594 11. Hamelin A-M, Mercier C, Bédard A. Perception of needs and responses in food security:
595 Divergence between households and stakeholders. *Public Health Nutr.* 2008;11(12):1389-96.
- 596 12. Frederick J, Goddard C. Sweet and sour charity: Experiences of receiving emergency relief in
597 Australia. *Aust Social Work.* 2008;61(3):269-84.
- 598 13. Salonen A. The Christmas celebration of secondary consumers: Observations from food
599 banks in Finland. *J Consum Cult.* 2014;0(0):1-17.
- 600 14. Wicks R, Treverna L, Quine S. Experiences of food insecurity among urban soup kitchen
601 consumers: Insights for improving nutrition and well-being. *J Am Diet Assoc.* 2006;106(6):921-4.
- 602 15. Mohsin M, Rikard-Bell G, Nolan M, Williams M. Food insecurity in three socially
603 disadvantaged localities in Sydney, Australia. *Health Promot J Austr.* 2006;17(3):247-54.
- 604 16. Bryce A, Donoghue C, Allen B, Stokes S. Food security and permanent residents of caravan
605 parks. *Environ Health.* 2005;5(1):73-83.
- 606 17. Pezet H. Give and take, cause and cure. In: King S, editor. *When there isn't enough to eat -*
607 *essays Volume 1.* Ainslie: Anglicare; 2012.
- 608 18. Lindberg R, Whelan J, Lawrence M, Gold L, Friel S. Still serving hot soup? Two hundred years
609 of a charitable food sector in Australia: A narrative review. *Aust N Z J Public Health.* 2015.
- 610 19. King S, Moffitt A, Bellamy J, Carter S, McDowell C, Mollenhauer J. *When there isn't enough*
611 *to eat - research report. Volume 2.* Ainslie: Anglicare, 2012.
- 612 20. Minichiello V, Aroni R, Hays T. *In-depth interviewing: Principles, techniques, analysis.* 3rd ed.
613 Sydney: Pearson Education Australia; 2008.
- 614 21. Australian Bureau of Statistics. 3105.0.65.001 - Australian historical population statistics
615 2014 2015 [3/06]. Available from: www.abs.gov.au.
- 616 22. Morse J. Data were saturated... *Qual Health Res.* 2015;25(5):587-8.

- 617 23. Green J, Willis K, Hughes E, Small R, Welch N, Gibbs L, et al. Generating best evidence from
618 qualitative research: The role of data analysis. *Aust N Z J Public Health*. 2007;31(6):545-50.
- 619 24. Services DoH. Newstart Allowance Government of Australia; 2015 [20/11]. Available from:
620 <http://www.humanservices.gov.au/customer/services/centrelink/newstart-allowance>.
- 621 25. Nord M. What have we learned from two decades of research on household food security?
622 *Public Health Nutr*. 2014;17(01):2-4.
- 623 26. Gucciardi E, Vahabi M, Norris N, Del Monte J, Farnum C. The intersection between food
624 insecurity and diabetes: A review. *Current Nutrition Reports* 2014;3:324-32.
- 625 27. Young C, Karpyn A, Uy N, Wich K, Glyn J. Farmers' markets in low income communities:
626 impact of community environment, food programs and public policy. *Community Development*.
627 2011;42(2):208-20.
- 628 28. Seligman HK, Lyles C, Marshall MB, Prendergast K, Smith MC, Headings A, et al. A pilot food
629 bank intervention featuring diabetes-appropriate food improved glycemic control among clients in
630 three states. *Health Aff*. 2015;34(11):1956-63.
- 631 29. Iacovou M, Pattieson D, Truby H, Palermo C. Social health and nutrition impacts of
632 community kitchens: A systematic review. *Public Health Nutr*. 2013;16(3):535-43.
- 633 30. Collins PA, Power EM, Little MH. Municipal-level responses to household food insecurity in
634 Canada: a call for critical, evaluative research. *Can J Public Health*. 2014;105(2):e138-41.
- 635 31. Department of Social Services. Emergency relief website 2015 [Cited May 15]. Available
636 from: [https://www.dss.gov.au/our-responsibilities/communities-and-vulnerable-people/programs-](https://www.dss.gov.au/our-responsibilities/communities-and-vulnerable-people/programs-services/emergency-relief)
637 [services/emergency-relief](https://www.dss.gov.au/our-responsibilities/communities-and-vulnerable-people/programs-services/emergency-relief).
- 638 32. Anater A, McWilliams R, Latkin C. Food acquisition practices used by food-insecure
639 individuals when they are concerned about having sufficient food for themselves and their
640 households. *J Hunger Environ Nutr*. 2011;6(1):27-44.
- 641 33. do Paço A, Agostinho D. Does the kind of bond matter? The case of food bank volunteer. *Int*
642 *Rev Public Nonprofit Mark*. 2012;9(2):105-18.
- 643 34. Remley DT, Kaiser ML, Osso T. A case study of promoting nutrition and long-term food
644 security through choice pantry development. *J Hunger Environ Nutr*. 2013;8(3):324-36.
- 645 35. Levkoe C, Wakefield S. The community food centre: Creating space for a just, sustainable,
646 and healthy food system. *J Agric Food Systems Community Dev*. 2011;2(1):249.
- 647 36. Herzfeld M. The intersection between emergency food relief and food security. Hobart:
648 Tasmanian Council of Social Services, 2010.
- 649 37. Kent G. Freedom from want. The human right to adequate food. Washington D.C. :
650 Georgetown University Press; 2005.
- 651 38. Lambie-Mumford H, Jarvis D. The role of faith-based organisations in the Big Society:
652 Opportunities and challenges. *Policy Studies*. 2012;33(3):249-62.
- 653 39. Ayton D, Carey G, Joss N, Keleher H, Smith B. Exploring the partnership networks of churches
654 and church-affiliated organisations in health promotion. *Aust J Prim Health*. 2012;18(2):148-57.
- 655 40. Putland C, Baum F, Ziersch A. From causes to solutions - insights from lay knowledge about
656 health inequalities. *BMC Public Health*. 2011;11(1):67-77.
- 657 41. Liamputtong P. Researching the vulnerable: A guide to sensitive research methods. London:
658 Sage; 2007.
- 659 42. Booth S. Food banks in Australia: Discouraging the right to food. In: Riches G, Silvasti T,
660 editors. First world hunger revisited: Food charity or the right to food? Basingstoke: Palgrave
661 Macmillan; 2014.
- 662 43. Chilton MM, Rabinowich JR, Woolf NH. Very low food security in the USA is linked with
663 exposure to violence. *Public Health Nutr*. 2014;17(01):73-82.
- 664 44. Adams K, Burns C, Liebrecht A, Ryschka J, Thorpe S, Browne J. Use of participatory research
665 and photo-voice to support urban Aboriginal healthy eating. *Health Soc Care Comm*. 2012;20(5):497-
666 505.

- 667 45. Chilton M, Rose D. A rights-based approach to food insecurity in the United States. *Am J*
668 *Public Health.* 2009;99(7):1203-11.
- 669 46. Food and Agriculture Organization. Voluntary guidelines. The right to food. Rome: United
670 Nations, 2005.
- 671 47. United Nations. International covenant on economic, social and cultural rights. Geneva:
672 1976.
- 673