

**“IT’S NOT EASY TO ASK FOR FOOD”  
STIGMATIZING ATTITUDES AND THE COMMUNITY FOOD CENTRE: A  
NEW BRUNSWICK CASE STUDY**

by

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**Abstract**

Food insecurity affects an estimated four million Canadians annually. The current responses to food insecurity are largely charity based and are comprised primarily of food banks, community kitchens, food pantries, and community food centres. Food insecurity is a component of poverty, and considerable stigma can arise from the label “poor”, depending on the attributions given for an individual’s poverty. Some traditional food charities have transitioned into community food centres. The Community Food Centre (CFC) model encompasses expanded programs and services, including adjustments aimed at stigma alleviation. The current research is a case-study that aims to better understand the role that the CFC model plays in the alleviation of poverty stigma.

Mixed-methodology was used, with qualitative methods informing the majority of the research. Surveys were completed by 144 members of the Greener Village Community Food Centre client base in Fredericton, NB. From the initial surveys, 15 clients, 7 volunteers, and 5 staff members were interviewed. Interviews were used to assess the relationship between the CFC model and poverty stigma, and distinct themes emerged including the value of volunteer training, the possible role of the client-volunteer, and the physical environment. Results suggest that the CFC model is more comfortable for clients than the traditional model, but that without proper volunteer training in place it could become a stigmatizing environment for those who access its services.

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## **Introduction**

Access to quality nutritious food is central to Canadian life. Food is present in social situations, is the driving force behind a large portion of Canada's economy, and is abundant throughout the country in stores, restaurants, and farms. Despite the wide availability of quality food, an increasing number of Canadians are unable to afford nutritious food each year (Food Banks Canada [FBC], 2015). Inability to access food affects physical and mental health and is stigmatizing in Canadian society, leading to systematic exclusion and social reproach (Emery, Fleisch, & McIntyre, 2013; Reutter et al., 2009). In a country where access to basic needs is taken for granted, the inability to access food becomes a complex social issue that often leads to negative social perceptions and exclusion. Canadian food charities are not exempt from stigmatizing behaviour, sometimes exacerbating difficult situations and eroding the dignity of their visitors (Reutter et al., 2009). The relationship between charity model and poverty stigma is intriguing and requires study as more Canadian Food Charities are experiencing a move from a traditional charity model to a Community Food Centre approach.

Identifying key factors in poverty stigma within food charities may be beneficial to update existing programs and services to minimize negativity within organizations, specifically in the areas of management, volunteer selection and training, and delivery of charitable services. Understanding the role of the community food centre in relation to other food charities may allow for the reduction of stigmatizing elements of food centre programming and the alteration of other food charity models to promote dignity and self-

esteem in visitors. Community food centres are relatively new in the Canadian charity landscape and as such, the intent of the researcher is to contribute to knowledge regarding the operations, poverty relationship, and bureaucratic organization of community food centres. This project has the following set of objectives:

1. If the community food centre model at the Greener Village Community Food Centre contributes to reducing poverty stigma in its client base,
2. If there are services or protocols in the food centre that remain stigmatizing, and
3. If the client's past experience with other food charities has an effect on the level of stigma they perceive in the centre.

The purpose of this research is to examine the relationship between the community food centre model and poverty stigma within one centre. The community Food Centre model is aimed at providing a comfortable environment for clients. If this model does minimize poverty stigma, it is possible that there are techniques for stigma management present in the food centre that could be applied to other charities. If there are stigmatizing aspects of the food centre model, identifying their characteristics will ideally lead to their resolution and the minimization of the stigma that they perpetuate. The study utilizes mixed-methodology comprised of surveys, demographic analysis, and interviews to examine the perspectives of clients, volunteers, and staff of the Greener Village Community Food Centre in Fredericton, NB, to assess the role of the Community Food Centre (CFC) model in mitigating stigma. This research is relevant as millions of food insecure Canadians avoid visiting food charities because of negative attitudes associated with them (PROOF, 2014). It is possible that actively engaging with stigma to mitigate its effects could encourage more people to access services when they need them. Overall,

the goal of this research is to contribute to building a more comfortable charity environment so that food insecure Canadians will not avoid accessing services when they are needed, until long-term structural solutions can be implemented.

## **Chapter 1: Food Insecurity in Canada**

Canadian hunger is a multifaceted problem that has roots in politics, economics, and sociology. Hunger has been present in Canadian society for decades, but little of value has been done to combat its prevalence or to fix its underlying causes. Despite consensus from researchers and charity workers, Canadian hunger remains an increasingly outstanding issue. There are several reasons for its proliferation: it has been heavily depoliticized (this will be explored further), its definition has been problematic, and its prevalence has been difficult to measure for various reasons. There are existing recommendations for the resolution of Canadian hunger, but they are currently several years from implementation, if they are implemented at all.

### **Definition**

Talking about hunger in Canada is a complex task. Common hunger narratives rely on images of destitute people in developing nations who lack access to basic foods of any kind, which distances hunger issues from the developed world where food is plentiful and often over consumed (Riches & Sylvasti, 2014). The divide between food insecurity and hunger has allowed governments in developed nations to ignore their responsibility to recognize food as a human right (Riches & Sylvasti, 2014; PROOF, 2014). What differentiates hunger in Canada from starvation in developing nations? One group starves in a destitute economy while the other starves in a land of plenty (Riches & Sylvasti, 2014, 2002; Koç, 2012, Sumner, & Winson, 2012). Hunger in itself is identified as the physical symptoms of not having sufficient food (Riches & Sylvasti, 2014; PROOF, 2014). The World Food Summit in 1996 provided a working definition for food security in developed nations: Food security exists when all people, at all times, have physical and

economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life (World Food Summit, 1996). This definition has been adapted by numerous national organizations to define hunger specifically as food insecurity.

Food insecurity exists within a household when one or more members do not have access to the variety or quantity of food that they need due to lack of money (Statistics Canada, 2016). Definitions of food insecurity vary slightly, but rely on two general considerations: 1) financial constraint 2) quality of food (**Table 1.1**). Utilizing these two components of food insecurity allows discussions about first-world hunger to be framed by their underlying cause, lack of financial resources in the wealthiest nations in the world (Riches & Sylvasti, 2014).

| Organization                                 | Definition  |
|--|---|
| Food Banks Canada<br>(National Organization) | Thirteen percent of Canadians live in a state of food insecurity, which means they do not have reliable access to adequate amounts of safe, good-quality, nutritious food. The root cause of hunger in Canada is low income, which consistently affects more than four million of us at any given time. |
| Statistics Canada                            | Food insecurity exists within a household when one or more members do not have access to the variety or quantity of food that they need due to lack of money  |
| CFCC<br>(Community Food Centres Canada)      | Does not explicitly define but refers people to PROOF research  |
| PROOF<br>(University of Toronto)             | Food insecurity – the inadequate or insecure access to food due to financial constraints  |
| World Food Summit 1996                       | Food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and. healthy life”  |
| CCHS<br>(National Survey)                    | Household food insecurity is "the inability to acquire or consume an adequate diet quality or sufficient quantity of food in socially acceptable ways, or the uncertainty that one will be able to do so”. It is often associated with the household's financial ability to access adequate food.       |

\*taken from organization websites in January 2016

## **Prevalence**

Despite its long history, the prevalence of food insecurity has been difficult to estimate until recently. There are several reasons for this difficulty including the use of data from charitable organizations, irregular reporting, and lack of an appropriate measure.

Food charities are commonly used as a primary source of information about food insecurity in Canada. Until 2007, the only large-scale national data available regarding food insecurity were Food Banks Canada statistics, or data gleaned from studies focused on other areas like the National Longitudinal Survey of Children and Youth (Tarasuk,

2015; Riches & Sylvasti, 2014). It is difficult to discuss long-term levels of food insecurity in Canada as there is little governmental regulation of food charities, nor is there a reliable reporting system for their data outside of Food Banks Canada's annual report Hunger Count (which has reliability issues).

Data for Hunger Count is collected each March from participating organizations across the country and is geared towards understanding the dynamics of food bank use across the country for the duration of the month. The report has been run annually beginning in 2008, with its most recent cycle run in March of 2017 (Food Banks Canada [FBC], 2017). March was chosen as it is believed to be an unremarkable reporting month both in terms of access and donations. Gleaning this information in December would be heavily swayed by high donations around Christmas, for example (FBC, 2016; Pegg, 2014). Prevalence information from the 2014 Hunger Count can be seen in **Table 1.2**.

| <b>Table 1.2: Hunger Count 2014 Prevalence</b> |             |
|--|-------------|
| Food Insecure Individuals                      | 1.8 Million |
| Children                                       | 36%         |
| Social Assistance as Main Income               | 65.3%       |

(FBC Hunger Count, 2014)

Previous research has verified that almost all visitors to food banks are food insecure (Loopstra & Tarasuk, 2012; Tarasuk & Beaton, 1999), yet food bank data is missing a large amount of the food insecure population in Canada (Loopstra & Tarasuk, 2015). Food Bank use has been identified as a poor measure of food insecurity for two main reasons. First, the family or individual may not consider their food insecurity to be severe enough to warrant food bank use. Previous research estimates only 40% of severely food insecure families visit charities (Loopstra & Tarasuk, 2015; Rainville &

Brink, 2001). Second, food banks are largely restrictive in their distribution of emergency food, through restriction of access and through screening procedures (FBC, 2016; Loopstra & Tarasuk, 2015). Restrictions include the frequency of visits (most allow once per month), the requirement that clients be recipients of social assistance, or the reliance on a referral from an anti-poverty agency (FBC, 2016; Loopstra & Tarasuk, 2015; Riches & Sylvasti, 2014). Although there is no mandate to restrict services, Food Banks Canada (2016) states that most charities restrict access in some form. It is important to note “soft restrictions” as well, such as travel distance, conflict with work schedules, and stigma (FBC, 2014).

If food bank statistics aren't capturing the full picture, what else should be used? Efforts have been made to understand the historical rise in Canadian food insecurity by utilizing low-income and social assistance statistics, but these methods fail to account for food insecurity in the general population. The Canadian Community Health Survey (CCHS) documented food insecurity in various forms from its inception in 2000, but methodological variation and variable differences made longitudinal comparison difficult, and the food security items included in the CCHS were not of sufficient depth to assess the issue (Statistics Canada, 2016; Health Canada, 2012). The inclusion of the Household Food Security Survey Module (HFSSM) in 2007 allowed for regular, methodologically useful data collection within the normal run of the CCHS. The HFSSM is an 18-item survey tool adapted from the American Food Security Measurement Method that has been used in the United States since 1995 (PROOF, 2016; Roshanafshar & Hawkins, 2015; Health Canada, 2012). Interpretation of the food insecurity data from the CCHS has largely been undertaken by researchers from the PROOF Food Insecurity

Policy Research team and Statistics Canada (to a lesser extent). Prevalence information from PROOF can be seen in **Table 1.3**.

|                                  |           |
|----------------------------------|-----------|
| Food Insecure Individuals        | 4 Million |
| Children                         | 17.2%     |
| Social Assistance as Main Income | 15.7%     |

(PROOF, 2014)

The prevalence statistics in **tables 1.2 and 1.3** show notable differences, largely reliant on methodological considerations. Where PROOF data extrapolates from CCHS sample data to the larger population, the information provided by Food Banks Canada attempts to capture a full population (all food bank clients) and report on its characteristics (PROOF, 2016; FBC, 2016). First, the number of estimated food insecure individuals reported by PROOF is more than double that of the largest Hunger Count figures. According to Tarasuk (2015), this difference is likely the result of the CCHS reporting on experiences of food insecurity over the past twelve months, where Hunger Count relies on single-occurrence access rates at food banks (which can be restrictive, as previously discussed). The difference in the percentage of children is largely a matter of reporting differences; Hunger Count reports the percentage of children that have received food bank assistance through parental access, and the CCHS reports the percentage of children estimated to be food insecure in the general population (PROOF 2016, FBC, 2016). The most notable difference in the data is the percentage of food insecure individuals who rely on social assistance as their primary income.

The high volume of social assistance recipients that access food banks is the result of a combination of factors. Due to the nature of food charities it is more likely that social assistance recipients can access them during their open hours (FBC, 2016; PROOF,

2014), and that they have been recommended to their services by government agencies (PROOF, 2014; Riches & Sylvasti, 2014). There are several barriers to access that individuals will face when attempting to access food charity, including transportation difficulties (Garasky, Fletcher, & Jensen 2006), stringent restrictions on access (some of which exclude employment) (Garasky, Fletcher, & Jensen 2006), hours of operation that conflict with work schedules, and/or stigma and loss of dignity (Riches & Sylvasti, 2014; Garasky, Fletcher, & Jensen 2006). Regardless of the specific barrier to access, it is clear that reporting of food insecurity has been an issue over the years, and that it is important to discuss responses from more than one source when talking about the prevalence of hunger in Canada. Measures of prevalence of Canadian food insecurity are not perfect, but at the very least they indicate that food insecurity is a problem affecting a substantial number of Canadians, and that estimates are likely higher than what has been measured on the surface.

### **Health Consequences of Food Insecurity**

**Consequences and nutritional inadequacy.** The relationship between nutrition and food insecurity has been extensively documented in Canada (Canadian Institute for Health Information [CIHI], 2016; Tarasuk et al. 2010; Kirkpatrick & Tarasuk, 2008; CIHI, 2008; McIntyre et al., 2007). Members of food insecure households experience dietary compromise, and the levels experienced can vary based on severity of food insecurity, position in the family (mother, child, etc.), and available resources (charities versus support from family and friends, etc.) (Kirkpatrick & Tarasuk, 2008). The Canadian Institute for Health Information (2008) suggests that there is a higher mortality rate, infant mortality rate, and lower life expectancy in low-income census metropolitan

areas (CMAs). Immediate individual health consequences can include fatigue, weakness, headaches, insomnia, and lack of concentration, and in the long-term food insecurity can lead to chronic illnesses like diabetes, cardiovascular disease, ulcers, and depression (CIHI, 2016; 2008). The health consequences of food insecurity also contribute to increased public health expenditures (Tarasuk et al., 2015). Tarasuk's (2015) analysis identified food insecurity as a predictor of adult health care expenditures independent of other commonly identified factors. They suggested that intervening in food insecurity as it emerges was the most practical way to mitigate high health-care expenditures associated with its prevalence (Tarasuk et al., 2015).

**Nutrient inadequacy as a systemic issue.** The CIHI's 2016 report extrapolates beyond food insecurity to examine the relationship between health outcomes and income level, and has offered five ways that low-income individuals are at a health disadvantage (**Table 1.4**):

| Item                 | Example   |
|----------------------|---|
| Individual Income    | Less money to invest in good housing, general health, and adequate nutrition.   |
| Social Status        | Less access to social hierarchies that can elevate or aid. Social hierarchy is reinforced by income, placing chronic stress on those with low income. |
| Reverse Association  | Poor health interferes with an individual's ability to maintain employment, reinforcing poverty.  |
| Social Cohesion      | Income inequality leads to a decrease in bonds to society, therefore increasing unhealthy decisions.  |
| Social Disinvestment | Fewer resources are invested in the social and physical environment to create health-promoting decisions.   |

(CIHI, 2016)

The five factors proposed by the CIHI suggest that the health consequences of poverty are systemic and not the result of individual factors (poor education, disinterest in

health activities, etc.). McIntyre et al. (2007) state that the inclusion of fruits and vegetables in the diets of low-income individuals would increase their nutrient intake significantly, but that they cannot afford these basic necessities and that educational responses (cooking and budgeting classes) cannot fill the nutritional gap. Tarasuk et al. (2010), in their examination of nutrient intake among low-income women, also suggest that health consequences are systemic and agree that current education-based responses are unlikely to make a difference in nutrient intake. Both studies suggest that parents will have a lower nutrient intake as they attempt to buffer the effects of hunger for their children (skipping meals, providing larger portions for children).

The studies also suggest that educational responses will be ineffective as low-income individuals are aware of their nutritional requirements but cannot afford to meet them. The focus for many low-income individuals is avoiding the immediate effects of hunger rather than meeting nutritional requirements. Loopstra and Tarasuk (2014) suggest that parents are much more likely to buy less nutrient-dense foods that they are sure their children will eat rather than wasting money on foods that are healthier but which may be discarded, contributing to lower nutrient intake among their children. Both McIntyre et al (2007) and Tarasuk et al. (2010) recommend providing fruits and vegetables to low-income individuals in order to rectify nutrient inadequacies, rather than increase funding for educational alternatives. Finally, the CIHI's (2015) report suggests that nutrient inadequacy becomes systemic and can greatly impact the lives of those who are affected by it as they lack sufficient energy to maintain employment and stay in good health, contributing to further nutrient inadequacy and more severe food insecurity.

## **Depoliticization of Hunger**

The attention given to food insecurity by the political system has been steadily eroded since its first major introduction in the 1980's. The shift from government responsibility to the non-profit sector has enabled Canadian food insecurity to largely be left out of political discussion. Depoliticization has occurred for several reasons:

1. Governments refuse to acknowledge systemic food insecurity as an issue in developed nations
2. Documentation of food insecurity in Canada has been intermittent until recent years
3. Social assistance programs are inefficient and have been presented through a rhetoric of fraud, allowing governments to refuse to correct their flaws
4. Charities have stepped in to mitigate symptoms of hunger, inadvertently allowing governments to avoid repairing inadequate systems

(FBC, 2016; CFCC, 2016; Winson, Sumner, & Koc, 2012; Riches & Sylvasti, 2014; PROOF, 2014).

Depoliticization has succeeded largely due to differences in definitions of hunger, poor tracking of prevalence (until recently), and the involvement of charities in addressing hunger. Depoliticization is a significant barrier to minimizing food insecurity as it affects policy decisions surrounding minimum wage, social assistance, and anti-poverty reduction strategies such as the Guaranteed Annual Income. There is developing consensus among researchers that the primary strategies for overcoming food insecurity are: a) increasing social assistance and minimum wage in accordance with cost of living,

or b) implementing a Guaranteed Annual Income that will replace the current social safety net and support minimum-wage earners (Emery et al., 2013).

**Social assistance.** Many social and political scientists have underscored the government's responsibility for creating and sustaining food insecurity in Canada by depoliticizing food insecurity, and as a result providing an inadequate social safety net. Canadian "social assistance" refers to provincial income assistance programs available to those who are medically unable to work, as well as income programs available for households who are affected by poverty (historically called "welfare") (FBC, 2015; Tarasuk et al., 2014).

Inadequate social assistance programs perpetuate systemic food insecurity, leading recipients to seek help at food charities or to continue without adequate nutrition (Community Food Centres Canada, [CFCC] 2016; FBC, 2015; Tarasuk et al., 2014; Emery et al., 2013; Riches, 2002). In 2014, 60.9% of CCHS' surveyed households reliant on social assistance were food insecure (Tarasuk et al., 2014). In the same year, Food Banks Canada reported that 48% of those who relied on food banks listed social assistance as their primary income (FBC, 2014). Government support for food insecurity reduction has come through policy change for charities, such as the Good Samaritan Acts (stating that donors are not responsible for the safety of products donated to food charities) but not through significant changes to social assistance programs, despite evidence that these changes are necessary (CFCC, 2016; FBC, 2015; Tarasuk et al., 2014; Emery et al., 2013). Social assistance is often identified as a structural support of food insecurity, largely due to the limitations placed on recipients and the inadequate level of assistance provided (CFCC, 2016; FBC, 2016; PROOF, 2014; Riches & Sylvasti, 2014).

There is a cyclical effect at work within social assistance administration as well; assistance offices will factor in the availability of food banks into estimates of their client's needs, lowering the funding available to them and pushing them further into the hands of charities (Theriault & Yadlowski, 2000). Provincial social assistance rates are not based on the provincial basic cost of living, but reflect political sentiment and the economic status of the province (Emery et al., 2013; Riches, 2002). There is consensus among food insecurity researchers and charities that inadequate social safety nets are integral to the perpetuation of food insecurity. Researchers have also suggested that the perpetuation of food charity allows government to ignore the causes of systemic poverty and to avoid rectifying outdated programs and services (FBC, 2015; Riches & Sylvasti, 2014; Tarasuk et al., 2014; Emery et al., 2013).

The most common recommendation among social scientists for improving Canadian food insecurity is the dissolution of current social assistance and the introduction of a Guaranteed Annual Income (GAI), administered similarly to the current Old Age Security (OAS) or Guaranteed Income Supplement (GIS).

**Guaranteed annual income.** Introduction of a Guaranteed Annual Income for all Canadians would ideally establish a federally-funded income floor that would replace provincially administered social assistance programs (FBC, 2015; Emery et al., 2013). Emery et al. (2013) used age comparison between Canadians under 65 and over 65 to speculate about the changes that could be expected from the introduction of GAI (at 65 years of age Canadians are eligible to receive the OAS and GIS). Findings included an increase in self-reported health and mental health, as well as a marked decrease in food insecurity, especially when severe. They recommended incrementally lowering the age

requirement for the OAS until it was available across working-age groups. Food Banks Canada and Community Food Centers Canada have requested that the federal government “(d)ismantle existing social assistance bureaucracies and create a basic income, administered through the tax system” and that the government “(e)nsure that basic income has a logical relationship to the level of earnings offered through work” (FBC, 2015; CFCC 2015). The governmental aspects of Canadian food insecurity are further complicated as Canada is a federal state; there are multiple levels of government involved in the administration of social assistance, and each province would have to alter their structures. It is possible that the federal government could work with provincial administrations to implement some of these changes, but it would be the overall responsibility of the provinces to take action. Implementation of a GAI program has the possibility of minimizing provincial expenditures as well (Emery et al., 2013). The GAI program is being tested in some municipalities in Ontario in 2017.

### **Conclusion and Summary**

Canadian food insecurity is a real and persistent problem that affects mental and physical health and requires immediate attention. It has proliferated on technicalities of definition and lack of prevalence statistics that have allowed it to become depoliticized, and that shift the responsibility of alleviation onto charities. Despite growing consensus among food insecurity researchers and advocates, definitive steps have not been taken to relieve the immediate need for food that an estimated four million Canadians face. Until inter-governmental action occurs, the burden of relief continues to fall to charities that are evolving and struggling to better address the needs of citizens affected by poverty.

## **Chapter 2: Current Responses to Food Insecurity**

Canadian food charities initially appeared as a response to economic instability beginning in the early 1980's and have since become permanent institutions across the country (FBC, 2015; CFCC, 2015; Riches & Sylvasti, 2014). Although originally a temporary measure, food charities are viewed as the primary source of relief for Canadians who are food insecure (FBC, 2015; Riches & Sylvasti, 2014; Tarasuk et al., 2014). Despite attaining permanent status in Canadian society food charities have not significantly evolved until recently. Much of this developmental stagnation is believed to be a result of community-based funding models with minimal government support (Riches & Sylvasti, 2014; FBC, 2015; Tarasuk et al., 2014). There are a number of services in place for low-income citizens (experiential work placements, social assistance bonuses, assisted housing), yet these often are not sufficient, not widely accessible, or reinforce poverty stigma (Riches & Sylvasti, 2014; Reutter et al., 2009; Thériault & Yadowski, 2000). It is difficult to define traditional food charities (food banks, community kitchens, etc.) as they have largely evolved without the intervention of a governing body since their introduction to Canada in 1981. This is especially the case with community or "soup" kitchens. There is wide variation in nearly all aspects of traditional charities: funding, staffing, services provided, hours, and frequency of aid are largely unstandardized. For the purpose of this study, a Traditional Food Charity will be defined as any food distribution charity that does not meet the minimum requirements of a Community Food Centre as defined by CFCC. Although a dichotomous definition is being used in this discussion, it is important to note that many food banks have evolved

to include components of CFCs, and that they likely range on a continuum of programs and services.

### **Food Banks**

Traditional food banks focus on hunger alleviation and aim to provide clients with enough donated goods to last three to four days, most commonly once a month (Food Banks Canada [FBC], 2015). There is wide variation in the type of food available, nutritional content, and the method and frequency of food distribution. The first food bank in Canada was the Edmonton Food Bank, which opened its doors in 1981 as a response to the collapse of several social programs (Edmonton Food Bank, 2017; Riches, 1997; Riches, 1986). Three years later food banks had spread across the country (75 in total in 1984), and Food Banks Canada now estimates that there are over 600 food bank-type organizations in operation today (FBC, 2016; Riches, 1997)

Food banks are operated mainly through volunteer power, although 60% of the organizations do have at least one paid staff member (FBC, 2017). Many food banks are open for intermittent hours; most operate on some days of the week, while others are open a few times per month (FBC, 2016; Riches & Sylvasti, 2014). Staffing and availability can be deciding factors in the frequency of a food banks' operation (FBC, 2017; Riches & Sylvasti, 2014). According to Food Banks Canada (2017) most food banks allow members to access services once per month. Frequency of access largely depends on the resources of the charity; the number of staff or volunteers, the number of hours when a staff member or volunteer is present, the size of the client base, and the amount and variety of food that is available (FBC, 2017). Resources permitting, some food banks will allow more frequent access depending on the income situation of the

client (FBC, 2016; CFCC, 2016; GVCFC, 2016), while others will require a referral from a government agency before provision of aid or will deny access on the basis of employment (FBC, 2017; Riches & Sylvasti, 2014).

Most food banks refer to the Food Banks Canada goal to provide 3-5 days of emergency food relative to family size (FBC, 2016). Some charities run exclusively on donated items while others purchase necessary items in addition to donations (FBC, 2016; PROOF, 2016; Riches & Sylvasti, 2014). It is common for food banks to struggle to provide consistent food hampers to their clients and it is often difficult to offer selection, variety, and/or foods with sufficient nutritional value (FBC, 2015; Riches & Sylvasti, 2014). The majority of food distributed by food banks is not nutritionally dense. Food hampers tend to lack vital nutrients (protein, fiber, vitamins and minerals) and are often high in sodium, fat, simple sugars, and simple carbohydrates (CFCC, 2017; FBC, 2017; Saul & Curtis, 2012). In most cases food hampers are assembled by the organization itself and there is little selection for clients.

Many food banks attempt to mitigate nutritional issues by providing fresh produce, dairy, and protein sources through corporate partnerships, purchasing, and/or gardening. Creative fundraising is common with food banks, with some initiatives including “sponsor a row” (Edmonton Food Bank) where local farms can dedicate specific rows of produce to the food bank (Edmonton Food Bank [EFB], 2017), or the “Turkey Race” in Fredericton, NB where community groups compete to deliver the most turkeys to Greener Village Community Food Centre (GVCFC) for their Holiday Hamper program (GVCFC, 2016). Many food banks rely heavily on relationships with local grocers who will donate produce that is past its best shelf life and who will allow them to

purchase goods at wholesale prices (FBC, 2016; CFCC, 2016; PROOF, 2014). This is common practice for many traditional model food charities.

Food Bank funding is largely reliant on the surrounding community and is vulnerable to competition with other charities (FBC, 2016; Riches & Sylvasti, 2014; PROOF, 2014). Funding may be obtained either as cash, in-kind services, or product. Main funding sources include donations from the community, faith-based organizations, government grants, corporate partnerships, or a combination thereof. Food Banks Canada makes efforts to distribute product and financial support among its 550+ member organizations, but the degree of support varies based on geographic location, the population served by the organization, and its impact to the community (FBC, 2016). Government funding is sporadic and is largely obtained through grants or work placement programs, and requires competition with other charities that may or may not be related to food insecurity (CFC, 2016; PROOF, 2014). Finally, financial contributions are highest in December and many food banks rely on the financial gains from the Christmas period to navigate the rest of the year (FBC, 2016; GVCFC, 2016; CITE).

Over time, many food banks have evolved to include atypical programs and services more commonly associated with the CFCC model (52% in 2013[FBC, 2013]). Food Banks Canada has created two granting programs to aid food banks in their ability to offer more than a food hamper. The +Fresh Fund works with interested food banks to establish community gardens for their clients as an educational experience and as a means to provide fresh produce (FBC, 2016). The Kitchen Creations fund supplies startup costs for establishing a teaching kitchen in interested organizations to provide basic skills training as well as hot meals. So far the fund has established kitchens in 60

member charities (FBC, 2016). Some food banks offer aid with clothing and furniture as well, such as the Parker Street Food and Furniture Bank (Parker Street Food and Furniture Bank [PSSF], 2016), or the Good Shepherd Venture Centre Market Place which provides clothing and food through a market atmosphere (Good Shepherd Venture Centre Market Place [GSVCM], 2016).

**Other charities.** Other examples of food charities that do not operate on a food bank model include community kitchens, collective kitchens, food pantries, and delivery meal programs. Community kitchens deliver hot meals to clients instead of emergency food hampers, collective kitchens bring people together to batch cook meals for large groups, food pantries operate similarly to food banks (although their provisions are much smaller), and delivery meal programs bring hot meals to individuals who have difficulty leaving their homes (Canadian Red Cross, 2016). There is no central governing organization for community or collective kitchens, unlike food banks (with Food Banks Canada). Many food pantries fall under the supervision of Food Banks Canada (FBC, 2016) and delivery meal programs typically fall under the jurisdiction of local branches of the Canadian Red Cross (Canadian Red Cross, 2016). Food Banks can easily apply for membership under Food Banks Canada, although they must be a registered Canadian charity (FBC, 2017)

### **Community Food Centres**

Increasing demand for services has led a number of food charities to leave the traditional food charity model behind and reinvent themselves under the guidance of Community Food Centres Canada (CFCC), an umbrella organization which was established in 2012 after the success of The Stop, a Toronto food bank turned

Community Food Centre (CFC). CFCs differ substantially from traditional food charities; they operate from the perspective of long-term change as opposed to short-term relief and do so using a combination of agriculture, education, and activism (CFCC, 2015). In addition to providing quality relief, CFCs place significant focus on providing emergency relief in a setting that promotes dignity and self-esteem (CFCC, 2015).

The Community Food Centre movement has started in part as a response to the negative effect that charities can unintentionally have on their clients (CFCC, 2015). Most traditional food charities focus on providing emergency food only, while CFCs provide a variety of services including emergency food, culinary education, job training, agricultural experience, and financial intervention while providing a comfortable environment that promotes dignity and self-esteem (CFCC, 2016). Data do not currently exist regarding the level of stigmatization experienced by users of food centres as they are a very recent movement, though accounts of stigma in food charities have been reported since their inception in 1981 (Riches, 1984, 2015; FBC, 2015).

CFCs are focused on three core pillars (**Table 2.1**) which extrapolate to different programs and services:

| <b>Table 2.1: CFC Core Pillars</b> |   |  |
|------------------------------------|---|--|
| <b>Pillar</b>                      | <b>Potential Services</b>   | <b>Description</b>   |
| Healthy Food Access                | Food bank, community meals, affordable produce, bake ovens              | Providing emergency food to those in need in a respectful and dignified manner |
| Healthy Food Skills                | Community kitchens & gardens, perinatal programs, after-school programs | Develop healthy food behaviours and skills, focus on cooking and gardening     |
| Education and Engagement           | Advocacy, community action, public education, policy campaigns          | Work to give individuals and communities agency on hunger issues               |

(CFCC, 2016)

According to Community Food Centres Canada, a CFC will offer some combination of the above programs and services, as well as having a stable operating budget, core operating staff (of at least 5, one member per department plus a bookkeeper and director), adequate infrastructure to support a commercial kitchen and community gardens, and a focus on skills development in addition to poverty symptom alleviation. CFCs take on the characteristics of various types of charity and may provide hot meals and food delivery services in addition to emergency food (CFCC, 2016). The variety of programs encouraged by CFCC are shown in **Table 2.2**. There is significant focus placed on the importance of dignity and self-esteem, as well as the power of community. There are currently eight CFCs that fall under CFCC's jurisdiction, with few others operating independently of it. In comparison, there are over 1,500 food charities operating under Food Banks Canada (FBC, 2016).

| Department         | Programs   |
|--------------------|--|
| Food Bank          | Emergency Food   |
| Commercial Kitchen | Cooking classes<br>Hot meals (community kitchens)<br>Batch cooking (collective kitchens) |
| Community Gardens  | Courses on food production<br>Hands-on learning<br>Garden space                          |
| Classroom          | Skills development/Job training<br>Maternity education and programs                      |
| Advocacy Office    | Client advocacy resources<br>Advocacy training<br>Food insecurity activism               |

(CFCC, 2016)

**Differentiating from food banks.** Many Canadian food banks operate similarly to CFCs in some form or another, either through the programs and services offered

(community gardens, kitchens) or through stable funding and staffing. There are notable differences between food banks and CFCs, many of which revolve around operational approach. CFCs are largely urban, while traditional food banks operate in a variety of locations, for example. **Table 2.3** provides a comparison between the operational structure of food banks and CFCs.

|          | Traditional Food Charity                          | Community Food Centre   |
|----------|---|---|
| Approach | Needs-based                                       | Assets-based  |
| Aid Type | Immediate   | Immediate and long-term   |
| Funding  | Sporadic, donations-based, some government        | Stable, corporate, donations-based, some government   |
| Staffing | Wide range, from no paid staff to full-time staff | Core operating staff, full time   |
| Services | Emergency food, Emergency clothing/furniture      | Emergency food, emergency clothing, education, community gardens, community kitchen, activism |

(Compiled from CFCC, 2016; FBC, 2016)

The “approach” section is in reference to the general view of clients who visit either charity type. It is common for traditional food charities to view clients as simply recipients of food hampers (Reutter et al., 2009; Williams, 2009). The Community Food Centre model utilizes an “assets-based” approach, meaning clients are seen as a valuable component of the CFC community that can grow and participate (CFCC, 2016) in the same way as shareholders, leading to an aid over treatment approach (CFCC, 2016). The difference in approach between the two models affects the type of aid delivered; traditional food charities primarily distribute emergency food as an immediate treatment for hunger, while community food centres will focus on long-term skills development and life coaching in addition to immediate hunger alleviation (CFCC, 2016). Many clients of CFCs become skilled administrators of the CFC community after completing advocacy and administration training (CFCC, 2016).

The business orientation of CFCC is a critical benefit to the operations of CFCs when compared with food banks. CFCC requires member organizations to operate under a stable income and with a core staff that is paid full time (CFCC, 2016; Saul & Curtis, 2013). In comparison, food banks operate with variable funding, ranging from international franchises such as the Salvation Army, which is funded by international giving and store profits (Salvation Army, 2016), to neighborhood-specific groups that may rely completely on community donations to operate (FBC, 2015; Riches & Sylvasti, 2014; Saul & Curtis, 2013). Food bank staffing is as widely variable as their funding methods, with some organizations having multiple full-time staff and others running completely on volunteer power (FBC, 2015; Riches & Sylvasti, 2014). Finally, in order to qualify as a CFC a charity must provide services from all three pillars of CFCC (**Table 2.1**) whereas traditional food charities are only required to distribute emergency food to fall under Food Banks Canada's jurisdiction.

The final notable difference between the CFC and food bank models is the focus on dignity and self-esteem. Stigma is a barrier to access for many food insecure Canadians, especially those who require help for the first time (CFCC, 2016). Food banks typically focus on emergency aid and are often limited in staffing and in resources to make their interactions less stigmatizing. CFCs have taken steps to intentionally minimize stigmatizing and undignified aspects of charitable aid in an attempt to make it easier and more pleasant for clients to visit. Despite CFCs best intentions, poverty stigma may still be present in the CFC model even after adjustments made by the CFC. Perception of poverty stigma may vary depending on participant's experiences with charity. Understanding the relationship between poverty stigma is important and a

necessary step towards encouraging food insecure Canadians to access the help they need.

### **Conclusion and Summary**

Canadian food charities have evolved in a variety of forms to meet the rising demands of food insecurity. Thousands of charities currently operate in Canada to alleviate food insecurity within the Canadian population. Food banks and other food charity models have shouldered most of the food insecurity burden for decades, but they have begun to evolve into multifaceted centres that aim to bring components of multiple models together. Using an assets-based approach, CFCs bring together food banks, community kitchens, community gardens, and education to combat food insecurity in a more comprehensive manner that brings dignity and self-esteem into consideration. If alleviation of Canadian food insecurity continues to fall to charities, evolution to larger, more capable models may become necessary across the country as demand continues to increase.

### **Chapter 3: Poverty Stigma**

The social identities of low-income Canadians are overwhelmingly negative and are affected by a variety of misconceptions (Reutter et al., 2009; Thériault & Yadlowski, 2000) that are largely reliant on perspective (of the stigmatized group and the outgroup, where the outgroup is in a position of power). Stigma was first discussed as a topic in social psychology by Erving Goffman, whose (1963) theory identifies stigma as a reaction to a negative social label that excludes individuals based on a personal/social characteristic. Goffman underscored the need for a stigmatized individual's engagement in stigma through concern for what others think and internalization of the social norms that they do not meet (Goffman, 1963). This definition of stigma has been widely used since its creation (Kleinman & Hall-Clifford, 2009).

Goffman also introduced the concept of dramaturgy to discuss identity and social interaction in his (1959) *Presentation of Self in Everyday Life*. Goffman's dramaturgy suggests that life is like a play and that all people in a social situation are actors. These actors gain their cues about their roles from others around them, who are also gaining cues about their role and identity from others. According to Goffman, people can influence people's impressions through mechanisms like our social setting, appearance, and our manner of interacting (Goffman, 1959). An inability to influence impressions created by others can lead to negative interpretations of one's role. Goffman's stigma discussions are a useful starting point for social stigma conceptualizations. Still, defining stigma from the individual's perspective does not enable a discussion of systemically stigmatizing factors (Kleinman & Hall-Clifford, 2009).

Williams (2009) proposed three considerations for discussions of stigma in social science research: the achieved/ascribed discrepancy, the complexity of operationalizing social class, and lack of identification with one's social class.

The achieved/ascribed discrepancy focuses on the way that attributes are applied to stigmatized groups. If a status is achieved it is seen as earned and transient (unemployed, uneducated, etc.), where an ascribed status is embedded in the group itself (ethnicity, disability, etc.). Poverty is difficult to define within the bounds of ascription/achievement. Some beliefs center on the idea that poverty has been achieved by low-income groups through negligence, misfortune, or lack of resources; others believe that poverty is ascribed and that low-income groups are affected by poverty because of fundamental differences within them, such as unintelligence, poverty culture, or laziness (Reutter et al., 2009; Hardaway & McLoyd, 2008; Galabuzi, 2004). Social conditions are strong determinants of poverty, yet they are often the most difficult to assign to an achieved or ascribed status: are social conditions temporary and is poverty earned through poor decisions and misfortunes, or are social conditions creating a poverty landscape that is difficult to change and escape? The view of ascribed vs achieved affects the response of non-members of the stigmatized group and is a strong indicator of whether or not they will help a disadvantaged group or stigmatize them further.

Defining social class is a contributing factor to stigmatization for Williams (2009). Williams (2009) suggests that social class is heavily reliant on self-perception and that many low-income individuals do not consider themselves low-income (because they are employed, or do not have sufficient debt, etc.) until they are involved with social

assistance. Low-income cutoffs vary across provinces and according to family sizes, and service delivery can vary among groups where demographics are similar.

Without a clear definition of class cutoffs it is difficult to convince groups that there are social structures affecting their class that need attention. This lack of definition leads to the third consideration proposed by Williams: lack of identification with one's social class (2009). Inadequate definitions of social class have made class identification an internalized process that varies from individual to individual (Williams, 2009). In some cases there is misattribution of class for reasons mentioned above (employment, lack of debt, etc.) but misattribution also occurs as individuals try to distance themselves from the negative stereotyping associated with poverty.

### **Attributions for Poverty**

Social science understandings of stigma generally rely on the relationship between *attributions* and *attitudes* (Kleinman & Hall-Clifford, 2009, Williams, 2009; Reutter et al., 2005). Attributions refer to the perceived cause of a stigmatizing label, and attitudes are the beliefs an individual holds about the label and its cause. Attributions were originally examined by Feagin in 1975, and later by Furnham (1982). Bullock's (1999) examination combined previous discussions to clearly describe three of the attributions that are commonly discussed in poverty research: individualist, structuralist, and fatalist, with cultural being added in detail in 2001 by Cozzarelli et al. **Table 3.1** outlines the properties of each attribution. Generally, structural and fatal attributions are more positively based than individual and cultural attributions because of their nature; one group places responsibility for poverty on individual failings, while the other blames circumstance.

| Attribution | Description   | Example   |
|-------------|---|---|
| Structural  | Economic conditions and social factors are largely responsible for poverty                          | “Minimum wage is too low and people cannot survive on it”                 |
| Fatalist    | Illness, poor luck, and situations outside of ones’ control are responsible for poverty             | “You can’t predict that you will hurt your back and have to stop working” |
| Individual  | Individuals play a role in their poverty and are responsible for their stereotypical representation | “People are poor because they are lazy and don’t want to work”            |
| Cultural    | Individuals are trapped in a subculture of poverty  | “People on welfare can’t help it, they grew up like that”                 |

(Constructed from Bullock et al., 1999 and Cozzarelli et al., 2001)

There is consensus among poverty and food insecurity researchers that structural attributions (as discussed in **Chapter 1**) hold the most weight in discussions about the origins of poverty, and this is reflected when public opinion is divided on attribution. Beliefs about poverty predict support for poverty-related policies, voting, and an individual’s willingness to support poverty-reduction strategies and programs for low-income populations (Williams, 2009; Reutter et al., 2005). The degree of help given is largely dependent on which poverty attribution is accepted by the judging party: structural and fatalist attributions are more likely to result in help or policy support, while individual and cultural attributions downplay the usefulness of public aid and are associated with more stringent poverty-related policies (Williams, 2009; Rautter, 2005; Bullock, 1999; Feagin, 1975). The label applied to the attributed population is important: people are more willing to help low-income groups that are not labelled as “welfare recipients” and this is especially true amongst low-income populations themselves, where distancing from recipients of social assistance may be used as a buffer against negative stereotypes (Williams, 2009; Link & Phelan, 2002).

Attitudes that are built around attributions can be predicted demographically. White, conservative men are more likely to believe in individual and cultural attributions, and subsequently that social assistance recipients are lazy, that they “abuse the system”, or that they are generally of poor intelligence (Collins, 2005; Cozzarelli et al., 2001; Bullock, 1999). Women regardless of class are more likely to believe structural attributions but are less supportive of negative attitudes towards low-income groups even when they attribute poverty to individual reasons (Williams, 2009; Cozzarelli et al. 2001). Low-income individuals predominantly support structural or fatalist attributions but are heavily critical of social assistance recipients and overestimate levels of “system abuse” even if they themselves are recipients (Williams, 2009; Bullock, 1999). Bullock’s (1999) study suggests that racism may also be involved, with all Caucasian response groups overestimating the number of racial minorities on social assistance. Demographics are a cause for concern when speaking about attitudes and attributions as many of the demographic traits associated with political power predict belief in individual attributions and can therefore lead to more stringent regulations for poverty-alleviation efforts, and general reductions in support (Reutter, 2009; Collins, 2005; Cozzarelli et al., 2001; Bullock, 1999). Many low-income individuals feel that they do not have a political voice or that their concerns are not seen as valid; this is less prominent in Canada (where structural attributions are more commonly supported) but can still be a formidable issue when one considers the demographics generally associated with Canadian politicians (Williams, 2009; Collins, 2005).

**Internalization**

Reutter and colleagues (2009) suggest that behaviours exhibited by others are heavily influential in the internalization of poverty stigma, and Cozzarelli et al. (2001) state that negative stereotypes are related to the belief that internal factors cause poverty. Internalization of poverty stigma occurs in a variety of ways: stigmatizing treatment from friends and family members, repeated fact checking by poverty-focused organizations, and negative treatment from personnel in charities and low-income assistance departments (Riches, 2015; Reutter et al., 2009; Reutter, 2005). In Collins' (2005) participant action study, social assistance recipients reported feeling as though they were "living under a giant microscope" and that the level of micro-management exhibited by social assistance case workers was dehumanizing and that they were subject to "daily humiliations". Participants felt as though they had no voice within the social assistance administration and that their views were not significant, regardless of how valid they were (Collins, 2005). This kind of feeling is not uncommon in reporting about low income populations, and in many cases the psychological dimensions of poverty (both from interactions with others and the conditions of poverty themselves) are central to people's definitions (stress, worry, exhaustion, depression, anxiety) (Reutter, 2009; Williams, 2009; Collins, 2005).

Internalization of poverty stigma is not limited to interactions with the social assistance administration. Stereotypes play a large role in attitudes towards low-income populations and the level of negativity associated with them, and these attitudes are significantly more negative than those towards the middle class (Williams, 2009; Cozzarelli et. al., 2001; Bullock, 1999). Low-income individuals are aware of the

stereotypes associated with their social class and they employ different strategies to mitigate negative associations (Wittenaur et al., 2015; Williams, 2009; Reutter, 2009; Collins, 2005). Some strategies employed by low-income individuals are finding differences in experience (people who have not been in poverty cannot understand their plight), not engaging in assistance programs (food banks, low-income courses or accepting donations), not identifying with the stigmatized group, focusing on positive personal traits (being a good parent) and/or engaging in stigmatizing behaviours towards social assistance recipients (if they do not receive assistance themselves) (Williams, 2009; Reutter, 2005; Collins, 2005; Cozzarelli, 2001; Bullock, 1999). These strategies can be considered attempts at managing the impressions of others, as Goffman discussed (1963).

### **Food Banks and Stigma**

Over the past decade a strong amount of research has emerged to document the relationship between stigma and food banks (stigma has gained research popularity over the past two decades, more or less), and to underscore the role of food banks in allowing stigma to proliferate. Riches' (2014) documented food insecure Canadians as identifying food banks as a “degrading last resort”. Similar statements were documented by Hamelin et al. (2002) in their examination of food bank's role in alienation, especially in societies where food is plentiful but citizens go without. Many of these positions are reinforced in society and among stigmatized groups themselves as political weight is assigned to negative stereotypes, thereby increasing stigma (Garthwaite, 2016; Purdham et al., 2015).

There is a “hidden weight” to accessing services at a food bank that is characterized by negative internalizations and an among-client labelling that aims to

alleviate these negative attitudes; Purdham et al. identify food banks as places where “othering” (us-them dynamic) occurs, either distancing clients from the general public, or as clients distancing themselves from other clients in an effort to maintain dignity (Purdham et al., 2015). The Position of the Dietitians of Canada also identifies food banks as a utility to “divide society into ‘haves’ and ‘have nots’ (The Position of the Dietitians of Canada, 2005), and that stigma and humiliation are persistent themes when discussing food banking in Canada.

There is some support for the idea that agents of stigmatization (like food banks) may also enable their clients to manage stigmatizing attitudes and internalizations. Voluntarism can be used as a strategy to mitigate stigma. In Hilfinger Messias’ (2005) study of women who were affected by poverty, volunteering provided positive mental health outcomes. The role that respondents played as knowledge brokers also allowed them to pass on critical health information and organizational instructions to community members that otherwise would not have received the information. Hilfinger Messias (2005) suggested that voluntarism gave respondents the alternate identity of active contributors in their community instead of just as marginalized service recipients. The idea that voluntarism can counteract stigma has been examined multiple times over a long period, and it continues today (European Volunteer Centre [EVC] 2010; Reutter et al. 2009, Hilfinger Messias, 2005; Wallerstein, 1992). Volunteering provides opportunities for learning, social inclusion, and identity management, and allows people to become agents for change instead of passive recipients (EVC, 2010; Hilfinger Messias, 2005). Finally, voluntarism allows people to have a voice where otherwise they may not

be heard (EVC, 2010; Reutter et al., 2009; Hilfinger Messias, 2005). Allowing clients of food charities to volunteer with the charity could contribute to mitigating stigma.

Despite the steps that can be taken to mitigate poverty stigma (internal or social), negative associations can only be tempered to an extent by the stigmatized group because a power dynamic is at play (Link & Phelan, 2002). Link & Phelan's (2002) conceptualization of stigma is useful for this discussion as it accounts for the role of power in stigma internalization and proliferation, bringing the framework into the social sphere in a way that has not been done so clearly elsewhere.

### **Link & Phelan's Conceptualization of Stigma**

The framework proposed by Link and Phelan was created to better encompass social components of stigma when studying HIV/AIDS (Link & Phelan, 2002). The framework utilizes four components in conjunction with power to define stigma. The components are labelling, negative attribution, "us-them" separation, and status loss/discrimination (listed as a single unit), all in conjunction with power. It should be noted that the term "attribution" is used differently in Link & Phelan's framework than Bullock's (1999) theory. There is considerable overlap with the theory proposed by Feagin (1975), Bullock (1999) and Williams, (2009), although Link & Phelan define the stages in their theory much more explicitly. **Table 3.2** summarizes Link & Phelan's main arguments.

| Component            | Example  |
|----------------------|--|
| Labelling            | Poor, needy, welfare bum, disadvantaged  |
| Negative Attribution | "poor people are bad with money" "welfare bums freeload off the system" "they're lazy" "they're dirty" |
| Us-Them Dynamic      | "they aren't smart enough to help themselves" "they weren't taught how to live properly"               |
| Status Loss          | Poor access to positive social networks, difficulty accessing status symbols (house, car, degree)      |
| Discrimination       | Denial of services, difficulty obtaining social assistance etc.  |

(Link & Phelan, 2002)

**Labelling and Negative Attribution.** In order to stigmatize a group it is necessary to provide a common identifier. In Link and Phelan's conceptualization, the labelling process involves the oversimplification of a group by a more powerful group. In the context of poverty, if the label "poor" were applied to those who are affected by inadequate income and this label were applied by a more powerful component of society (middle/upper class, and/or government) it would be a mechanism of stigmatization. Negative attribution occurs when a label is connected to a set of negative characteristics which make a stereotype (or set of stereotypes), such as connecting "poor" to the stereotype of low-income individuals as lazy, unclean, or unintelligent. According to Fisk (2000), labelling and stereotyping are automatic human processes that are used in shorthand decision making. Connecting labels to negative characteristics allows the group in power to place blame on the labelled group, rather than extraneous circumstances. This is not always a conscious decision. For example, past social scientists have inadvertently applied labels during the research process ("mental patient", for example) and as their expertise lent credibility and power to their opinions, the labels

prevailed and were connected to research-influenced stereotypes (the mentally ill are dangerous).

**“Us-Them” separation.** Once a label and negative attribute(s) are applied to a group, it is easy for the more dominant group to believe that the negative attributions are a result of a tangible difference between the dominant group and the labelled group (similar to the ascribed status in Williams’ [2009] discussion). Group separation is used to portray the labelled group as “less than” and as incapable of being anything other than the negative attributions, because “it’s the way they are”. In many cases, the label overrides the visible humanity of the stigmatized; they become the label to the dominant group. To illustrate, calling people “the needy” instead of recognizing them as people who are affected by poverty takes away from their humanity and replaces it with the negative traits that have been applied. The “us-them” dynamic plays a similar role to cultural attributions for poverty.

**Status loss and discrimination.** The final components of Link and Phelan’s conceptualization, status loss and discrimination, go hand in hand. Status loss occurs when the dominant group recognizes a label attached to a negative attribute and lowers the labeled groups’ standing in their view of social hierarchy. This in turn makes discrimination easier to perpetuate and stigma easier to maintain. Status loss and discrimination can create barriers to opportunities (such as a lack of access to political jobs, if one lacks the adequate network) and can therefore impede the ability of the group and individuals in it to elevate their social standing. For example, an individual who is part of a stigmatized group may not be able to network sufficiently to stay competitive in a business field due to perceptions of people who share their label. This stage also

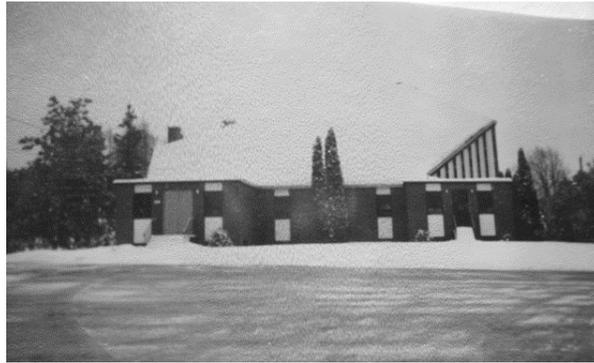
underscores the reason members of a stigmatized group would seek to distance themselves from those definitions, as seen in the discussion on lack of identification with ones' social class.

**Stigma and power.** Link & Phelan's concept is notable due to its inclusion of power in its categorization. They argue that without including power in the conceptualization of stigma it is possible to label any group as stigmatized because all groups are subject to various labels, stereotypes, and negative attributions. For example, if power is not considered then groups such as doctors, lawyers, and Caucasians would be considered stigmatized groups as other groups can label and stereotype them negatively. The prevailing social hierarchy is determined by the ownership of power (Link & Phelan, 2002; Weber, 1968) as it determines whose cognitions prevail (Link & Phelan, 2002). Cognitions that affect different levels of the social hierarchy can be extremely damaging, and in extreme cases can encourage stigmatized groups to accept the negative attributions placed on them. Power also influences the strength of connection between labels and attributes, allowing for degrees of stigmatization. Link & Phelan note that it is important to remember that researchers often are in a power position when interacting with stigmatized groups and it is possible for researchers to exacerbate stigma by portraying individuals as helpless or as passive victims of their place in the social hierarchy. Stigmatization of people affected by poverty encompasses all aspects of Link & Phelan's conceptualization (**Table 3.2**). Finally, power dynamics are present as most poverty-alleviation programs and services are run by federal, provincial, and municipal governments (powerful social agents), and many stigmatizing stereotypes and labels are perpetuated by political figures who operate within these structures.

## **Conclusion and Summary**

Stigma research has identified a number of factors that contribute to the creation and proliferation of stigmatizing attitudes and behaviours. Across all stigma theories there is a clear divide between “us” and “them”, and in all discussed theories there is the implication that the existence of a knowledge and power divide allows the dominant group to exercise social control over the stigmatized group, regardless of the validity of stigmatizing beliefs. There are beliefs that hold some positivity, such as structural or fatalist attributions for poverty, although the validity of these beliefs can be misleading. Negative beliefs also exist, such as individual and cultural attributions, or the ascribed discrepancy, and these beliefs can have a damaging effect on anti-poverty policy and discourse. Attributions can predict support for social policies and programs, and stigma is reliant on the power dynamic between one group and another. Individuals who are affected by poverty tend to possess negative internalizations or at least are aware of the negative attitudes of others. Many stigmatized individuals feel misunderstood and believe that a knowledge gap exists between themselves and the stigmatizing group. Stigma coping strategies include social distancing, class misattribution, and voluntarism. Stigma is a multifaceted phenomenon that is not easily interrupted and it can have long-lasting effects on society and individuals.

## Chapter 4: Greener Village Community Food Centre



(GVCFC, 2016)

**Figure 3.1: Fredericton Food Bank 1983**

Greener Village Community Food Centre boasts a long history in the Greater Fredericton Area. It has moved through several iterations of charity administration and has expanded slowly over the course of three and a half decades.

### **History**

The Fredericton Food Bank first opened its doors as a clothing bank and food pantry in 1983 under the auspices of the Seventh Day Adventist Church of Fredericton. In 1984 a building was added to the premises and the food bank was opened (**Figure 3.1**). The food bank ran for four years before an expansion was necessary in 1988 to cope with increased demands. At the time of the expansion the food bank was incorporated as well. The expanded charity operated for an additional four years until another expansion was necessary in 1992, bringing the building to the size it would operate at for the next twenty years. The post-1992 building can be seen in **Figure 3.2**.



(GVCFC, 2016)

**Figure 3.2: 1992 Fredericton Food Bank**

The food bank operated in the expanded space for over two decades. In 2011, the Fredericton Food Bank purchased a foreclosed garden centre and renovated it to meet their needs as the charity transitioned to a community food centre. The charity moved to the new location in 2012 and worked to bring all of its new programs and services into operation by the summer of 2015 (when the final greenhouse was opened for production). Moving into a larger space allowed the Fredericton Food Bank to implement programs and services that previously were not possible, and allowed it to transition fully into the CFC model (GVCFC, 2016). The new location can be seen in **Figure 3.3**.



(GVCFC, 2016)

**Figure 3.3: Greener Village Community Food Centre**

**Transition**

The Greener Village Community Food Centre (GVCFC) in Fredericton is the first of its kind in Atlantic Canada (A Foreman Consulting [AFC], 2013), and it operates independently of CFCC. The food centre serves the Greater Fredericton Area, and supports some smaller food charities that expand its overall reach (GVCFC, 2016; AFC, 2013). The food centre houses a food bank, clothing boutique, teaching kitchen, community gardens, an outdoor classroom, and three large production greenhouses; these areas allow a variety of programming not available in traditional charities. Clients are able to apply for job training and are able to volunteer with the centre if interested (GVCFC, 2016). GVCFC transitioned from a traditional model in 2012, moving from a small church-based operation to a large commercial garden centre (GVCFC, 2016; AFC, 2013). The food centre is led by a board of directors, overseen by an Executive Director, and employs six full-time staff as department coordinators in administration, business development, client services, clothing boutique management, warehouse management, and culinary administration (GVCFC, 2016; AFC, 2013). A map of the premises can be seen in Appendix L.

GVCFC is based off the CFCC model and follows the requirements of a member though it does not fall under the jurisdiction of CFCC (GVCFC, 2016; AFC, 2013). The four core pillars of the CFC are (1) Emergency food and clothing, (2) Teaching Kitchen, (3) Community Gardens, and (4) Education. The mission statement of GVCFC is to provide emergency food in a comfortable environment that promotes dignity and self-esteem (in a similar vein to CFCC's mandates). Other similarities include Greener

Village's core staff, stable operating budget, and focus on aid over treatment (GVCFC, 2016; AFC, 2013).

### **Statistics**

Greener Village provides over 1,200 emergency hampers per month, serving 3,300 people in the Greater Fredericton Area, 39% of which are children. According to Food Banks Canada's Hunger Count, Greener Village serves 17% of the food insecure population of New Brunswick monthly (GVCFC, 2016). The food centre operates with a core staff of seven, and a regular volunteer force of 80 people. Volunteers logged over 25,000 hours with the centre in 2016, and over 4,000 community members toured the premises or volunteered with the centre through school groups, community groups, and businesses. The centre is currently partnered with 16 local businesses as it enters 2017, including call centres, technology firms, local restaurants, and professional offices (GVCFC, 2016).

### **Programs and Services**

**Food Warehouse.** The food warehouse at GVCFC is a food bank, and it moves over one million dollars of food annually. The warehouse has an operating budget of \$175,000 (GVCFC, 2016). In addition to a Food Banks Canada standard hamper (non-perishable dry/canned items), GVCFC provides milk, eggs, bread, a "cooking pack" (ingredients for a family meal plus instructions), client-selected items (condiments, cleaning products, pet food), fresh produce, and meat when it is available. The food warehouse also provides hampers for clients with dietary restrictions (lactose free, gluten free, and diabetic) as well as halal hampers for Muslim families. The warehouse provides

four sizes of hamper: small (1-2 people), medium (3-4 people), large (5-7 people) and extra-large (8+ people). The warehouse serves roughly 100 people per open day (12-13 open days per month) (GVCFC, 2016). In addition to the food bank the centre has partnered with United Way Fredericton to offer the Community Food Smart program, where once per month clients can pay \$10 and receive a large produce hamper (value \$40). The food smart hamper often includes potatoes, onions, carrots, broccoli, cauliflower, apples, oranges, a surprise fruit and vegetable, cucumber, various melons, and berries when in season. The food centre delivers hampers to clients who cannot leave their homes.

**Clothing boutique.** The emergency clothing program at GVCFC originally started as a clothing bank where clients could pick through unsorted donated clothing free of charge (GVCFC, 2016; AFC, 2013). The boutique now operates as a business run completely on community donations and is open to the public for shopping. Clients are able to access vouchers up to four times per year to purchase free clothing for their family (amount varies by family size). The food centre uses the profits of the boutique to offset the organization's utility costs, which has been a successful goal. The boutique also operates as a job skills opportunity providing retail experience (sales associate, cashier) to clients through regular volunteer opportunities (GVCFC 2016).

**Teaching kitchen.** Weekly cooking classes are held in the GVCFC teaching kitchen, in addition to culinary workshops for the community (as a source of income), catering (for visiting groups) and a health-based food truck that operates at local events (funding source) (GVCFC, 2016). Classes are focused on skills development (batch cooking, food safety, knife skills, nutritional quality, etc.) and are targeted towards adults

and children. School, community, and corporate groups are also able to book time with the GVCFC Chef as a team-building activity that doubles as a fundraiser for teaching kitchen programs. The teaching kitchen curriculum is planned around the produce available from the agricultural program, the season, and any holidays or upcoming concerns (children's lunches, warm meals in winter, etc.) (GVCFC, 2016). The teaching kitchen also offers a Community Food Mentor (CFM) course twice annually. The course runs once per week for six weeks and focuses on healthy eating, food preparation, food safety, and strategies for sharing food security knowledge with their community. A component in the course also uses the food hamper provided by Greener Village to produce healthier meals in conjunction with produce (GVCFC, 2016).

**Community gardens and agricultural program.** The community gardens and the agricultural program operate separately but are overseen by the same department (GVCFC, 2016; AFC, 2013). Greener Village hosts 53 community garden beds (divided into 26 larger plots) which are maintained by the food centre and used as a tool for education, community development, and hunger alleviation (GVCFC, 2016). Plots are soil balanced and all tools are provided for gardening. Clients are able to keep all food produced over the season and have access to experienced garden personnel for the duration of their community garden season.

The agricultural program at GVCFC utilizes three commercial-scale greenhouses to grow organic produce for the food bank portion of the centre. The program runs from April to November and is run primarily by volunteers and government sponsored summer students. Over the past four years the program has contributed over \$25,000 in fresh produce to the food bank (GVCFC, 2016). In addition to food production, the agricultural

program is used as an educational tool for visiting community groups during tours and volunteer components. The program has attracted significant interest from corporate partners and has resulted in significant financial support from the local area.

**Other programs and services.** Outside of its major departments, the food centre also offers job placements through work experience agencies, free tax filing services, a Christmas hamper and toy program, and a school supply program during school months. The food centre is a compost demonstration site for the City of Fredericton, and it is also a partner with Monarch Watch, a Monarch butterfly protection organization that operates out of the University of Kansas (GVCFC, 2016).

**Research Setting.** Greener Village is an ideal setting for the proposed research as it has recently completed its transition from a traditional charity to a CFC. GVCFC has a client base that made use of the Fredericton Food Bank, and its role as the primary food bank in the Fredericton area allows the researcher to study differences between the two food charity models within the same organization. In addition to the food centre's monopoly, GVCFC specifically includes anti-stigmatization goals in its vision, specifically: *“our vision is to provide emergency access to high-quality food in a dignified setting that does not compromise self-worth”* (GVCFC, 2016). Other examples of non-stigmatizing activism within the food centre are its emphasis on equality of choice, put in place to counter the stigmatizing belief that “beggars can't be choosers” (GVCFC, 2016) or the assets-based approach used by the centre to refer to its clients (“clients” or “community members” instead of “poor” or “needy”), and efforts to engage clients as volunteers (GVCFC, 2016).

## **Chapter 5: Research Design & Methods**

The intent of the research was to explore attitudes (among clients, volunteers, and staff) within a community food centre. Specific areas of interest were poverty stigma, past charity experience, and input from staff and volunteers. A mixed-methods approach was used, gathering data both qualitatively and quantitatively to provide a more comprehensive picture of the functioning of the food centre. Mixed methodology was chosen as it allowed for large-scale quantitative information (in this case the demographic profile of the food centre and individual client profiles) as well as more in-depth, personal feedback from participants. Sampling was achieved through self-selection; any clients who visited the centre over a three-month period were eligible for the survey, and all participants who indicated an interest in being interviewed were contacted. All volunteers over a three-month period were approached to complete surveys, and all staff were contacted individually.

Mixed methodology (Creswell, 2014) was used to gain a full understanding of participant experiences of poverty stigma in the Greener Village Community Food Centre (GVCFC). Combining semi-structured interviews with demographic descriptive analysis and short questionnaires allowed the researcher to have a deeper understanding of the participant experience. Participants consisted of clients from GVCFC who consented to inclusion in the study, as well as food centre staff, volunteers, and the director of the CFC. In total 144 individuals participated at the client level, and 50% (n=72) consented to demographic data access and to be contacted for an interview. The target level of involvement for interviews was 15-20 clients, 6-8 volunteers, and 5-6 staff. Client and

staff interviews were concluded in September 2016, and volunteer/staff interviews concluded in November, 2016. **Table 5.1** summarizes the respondent sample size.

|                      | Population | Target  | Actual     |
|----------------------|------------|---------|------------|
| Surveys              | 2,000*     | 100-150 | 144 (72**) |
| Client Interviews    | --         | 15-20   | 15         |
| Volunteer Interviews | 80         | 6-10    | 7          |
| Staff Interviews     | 7          | 6       | 5          |

\*Total client records in 2016 database

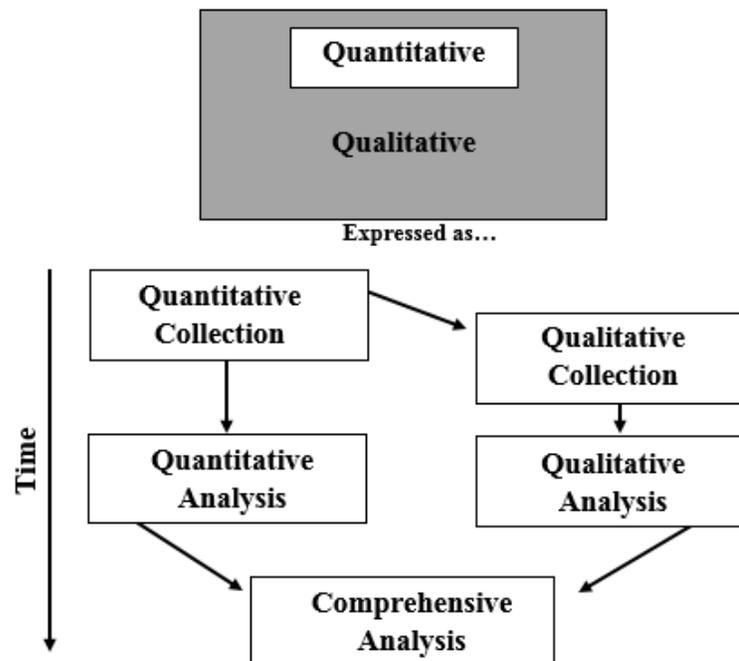
\*\*Consented to collection of demographic information  
(Survey study)

Qualitative methods made up the majority of the study, with semi-structured interviews being the main source of data collection. Specific theme identification techniques were used to isolate shared experiences across participants, notably repetition and metaphors/anecdotes (Ryan & Bernard, 2003). In addition, similar sentences and points of discussion were noted and contrasted in the same way. Interviews were semi-structured to allow for clarification and variation in the participant's charity experiences, and were largely composed of open-ended questions to allow participants to expand on their experiences (Creswell, 2014). Data were coded twice; first in relation to the interview questions, then in the second round, codes from the first were divided according to their corresponding research question. In this way all responses were divided between research questions, lowering the likelihood of relevant responses being assigned incorrectly. Interviews were completed in November, 2016.

Quantitative methodology was used as a supportive approach to qualitative methods, and was used to divide client participants into two groups: 1) clients who have only visited GVCFC and 2) clients who have visited GVCFC and another food charity (including the Fredericton Food Bank). Survey data was primarily ordinal and nominal in

nature, limiting the forms of statistical analysis. Participants were divided into two groups to allow the researcher to explore differences in poverty stigma in relation to the participant's point of reference (previous charity experience versus none). Point of reference was important to consider as there was great variation in the quality of service provided by different food charities, and participants who had visited different charities may have experienced service that was considered better or worse than the services at GVCFC. Information about prior food charity use was collected using the short questionnaire that preceded interview participation. Quantitative methods were used primarily to inform the qualitative portion of the study and did not factor heavily in the analysis. The study was approved by the Research Ethics Board at UNB (REB #2016-19).

**Figure 5.1: Design Model**



## Methods

Demographic analysis, survey data, and in-depth semi-structured interviews were intended to be used in four main phases as seen in **Figure 5.1**:

**Phase I: questionnaire administration.** A short questionnaire was administered to all who agreed to participate, including clients (n=144) and volunteers (n=20). Questionnaires were distributed at the front desk when clients entered, and the staff member working at the desk signed a research confidentiality agreement. The questionnaire was used to recruit participants for Phase III and to identify two client groups within the food center: 1) Clients who had only visited GVCFC, and 2) Clients who had visited GVCFC and another food charity (FFB or other). Volunteer surveys were used to recruit participants for Phase III. Questionnaire results were used in conjunction with the Phase II analysis to illustrate a full picture of participant charity activity and to facilitate interview discussion. Phase I concluded in July 2016.

**Phase II: participant demographic analysis.** During Phase II, information was captured for 2016, 2012, and 2008 to provide a comparative basis for: a) the Fredericton Food Bank (2008), b) Greener Village in its first year of operation (2012), and c) Greener Village after five years of operation (2016). A comprehensive demographic profile of questionnaire participants was constructed. Information regarding age, gender, and family size was collected from 2016 data, and frequency of use and a “usage rating” was collected for years 2008, 2012, and 2016 (if applicable). Greener Village used a “usage rating” to determine how food insecure a family was; this rating was captured as well for all client participants. Demographic analysis was completed in September, 2016 and revisited in January 2017 when data for 2016 was available.

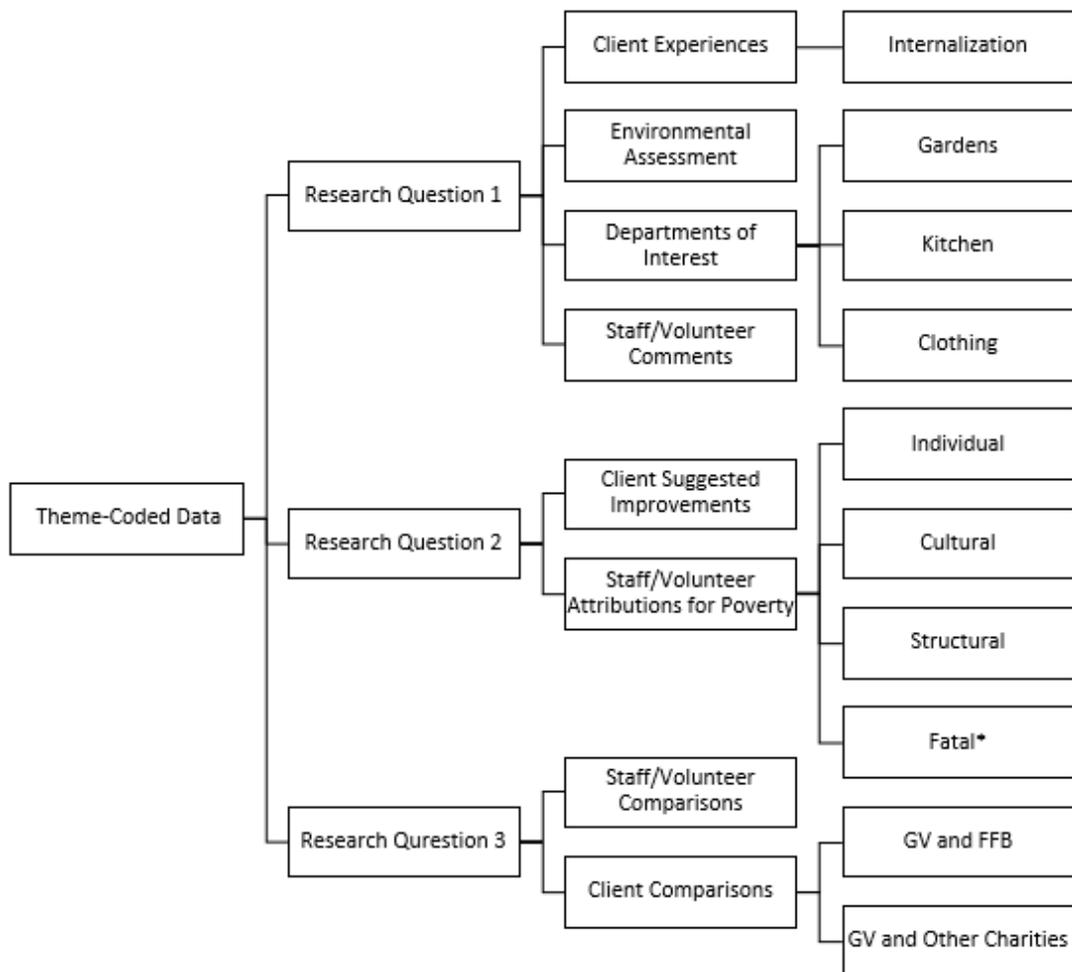
**Phase III: participant interviews.** In-depth semi-structured interviews were conducted at the food centre in private interview offices. Interviews focused on participant experiences with GVCFC specifically as well as experiences with the FFB and/or other charities if applicable. All interviews were recorded and transcribed, and qualitative techniques (repetition, linguistic connection, metaphors and anecdotes [Ryan & Bernard, 2003]) were used to identify themes across interviews. All participants who indicated willingness to be interviewed during phase II were contacted for Phase III. In addition to clients, staff and volunteers of GVCFC were interviewed. Providing accounts from non-clients was intended to aid in providing alternate insight into questions surrounding stigmatization. In addition, staff and volunteers were in positions of power within the food centre, making them possible agents of stigmatization (according to the theoretical perspective). Pseudonyms were used for all participants in the final research project.

**Phase IV: comprehensive analysis.** The comprehensive analysis was originally intended to bring together the quantitative and qualitative results in a detailed picture of the food centre's interactions with stigma, but there were some limitations placed on the quantitative data. The majority of analysis was qualitative in nature.

Qualitative data was transcribed by the researcher and cleaned twice to ensure transcription authenticity. During cleaning superfluous language was removed (um, uh, stutters, non-essential repetition "I thought, I thought that...", etc.) and missing words were indicated with square parentheses. All transcriptions were loaded into NVIVO 10 and coded in two steps. First, the transcriptions were coded into themes based on question responses. During this coding phase, frequencies of words and responses were collated,

and anecdotes were flagged for relevance. After the initial coding, the themes identified in the first coding phase were sorted based on the research questions they answered. Utilizing three techniques to identify themes in the data was done intentionally to contribute to the validity of the research. This coding step was repeated twice during two separate analysis periods to ensure that data was coded as accurately as possible. The coding scheme for the final phase of coding can be seen in **Figure 5.2**.

**Figure 5.2: Coding Map**



## Concerns

**Food Centre Transition.** The transitional nature of the food centre was a concern; especially as it had only been in operation for five years and completed activating its services in 2015 (the agricultural program completed its setup) (GVCFC, 2016). While the food centre had not been operational long, its food warehouse (former food bank) had been open for five years, meaning that it had been used extensively and it was relatively stable. The previous organization (Fredericton Food Bank) began operation in 1983 and the organizational structure and daily operations of the food bank were transferred to the food centre warehouse. In addition, the food centre's strategic planning committee had outlined their five and ten-year strategic operational plans, making the future direction of the food centre very clear and leaving little room for vast changes that would affect the research. The transitional nature of the food centre may have benefitted the research as there was a substantial percentage of the population that had visited both the Fredericton Food Bank and Greener Village, whether as clients or volunteers.

**Participation.** A primary concern for the research was low participation, but this did not affect the research. Respondent numbers were adequate for the desired participation in each participant category, or were very close to the intended number of respondents. Significant effort was required to successfully schedule interviews due to the nature of the population, yet surprisingly the volunteer interviews were the most difficult to organize, largely because volunteers were continually needed if they were on the premises. Ideally 2-3 more volunteer interviews would have been appreciated, but the numbers are satisfactory. Client participation was encouraged through use of

participatory gift cards to local grocery stores with a value of ten dollars. This incentive was approved by the Research Ethics Board at the University of New Brunswick (REB 2016-019). The amount was not large enough to be a sole reason for participation but was a beneficial incentive as the participant population was food insecure. Purchasing incentives instead of using incentives within the organization (such as extra food) was done intentionally to emphasize the independence of the study from food centre involvement. The interview period did extend further into the year than originally planned due to frequent rescheduling. The selection process for participants was completely voluntary. It is possible that self-selection bias was present in clients' choice of completing an initial survey or not, and that clients who had negative experiences with the food centre may have refrained from participating (Creswell, 2014).

## **Limitations**

### **Quantitative limitations.**

*Survey data.* Significant issues arose from the collected quantitative data. Survey data was collected for three purposes: 1) to build a subject pool for interviews and inform the interviews, 2) to demographically inform the analysis, 3) to collect information on client satisfaction with the different charities they had accessed, as well as Greener Village. The first and second process ran without issue, whereas the third presented significant issues that prevented the data from being useful. The client satisfaction questions were structured as such:

“On a scale of one to five, with five being the most positive, how would you rate the atmosphere of Greener Village during your visits (Circle)?”

Negative      1                      2                      3                      4                      5                      Positive

Two issues arose with the three questions that used this system. First, there was little variation in the answers regardless of the charities; nearly all respondents marked their experiences with a 4 or 5, regardless of the charity. There were some means differences upon initial inspection, but overall there was low variation among answers on the rating scales. It was the intent of the researcher to use the Wilcoxon signed-rank test (Laerd Statistics, 2016; Siegel, 1956; Wilcoxon, 1945) to evaluate the differences in the means and account for the skewed data. After conducting client interviews, it became clear that even with the skew accounted for the data could not be used to gain insight. During client interviews respondents indicated that they had chosen high rankings for two main reasons: 1) because the charity in question was operating as well as it could under the circumstances, and 2) the respondent could not rank a charity as a five because of the nature of charities themselves. The frequency of these responses in the interviews suggests that survey respondents may have ranked the charities with similar considerations, thereby undermining the usefulness of the data. The ranking questions did open up dialogue about the charities themselves and the internalized feelings that clients held about them, making the questions useful in an unexpected way.

***Usage Rating.*** In addition to the challenges presented in the likert-type data, the food centre's usage rating was also not able to be utilized in quantitative analysis. When collating the usage ratings for longitudinal analysis it became clear that the ratings were missing for several files, or that they had been calculated using partial data (with significant expenses and income figures missing). The volume of missing data across the usage ratings for the survey respondents was substantial enough to prevent quantitative

analysis. The discrepancy was brought to the attention of the food centre and is being remedied for future records.

### **Qualitative Limitations.**

*Researcher as agent.* The researcher's role as the Business Development Coordinator at the food centre was a point of concern when designing the study and gaining REB approval from UNB. It is possible that the researcher's employment did affect the respondent's interactions with the researcher. The researcher explained their role in the food centre at the beginning of interviews and took caution to explain that the study was separate from the food centre and its administration, and to explain the nature of their job (and its distance from any relationship with the food warehouse), but there are indications that this did not distance the researcher far enough. During the interviews several clients used terminology that recognized the researcher as an agent of the food centre, such as "you guys" or "what you do here". It is not clear the extent of influence this had on participants, but it is possible that details of negative experiences, improvements, or stigmatizing aspects of the food centre were withheld because of the researcher's role as a staff member. This terminology difference was not present in volunteer or staff interviews, and both groups were more familiar with the researcher's role and extent of power within the food centre.

*Stigma discussion.* During qualitative analysis it became apparent that discussions of stigma specifically were not as in-depth or detailed as originally intended. Clients did not talk about stigma directly with any regularity, although they did discuss their experiences frequently, both positive and negative. This is likely the result of interview questions that were too rigidly structured and that did not ask questions that

were pointed enough to target stigma experiences. Although stigma was not discussed to the intended extent, clients' accounts of interactions with Greener Village and other charities did provide sufficient information to generate some information about the quality of experience provided by the food centre. Surprisingly, volunteers discussed stigma more readily and in detail, especially in the context of their co-volunteers' behaviours and attitudes. The lack of discussion about specific aspects of stigma made it difficult to answer the research questions in entirety, but the themes identified during analysis allowed a range of discussion and interpretation.

### **Validity, Reliability, Generalizability**

**Validity.** Validity is one of the strengths of mixed-methods research (Creswell, 2014) that aims to identify how accurately research pinpoints its phenomena in question. A number of strategies were employed to encourage qualitative validity. Triangulation was the primary method, combining quantitative elements (surveys, demographic information) and qualitative interview techniques such as repetition and anecdotes/metaphors (Frankfort-Nachmias & Nachmias, 2007; Ryan & Bernard, 2003). Many of these elements overlapped to help in promoting validity across respondents. Triangulation efforts helped ensure that any conclusions reached were connected to the theoretical lens of the study (Altheide & Johnson, 1994). Reflectivity was employed by the researcher to account for researcher bias; this was especially important as the researcher was an employee with GVCFC (Altheide & Johnson, 1994). Finally, discrepant/negative information was presented and discussed specifically to underline where the analysis could not explain outcomes (Frankfort-Nachmias & Nachmias, 2007;

Altheide & Johnson, 1994). The combination of the three methods (triangulation, reflectivity, and discrepant presentation) was used to boost the validity of the study.

**Reliability.** Qualitative reliability was encouraged through two main strategies: error detection (to find coding and transcription errors and correct them) and re-coding of qualitative data to ensure that there were no shifts in coding strategies as the data analysis progressed (Creswell, 2014). In addition to those strategies, the interview data was coded in NVIVO, which allowed for automated coding checks and easier error detection. Details of the coding were explained thoroughly in an effort to enhance reliability. Finally, the research was executed under the supervision of an experienced researcher at the University of New Brunswick (UNB).

**Generalizability.** Qualitative generalizability is heavily reliant on the use of themes and concepts that emerge from research instead of specific outcomes. The outcomes of the interviews within this study are not generalizable, but the themes that emerged over the course of their analysis through the lens of the theoretical perspective, are (Silverman, 1998). Generalizability gained from the current study was wholly conceptual, not statistical, and could allow for future extrapolation if it were utilized within an appropriate theoretical lens or conceptual framework. This utility allows qualitative research to have a representativeness that is present in its conceptual ideas (Williams, 2009). It is important to acknowledge the generalizability pitfall of interviews; they are contextual in nature and are built around shared narratives (Coffrey & Atkinson, 2008). For this reason, the generalizability of the current study is limited to the conceptual themes that were identified, although generalizability was not an explicit goal of the research.

## Chapter 6: Survey Results

Over the course of Phase I, 144 surveys were collected. The surveys provided insight into client interest in programs and services, client interest in volunteering, and the demographics of the surveyed clients. Fifty percent of surveyed clients consented to being contacted for an interview (n=72). Of the surveys that were collected, 12 were not filled out in entirety (a question or page was skipped), leaving 91.7% handed-in complete.

### Survey Respondents

**Participant demographics.** Survey respondents were primarily female (n=89, 61.8%) and over half of respondents were supporting a dependent (n=77, 53.5%). Age was determined by categories and can be seen in **Table 6.1**. Age categories were used on surveys to contribute to confidentiality. After completion of the survey and consent to contact for an interview and data access (n=72), participant's dates of birth were used to determine exact age. The average age of respondents that consented to data access was 41.8yrs.

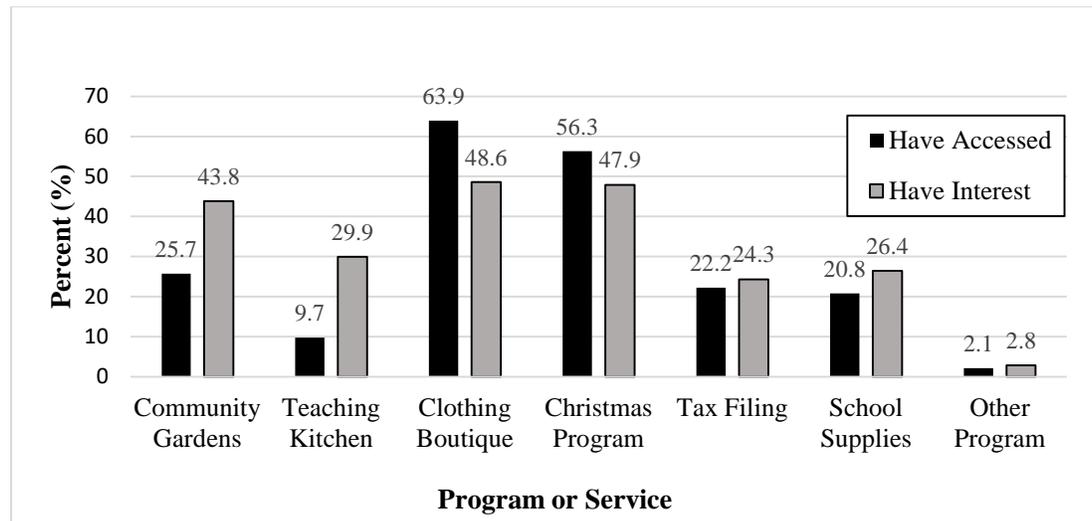
| Age Group          | Total | Percent |
|--------------------|-------|---------|
| 18-24              | 13    | 9       |
| 25-34              | 29    | 20.1    |
| 35-44              | 44    | 30.6    |
| 45-54              | 19    | 13.2    |
| 55-64              | 21    | 14.6    |
| 65-74              | 7     | 4.9     |
| Declined to Answer | 11    | 7.6     |

**Education.** The majority of clients (n=78, 54.2%) had a high school education or less, while 17.4% (n=25) had completed a postsecondary program (trade school, college,

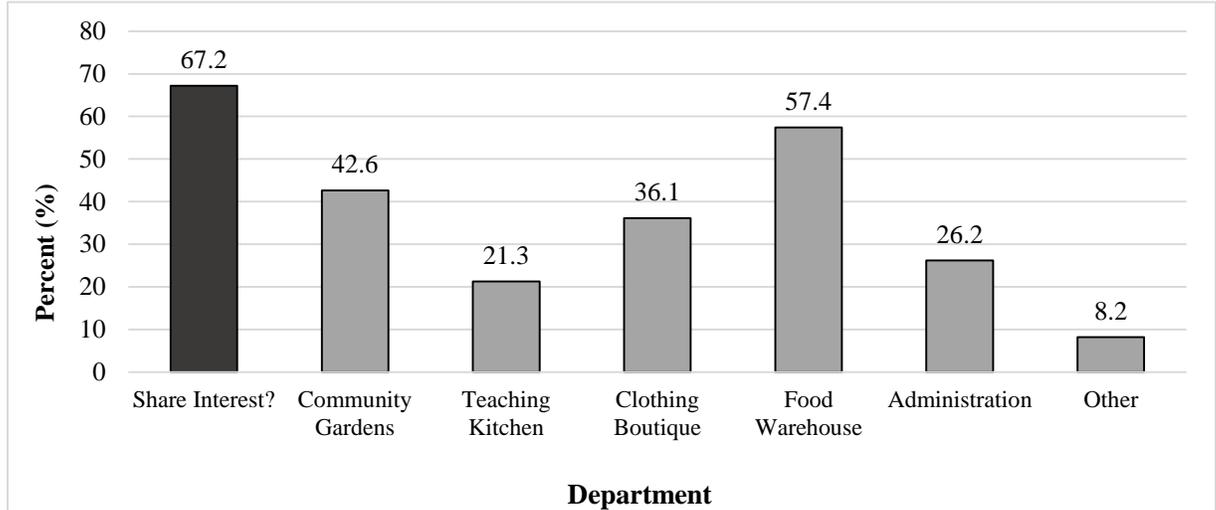
associates or bachelor's degree, or professional or graduate program). Twenty-one percent of respondents (n=30) had attempted postsecondary education but had not completed the program. Reasons for leaving programs and barriers to education were not addressed over the course of the research.

***Charity Experience.*** Fifty-six percent of respondents (n=81) had accessed services at the previous location, the Fredericton Food Bank, while 20.8% had visited a charity not connected to Greener Village or its former location.

**Service Interest and Access.** Figure 6.1 summarizes client interest and access of primary programs and services at the food centre. Outside of the emergency food program, clients had predominantly accessed the Clothing Boutique (n=92) and Christmas Program (n=81). The Clothing Boutique and Christmas Program were also the departments that drew the most interest from clients, although in both cases more clients accessed services than displayed interest in them. The Community Gardens, Tax Filing, and School Supply programs had been accessed by roughly the same number of clients, although the Tax filing and School Supply programs drew much less interest than the Community Gardens. The largest discrepancy between interest and access occurred in the Teaching Kitchen and Community Garden departments; many clients were interested in these programs but had not accessed them at the time of the survey.

**Figure 6.1: Survey Respondent Interest and Access by Program/Service**

**Interest in Volunteering.** 42.4% of surveyed clients (n=61) expressed interest in volunteering with the food centre. Figure 6.2 summarizes the main areas of interest identified by the respondents. Of the respondents who indicated an interest in volunteering, 67.2% indicated that they would like their information shared with the food centre so that they could be added to the pool of potential volunteers. The food warehouse was the primary department of interest for potential volunteers, followed by the Community Gardens and Clothing Boutique. 8.2% of respondents were interested in other volunteer opportunities, such as truck driving and volunteering during events.

**Figure 6.2: Survey Respondent Interest in Volunteering by Department**

### Interview Respondents

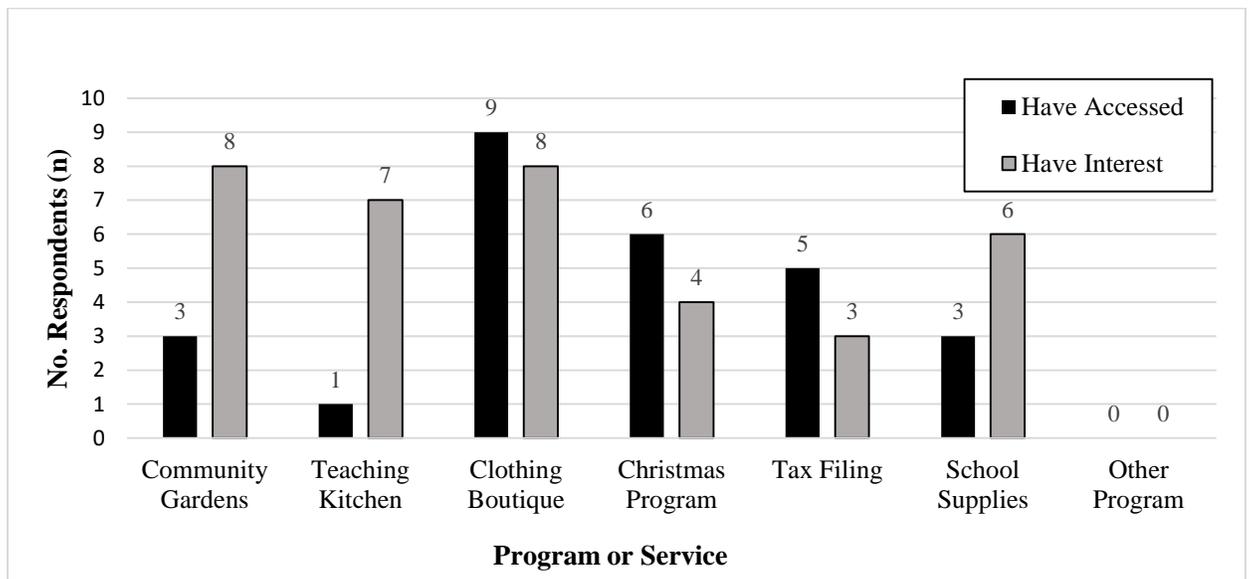
During Phase I, 72 respondents (50%) consented to being contacted for an interview. 20.8% were unable to be contacted due to expired contact information (phone number disconnected, bounced emails), and in two cases, incarceration. Fifteen respondents were interviewed, 20.8% of the respondents that consented to contact. One survey was not fully completed at the time of the interview.

**Participant demographics.** Of the respondents that were interviewed, five were male and ten female (33% and 66% respectively), similar to the gender balance of the survey respondents. The average age of interview respondents was 40.8. 9 respondents were supporting a dependent (60%), slightly higher than the survey pool. Education levels varied, with 6 respondents having a high school education or less (40%), three having completed postsecondary education of some form (20%), and 40% having attempted some level of postsecondary education. One respondent had completed a

graduate degree. Six clients (40%) had visited another charity, and ten (66%) had experience with the Fredericton Food Bank.

**Service interest and access.** Interest in services was high for the Community Gardens, Teaching Kitchen, Clothing Boutique, and school supply programs. The teaching kitchen and community gardens had interest levels that were much higher than the number of people that had accessed the programs and, like the survey data, the clothing boutique did not generate as much interest as its access, although both were high and it was the most accessed department. **Figure 6.3** summarizes each department.

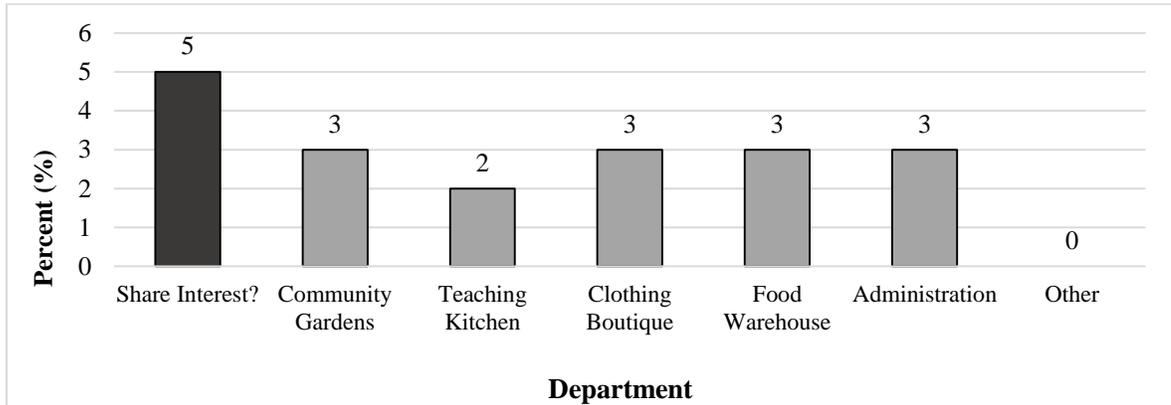
**Figure 6.3: Interview Respondent Interest and Access by Program/Service**



**Interest in volunteering.** Within the interview respondents, seven indicated an interest in volunteering with the centre, and one respondent already worked as a volunteer (they declined to answer the volunteering questions because of their involvement). Five respondents requested that their information be shared with the centre so they could be

added to the volunteer pool. Interest in the departments was fairly standard. Figure 6.4 summarizes the respondents' interest.

**Figure 6.4: Interview Respondent Interest in Volunteering by Department**



Although the quantitative results were not as useful as initially hoped, the demographic information collected about the respondents and the information about their involvement in the food centre adds dimension to the discussion of qualitative results. Client survey results indicate that there is strong interest in the community gardens and teaching kitchen, and that clients are interested in volunteering in a variety of areas within the centre. This information will be revisited in the qualitative results analysis.

## Chapter 7: Findings and Discussion

### Reduction of Poverty Stigma

**Research Question 1:** Does the community food centre model present at the Greener Village Community Food Centre contribute to reducing poverty stigma in its client base?

The first top-tier code in the qualitative analysis focused on the perception of poverty stigma amidst its client base. The question requires three components to answer: a) clients' interactions with volunteers and staff in the centre; b) environmental factors experienced by the clients; and c) programs that may encourage clients to stay at the food centre or visit it without the express purpose of receiving emergency food. As discussed in the results section, this question cannot be answered fully for various reasons, but it can be discussed in terms of the level of comfort provided at the GVCFC location and the level of interest shown by clients in participating in food centre programming. These avenues of discussion were chosen based on the belief that clients would not want to engage with a negative environment, and were reinforced throughout the interviews. Clients differentiated between positive and negative experiences in charities (GV and other), environmental discrepancies, and in the authenticity and nature of volunteer attitudes. In addition to these considerations, clients also showed interest in a number of activities offered within the centre, such as the cooking classes and community gardens.

**Client interactions with volunteers and staff.** Clients' reports of volunteer and staff attitudes were overwhelmingly positive. Many clients reported being treated like a customer or as an equal, and stressed the importance of this kind of atmosphere. Gilles explained: "It's very welcoming and the people here are really nice. It makes a difference

with the experience because you're already in a vulnerable spot so when you come in it's nice to feel that". Similarly, Beth said: "It's very... no judgement. No judgement at all, not in voice, not in attitude, and I feel that they're very customer service oriented I guess? I pick up my box and they're like 'how are you? How are things?' kind of banter [sic] and it's nice". Amidst the "Volunteer Attitudes" code, the frequency of positive words reinforced the overall positive feedback from clients. High-frequency words included help(ful/ing/ed) (29), friendly (14), and nice (14). Clients reported helpful behaviour from volunteers more commonly than any activity, whether it be holding doors, lifting bags, or smiling (which was recognized as a helpful behaviour). In addition to overt positive gestures, clients spoke about volunteer motivations and their importance. The authenticity of volunteer attitudes was mentioned several times. Kevin said: "Some people, they volunteer to make themselves feel better and you can tell by their attitude. And it's not really helping out, but I've never experienced anything like that here in this place". Clients who had visited charities outside of GVCFC generally favored the food centre to the other charities. The positive response to volunteer attitudes occurred across all client interviews, and was counted as a major contributing factor to the food centre's positive environment.

*Interactions with Aaron.* When asked if there were any staff or volunteers that had made their experience positive, nearly every interviewed client (11/15) mentioned Aaron, who works at the front desk. Clients were impressed with his ability to remember names and his positive demeanor across all of their visits. Brittney said: "Aaron, the guy who sits at the desk is pretty good. Like I said he knows who I am when I come in and that's pretty cool, and he's nice and he's pretty helpful. I only see him once a month and

it's probably so many people but he's like 'I know who you are!' and he's typing my name in already". Carol was impressed with his ability to remain friendly under pressure: "Aaron for one, because he always has a smile on his face, it doesn't matter what's going on. Even if there's a line right out the back he's still smiling, and I think that's important. He remembers your name, he remembers the people, he knows everything". Finally, Annette explained the positive effect that Aaron's memory had on her visits:

"Aaron. I think that's because we have to deal with him right at the desk right at the beginning. He knows almost everybody's names, we don't have to come in here and say our names. You know it's kind of embarrassing if everybody's listening and we're being asked questions, I don't like that myself, but with him he says 'Hi how are you doing?' Names aren't exchanged, I like that."

Clients recognized Aaron's efforts to make their experience more personalized by remembering names and being a constant in their visits. For the interviewed clients, Aaron's use of their name personalized their experience as they interacted with the centre.

**Client negative attitudes (internalized).** Over the course of the interviews it became apparent that some clients did possess internalized negative attitudes relating to their situation, and having to access services from the food centre. Many clients reported feeling awkward. Beth said: "Obviously it's awkward generally as a person to feel that you don't have a life where you can walk into the grocery store and buy whatever is on your list. That is inherently humiliating, but that's how I feel as a person". Kevin shared Beth's feelings: "I still feel kind of awkward coming here but you know, just because I feel guilty, I feel like if I had done something differently then maybe I wouldn't have to

come here and I wouldn't have to use the services when there's other people that are worse off than I am". Kevin spoke frequently about others that were in worse positions and his wish to help, which could be a coping mechanism as suggested by Reutter et al. (2009). When asked if Greener Village provided a comfortable environment, Jason shared: "Yes, but there's only so much self-esteem to be had by going to the food bank. Self-sustainability is something that grows self-esteem. Getting help is not good for self-esteem. There's doing what you gotta do, that's one thing I guess". It is possible that because these attitudes exist among clients already, if these negative feelings are reinforced by the food centre in any way they could become stigmatizing agents (by confirming internalized negative stereotypes).

In the context of the interviews, negative statements were often followed by discussions of how the attitudes of staff and volunteers mediated these thoughts during their interactions at the food centre. Annette said: "I don't feel like I'm a bum on the street, even though sometimes when you look at my income you could say 'yeah you're almost there, you're almost on the street' but they don't make you feel like that. They make you feel like an important person which is nice when you're in this situation. It's not easy to ask for food". Kalen felt that volunteer interactions had balanced her opinions about becoming a client: "The staff are so nice and kind, they look into your eyes and smile. I felt like a piece of shit up until that, I'll tell you the truth. Now if I can stop crying every time I come here! They remember my name and I think that's amazing. It's a good feeling. It's even balanced me, because I say that I'm not better than other people, but I'm not used to this situation". Among interviewed clients, the attitudes of volunteers

and staff at the food centre had a positive effect on their interactions with the centre.

Volunteer attitudes will be further discussed in relation to the second research question.

**Environmental factors.** The environment provided by GVCFC received a generally neutral response when speaking about the location itself. Clients expressed approval of the community gardens and the additional space provided to the clothing boutique, but comments about the physical aspects of the food centre were equally positive and negative. Brian took issue with the shopping carts that GVCFC provides for clients to navigate the hall: "I'm not sure if this is done for a reason, or if it's just done to make people feel comfortable, but the carts make me have the opposite effect. I feel like it gives it a childish feel, because everyone who comes here knows that they're coming to a food bank". In direct contrast, Ally enjoyed the shopping carts: "I'd say the top two things that make it comfortable are the people, and it's set up kind of like a store, so it's familiar. There are carts and an aisle, and it's a little like you're going shopping. It makes you feel like it's a familiar environment, like you know what to do". Cheryl explained that although she did not make use of the coffee station, she had seen others use it while waiting and that it was a good idea. She also enjoyed the flyers about upcoming cooking classes that were on display. Other negative points that were mentioned included an "unfinished" feel to the centre (specifically paint and missing hardware for doors), and some run-down areas, such as chairs with large stains in the seat areas in the waiting space. When asked about improvements Jason suggested: "Just some paint on the walls, maybe a new office door handle [The office we were in had no handle]! I mean it doesn't matter what the building looks like, you're providing an essential service, so maybe it's not that important." More often than not clients would mitigate negative comments about

the premises with positive ones about the attitudes of staff and volunteers, or by suggesting that the food centre administration were doing the best they could with available resources.

**Programs and services.** Many of the programs at the food centre were started to serve a community role in addition to their base functions. The idea of bringing people to the food centre for reasons outside of emergency food and clothing was implemented in GVCFC's conceptual stages by the executive director. For example, the community gardens were started to educate and bring people together around food, despite their primary function of growing fresh produce for the food hampers (E. Crawford Thurber, personal communication, Nov 17<sup>th</sup>, 2016). The programs that were talked about most favorably among the interviewed clients were the community gardens, teaching kitchen, and the clothing boutique. Overall, clients showed interest in the programs available at Greener Village. Ally talked about the Teaching Kitchen and Community Gardens fondly: "It's good to know that all the other services help to empower people; like the community gardens and the cooking classes, that really helps someone's sense of self-esteem. Like, I can grow my own food, and I can cook my own food".

**Community Gardens.** Many clients indicated an interest in the gardens or had accessed them before, either through the U-Pick program or through cultivating a garden plot. Clients expressed the positivity of the garden space, especially its community potential: "I just thought it'd be nice, and it'd be a good help to grow a garden in your community and help them have fresh vegetables" said Kevin, who is interested in planting in 2017. Clara has high hopes for the program: "I think this particular facility has a really unique opportunity because this facility was in greenhouse production for many

years. And when I look at food security issues, like the food deserts in the US, some of those cities and whatnot, a lot of their successes have been a result of agricultural production and hydroponics as well". The community gardens also attracted attention for their educational aspects. Ally plans on attending the free workshop sessions that are made available in the spring. "I don't think I learned enough about what I was supposed to be doing, like composting and stuff. Next year I'd like to go to the orientation and get an early start on things that way, and learn how to do Square Foot gardening so that I can pack my garden full". The community gardens and the workshops that support them are open to the public as well as clients. It is not possible from the interview data that was collected to speculate on the effect of this, but it is possible that having the program open to the general Fredericton community has a reducing effect on stigma associated with the charity's location.

*Teaching Kitchen.* Among the survey respondents interest in cooking classes was high, and this carried into the clients that were interviewed. Like the gardens, the teaching kitchen is open to clients and the general public. A cooking class regular, Shawn used the classes as a reason to be out and about: "I only work two days a week, Friday and Saturday, [I attend to] get me out of the house, and besides I like to cook, so it would be an interesting way to learn something new. I attended my first class last year in April and I've been coming ever since." Although many of the interview participants had not taken advantage of the classes for various reasons, they were interested and/or could understand the appeal. Gilles and his wife had considered attending for a number of weeks: "Like I mentioned we haven't done it yet, but the cooking classes seem really interesting to us, once we get motivated to do it. The idea is appealing to us because we

like to cook our own stuff as much as do stuff from scratch and stuff like that". Emily hoped she could attend with her mother when her son was older: "I'm hoping someday I will get into those classes because my mom has done a couple and she wants to do them together in the future". Barriers to attending included transportation, conflicts with work hours, stress surrounding mental illness, and lack of motivation. Overall, participants did express intentions to attend in the future.

The teaching kitchen was the department where the most interviewed clients showed interest in volunteering. Interview participants who showed interest in volunteering with the kitchen had culinary experience of varying degrees and wanted to "give back" through the kitchen. Kalen, who had trained as a pastry chef, wanted to bake goods from donated fruit and give them to other clients: "I wish I would be able to bake things, like chocolate cakes or something that I could donate and that the other families could take. Sometimes I get something new, like blueberries, and someone donated that. I think that's nice. In this situation people can't buy those things or bake those things, and it can be very expensive". For Carol, volunteering would be a way to share her cost-saving tips, and she had already taken steps to do so: "It's because they're supposed to show you tricks on how you stretch your food, and I already know quite a few and I've talked to the person that is in charge of that and she said she'd like to have me in here to show others some of my tricks". As discussed by the European Volunteer Centre in 2010, volunteering can aid in reducing stigma by empowering individuals who volunteer. It is possible that the teaching kitchen could have an additional stigma-reducing quality if clients were recruited more regularly as volunteers.

*Clothing Boutique.* As mentioned earlier, the clothing boutique evolved from a free clothing bank into a coupon-based clothing store that is also open to the public. The transition within the boutique was an attempt to provide a more dignified atmosphere for clothing distribution (E. Crawford Thurber, personal communication, Nov 17<sup>th</sup> 2016). Among interviewed clients the boutique was used primarily to fill clothing needs, although other uses included family trips and engaging in a shopping experience on a budget. The boutique did not elicit the same types of community focused responses as the teaching kitchen or community gardens, but it did allow clients to meet needs without sacrificing already tight funds. For Lauren, the boutique allowed her to meet her own needs after spending for her children, a common poverty coping mechanism (McIntyre et al., 2012; Hamelin et al, 2002): “Often I’m like some other mothers; buying stuff for your kids and then you don’t have a coat or boots that you need, so I used the voucher to get the stuff I needed”. Carol clothes herself primarily from the boutique and has been pleased with the options available: “It really helps me because if you can’t afford food you can’t afford clothes. I think it’s a really good service because for me to buy clothes...everything I’m wearing comes from the food bank. People say ‘you got that at the food bank? It doesn’t look like what you would get at the food bank!’”. For some clients the boutique helped in ways that extended past clothing. When asked about her experiences with the clothing boutique, Ally explained the personal effect it had:

“It was really nice to be able to get some clothing, because that’s one expense that, when you don’t have extra money, there’s always something more important to buy than clothes. Even if I have the money, it feels like they’re superfluous things to buy. Going shopping in the boutique kind of reminded me that I deserve

to have new clothing every once in a while, and it's not a bad thing to get a pretty dress in the summer. It felt like a treat, but it reminded me at the same time that it's not a treat, it's a necessity. It's humane".

Brian accessed the boutique to replace clothing that was lost during an interprovincial move: "When we went they had a sale on clothes for a dollar or something like that so it was actually really lovely, we'd just moved here, and after we moved we'd lost everything that we had and it was really nice to come and get the stuff we needed". Overall the boutique was viewed as a necessity and was well-praised for its efforts, despite some pitfalls that included sizing, coupon inadequacy, and item availability. Cheryl had difficulty with sizing for her three children: "The last couple of times I've gone in there I haven't seen anything to fit my kids. Sizing is always an issue". Jordan was in the process of losing weight but was unable to find clothing as he changed sizes: "You won't find anything in my size over there, it's a rarity in my case, I'm fairly sizeable, although I've been working on that for health reasons". While the boutique was mentioned positively by a number of clients, it isn't possible to assess the effect, if any, that it has on the stigmatizing nature of charity through the current research.

**Food Quality.** Many clients acknowledged that Greener Village attempts to give out a variety of foods, including fresh produce and dairy items. Despite attempts, many clients felt that some of the hamper items were still unhealthy and could not help support a wholesome diet. Gilles explained that he limited his family's visits to the food centre because of the food quality: "The reason we haven't been coming steadily is because I try to limit the health-factor for my family, and I know it's not always the best food health

wise, but I know there's not much you can do". When asked what foods he was referencing, he continued:

"Well, certain spreads, normal stuff like the sugary peanut butter or the preservatives... which is a lot of things. It's hard to eat healthy nowadays, but if you're a person who's conscious of that it's hard to find the right foods here [Greener Village] that you can eat, but it's mostly the preservatives and sugars and things. They're very abundant in the food here, but some people need it to live so I don't want to bash it".

Beth struggled with the options available in the food box for herself and her children: "I know the food boxes, they do the best that they can, but I'm a family of three, myself and two kids, and we get six small eggs per month, and one liter of milk. And there's no produce in the box itself, it has a lot of convenience foods and cans". Clients acknowledged the donated quality of the food fairly often. Brittney would have preferred to have a variety of items in the hampers: "I guess the only one thing I could think of is having different things in the boxes. I know it's hard because you rely on donations and you need to think about that, but a little variety". Brian said: "I accept that as a person going to a food bank, I'm going to get what is donated. There's a period on that sentence because you're going to get what is donated". Kevin was indifferent about the quality: "Quite honestly, I don't have anything bad or negative to say about what they give us. When you're getting a service like this, my point of view is as long as you have something you don't have anything to worry about". Emily suggested that people keep what they will use and give back what they don't like:

“I know there are people who whine and complain that all that we get is junk food, but there's pasta and soup, and you don't have to take the junk food, you can leave it if you don't want it. Someone else will take it. I mean, there are a couple of things that I have taken out of my box and given them back because I know that I don't like them and won't use them and other people will. I'm very much... I don't want to take what I don't need if someone else can use it. That's just the way my mother taught me”.

Some clients used the hamper contents to save money and then supplemented with what they were able to purchase or balance through other charities. Ally liked receiving non-perishables and bought fresh food when she could: “There isn't a lot of produce or protein, but it's ok because the things that I get are things that last, and things I don't have to buy. It takes care of a lot of what your groceries would be, and if you can supplement it it's ok”. Miranda balanced her food hamper with visits to the community kitchen: “The food you give us lasts me for two weeks, and for the other two I go to the [community] kitchen, but I can make it work”. Finally, some clients were happy with the quality of the food. Carol liked the variety of produce: “I'm very happy with the food I get. They give out very nice foods. I like the variety! One day you're eating turnips, and the next day you're eating eggplants and tomatoes! I like that. I find it's perfect how it's set up with the variety of food”. Annette said: “It's always a ton of food, there's always a ton of canned stuff, milk, eggs, bread, things you need, meat, fruit. I just find that they give you a lot of good food, and you can survive a week with what they give you”.

The response to food hampers was largely mixed, although many clients believed that the centre was doing the best that it could. Staff and volunteers also commented on

the food quality. Some clients suggested implementing a healthier hamper. When asked about areas the food centre could improve, Ally suggested:

“I guess, dependent on donations, but being able to give people more produce maybe. Produce and alternate proteins like, I don't know if people get a lot of meat, sometimes I leave it if I get it, but I don't know if people know how to use lentils and things. Sometimes you can supplement and sometimes you can't. So a more rounded-out food hamper. I feel like that would be quite a feat”.

Gilles liked what was done with the cooking packs and suggested that the hampers be administered in a similar fashion: “I really like that they put in things where you get to cook from the raw ingredients. It's nice that you guys are getting into the cooking classes and the things where you can cook for yourself from the raw ingredients, so if there was more of that I think it would be really nice. Just the basic ingredients instead of it coming ready from a store, it's nice to get people cooking and doing their own thing”. The food centre has been making an effort to slowly move to healthier ingredients, but there are clients that would prefer to eat much healthier. Aaron suggested that the type of client visiting the centre was changing:

“I think we're seeing a real shift in people, like when we do the gardens people are really interested in growing their own food. Or when we get the produce bags people will ask if the produce is local, and it's not because the focus is on cheap produce, not local. I think we're seeing a shift, even people that are in an economic downturn are really interested in where their food comes from. I think that's a trend that's going to continue. Sometimes you don't have a choice, but you can really see that interest grow”

**Can an answer be reached?** In order to answer whether or not the food centre minimizes poverty stigma amidst its client base, the remaining two research questions must be answered. The study was originally designed to answer this question independently of the other two, but due to the difficulties encountered over the research process (as detailed in the Results section) the data collected is insufficient to draw a conclusion. What can be said after discussing the first research question is that:

1. Some clients do have preexisting negative feelings when entering the food centre (and these feelings are tempered by the positive response from food centre volunteers),
2. Different aspects of the food centre could still be stigmatizing for different people,
3. There are departments that clients are interested in engaging with and these programs may encourage clients to interact with the food centre outside of its emergency food context; and
4. Volunteering, at least for some clients, offers an opportunity to get involved and potentially improve self-esteem through empowerment.

### **Stigmatizing Aspects of the Food Centre**

**Research Question #2:** Are there aspects of the food centre that remain stigmatizing?

As mentioned during the Results section and the discussion of the first research question, client interview data could have been more forthcoming. To answer the second research question, volunteer and staff interview data has been used to illustrate areas

where the food centre may be stigmatizing, or at risk of becoming so. Some client data will be discussed in addition.

**Staff/Volunteer Attributions for Poverty.** The relationship between attributions for poverty and a number of outcomes was discussed in Chapter 3. Depending on the attribution, attitudes and responses to poverty can vary greatly. Volunteer and staff interviews gave insight into the attributions that are held by those in positions of power (relative to the clients) at the food centre. Volunteers were very open about their poverty attributions and their interactions with other volunteers who had different opinions. Each attribution had multiple references across the interviews: structural (14), fatal (12), cultural (6), and individual (6). Most interviewees discussed structural or fatal attributions for poverty, which suggests that the interviewed volunteers leaned towards more liberal ideas about poverty (that it is perpetuated due to inadequate social systems, for example). Among staff interviews structural attributions were dominant (8), with cultural (3), individual (2), and fatal (2) following.

**Fatal and Structural Attributions.** The most commonly discussed attributions for poverty were fatal (circumstances beyond the individual's control) and structural (economic and social factors). As previously discussed, fatal and situational attributions predict positive support for programs and policies surrounding poverty reduction, and predict the highest level of support. Among volunteers and staff structural issues were most frequently talked about, and were discussed in detail. Among staff the discussion of structural issues was unanimous, with the inclusion of small amounts of the remaining attributions scattered throughout. Volunteers tended to mix structural and fatal attributions more regularly. When asked why clients of the centre were in poverty Aaron,

a longtime member of the food centre community, said: “New Brunswick has very low social assistance rates. A lot of the jobs have migrated to the tech centre, like IT and call centres; a lot of our older clientele just don’t have the skills to work in that sector. The rise in food costs... social assistance rates certainly didn’t change, and minimum wage didn’t go up in accordance with that. The income isn’t going up in proportion to the cost”. Dave, a volunteer who started when the food centre moved, also shared the structural approach: “First of all employers need to start paying a decent minimum wage. There’s that new program to make people pay \$15/hour. Better social safety net, better EI, better social assistance. Definitely better education, making sure that kids aren’t falling through the cracks. That’s where it starts”.

When responding to the question “what would need to happen to end poverty in Fredericton”, volunteers and staff most commonly recommended increases in minimum wage, social assistance, or for the instatement of the Guaranteed Annual Income discussed in chapter 1. Georgi, who has experience in social work administration, was behind the idea of the GAI: “I think a lot of it comes from the need for guaranteed minimum income. That would solve so much of the basics, especially if it were administered on a national scale. If we say this is how we’re going to try and solve it, there’s a huge divide between places like BC, or AB, or ON, versus NB. So it has to be national”. The frequency of discussion about structural attributions is promising when talking about the food centre. If structural attributions are well-recognized within the centre’s staff and a good portion of the volunteers, it is likely that support for anti-poverty programs and policies will be high, and that stigmatizing attitudes and labels will not emerge as easily as if other attributions were present.

Fatal attributions were heavily mixed with structural, and it is possible that there is some categorical crossover in the mind of respondents (considering mental illness a structural issue because of lack of supports, instead of fatal, for example). Attributions that are seen as out of the control of the individual, such as mental illness, are also more likely to result in positive support for people affected by poverty (mental illness, at this point, can be treated but not inoculated against, for example). Some fatal attributions include disability, mental illness, loss of a job, disaster, and family dissolution. A regular volunteer in the boutique, Jeannie attributed poverty to various factors: "Multiple reasons. Lack of education, health reasons, mental health reasons, physical health reasons, family situations. Disabilities, yeah. Multiples, not just one avenue to get here". It isn't clear among many volunteer responses if educational reasons are considered structural or fatalist, but they were most commonly grouped with other fatalist responses or were explained as "maybe they fell through the education system and they can't get a job", as Dave said. Georgi grouped education and mental health issues in his explanation: "You see from the interactions with people here that there might be a lack of education meaning yes, their work opportunities are limited or nonexistent. You also see mental health issues, and there's an even bigger barrier to entry into the job market then". While structural and fatal attributions hold a more positive outlook than their cultural and individual counterparts, inclusion of fatal attributions when deconstructing poverty may make the problem seem more insurmountable than it theoretically is. If staff and volunteers believe that poverty is caused by factors that are out of an individual's control and that are not structural, then it can be argued that they are less likely to believe that the problem can be solved through policy change and increased social supports, which is the

front tenet of food insecurity researchers and charity providers alike. All participants answered the questions “Why are clients of GV in poverty” and “What would need to happen to end poverty in Fredericton” which is a positive indicator that all of them can identify and conceptually discuss the issues surrounding poverty, and that the more common responses were associated with attributions that do not place blame on people affected by poverty.

*Cultural and Individual Attributions.* As discussed in chapter 3, cultural attributions focus on a cycle or culture of poverty that is believed to be perpetuated generationally, and individual attributions are based on the belief that individuals are responsible for their role in poverty and the stereotypes associated with poverty. Both attributions can contribute negatively to images of people affected by poverty as they place responsibility with the individual and subsequently encourage outgroup bias. Individual and cultural attributions are especially powerful within a charity as they can trivialize the need for supports for those who are affected by poverty (as discussed in chapter 3). Among volunteers and staff, cultural and individual attributions were often mixed with other explanations, most notably fatalistic. When individual attributions were shared, they were strongly worded. When asked why clients of the food centre were in poverty, Sharon responded:

“Because they don’t have any money, partially. They don’t have enough money and they spend it poorly. Sometimes that’s by lack of knowledge and sometimes lack of choice... or poor choice. 1. There’s not enough jobs 2. The jobs don’t pay enough 3. Family history of not working. Welfare breeds welfare. Although I’ve

noticed a lot of our clients are 1 and 2's. A lot of them are seniors, and that is sad, verging on cruel".

Among respondents who shared individual attributions, the belief that clients did not want to work was frequently discussed. Danielle combined individual and structural attributions when asked what would need to be done to end poverty in the city:

"There's no one easy answer. A whole bunch of things would have to change. People's mindsets would have to change about 'oh I can go to the food bank, I don't have to work, I can go to the food bank'. Minimum wage would have to rise so that people wouldn't have to come here to supplement their groceries. Mental illness resources would need to be improved".

Of the volunteers and staff who had exhibited evidence of internalized attributions, only one interacted with clients on a regular basis. It is unclear from the interviews how internal attributions may have affected volunteer relationships with clients, but several volunteers did express worry over instances where they had seen other volunteers be short with clients or had overheard negative attitudes being expressed.

**Negative behaviour and familiarity with poverty.** Although the interviewed clients had not reported negative experiences when interacting with volunteers, volunteers themselves reported experiencing negative attitudes amongst volunteers. This may be because volunteers feel less need to filter their beliefs among their peers. When asked if Greener Village met its mandate to "provide emergency food in a comfortable setting that promotes dignity and self-esteem", Ruth tentatively agreed: "I would say yes, but I have seen some instances where I didn't think they [clients] were receiving the kind

of support or interaction that I would have liked to have seen. Again, I'm only here one day. I've seen people be sharp when serving the clients". Ruth's experience indicates that clients have been on the receiving end of negative behaviour exhibited by a volunteer. Jeannie, who had experience with poverty and social assistance, found attitudes towards clients aggravating and estimated that they occurred more frequently than most assumed:

"I get quite upset at some of the volunteers' attitudes towards clients. That annoys me greatly. I know that you don't have to be a bad person to come here, and you'll hear comments like people are lazy or whatever or should be drug tested, I don't believe in that. You'll also hear comments about people smoking or having cellphones but you don't know why that person needs a cigarette, like it could be to stave off addictions issues, and it's not a crime. You see the eye-rolling a little bit, I'd say 40% of the time"

It is possible that volunteers do not realize the extent of their peers' experience with poverty when sharing their opinions. Volunteers who had experience with poverty and/or social assistance were much more understanding of clients' situations, and were often more critical on their co-volunteers' attitudes. Greener Village employs a number of volunteers that are also clients, and for some of these volunteers, the opinions of non-client volunteers made the environment uncomfortable. Dara volunteers with the food centre and has been a client from time to time. She shared an experience that had made her avoid interacting with another volunteer:

“I’ve had one of the [GV intake] interviewers<sup>1</sup> come up to me while I’m working in the hallway and sort of grumble about the clients, making judgmental comments that I’m surprised to hear from someone who is there to help. Once it was about someone they had just interviewed [for the centre’s intake process] and who was actually still there, but other than that it was just general grumbling. It’s not fair to speak about clients that way and it makes me uncomfortable, so I avoid them now! I don’t think they know that I’m a client, too”.

Voluntarism has been shown as a key tool when combatting stigma, and having client-volunteers exposed to unfiltered negative attitudes could impact their relationship with the food centre, trust in the staff and other volunteers, and could have an effect on self-esteem (feeling the need to hide ones’ label of “client” for example). Client-volunteers bridge the gap between the two groups, making client-volunteers arguably one of the most pivotal factors in stigma minimization for clients as a whole. As previously discussed, 42% of surveyed clients indicated an interest in volunteering with the food centre. If these volunteers become uncomfortable in their roles with the food centre, it is possible that they may stop volunteering and this could contribute to a stigmatizing environment. If there are more instances like Dara’s that have gone unreported, it is possible that for client volunteers the environment is already stigmatizing to a degree.

*Clients and negative interactions.* In three cases clients shared negative or awkward interactions with volunteers at the food centre. When asked if there were any staff or volunteers that had made her experience negative, Emily shared: “I can only think

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<sup>1</sup> Greener Village has volunteers who interview incoming clients to understand their situation and to keep records up to date. They are referenced as “intake interviewers”.

of this one time in the Clothing Boutique. I think it was a busy day, I don't know if the lady was frazzled, but I felt like I was bothering her because I had some questions about the baby clothes because everything was just in a pile and I was wondering if there was any order to the sizes so I could find the right one. I think she was just frazzled, it was busy that day". Brian shared his experience with an overeager volunteer that could have used supervision, in his opinion:

"There was a young fella working the door here, there's usually a few working the door, but there was one working the door one day and he was picking on clients, but not in a mean way, I think he was just excited to help and maybe laughed too much as whatever was in his head. I could see it causing problems for some people, so I'm not sure. He was a young kid, and there were some clients that might not have taken it that well. I feel like things like that should be watched in case some clients cause more problems, like I could see someone lashing out at him over something. I think it was an employee or volunteer who brought a kid to work and he was just helping out and nervous"

Nicole suggested that some volunteers were not comfortable in their instructions: "I find most of them really nice. There's a couple of them that just kind of stand there, I don't know if they didn't get the right directions, or they didn't understand the directions that they were supposed to be given, or they could have just been having an off-day. It could be anything". It is probable that clients that had not been interviewed have similar experiences, and that volunteer training may have been questioned by other members of the food centre community.

**Experience with poverty and stigma.** Volunteers that had previous experience with poverty and/or being a client were more likely to discuss society's attitudes specifically, or to relate to the client's experience of having to shoulder guilt or embarrassment. Jeannie refused to visit the food bank when she had fallen on hard times: "I had such an aversion to coming to the food bank. It was embarrassment, failure, I didn't want the public to know. I went without instead; my neighbours and church helped, but still". The negative feelings she experienced encouraged her to volunteer when she was able to, and gave her a purpose for volunteering: "My idea was I wouldn't come here because I was so embarrassed, so I said "if I can make even one person feel comfortable and normal coming through the door, that's good". I think that's the purpose". Jeannie was also one of the volunteers that had witnessed negativity from her co-volunteers (as seen above). Dave spoke more generally about societal attitudes towards poverty: "If you're living on Doone Street or Hawkins Street you can be the nicest person or the meanest person; it doesn't matter, they're not going to like you. 'That's it buddy, we don't like you'". The streets that Dave referred to are predominantly filled with subsidized housing. Paula, another member of the staff/volunteer team that had personal experience with poverty, also discussed the geographical stigma of the area: "Let's say you live on Doone Street, there's automatically a stigma that you're poor or uneducated or unrefined. I suppose it's low-income housing and a lot of that is probably true, but you get 2 or three people like that and then everyone else gets lumped in with them. A lot of people that are on income assistance would rather work".

Staff and volunteers that had experienced poverty tended to suggest that people who held stigmatizing attitudes did not understand what it was like to be in poverty, and

therefore couldn't understand why it existed. When asked what would need to happen to end poverty in Fredericton Lindsay, a member of the staff, said: "I think a better understanding of why people are in poverty. I think even as staff we need to come together more and it's about understanding each other more and understanding why this [poverty] is happening". Dave had several friends who held very individualist views about poverty and expressed frustration: "They're normal upstanding people but they're like "there's the welfare bums", and it's... that attitude is still there. If regular people think like that how are we going to fix it? I don't have any answers or whatnot, but that's it". Aaron, who works with clients on a daily basis, suggested education:

"We've had issues where some of the volunteers who aren't interviewers will ask...they'll say 'why is that person here? They dress nice, they have a nice car...' and they don't understand that they've gone through the process and been ok'd. We've had volunteers in the past that have been judgmental. It's damaging to the clients and to our reputation, but education can fix that."

For many, experience with poverty can be a catalyst in changing attitudes about poverty and its attributions. Jeannie suggested specifically training volunteers about poverty: "I think that even volunteers need education about where people come from and that backgrounds are not always what people would expect. You can be dressed nice and looking normal but there is no normal. Don't judge a book by its cover". In the example given by Dave earlier, he went on to explain how he had subscribed to negative ideas before his son required help, but how interacting with the social safety net through his son's experience had changed his outlook: "I had that attitude for most of my life, like, "oh there's just welfare bums" or "Look at those lazy bastards just sitting around while I

have to go to work all day”. I think for anyone who hasn’t really been through the system or known someone who has, it’s like anything. If you don’t experience it you don’t know. And I watched him [son] try to go through it and try to better himself, but once you get into it it’s very very hard”. Christie, another staff member, suggested bringing poverty education to government:

“There’s so much we could do but people are blinded and not interested. Some of the comments I get from government departments when I go and talk about these things, they’re just so blinded to the way that people are living and working. They’re stuffed shirts that are making \$70-100,000 a year and they can’t understand \$570/month. They need reality checks. We should have them in here and really bring that idea here.”

Education is a mitigating factor when discussing stigma, and living the experience of an individual in poverty has been brought up in poverty research repeatedly, as discussed in chapter 3. If Greener Village were to implement an educational component into volunteer training, it is possible that this could have a minimizing effect on stigma within the centre, especially stigma caused by volunteers that hold negative attributions. Volunteer training can be difficult for organizations but it is necessary to ensure the comfort of the agency’s clients (Martinez, 2012). Volunteer training was heavily discussed amongst the volunteers themselves, and there was marked interest in having volunteer training courses where this information could be added.

***Client Outlook.*** Among clients, there was general consensus that individuals who had never experienced poverty could not understand what it was like. Kevin said: “I mean I lived on the streets for like six months. Growing up we had food stamps, I ate

when I could. I wish everyone got that. Well, I mean wish is the wrong statement, I just wish everyone would see the big picture". Kevin further explained a lack of understanding when talking about his partner's reluctance to visit the centre: "Yeah, my girlfriend doesn't like coming to the food bank. I don't know why. She's picky, she doesn't like some of the food, well I mean obviously she's never been hungry enough". The idea that people did not understand the experiences of people affected by poverty was mirrored in Carol's statement: "If you've never been poor it's hard to understand what it's like to not afford a quart of milk. They say "well get a job!" and I can't work. It's hard for people to understand. I've been lucky for the foodbanks. I think sometimes you have to be a little more generous and a little kinder from the heart, and I think that if you do that people will be happy and will respond good [sic] to you". There is a consensus among clients and volunteers who have experienced poverty that there is a gap in understanding for those who have never been affected by it.

**Volunteer training as an improvement.** When asked about improvements that could be made within the food centre, the need for some form of volunteer training came up regularly. Volunteers generally did not feel as though they or their colleagues had been adequately trained in their positions, the chain of command, or about poverty. The food centre did briefly have a training manual available to volunteers, but the manual and presentation were discontinued after uncertainties from the board. The manual is pending approval for use after changes. Regardless of initial intentions, volunteers expressed dissatisfaction with their level of training. The most commonly discussed area that required training was interactions with clients. Ruth, who has a background working in human resources, said: "We have to go back to volunteer training. There should be

consistency in how we deal with people, and some fine tuning could be done to clarify with volunteers what their role is, how they are expected to interact with the clients, and how to manage when a client is having a bad day”. Dave, who had worked in government, also recommended this type of training: “I’m just thinking if there’s anything we could do to make it more acceptable to clients. Maybe a course for the people who are involved with the clients? It couldn’t hurt to give some training to people who are coming to work with the clients”. Overall, volunteers did not feel that they were receiving an adequate amount of training; Ruth explained her experience: “This may be wrong but I don’t believe that we in the hallway got any training. It was very much ‘ok, go!’ and it was intimidating. I didn’t know what I was doing or how I was supposed to interact”. Aaron, a member of the staff, did discuss the training that he tried to implement with his own volunteers:

“For the [intake] interviewers, I’ll sit them in with an existing interviewer. We’ll sit them in twice so they can see the process, and we try to do it with two different people because every interviewer has their own take. The third time we’ll have them interview while the other interviewer sits in, and then the next time they’re on their own. For the hallway, we’ll pair them up with someone who has done it before and it’s pretty self-explanatory. The hallway is more of a personality thing than a skill thing.”

It isn’t clear whether or not all volunteers go through a formal training process, but from the responses collected from participants it is clear that regardless of the current level of training, they do not feel that they or their co-volunteers had been adequately prepared for interactions with clients. There are a large number of volunteers that do not interact

with clients, and among these participants, volunteer training did not seem to be an outstanding issue.

**Are there stigmatizing aspects of the centre?** After analyzing the responses of volunteers, it is clear that volunteer attitudes can be stigmatizing within the food centre. Cultural and individual attributions for poverty are held among a portion of the volunteer population, and these opinions have the ability to make other volunteers and client-volunteers uncomfortable and upset. Due to the size of the volunteer force and the client base within the food centre, it is likely that these attitudes have been expressed in the presence of clients or volunteers who do not agree with them, thereby contributing to a negative environment. Furthermore, as volunteers are in a position of power relative to clients, there is more potential for stigma to arise within the food centre if these attitudes prevail (Link & Phelan, 2002). Although clients did not report specific aspects of the food centre that were stigmatizing, it is plausible that non-interviewed clients have been affected by attitudes built from negative attributions, or that interviewed clients did not share these experiences with the interviewer (as explained in the Results section). In at least three cases (with Ruth seeing clients treated sharply, Emily receiving sharp treatment, and Dara overhearing negative comments) volunteer attitudes have affected clients of the food centre community negatively. Regardless of existing programs, volunteers feel unprepared to interact with clients regardless of their attributions, and in some cases clients have become aware of possible gaps in volunteer training. It is also clear that staff do have some level of awareness of negative attitudes and that they believe something should be done to correct them. Overall, if the presence of negative

attitudes has not already resulted in stigmatization, if it continues to go unchecked it almost certainly will eventually result in stigma.

### **Charity Experience and Perception of Stigma**

**Research Question #3:** Does the client's past experience with other charities affect perceived level of stigma?

It is difficult to answer this question because of the limitations of the client data as explained in the Results section. The best conceptual avenue for coming close to an answer is to examine the comparisons that clients made between Greener Village and its predecessor, the Fredericton Food Bank, as well as other charities. The level of stigma felt by the clients cannot be determined within the current study, but the tone of their experiences can be (whether positive, negative, or neutral). As charities are places where stigma easily develops, negative experiences will be more likely to predict stigmatizing situations. If the clients of Greener Village have had predominantly positive interactions with the food centre as compared to other charities, it is less likely to be a stigmatizing environment. In addition to comparing Greener Village with other charities, examining the responses of clients who have only visited the food centre could provide a frame of reference when speaking about the interaction of past experience on the perception of the charity environment.

#### **Comparison with other charities**

***Fredericton Food Bank.*** Among client respondents that had visited the food centre under its previous model as the Fredericton Food Bank, comparisons were overwhelmingly positive in the food centre's favor. In every comparison between the

Fredericton Food Bank and Greener Village, clients preferred the food centre. There are a variety of reasons, including food quality, size of the facility, indoor access, program and service availability, and minimized fact-checking. Lauren found the facilities themselves to be much better at the centre: “This location is more spacious, there’s more parking too. It’s easier to get in and out of”. Jason also found the space to be good: “To me there's more services offered here. There are more services here, now that it's moved, you have more room for stuff.” Emily remembered visiting the old location with her mother as a teenager: “I remember that one, it was so tiny and you had to go to the window to get a box of food and it was weird”. And compared it to the new location: “This place, you have a bit more dignity it seems, because you're not just going to the window to grab a box, you're coming in to talk to people and you have choices and it just seems like it’s better than what we had as a child”. Clients spoke about the window at the Fredericton Food Bank a lot, and preferred the setup at the food centre, where people could wait inside to receive hampers. Jordan remembered waiting in the elements: “You know Granddame kinda sucked during the winter when you had to wait outside but you know they did their very best, you know they got you processed as quick as they could”. Finally, clients who had visited both locations noted the difference among volunteers between the locations. Gilles shared: “It [The old location] was still accommodating but they didn’t do the extra little things to make you feel a little better, so I find that it’s definitely changed in the personality of the people that work here, it’s a little more open I think”.

*Food Quality comparison.* Despite the concerns about food quality mentioned during the discussion of the first research question, the quality of food was talked about

in the comparison between GVCFC and other charities, including the Fredericton Food Bank. Clients felt that food lasted longer and there was a better selection at the food centre. Lauren explained how receiving expired food affected her spirits: “They didn’t check things for their expiration dates, so quite often I’d have moldy bread, and either expired or almost expired milk. So, there were things that I had to throw in the garbage and that wasn’t a good feeling, like when you take your time to pick something up and then you have to just throw it away”. Lauren had also visited the Salvation Army and had changed to Greener Village because they gave out more staple foods, such as milk and eggs (people cannot be double registered between GVCFC and the Salvation Army): “There are certain staples in my household, and when I went there they didn’t even give out milk. So, it was a product difference”. Emily related to her mother’s experience: “I think only one time since the move here have I gotten moldy bread, which is good because I remember my mom telling me stories that the milk would be spoiled and the bread would be moldy but you would just cut the mold off because you need the bread”. Annette said: “I might have to throw out something at the bottom of the bag, like a tomato that got squished or something, but it’s usually in really good shape”. Although food quality was important, the most identified difference was the physical environment of the food centre.

***Environment comparison.*** When compared with other charities, Greener Village was often the preferred location because of its environment. Clients described positive experiences with other charities, but the food centre remained the popular choice among most respondents.

*Negative Experiences.* When asked to compare the food centre with other charities, clients tended to share their negative experiences outside of the food centre more readily. Kevin explained his interaction with a food bank in Woodstock, NB:

“I went to the one in Woodstock for my very first time and, because I didn't have the proper documentation - because I was homeless, I was living couch to couch - things like that, I was really put on the spot. Because I didn't have all my shit, she made me feel like a piece of shit, she told me not to come back unless I had everything, and this was in front of a bunch of people. I never went back to that food bank. I felt like, it was just like, I was already feeling insignificant because I had to go to the food bank, and then I had to deal with this rich bitch, sorry”.

He went on to explain his interaction with the food centre and how it had differed: “I've never experienced anything like that here in this place. That's what turned my point of view of the whole thing around, because the guy at the front desk, and he is always here, he's always friendly, all the staff here are always friendly, mannerful [sic], just all-around kind”. Annette shared her experience at the Community Kitchen, where she was incredibly uncomfortable: “I only visited the community kitchen once, maybe a month ago. My experience there was horrific. I went because I'd already visited the food bank once for the month, and I had no other way to get any food so I decided to go there.” She talked about the environment as she waited:

“As I stood there, there were all kinds of people around that were stoned or drunk and just cursed and swore and were passing something around, I had no idea what they were passing around. There was a guy standing in front of the door and he

puked right in front of the door. I waited outside for about 20 minutes, and he puked the whole time. I almost left because of it but I didn't, I stayed in line".

Annette much preferred the food centre: "I've been coming to the food bank for years. And let me tell you, if I go to a restaurant and they screw up I'm not going twice. So for me to keep coming back here says a lot. They might get a second chance but not a third. When it comes to food, attitudes... anything! I'm an old, poor lady, but I don't put up with much, but I come here because my experience is always good". Annette, as mentioned earlier, was content with the services offered at Greener Village (the food hamper most notably), and to date had not had a negative experience with the centre. Miranda had also visited the Community Kitchen and shared how she navigated the negative environment that arose in the evenings: "I have my own supper from you guys so I don't have to go at suppertime, because that's when the drug addicts and the kerfuffle is there. So I eat breakfast and lunch there and at home for supper. It seems to work better for me that way and it keeps me out of trouble". She continued with her explanation of why the food centre was beneficial: "When you come here to get your food at least you can go home and feed your kid and you don't have to be in a situation like that where you're uncomfortable and if you're feeling uncomfortable then your child is feeling that way. So I'm really glad that you provide this for us". Carol was the only interviewed client to report a positive relationship with another charity, one that she had visited while living in Québec: "They were very excellent. They knew my situation and sometimes she would phone me in the middle of my two weeks and they would say 'We've got stuff for you! No one else will take it so you might as well come in and get it', so sometimes I'd get three boxes. The woman who ran things there had gone through

some stuff like I had so she understood. That's important". Annette frequently received healthier options that other clients turned down. In each situation where a negative experience had been reported, the food centre was regarded positively by the respondent.

*General Environment.* The environment at Greener Village was preferred to other charities in all cases, excluding Carol's example above (she found the food centre to be at the same level as the charity in Québec). Gilles shared: "I think before too they had this weird sort of, there was a guy in a window and he wheeled things out on a conveyor belt. It wasn't as human, as it is here, where there's a person to person feel. It was 'here's your stuff, take it and go'. It was more direct. It felt not as good as it does now I guess". Beth had found the process better at the food centre than at its previous location: "I did find the intake process [when with volunteer interviewers] over there very invasive, because there was a lot of detail about my finances that I felt placed a real administrative burden on me at the time. I was offered a number of services at that time, and I think this was part of their funding, to get people in and get them on a number of services, so I did feel pressured when I came in to take a budgeting class or whatever". She went on to explain how her experience changed at the food centre: "When I came back here I was able to verbally represent what was going on and it was much easier for me in all kinds of ways. I didn't have to pull bills or anything, I could just verbally explain my situation and have people glean from that was really helpful for me". Lauren explained why she preferred the food centre to the Fredericton Food Bank:

"I like everything with how it is now, I like how friendly it is, I like that it's more open, I like how many food choices there are, and I like the thing on the wall, that's a neat thing where you can choose; you're not so much forced to take

something you don't want. You can choose 'do I need this, or do I need that'. You don't always need to have 10 bottles of peanut butter or thousands of boxes of spaghetti noodles. So I like that option where you can choose. I like the fresher vegetables too. And they didn't used to give eggs either before, so they give things that are better for health choices too, like the dairy, and now they give out hamburger as well which they didn't used to do. They give out more staples now, and then they have you choosing what it is that you need. It's better."

Cheryl found the environment more spacious and helpful: "I like it a lot better here, I mean when you're comparing it, there's more room. There's more people to help you with everything, I find you guys have more of a variety of food too, because you have more space to keep it I think. Maybe that's one of the reasons". Miranda, who had visited multiple charities, said: "Of all the locations this is the better one, because you provide more and you have the classes and you do more than anyone else has". Among clients who had visited the Fredericton Food Bank and other charities, Greener Village was very positively received. The food quality was preferred because there was greater variety, more fresh and staple items, and the products did not expire as frequently as those at the previous location. The environment was also well-received for the programs and services and the facilities themselves. Greener Village and its new model were preferred overall.

**Clients who had only visited Greener Village.** Respondents that had only accessed services at Greener Village reported feeling anxious prior to their visit, but being surprised with the positive interaction that they had after deciding to become involved with the centre. Brittney was worried about seeing someone that she knew at the centre: "I didn't know what to expect at all, and I did come here and I didn't really see

anyone I knew. They were super nice and super helpful and they didn't make me feel uncomfortable at all. It was good". Kalen was very upset that she had to visit the centre: "The fact that I have to go to a food bank is driving me crazy, but it's not something against this place at all" but she was comforted by her interactions with volunteers: "They are very nice and kind, and I think three times I cried coming here but they make you feel very good about yourself you know? I think they have a very nice attitude to people who are coming here". Ally was also apprehensive: "I remember the first time I came in here, and I was terrified of being judged and feeling like I shouldn't be taking the food in the first place, and it was the complete opposite, it was a very positive experience". When asked about the outcome of her visit, she shared: "Everyone was helpful, no one was judgmental at all. No one made me feel... well, they didn't make me feel bad for having to take the food. They kind of loaded me up with food and were like "take this! And this!" and for me it was a 5/5, because they made me feel comfortable". Respondents who had only accessed services at Greener Village found the environment to be very positive, even though they originally had reservations in each case.

**Can an answer be reached?** Client respondents overwhelmingly found interactions with Greener Village to be positive. Clients who had visited other charities largely preferred the facilities, food, and environment of the food centre to the other charities that they had visited. Among clients who had visited the Fredericton Food Bank, Greener Village was preferred to the old location unanimously. Finally, among clients who had only accessed emergency food services at Greener Village, they reported positive experiences despite initial reservations about accessing services. Greener Village produced positive interactions across all interviewed clients, especially when compared

to experiences at other charities. Prior history with food charities did not have a reported effect on positive outcomes among interview respondents (prior experience with a food charity did not result in more or less positive reports). It should be noted that the positive qualities that were reported were different; clients who had visited charities other than Greener Village focused on programs and services, while respondents who had only visited the food centre focused on interactions with others. It is possible that people who have visited charities before are less focused on the experience itself as it is not a novelty, and are more concerned about the quality of relief. What can be gleaned from the analysis of the third research question is that the food centre provides a better quality of interaction than the other charities that the interviewed clients had visited, and that first-time clients also reported very positive experiences.

### **Final Discussion**

It is difficult to argue for Greener Village's ability to mitigate stigma based on the current research, but some discussion can be made. It is clear from the interview data that clients felt that the food centre provided positive experiences and as comfortable an environment as possible while still remaining a food centre. When contrasting experiences between the food centre and other charities (including its predecessor), it can definitively be said that respondents found the food centre more positive and that it provided a better experience. There are two aspects of the centre that contribute to its positive reception: programs and services and volunteer attitudes.

**Programs and Services.** The programs offered at Greener Village with the most positive reception were the two that were open to the general Fredericton community as well as to clients, with no surface differentiation (where one could tell who is a client and

who is not). It is possible that the inclusion of the general community temporarily removes the label of “food bank client” and replaces it with “gardener” or “teaching kitchen student”. At the same time these programs are oriented around activities that are generally seen as positive in society: gardening and learning to cook. The high level of client interest in these departments suggests that they could be a compelling reason to interact with the centre outside of a charity context, similar to visiting a community centre. The fact that these programs occur at the same facilities as the food bank may remove some of the negative association of “visiting a food bank”, as there are other reasons for being at the premises; this cannot be determined from the current study, but it would be an interesting area to further research.

Many clients viewed the offered programs positively and in more than one instance referred to them as “empowering”. Both the Community Gardens and Teaching Kitchen were originally created to provide a feeling of community and to empower, so in this sense they are working effectively. The clothing boutique was also positively received as a way to alleviate clothing needs without having to feel guilty for spending on necessities. The programs at the food centre are a positive development within the centre, and were a useful addition to the food bank model during the food centre’s transition. The positivity associated with these departments could indicate that they are destigmatizing, but this connection cannot be made in a robust way the current research.

Overall clients were satisfied with the food provided by Greener Village, although for some the health quality of the food was called into question. A possible solution would be for the food centre to implement a healthy hamper option, much like the options provided for dietary restrictions (lactose, gluten, diabetic, and halal). Although the food

centre does aim to steadily increase the health quality of its hamper, this solution could be more effective in the short term while long-term solutions are navigated.

**Volunteer Interactions.** The positive interactions that clients had with volunteers at the food centre were the predominantly reported reason for clients feeling comfortable at the food centre. Multiple clients relayed examples of how the staff and volunteers took steps to treat them with dignity, especially during their first visits or when compared to other charities. Clients specifically mentioned the positive demeanor of volunteers at the window, being treated like an equal or customer, and shared examples of how volunteers had normalized and personalized their experiences (such as Ally being loaded up with food her first day). The clients were especially receptive to efforts made by Aaron, who works at the front desk and directs clients during open hours, and appreciated that he remembered their names and always made efforts to be friendly and accommodating. There were some reports of negative interactions with volunteers, but for the most part they were explained as due to a lack of training, not a failing of the volunteer themselves. The volunteer interactions are definitely a pivotal factor in the enjoyment of clients, and if they continue to be positive it is less likely that a stigmatizing atmosphere will develop.

***Volunteer Attitudes and Potential Stigma.*** While clients did not report negative attitudes from volunteers, the volunteers themselves reported some instances of negative attitudes towards clients from their peers, both in front of clients and in private. Many volunteers expressed interest in having further training, both in their positions and about poverty and its causes to better inform their peers. As previously discussed, the attitudes of volunteers are very important for the comfort of clients (almost the primary factor), and experience with poverty is considered by clients and volunteers to be necessary to

understanding it. Furthermore, clients have witnessed instances where volunteers have been sharp or displayed a lack of confidence in their training; if these volunteers are not corrected or trained properly they could quickly erode the positive view that many clients have of the food centre, especially as they are in a position of power. Nearly all clients displayed internalized negative feelings about their situation, and poor interactions with staff or volunteers could very easily exacerbate these feelings and reinforce them. While Greener Village does create a more positive environment for clients than the other charities they had visited, this could change quickly if current issues are left unattended.

Greener Village currently provides a mostly positive environment for clients who access its programs and services. If the food centre is proactive in educating volunteers about poverty and ensuring that they have adequate training to give them confidence in their positions, it will continue to do so. Engaging strategies to involve more clients in the Community Gardens and Teaching Kitchen may contribute to positive involvement at the food centre's location and may mitigate or lessen stigma associated with visiting the centre for emergency food. Finally, the food centre should attempt to engage clients in volunteering as this is a demonstrated means to minimizing stigmas associated with charity.

### **Further Research**

There are several avenues for future research that could be helpful in the discussion of food insecurity and poverty stigma.

**Client Volunteers.** In relation to the CFC model, evaluating the role of client-volunteers could provide valuable insight into a range of topics including: how

voluntarism interacts with negative internalizations about poverty, the attitudes of non-client volunteers to client volunteers as a concept (especially non-client volunteers with differing attributions for poverty), and the role that client volunteers could play in brokering knowledge about poverty to fellow volunteers who have differing levels of poverty experience. Client-volunteers are an interesting population as they straddle the “us-them” divide that can emerge between volunteers and clients in charities. It is possible that this group could have the most profound effect on stigma caused by negative attributions if they were engaged in education about poverty and its causes.

Further research into the barriers that stop clients from becoming volunteers or that make them hesitant to volunteer would be another key area of study. If client volunteers have the potential to positively affect anti-poverty activism, then understanding the factors that encourage and discourage voluntarism could make it easier for charities to engage their client base. Understanding client motivations for volunteering could give valuable insight into the best methods for unlocking volunteer potential within charities.

**Clients and stigma.** The limitations of the current research prevented a detailed analysis of the relationship of clients with stigma. In future research, understanding this relationship as it pertains to charities in more detail could be incredibly beneficial when attempting to manage stigma in charity environments. Although the current research supported the notion that CFCs provide more comfortable environments, this is not enough to conclude investigation into the matter. If charities remain the primary source of food insecurity alleviation, they must operate with a minimal amount of stigma to encourage food insecure individuals to visit them. There are millions of food insecure

Canadians that currently do not visit food banks despite the benefit they could receive from access. If charities are able to become active agents for change and are able to challenge negative attributions about poverty, it is possible that more Canadians who are food insecure will visit them and receive much-needed food aid.

Client experiences with stigma could have been explored much more productively with some alterations to the research design. First, the survey could have included questions about stigma specifically, and/or could have asked about specific components of different charity atmospheres instead of using a single likert item that broadly asked about experiences. If the survey were more comprehensive it is possible that responses would not have been affected by the issues discussed in the limitations portion. Adjustments to the survey could have saved the relevance of the quantitative information and helped examine the research questions, specifically the stigmatizing experiences of clients at different charities. Second, the interviews could have been less structured. The questions asked channeled answers in specific directions instead of allowing for expansion from the respondents, and the questions did not target stigma specifically enough. This was the fault of the researcher as they tried to make the interviews as non-invasive as possible, when some targeted discussion of stigma would have been worthwhile. Examination of client experiences with stigma could have been much more effective if there were more in-depth questions about stigma and its components. Refining the research methods used could aid future research significantly in answering the first research question.

In addition to the methodological limitations of the research, there is a theoretical disconnect between the social perspective of stigma (the role of the food centre as a

social agent) that framed the research and the individual concepts around stigma that emerged to answer the research questions (volunteer/staff attributions). This theoretical divide is a result of the methodological issues with the current research; if the methodology had been more refined it would have been possible to discuss the social implications of the food centre as a whole rather than the individual attributions of volunteers, staff, and some clients (although they do contribute in part to the CFC environment). Future research with a more specific set of tools could better examine the role of the CFC as a social tool to mitigate stigma experienced by clients. The current research can make small inferences to the CFC's role, but cannot make overarching claims about its successes and failures.

Although there are significant limitations to the study, it can act as a basis for future investigation into the role of the CFC, or the role of charities in general, in mitigating stigma for their clients. The themes examined in the study are generalizable to other examinations of stigma in food charities, and could be a starting point for more in-depth work. The researcher learned a large amount about the process and pitfalls of mixed-methods research over the course of the project.

**Community Involvement.** The current research did not evaluate the level of involvement from members of the general community in the programs and services offered at Greener Village. In the future, understanding patterns of community involvement in similar programs (such as at other CFCs) could help charities streamline programs and services to include as many community members as possible. If the general community accessed educational programs (like cooking classes or gardening workshops) at CFCs with increasing frequency (as though at a community centre), it is

possible that the division between “food bank user” and “community member” could be minimized, thereby minimizing the stigma attached to the “food bank user” label. This could be an incredibly beneficial study path, especially if combined with understanding clients’ experiences with stigma and the role of client-volunteers.

### **Conclusion**

The current research uncovered trends in attributions for poverty among volunteers at the Greener Village Community Food Centre that require education to correct if the food centre will remain a comfortable environment for its clients. It is unclear if the food centre minimizes stigma among its client base, but clients who had accessed services with the food centre found it overwhelmingly positive, regardless of their history with other charities. Specific areas of suggested improvement are food quality (provision of a healthy hamper for clients who prefer it may be an option), and working with volunteers and client volunteers to ensure that volunteers feel confident in their positions and have a solid understanding of Canada's food insecurity situation. There are areas of the food centre that clients responded particularly well to, the Community Gardens and Teaching Kitchen, and there is a wealth of opportunity to include the local community in these departments to aid in stigma minimization.

Poverty stigma and food insecurity in Canada are systemic and will require significant effort to reduce. In order to successfully minimize these issues, the Canadian government must work with social scientists and the organizations which have been treating the symptoms of food insecurity to find a lasting, structural solution. Adjusting food charities to minimize stigma is not a solution to the systemic perpetuation of stigma, but it is a necessary step to encourage stigmatized individuals to seek the help they need and to allow charities to dedicate more effort towards anti-poverty activism. Providing a standardized income net for all Canadians could be an incredibly effective step towards minimizing food insecurity and poverty stigma.

Significant research and activism are underway in the area of food insecurity, but it is possible that food charities will remain in operation longer than would be ideal. If charities continue to provide the bulk of food insecurity alleviation, it is imperative that charities function as effectively as possible in environments that are as comfortable as possible for clients. The promotion of dignity and self-esteem should be paramount for charities that continue to operate in the area of food insecurity.

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## Appendix A: Letter of Invitation

&lt;DATE&gt;

Title of Study:

Principal Investigator: Brandi-Lee Riddoch, Graduate Student, Department of Sociology,  
University of New Brunswick

Research Supervisor: Dr. Luc Theriault, Professor, Department of Sociology,  
University of New Brunswick

I am Brandi-Lee Riddoch, a graduate student from the Department of Sociology at the University of New Brunswick, and an employee of the Greener Village Community Food Centre, where my role is business development. I would like to invite you to participate in a research project entitled Attitudes in Food Charities, the Role of the Community Food Centre.

The purpose of this research project is to understand the role of Community Food Centres in reducing negative attitudes about poverty. Should you choose to join in the study, you will be asked to participate in a thirty-minute interview to discuss your experience with the Greener Village Community Food Centre.

Community Food Centres are very new to Canada. This research will contribute to academic understanding of attitudes around poverty and the role that Community Food Centres play in changing these attitudes. The research will be carried out at the Greener Village Community Food Centre, 686 Riverside Drive, in Fredericton NB.

If you have any pertinent questions about your rights as a research participant, you may contact me or Dr. Luc Theriault, my supervisor (contact information is below). If you would like to talk to someone not directly associated with the project please contact Dr. Nancy Nason-Clark, Chair of the Department of Sociology at 506-453-5177 (nasoncla@unb.ca), or Dr. Steve Turner, Chair of the University of New Brunswick's research ethics board at 506-453-5819 (ethics@unb.ca).

Thank you for considering this invitation,

Brandi-Lee Riddoch  
Graduate Student  
Department of Sociology  
506-459-7461  
[brandi.riddoch@unb.ca](mailto:brandi.riddoch@unb.ca)

Under supervision of:  
Dr. Luc Theriault  
Professor, Department of Sociology  
506-458-7785  
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This project has been reviewed by the Research Ethics Board of the University of New Brunswick and is on file as REB 2016-019.

Appendix B: Client Consent to Research

Principle Researcher: Brandi-Lee Riddoch

- 1. I confirm that I have read and understood the above description of research and that I was able to ask questions about it. Initial: \_\_\_\_\_
- 2. I understand that I can refuse to answer any question I am not comfortable answering. Initial: \_\_\_\_\_
- 3. I understand that I am free to withdraw from the research at any time without giving any reason, and that any data collected that I supplied will not be used in the final research if I choose to stop participating. Initial: \_\_\_\_\_
- 4. I understand that my interview will be recorded and that I will review the use of my words in the final analysis prior to publishing. Initial: \_\_\_\_\_
- 5. I understand that only the principle investigator and the principal investigator's research supervisor have access to any identifying research material. Initial: \_\_\_\_\_
- 6. I understand that my name and any other identifying material will not be used in the final report or any other publications that stem from it. Initial: \_\_\_\_\_
- 7. I understand that being a part of the study will not impact the services delivered to me by the Greener Village Community Food Centre, positively or negatively. Initial: \_\_\_\_\_
- 8. I have received my \$10 incentive gift card Initial: \_\_\_\_\_
- 9. I agree to take part in the above study. Initial: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Date: \_\_\_\_\_

Researcher Signature: \_\_\_\_\_

Researcher Name: \_\_\_\_\_

Date: \_\_\_\_\_

This project has been reviewed by the Research Ethics Board of the University of New Brunswick and is on file as REB 2016-019.

## Appendix C: Client Experience Survey

1. In addition to the Food Bank, which of the following programs and services have you accessed within Greener Village (Check all that apply)?

- Community Gardens     Cooking Classes     Christmas Program  
 Clothing Boutique     Tax Filing     Back to School Program

Other (specify): \_\_\_\_\_

2. Do you have an interest in accessing any of the services provided by Greener Village (Check all that apply)?

- Community Gardens     Cooking Classes     Christmas Program  
 Clothing Boutique     Tax Filing     Back to School Program

Other (Specify): \_\_\_\_\_

3. Would you be interested in volunteering your time with the Food Centre?

- Yes                       No

If so, with which department?

- Garden Program     Teaching Kitchen     Clothing Boutique  
 Food Warehouse     Administration

Other (Specify): \_\_\_\_\_

Would you like us to share your interest in volunteering with the food centre?

- Yes                       No

4. Have you previously been a member of a different food charity (Community Kitchen, a different food bank, etc.)?

- Yes                       No

If yes, on a scale of one to five, with five being the most positive, how would you rate the atmosphere of the charity during your visits (Circle)?

Negative              1              2              3              4              5              Positive

5. Did you have the opportunity to access services provided by the Fredericton Food Bank before it changed locations?

- Yes                       No

If yes, on a scale of one to five, with five being the most positive, how would you rate the atmosphere of the food bank during your visits (Circle)?

Negative            1            2            3            4            5            Positive

6. On a scale of one to five, with five being the most positive, how would you rate the atmosphere of Greener Village during your visits (Circle)?

Negative    1            2            3            4            5  
Positive

#### Demographic Information

8. Gender:             Male             Female             Other (Specify)

9. Age:             18-24             25-34             35-44             45-54             55-64

65-74             Over 75

10. Are you currently supporting a dependent?             Yes             No

11. Education Level Completed:

Under High School School             High School (or equivalent)             Trade

Some College University             College Graduate             Some

Associates Degree Degree             Bachelor's Degree             Master's

Professional Degree             Doctorate

Other (Specify) \_\_\_\_\_

12. Would you be interested in further discussing your food centre experience in a private interview?

Yes             No

If yes, please provide your contact information below:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Which method of contact do you prefer?

Phone       Email

Thank-you so much for taking the time to complete this survey. If you have any questions you can contact \_\_\_\_\_ at \_\_\_\_\_.

## Appendix D: Client Interview Schedule

Hi \_\_\_\_\_, thanks for coming in.

Code: \_\_\_\_\_

\_\_\_\_\_

My name is Brandi and I'm a student working on my Master's Thesis in the Department of Sociology with UNB, and I am also an employee with the Greener Village Community Food Centre. I work as a business developer, which means my job is to approach local businesses and fundraise money. I'm having chats with several Greener Village community members to try and get a feeling of their experiences here. I'm so glad you were interested in sitting down with me. Before we begin I'd like to go over this confidentiality agreement and answer any questions you have about it (Go through confidentiality agreement).

Greener Village has many visitors and each has a unique point of view, so this interview is about better understanding those perspectives. I'm not looking for a specific answer to any of these questions; there is no right or wrong, there is only your experience and what you'd like to share with me. Please feel free to be open and know that your opinion is valuable, positive or negative.

With that, we're almost ready to start. Our conversation will be recorded so that I can take notes as accurately as possible. As mentioned in the confidentiality agreement the only people with access to the recordings are myself and the researcher overseeing my project. Once again I will not be using real names in my final report, and I will not report on anything that would specifically identify you unless we have had a conversation specifically about those details.

Do you have any questions before we begin?

<If yes, answer questions>

### **General**

1. Can you tell me about your history with Greener Village, including any experience with the Fredericton Food Bank's old location?
2. Can you describe a typical visit to the food centre?
3. Are you the person in your household who primarily makes visits to Greener Village?

### **Survey**

I'm going to refer to the survey you filled out previously so I can get a better understanding of your responses. Here is your survey so you can follow with me (give original copy).

<Ask questions corresponding to sections of the survey>

4. A. I see that you have accessed the \_\_\_\_\_ program at Greener Village. Can you tell me a little bit about that?  
B. I see that you haven't accessed programs outside emergency food within Greener Village. Can you tell me a little bit about that?
5. A. When asked about areas you were interested in, you checked off \_\_\_\_\_. Can you tell me about your interest, and why you've waited to become involved with that program?  
B. When asked about areas you were interested in, you didn't show interest in any programs or services. Can you tell me a little bit about that? <after answer, or if no answer: "Is there anything the food centre could do to make programs more accessible or appealing?">
6. A. I see you might be interested in volunteering with the food centre, can you tell me what interested you about the \_\_\_\_\_ department?  
B. If no interest in volunteering, skip to next question.
7. A. I see you've previously visited another food charity. Can you tell me a little bit about your experience there? You don't need to name the other food charity if you are uncomfortable doing so.  
B. Can you tell me a little bit about the general attitudes of the staff and volunteers there?  
C. *If no other food charity indicated, skip to next question.*
8. A. You indicated that you had accessed services at the Fredericton Food Bank before it moved to the Greener Village location. Can you tell me a little bit about your experience there?  
B. On a scale of one to five, you marked your experience with the Fredericton Food Bank as a \_\_\_\_\_. Can you explain why you chose that rating?  
C. *If history with Fredericton Food Bank not indicated, skip to next question.*
9. On the scale of one to five, you marked your experience with Greener Village as a \_\_\_\_\_. Can you explain why you chose that rating?  
B (if other experiences): Can you compare your experiences here with the other organizations you have visited?
10. Is there anything else you'd like to talk about in regards to the survey?

### **Specific Attitude Questions**

A major part of Greener Village's mission statement is to make a comfortable environment that promotes dignity and self-esteem; I'm going to talk about that a little bit.

11. How do you feel when accessing services at Greener Village?
12. Greener Village has many volunteers, and they often interact with visitors. How would you describe the attitudes of the volunteers who work with the food centre?
13. Can you explain how the staff and volunteers at Greener Village treat you/interact with you?
14. Are there any staff members or volunteers at the food centre that have made your experience negative? It is not necessary to give names.
15. Are there any staff members or volunteers at the food centre that have made your experience positive? It is not necessary to give names.
16. Do you agree or disagree with the statement "Greener Village has a comfortable environment"? Can you talk a little bit about your answer?
17. Greener Village gives a variety of food in their hampers. Can you tell me about the food that Greener Village gives out?
18. One of the operational pillars of the Greener Village philosophy is to provide emergency food in a comfortable setting that promotes dignity and self-esteem. Do you believe Greener Village accomplishes this?
19. If there were improvements to be made, what would you suggest?
20. Is there anything else you would like to add that I may not have covered, but which is important to you?
21. If I need to clarify something when I'm compiling my research, do you mind if I contact you?
22. Would you like to see a copy of the final report when it becomes available?

That wraps up all of the questions I had for you! Thank-you again for taking the time to sit down with me. I have an information packet here that tells you how to get in contact with me if you have any comments, questions, or concerns, and your gift card is tucked in there (give info sheet and gift card).

Appendix E: Volunteer Consent to Research

Consent to Research

- 1. I confirm that I have read and understood the description of research and that I was able to ask questions about it. Initial: \_\_\_\_\_
- 2. I understand that I can refuse to answer any question I am not comfortable answering. Initial: \_\_\_\_\_
- 3. I understand that I am free to withdraw from the research at any time without giving any reason, and that any data collected that I supplied will not be used in the final research if I choose to stop participating. Initial: \_\_\_\_\_
- 4. I understand that my interview will be recorded. Initial: \_\_\_\_\_
- 5. I understand that only the principle investigator and the principal investigator's research supervisor have access to any identifying research material. Initial: \_\_\_\_\_
- 6. I understand that my name and any other identifying material will not be used in the final report or any other publications that stem from it. Initial: \_\_\_\_\_
- 7. I understand that being a part of the study will not impact my interactions with the Greener Village Community Food Centre, either as a volunteer or (if applicable) as a client. Initial: \_\_\_\_\_
- 8. I agree to take part in the above study. Initial: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Date: \_\_\_\_\_

Researcher Signature: \_\_\_\_\_

Researcher Name: \_\_\_\_\_

Date: \_\_\_\_\_

Brandi-Lee Riddoch  
Graduate Student  
Department of Sociology  
506-459-7461  
brandi.riddoch@unb.ca

Under supervision of:  
Dr. Luc Theriault  
Professor, Department of Sociology  
506-458-7785  
luct@unb.ca

This project has been reviewed by the Research Ethics Board of the University of New Brunswick and is on file as REB 2016-019.



## Demographic Information

6. Gender:  Male  Female  Other (Specify)

\_\_\_\_\_

7. Age:  18-24  25-34  35-44  45-54  55-64  
 65-74  Over 75

8. Are you currently supporting a dependent?  Yes  No

9. Education Level Completed:

Under High School School  High School (or equivalent)  Trade

Some College University  College Graduate  Some

Associates Degree Degree  Bachelor's Degree  Master's

Professional Degree  Doctorate

Other (Specify) \_\_\_\_\_

10. Would you be interested in further discussing your food centre experience in a private interview?

Yes  No

If yes, please provide your contact information below:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Which method of contact do you prefer?

Phone  Email

Thank-you so much for taking the time to complete this survey. If you have any questions you can contact Brandi Riddoch at brandi.riddoch@unb.ca.

### Appendix G: Volunteer Interview Schedule

Hi <Name>, thanks for coming in. My name is Brandi and I'm a student working on my Master's Thesis in the Department of Sociology with UNB. I'm having chats with several Greener Village volunteers to try and get a feeling of their experiences here. I'm so glad you were interested in sitting down with me. Before we begin I'd like to go over this confidentiality agreement and answer any questions you have about it (Go through confidentiality agreement).

Greener Village benefits from a dedicated volunteer community with an array of perspectives, so this interview is about better understanding those perspectives. I'm not looking for a specific answer to any of these questions; there is no right or wrong, there is only your experience and what you'd like to share with me. Please feel free to be open and know that your opinion is valuable, positive or negative.

With that, we're almost ready to start. Our conversation will be recorded so that I can take notes as accurately as possible. As mentioned in the confidentiality agreement the only people with access to the recordings are myself and the researcher overseeing my project. Once again I will not be using real names in my final report, and I will not report on anything that would specifically identify you unless we have had a conversation specifically about those details.

Do you have any questions before we begin?

<If yes, answer questions>

#### **General**

I'm going to start off by asking you a few questions in relation to your general experience as a volunteer here.

1. Can you explain what motivated you to become involved with the food Centre?
2. Can you describe a typical volunteer shift?
3. How often do you interact with clients during a typical volunteer shift?
4. Working with the public can be difficult. Can you explain any challenges that you face while volunteering?
5. Teamwork can also be difficult at times. Can you share any challenges that you face while working with staff and/or other volunteers at Greener Village?

#### **Survey**

I'm going to refer to the survey you answered previously for a few questions. Here's a copy for you to follow along <give copy>.

6. A. I see you've had the opportunity to volunteer with another food charity. Can you tell me a little bit about your experience there? You don't need to name the other food charity if you are uncomfortable doing so.

B. Can you tell me a little bit about the general attitudes of the staff and volunteers there?

\*\*If no other food charity indicated, skip to next question.

7. You indicated that you had volunteered at the Fredericton Food Bank before it moved to the Greener Village location. Can you tell me a little bit about your experience there?

\*\*If history with Fredericton Food Bank not indicated, skip to next question.

8. On the scale of one to five, you marked your experience with Greener Village as a \_\_\_\_\_. Can you explain why you chose that rating?

9. Is there anything else you'd like to talk about in regards to the survey?

### **Attitudes**

I'm going to ask you a few questions that are geared towards Greener Village's interactions with poverty. You're the expert here. There are no right answers; I'm simply looking for your opinion in relation to these areas.

10. Greener Village is a non-profit which provides services to alleviate symptoms of poverty. As an individual who volunteers in this type of organization, can you explain why clients of Greener Village are in poverty?

11. In your personal opinion, what would need to happen to end poverty in Fredericton?

12. Can you tell me a little bit about your knowledge of Social Assistance (welfare)?

13. Can you give me some descriptive words for recipients of Social Assistance?

14. In your personal opinion, are misfortunes in life due to mistakes that people have made, or are they due to external circumstances? Can you explain your answer a little

bit?

15. One of the operational pillars of the Greener Village philosophy is to provide emergency food in a comfortable setting that promotes dignity and self-esteem. Do you believe Greener Village accomplishes this?
  - a. Are there any areas where you feel Greener Village does not accomplish this? <if yes: "can you give me some suggestions for changing or improving this area?">
  - b. Can you give me an example of where Greener Village does a good job accomplishing this? (If no answer: "It's all right if you can't think of one.")
16. Do you agree or disagree with the statement "Greener Village has a comfortable environment."? Can you talk a little bit about your answer?
17. Greener Village gives a variety of food in their hampers. Can you talk about the food Greener Village provides?
18. If there were any improvements to be made, what would you suggest?
19. Do you enjoy volunteering here?
20. We're just about finished here. Is there anything else you would like to add that I may not have covered, but which is important to you?
21. If I need to clarify something while compiling my report, do you mind if I contact you?
22. Would you like to see a copy of the completed report when it becomes available?

That wraps up all the questions I had for you! Thanks for sitting down and talking to me about your experience. I have an information packet here that tells you how to get in contact with me if you have any comments, questions, or concerns. (Give info sheet).

Appendix H: Staff Consent to Research

- 1. I confirm that I have read and understood the description of research and that I was able to ask questions about it. Initial: \_\_\_\_\_
- 2. I understand that I can refuse to answer any question I am not comfortable answering. Initial: \_\_\_\_\_
- 3. I understand that I am free to withdraw from the research at any time without giving any reason, and that any data collected that I supplied will not be used in the final research if I choose to stop participating. Initial: \_\_\_\_\_
- 4. I understand that my interview will be recorded and that I will review the use of my words in the final analysis prior to publishing. Initial: \_\_\_\_\_
- 5. I understand that only the principle investigator and the principal investigator's research supervisor have access to any identifying research material. Initial: \_\_\_\_\_
- 6. I understand that my name and any other identifying material will not be used in the final report or any other publications that stem from it without prior consultation. Initial: \_\_\_\_\_
- 7. I understand that being a part of the study will not impact my interactions with the Greener Village Community Food Centre, either as a member of the operating staff or (if applicable) as a client. Initial: \_\_\_\_\_
- 8. I agree to take part in the above study. Initial: \_\_\_\_\_

Participant Signature: \_\_\_\_\_  
 Participant Name: \_\_\_\_\_

Date: \_\_\_\_\_

Researcher Signature: \_\_\_\_\_  
 Researcher Name: \_\_\_\_\_

Date: \_\_\_\_\_

Brandi-Lee Riddoch  
 Graduate Student  
 Department of Sociology  
 506-459-7461  
 brandi.riddoch@unb.ca

Under supervision of:  
 Dr. Luc Theriault  
 Professor, Department of Sociology  
 506-458-7785  
 luct@unb.ca

This project has been reviewed by the Research Ethics Board of the University of New Brunswick and is on file as REB 2016-019.

## Appendix I: Staff Interview Schedule

Staff Interview Schedule      Code: \_\_\_\_\_

Hi \_\_\_\_\_, thanks for coming in. Today I'm talking to you as a researcher who is working on their Master's Thesis in the Department of Sociology with UNB. I'm having chats with several Greener Village staff members to try and get a feeling of their experiences here, and I am not operating in my capacity as a staff member right now, meaning I will not be contributing to our conversation but will be asking questions as an impartial, uninformed individual. Please respond as though I'm not familiar with the organization, to the best of your ability. Before we begin I'd like to go over this confidentiality agreement and answer any questions you have about it (Go through confidentiality agreement).

Greener Village benefits from a small number of dedicated staff with an array of perspectives, so this interview is about better understanding those perspectives. I'm not looking for a specific answer to any of these questions; there is no right or wrong, there is only your experience and what you'd like to share with me. Please feel free to be open and know that your opinion is valuable, positive or negative, and that your opinion will stay with me in a confidential context.

With that, we're almost ready to start. Our conversation will be recorded so that I can take notes as accurately as possible. As mentioned in the confidentiality agreement the only people with access to the recordings are myself and the researcher overseeing my project. Once again I will not be using real names in my final report, and I will not report on anything that would specifically identify you unless we have had a conversation specifically about those details.

Do you have any questions before we begin?

<If yes, answer questions>

### **General**

I'm going to start off by asking you a few questions in relation to your general experience as a staff member here.

1. How long have you been working with Greener Village, and which department(s) do you work with? <If more than one: "Which department do you spend most of your time with?">
2. Can you explain how you became involved with the food Centre?

3. Can you describe a typical day in your position?
4. How often do you interact with clients on a typical day?
5. How often do you interact with volunteers on a typical day?
6. Can you explain the organizational structure of Greener Village to me?
7. Working with the public can be difficult. Can you explain any challenges that you face while working?
8. Teamwork can also be difficult at times. Can you share any challenges that you face while working with volunteers and/or other staff at Greener Village?

### **Poverty**

I'm going to ask you a few questions that are geared towards Greener Village's interactions with poverty. You're the expert here. There are no right answers; I'm simply looking for your opinion in relation to these areas.

9. Greener Village is a non-profit which provides services to alleviate symptoms of poverty. As an individual who works in this type of organization, can you try to explain why clients of Greener Village are in poverty?
10. In your personal opinion, what would need to happen to end poverty in Fredericton?
11. Can you tell me a little bit about your knowledge of Social Assistance (welfare)?
12. Can you give me some descriptive words for recipients of Social Assistance?
13. In your personal opinion, are misfortunes in life due to mistakes that people have made, or are they due to external circumstances? Can you explain your answer a little bit?

14. One of the operational pillars of the Greener Village philosophy is to provide emergency food in a comfortable setting that promotes dignity and self-esteem. Do you believe Greener Village accomplishes this?

Are there any areas where you feel Greener Village does not accomplish this?  
<if yes: "can you give me some suggestions for changing or improving this area?">

Can you give me an example of where Greener Village does a good job accomplishing this?

15. Do you agree or disagree with the statement "Greener Village has a comfortable environment."? Can you talk a little bit about your answer?
16. Greener Village gives a variety of food in their hampers. Can you tell me a about the food that Greener Village gives out?
17. If there were any improvements to be made, what would you suggest?
18. We're just about finished here. Is there anything else you would like to add that I may not have covered, but which is important to you?
19. If I need to clarify something while compiling my report, do you mind if I contact you?
20. Would you like to see a copy of the completed report when it becomes available?

That wraps up all the questions I had for you! Thanks for sitting down and talking to me about your experience. I have an information packet here that tells you how to get in contact with me if you have any comments, questions, or concerns. (Give info sheet). Do you have any questions now that we've finished? <Answer questions>.

### Appendix J: Research Assistant Confidentiality Agreement

This study, Attitudes in Food Charities: The Role of the Community Food Centre, is being undertaken by Brandi-Lee Riddoch under the supervision of Dr. Luc Theriault at the University of New Brunswick.

The study has (enter number) objectives:

1. To examine the role of poverty stigma in food charities
2. To examine the role of the community food centre in minimizing stigma

Data from this study will be used to further examine the stigmatizing effects of food charities and open discussion about ways to reduce stigma.

I, \_\_\_\_\_, agree to:  
Name of Assistant

1. Keep all the research information shared with me confidential by not discussing or sharing the research information in any form or format (e.g. surveys, demographic information, information requests) with anyone other than the Principal Investigator;
2. Keep all research information in any form or format secure while it is in my possession;
3. Return all research information in any form or format to the Principal Investigator when I have completed the research tasks;
4. After consulting with the Principal Investigator, erase or destroy all research information in any form or format regarding this research project that is not returnable to the Principal Investigator (e.g. information sorted on computer hard drive).

Research Assistant:

|              |             |        |
|--------------|-------------|--------|
| (Print name) | (Signature) | (Date) |
|--------------|-------------|--------|

Principal Investigator:

|              |             |        |
|--------------|-------------|--------|
| (Print name) | (Signature) | (Date) |
|--------------|-------------|--------|

This project has been reviewed by the Research Ethics Board of the University of New Brunswick and is on file as REB 2016-019.

## Appendix K: Letter of Support from Executive Director

January 12<sup>th</sup>, 2016

Ethics Reviewers and Supervisory Committee of Brandi-Lee Riddoch,

I have read and reviewed the research proposed by Brandi-Lee Riddoch, and find it to be agreeable and see no issue with its progression. While Ms. Riddoch is an employee with Greener Village Community Food Centre under my direct supervision, I realize that I do not have access to research data such as interview transcripts and recordings, research notes, survey data, and/or participant lists et cetera. I understand that confidentiality must be preserved and that I will have access to the final report and any publications which may result from the proposed research. I acknowledge the ethical requirements of the proposed research and understand that no client should at any time be affected negatively by the research process, and that this includes through breaches of confidentiality.

In addition to my understanding of the proposed research, I would like to make it clear that Ms. Riddoch is not in control of any aspect of the organization which could directly influence the population in question, and that she will not take on roles which would put her in direct control of client privileges.

I am willing to give as much support as possible to the research process and recognize that Ms. Riddoch's role as a researcher does not fall under my direction.

Elizabeth Crawford Thurber  
Executive Director  
Greener Village Community Food Centre  
elizabeth@greenvillage.org

Appendix L: GVCFC Plot Map



GVCFC, 2016 – 686 Riverside Drive

\*The food centre owns the land stretching to the river. 690 and 694 no longer exist and are part of 686.

## Appendix M: REB Approval Letter

|                                |  |   |  |
|--------------------------------|--|---|--|
| UNIVERSITY OF<br>NEW BRUNSWICK | PO Box 4400<br>FREDERICTON, NB<br>CANADA E3B 5A3 | TEL 506 453-5189<br>FAX 506 453-3522<br>WWW.UNB.CA/RESEARCH | OFFICE OF THE<br>VICE-PRESIDENT (RESEARCH) |
|--------------------------------|--|---|--|



March 14, 2016

Brandi-Lee Riddoch  
Department of Sociology  
University of New Brunswick  
UNBF - Campus Mail

Dear Ms. Riddoch:

RE: Attitudes in food charities: the role of the community food centre,  
**REB File # 2016-019**

The above project is approved as modified.

Approval is valid for a period of three years from the date of this letter.

**Annual Reports** for this project are due on the 15<sup>th</sup> January of each year, provided that this date is at least six months after the date of project approval. **Final reports** are due 90 days after project completion. Both of these reports can be found on our website at <http://www.unb.ca/research/ors/forms/index.php#ethics>.

Although your application was processed via Expedited Review, for your information we are providing a list of current Research Ethics Board members.

Sincerely,

R. Steven Turner, Chair  
Research Ethics Board

REB Members: Joy Haines Bacon, Community Representative  
Barbara Burnett, Community Representative  
Jeff Landine, Faculty of Education  
Tracey Rickards, Faculty of Nursing  
Usha Kuruganti, Faculty of Kinesiology  
Aloke Chatterjee, Faculty of Law  
R. Steven Turner (Chair), Faculty of Arts, Department of History  
Renée Audet-Martel, REB Coordinator

## **Curriculum Vitae: Brandi-Lee Riddoch**

### **Education and Professional Development**

Master of Arts, Sociology (September 2014-Present)

University of New Brunswick

Bachelor of Arts (Hon.) Sociology; (Maj.) Psychology (May 2014)

University of New Brunswick

Office Administration Certificate (June 2010)

New Brunswick Community College

Ontario Secondary School Diploma (June 2008)

Scarborough Academy of Technological, Environmental and Computer Sciences

### **Employment History**

Business Development Coordinator (July 2014-Present)

Greener Village Community Food Centre

Research Assistant (September 2013 – July 2014)

Canadian Research Institute for Social Policy, University of New Brunswick

Research Assistant (September – December 2013)

The Learning Bar, KSI Research

Annual Fund Supervisor (September 2010 - Present)

Department of Development and Donor Relations, University of New Brunswick

### **Conferences**

Saint Thomas University (2017)

Hunger in Canada: How We Think and How We Respond

Diversity in Human Rights, Fredericton, NB

PROOF Food Insecurity Policy Research (2016)

Minimizing Poverty Stigma in an Emergent Charity Model: A New Brunswick Case Study

Advancing Food Insecurity Research in Canada, Toronto, ON

Atlantic Provinces Political Science Association (2016)

Poverty Stigma in an Emergent Charity Model: A New Brunswick Case Study

Political Science in Action: Research for Social Change, Saint John, NB

### **Awards**

Dr. Althea Warren Macaulay CFUW Scholarship (2017)

New Brunswick Innovation Foundation – Innovative Student Scholarship (2015)

Canadian Sociological Association Undergraduate Student of the Year (2014)

Barbara Pepperdene Essay Prize (2014)

Royal Canadian Legion Medal of Excellence (2008)

Lord Strathcona Medal (2007)