COLLECTIVE KITCHENS IN THREE CANADIAN CITIES: IMPACTS ON THE LIVES OF PARTICIPANTS

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ABSTRACT

Collective kitchens are defined in a general way as groups of persons who meet to plan, shop for and cook meals, in large quantities. The purpose of this study was to explore the health promotion and food security experiences of collective kitchen members, during and away from collective kitchen meetings. The study used qualitative methods, including semi-participant observation and in-depth interviews to study collective kitchen groups. Between September 2000 and June 2002, a total of 21 collective kitchen groups in Saskatoon, Toronto and Montréal were sampled for maximum variation in terms of: type of participant; structure of the group belonged to; and support at the community and organizational level. Data was collected during prolonged observation throughout group planning and cooking sessions, and by conducting in-depth interviews with participants and group leaders. Additionally, data on the community, and the quality and quantity of organizational support provided to collective kitchen groups in each of the three cities, located in three different provinces, was collected through key informant interviews. Observations were recorded using field notes. Interviews were tape-recorded and transcribed verbatim. Observation and interview data from each of the three cities were analyzed separately for dominant themes and then integrated together to establish patterns of collective impacts on the lives of participants. Results indicate the benefits of collective cooking are numerous. First and foremost they are social – support and reducing isolation are central themes to collective kitchen participation. Second they are educational – elements include healthy eating and other food-related skills and learning, as well as some political and social education. Third, for some groups, particularly those experiencing less severe food insecurity,

collective kitchen participation might increase food security. Additional impacts of participation include some aspects of community development and personal empowerment. While this research discusses many positive impacts of collective kitchens, poverty and community disintegration will not be solved by community programming alone.

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CHAPTER 1: INTRODUCTION

1.1 Background

Collective kitchens are groups of people who meet to plan, shop for and cook meals in large quantities for themselves and their families. Collective kitchens emphasize their role as supporting people to acquire high quality nutritious food in a manner that maintains human dignity, while providing participants with skills to improve their quality of life (Collective Kitchen Partnership, personal communication, May 10, 2000). Thus, collective kitchens are based on or address concepts of food security and health promotion.

As many as two thousand collective kitchens may exist across Canada with varying degrees of formal organization. For example, the Saskatoon Collective Kitchen Partnership and the Quebec Collective Kitchens Association are dedicated specifically to supporting collective kitchens in these areas, while in other regions (such as Toronto) groups operate without any central supporting organization.

1.2 Problem and Context for the Research

While a variety of resources are available on how to build a community/collective kitchen, little interest in this area has been shown by researchers working in nutrition and health promotion (Crawford & Kalina, 1997). In a search of Medline, HealthStar and PsychLit, only four published research articles directly about collective/community kitchens were found. Two Masters theses, three research articles

and one report that studied collective kitchens along with other similar programs were found through additional searches. One thesis focused on collective kitchens as an alternative to food banks (Ripat, 1998), with some discussion of their empowering effects, and the other focused primarily on cultural, feminist and community development issues relevant to collective kitchens (Fernandez, 1996).

Collective kitchens are seen as an alternative to food banks as a means of acquiring food (Rouffignat et al., 2001), and one which is more socially acceptable (Tarasuk & Reynolds, 1999). Thus, it is worth exploring how food security can be increased by participation in a collective kitchen. Additionally, the various types of collective kitchens and their relative benefits for participants have not been considered in depth. In addition to nutrition and food security, research about collective kitchens has included aspects of health promotion such as community development, empowerment and participatory education, but again, little in-depth exploration of the health promoting impacts of collective kitchens has been conducted.

1.3 Purpose of the Study

The purpose of this study was to explore, using the central concepts of food security and health promotion, the experiences of collective kitchen members in three cities in regards to the social, nutritional and other skills they perceive to have gained from participating in a collective kitchen. Three cities in three different provinces were chosen because of their diverse support for and experiences with collective kitchens.

1.4 Research Questions

1. What happens during collective kitchen planning and cooking sessions?

1a. How are the roles of leader and participant different in a collective kitchen?

1b. How are group decisions made in collective kitchens?

1c. How does the transfer of skills between group members occur in a collective kitchen?

1d. What types of discussions do group members have about the world outside of collective kitchens?

1e. What types of nutrition and cooking skills are learned in a collective kitchen?

2. How does the experience of participating in a collective kitchen influence the everyday lives of participants?

2a. How does learning that occurs in a collective kitchen transfer into participants' everyday lives?

2b. What aspects of empowerment are experienced through collective kitchen involvement?

2c. What aspects of health promotion are experienced through collective kitchen involvement?

2d. How does collective kitchen involvement change how participants identify themselves as members of a community?

2e. How does being in a collective kitchen influence participant involvement in their communities?

3. How do collective kitchens address food security issues for their participants?

3a. How do participants view the quality of the food they bring home from the collective kitchen?

3b. How do participants view the impact of the quantity of food they bring home on their ability to feed their family?

3c. What cooking, shopping and nutrition skills learned in a collective kitchen enable participants to increase the food security of their family?

3d. How do collective kitchen members feel about the food they bring home in comparison to the food received through other programs?

4. How do collective kitchens operate in another city in Canada?

4a. What comparisons can be made among collective kitchens in the different regions studied (based on community organization support and approach to working with collective kitchens, structure of groups, and emphasis on nutrition versus empowerment and community development)?

1.5 Important Terms

Community Kitchens – "Community-based cooking programs in which small groups of people meet regularly to prepare one or more meals together. Within this general framework, there is a wide variation in models of operation" (Tarasuk & Reynolds, 1999, p. 13).

Collective Kitchens (also referred to simply as a 'group' or a 'kitchen' in the text) – "A small group of people who get together to cook in bulk for their families. These cooking groups pool their money, skill and energy to cook healthy and economical meals that they take home to share with their families" (Collective Kitchen Partnership,

personal communication, March 16, 2004). In Tarasuk and Reynolds (1999), collective kitchens are seen as a sub-grouping of community kitchens and are "characterized by the pooling of resources and labour to produce large quantities of food" (p. 13).

Collective Kitchen Participant (also referred to simply as 'participants' in the text) – In Saskatoon (and in the majority of collective kitchen groups in Toronto and Montreal), a member of a collective kitchen most often helps to plan, shop for and cook meals. She or he takes home food from the cooking sessions.

Collective Kitchen Leader (also referred to simply as 'leaders' in the text) – A leader may be a paid staff person or a volunteer community leader who is responsible for ensuring a collective kitchen group runs smoothly. They may or may not have formal training related to leading a collective kitchen.

Key Informant (also referred to simply as 'informant' in the text) – A key informant is someone who is strategically chosen to provide information on a subject of importance. The key informants in this study were current or previous representatives of organizations supporting collective kitchens.

Cooking Session - A collective kitchen meeting that occurs usually between once and four times per month during which members cook meals together.

Planning Session - A collective kitchen meeting that occurs usually once or twice a month during which members decide upon the dishes they will cook during the cooking session and delegate the responsibility for purchasing food.

Food Security – "A condition in which all people at all times can acquire safe, nutritionally adequate and personally acceptable foods that are accessible in a manner that maintains human dignity" (Canadian Dietetic Association, 1991, p. 139).

Health Promotion – "Health promotion is the process of enabling people to increase control over, and to improve their health" (World Health Organization, 1986).

Empowerment – "A social action process that promotes participation of people, organizations, and communities towards the goals of increased individual and community control, political efficacy, improved quality of community life, and social justice" (Wallerstein, 1992, p. 198).

Community Development – "A group of people in a locality initiating a social action process to change their economic, social, cultural, and/or environmental situation" (Christenson & Robinson, 1989, p. 14).

1.6 Overview

This dissertation is divided into five chapters. Each of the chapters is divided into sections with headings and sub-headings. Chapter 2 – Review of the Literature is organized around a conceptual framework of the areas of research related to the study of collective kitchens. Chapter 3 – Research Methods highlights the orientation to research and the data collection methods used. Chapter 4 – Results and Discussion contains two sub-chapters focusing on personal and community impacts of collective kitchen. The final chapter contains a final discussion, conclusions and recommendations based on the data.

CHAPTER 2: REVIEW OF THE LITERATURE

2.1 Background

All over the world groups of people come together to cook. Examples of communal cooking include the following: Sikhs' centuries-old tradition of cooking together as part of their religious life in the temple (Tognon, Barnaby, Collis, Robertson, & Corrigan, 1999); the *comedores populares* in Peru operating more than 10,000 community kitchens serving meals to about 3 million people; Aboriginal peoples in North America for centuries cooking large quantities of food for ceremonies and gatherings; and every day, women (and sometimes men) all over the world informally cooking together for their families to share.

In Saskatoon, collective kitchens, an example of communal cooking, have been defined by the Collective Kitchen Partnership as "a small group of people who get together to cook in bulk for their families. These cooking groups pool their money, skill and energy to cook healthy and economical meals that they take home to share with their families" (Collective Kitchen Partnership, 2004). The language used to describe this type of communal cooking groups varies from province to province within Canada. For example, in Toronto, Tarasuk and Reynolds (1999) explored what they called community kitchens. Community kitchens in their study were divided into three categories: collective kitchens, cooking classes and communal meal programs. Collective kitchens were characterized by the pooling of resources and labour by participants in order to produce large quantities of food. The groups usually met twice a month, once to plan the meals, and once to cook them.

Crawford and Kalina (1997), in a study carried out in Kamloops, British Columbia, used the term community kitchens to describe a typology very similar to the sub-group of collective kitchens in Tarasuk and Reynolds' (1999) terms. The planning and cooking sessions, pooling of resources, and the size of the groups (four to five participants) were similar, as were the number of meals prepared at each session (four to five). Thus, the use of the term *collective* and *community* kitchen is not consistent in the literature.

The vast majority of the groups included in this study are what Tarasuk and Reynolds (1999) would call *collective kitchens*. For the purposes of this study, a *community kitchen* is a general term for community cooking programs, while *collective kitchen* is a more specific term that describes small groups that generally meet twice a month to plan and cook food in bulk for their families.

The majority of collective and community kitchen members are women, although men do make up a significant minority of participants. For this reason, feminine pronouns will be used in this document in order to acknowledge the female dominance in collective kitchens. Additionally, because women make up such a large majority of people working in and with collective kitchens, it seems relevant to discuss some of the societal issues affecting women as background information on the subject of collective kitchens. Rates of poverty are higher among all groups of women, in Canada and around the world than among men (Daykin, 1998; Hadley, 2001; Muszynski, 1994). Almost one in five Canadian women lives in a low-income situation (Statistics Canada, 2000). Households that spend disproportionate amounts of their pre-tax income on food, clothing and shelter – 20% above the Canadian average for families

– are considered low-income (i.e., below the Statistics Canada Low-Income Cut-Offs (LICO)). Further, racialized women are even more likely to live in poverty, with rates above one in three (Statistics Canada, 2000). Adult Aboriginal women in particular have the highest rates of poverty of any single group in Canada, at above 40% (Statistics Canada, 2000).

A large proportion of collective kitchen participants are single mothers, and according to Statistics Canada, more than 50% of single mother-led families in this country had incomes below the LICO (Gucciardi, Celasun, & Stewart, 2004; Hadley, 2001). Additionally, single-mother families were almost three times as likely than other families to depend solely on welfare for their income (Gucciardi et al., 2004). This poverty leads to significant difficulties in the ability of single mothers and their children to be healthy (Muszynski, 1994).

2.1.1 Beginnings

Collective kitchens as they currently exist in Canada, began in 1985 with two low-income women in Montreal cooking together in bulk (Fournier, Provost, & Goudreault, 1998). Jacinthe Ouellette, her sister-in-law, and occasionally a neighbour cooked together in bulk in an apartment in Hochelaga-Maisonneuve, a low-income neighborhood of Montreal in order to reduce their grocery costs. Workers from a community-based organization in the area went door-to-door to find out how people were living on their often very limited incomes, and came across these women and their coping strategy. When the workers found out what the women were doing, they liked the idea, and over time convinced Madame Ouellette to speak publicly about it. Soon

thereafter other community members started collective kitchen groups. A year later, Diane Norman, a nutritionist working at a community clinic in a neighboring low-income area, heard about collective kitchens, and adapted them to fit some of the work being done in her community. Within a year an additional 15 collective kitchen groups in that neighborhood had started with the help of Diane Norman.

In 1989, members of collective kitchens groups in Montreal initiated a meeting to discuss issues pertaining to collective kitchens, and decided that they wanted to create a provincial body to coordinate the activities of the groups (Fournier et al., 1998). The idea for the provincial body was born of a desire to facilitate the on-going sharing of ideas between groups in the city of Montreal. Additionally, the women involved were concerned that if they did not take control of collective kitchens across the province, their input and values would be lost.

In 1989, when collective kitchen members from Montreal and a few other regions of the province of Quebec met, they defined what collective kitchens were, established the skills and information-sharing needed to sustain collective kitchens, and further developed a proposal for the creation of a provincial association. A few months later, in 1990, the Quebec Collective Kitchens Association was officially formed. Soon after, Diane Norman traveled across Canada to tell others about collective kitchens, and they began to grow in cities and towns across the country.

Currently, collective kitchens exist in many cities across Canada. The Quebec Collective Kitchens Association (QCKA) lists 1,330 collective kitchens in the province. Within the city of Montreal alone the QCKA has 400 collective kitchens. The Community Kitchen Project of Greater Vancouver reports more than 150 community

kitchens in Greater Vancouver and approximately more than 200 throughout British Columbia (Diane Collis, personal communication, November 20, 2004). There is no reliable data on the number of collective kitchens in Saskatchewan, but according to the Saskatoon Collective Kitchen Partnership, almost every community with 5000 or more people, including Yorkton, North Battleford, Regina, Nipawin and Weyburn, has one or more collective kitchens. I have not found information on the numbers of collective kitchens across the other provinces and territories.

Over the years, the Quebec Collective Kitchens Association has developed a relationship with the collective cooking movement in Peru. Collective cooking has a strong history within Latin America, particularly in Peru. Some believe that the *comedores populares*, or people's kitchens, actually originate from the *ollas comunes*, or collective pots, where Peruvian women prepared food collectively for community work projects, during fiestas, and to sustain striking workers' families (Andreas, 1989; Unknown, 1988).

Another antecedent to *comedores populares* in Peru, were the Mothers' Clubs that were established by the government and the Catholic Church in the 1950s and 1960s (Andreas, 1989). These clubs aimed to diffuse the climate of conflict that was building in the country by providing women with basic food supplies and other household items. The groups were able to slip out of their relationship of 'welfare clientelism' in the 1970s with the help of progressive nuns, and the Mothers' Clubs soon became centres of community organizing.

The *comedores populares* began as a survival strategy in the shantytowns of Lima in the 1960s and 1970s (Garrett, 2001). At the time, unemployment and inflation

were skyrocketing. In the *comedores populares* groups of 20-25 families pooled their resources together to produce food (Andreas, 1989). Women paid a small fee to join a group, and then took turns shopping for food and cooking meals. There were also time savings associated with participation that enabled women to work outside of the home. Some *comedores populares* relied on food donations for help in the preparation of food, while others turned their groups into businesses that sold food to others for profit in order to keep the food prices for their members low (Tognon et al., 1999). Still others turned to direct farmer-consumer relationships in order to cut out profits to middle-people (New Internationalist, 1988).

Comedores populares can be considered political organizations because they have often been catalysts for broader discussions on the food situation in Peru (Andreas, 1989; Unknown, 1988). In fact, social workers have said that the kitchens are the largest women's rights organization in the country; they have taken on issues such as women's reproductive rights, marital issues, violence towards women, and the collectivization of domestic work (Andreas, 1989). When the groups have become politically active and made demands on the government, they have sometimes had their food assistance cut, which caused members to begin to critique the broader political system in Peru (Andreas, 1989).

Over the last twelve years, a relationship has been built between collective kitchens in Quebec and *comedores populares* in Peru, with participants from each country traveling to the other to get a better understanding of one another's work (1994). Quebec Collective Kitchens Association members have visited Peru, and

recently, for the ten-year anniversary of the QCKA in 2001, *comedores populares* organizers were invited to share their experiences.

2.2 Research on Collective Kitchens

The published literature on collective kitchens is limited (Ripat, 1998; Tarasuk, 2001a; Tarasuk & Reynolds, 1999). The most recent published report is a study conducted in Calgary where researchers used the population health promotion model to evaluate collective kitchens (Fano, Tyminski, & Flynn, 2004). The model describes the levels of society which should be targeted for health promotion, outlines the determinants of health that must be addressed, and presents strategies for creating change in health (Hamilton & Bhatti, 1996). The authors studied all of the 33 collective kitchens within the Calgary Health Region Collective Kitchen Program. They explained that each individual collective kitchen adapted to fit the particular needs of participants and as such was unique. Different types of collective kitchens had developed based on their location: 1) community-based (initiated by community volunteers), 2) agency-based: health-related (initiated by government or non-governmental organizations and specifically for individuals with physical or mental health needs), 3) agency-based: multicultural (for particular cultural groups or for newcomers to Canada), 4) agency-based: common age group (for teens/young adults, pregnant teens or seniors) and 5) agency-based: other (a drop-in group for low-income families). They found that eight of the 33 collective kitchen groups were communal meal programs where some participants cooked and the whole group shared a meal.

The researchers used a written questionnaire with mostly close-ended questions to examine participants' perceptions of the impacts of collective kitchens on their lives as well as group coordinators' perceptions of their facilitation abilities. Their questions related to the stated objectives of the Calgary collective kitchen program – to increase nutritional knowledge and encourage healthy eating, to provide opportunities to apply practical budgeting and food preparation skills, to promote socialization and social support and to encourage food safety. Upon exclusion of the communal meal program participants (these groups are different from most collective kitchens), the results of the study showed that 75% of participants in collective kitchens found it "easier to buy all the things that my family and I need" since joining the collective kitchen. Seventy-five percent reported having friends within their collective kitchen group whom they could talk to when things were not going well. A further 89% perceived that "In general, some things are better in my life because I joined a collective kitchen". Also, the number of participants who reported eating at least five vegetables and fruits each day increased by 20% (this was the only question measuring healthy eating behavior) and the number of participants who reported planning meals before grocery shopping increased by 30%.

Participants were asked about the knowledge they had acquired in the collective kitchen. Seventy-nine percent of participants felt they had learned to cook healthier foods, 87% felt they had learned to work better in a group, but only 62% felt that they had learned about budgeting. There were also open-ended questions in the questionnaire. The most common response to being asked why participants joined the collective kitchen was for the social benefits. The second most common response was for food preparation skills. Seventy-five percent of participants reported liking social

interactions and support in the groups. The most common dislikes about the collective kitchens were the facilities they used, certain social aspects (mostly related to conflicts in the groups) and disliking the food or wanting 'increased variety' in the food cooked.

According to the authors, their results indicate that the collective kitchen program in Calgary impacted several determinants of health: education, personal health practices and coping skills, social support networks, culture and healthy childhood development. Healthy childhood development and culture were listed because many of the program participants were parents and because several of the collective kitchen groups were for newcomers to Canada and were aimed at helping them to adapt to Canadian life. Further, in relation to the specific aims of the Ottawa Charter for Health Promotion (World Health Organization, 1986) (see section 2.3.2 for a description of the Charter), the authors wrote that the collective kitchens helped to develop personal skills and to strengthen community action at the individual, family and community levels.

Fano, Tyminski and Flynn concluded that collective kitchens are one way to help people build capacity to attain food security and nutritional health. Limitations to the study included its reliance on self-reporting and the low response rate of 24.8% (although the authors indicated that it was a little higher than average for this type of survey). No definition of collective kitchens was presented in the study, nor did they indicate how much food the groups prepared. Another limitation to this and any study of collective kitchen participants, is that people who do not find benefits to collective cooking are unlikely to continue to participate, and will therefore not be included in any study. Also, although the researchers concluded that collective kitchens helped build capacity for food security, they did not study food security directly, except for one

question; three quarters of participants perceived an increase in their ability to purchase family necessities.

In a widely cited study on community kitchens, Tarasuk and Reynolds (1999) sought to describe what a community kitchen is, its funding and resource issues, and the social support it provides. The researchers observed one community kitchen cooking session in each of 10 groups and conducted individual interviews with 14 kitchen participants and 6 group facilitators in order to explore their experiences of and reasons for participating in a community kitchen. They also sought information on the importance of specific aspects of the kitchen in relation to their household food needs and concerns. They concluded that community kitchens were not very effective in dealing with issues of food security due to their limited capacity to address the lack of food that participants were experiencing. Community kitchens were more effective at helping participants consume foods of better quality and of greater variety.

Tarasuk (2001a) published another article on community kitchens based on the same research. Community kitchens were described as enhancing self-help and social support, while enabling participants to manage more effectively within existing social and economic structures by emphasizing food skills and alternative means of food acquisition. Tarasuk argued that greater social support derived from community kitchen involvement may benefit individuals' food security, but there are no clear links established between increased social support and greater food security.

Community kitchens are seen as an alternative to food banks (Tarasuk, 2001a). Tarasuk makes several distinctions between community development initiatives to enhance food security (such as community kitchens) and food banks; first is the

emphasis placed on community building and social cohesion rather than on mobilizing community resources (for example, food bank donation drives). Another key distinction is the origin of the initiatives. "Whereas food banks in Canada are typically located in the voluntary or charitable sector, the alternative programs tend to have their roots in the publicly funded health or social service sectors" (p. 490). The author argues that community kitchens' location within the health and social services sector, rather than in non-governmental organizations, accounts for their emphasis on food skills and alternative means of food acquisition, rather than on deconstructing the structural barriers to food security. Tarasuk argues that the position of community kitchens within government agencies makes it very difficult for them to challenge the policies the same agencies carry out and as such, she suggests that it might be necessary to shift community kitchens away from government sectors, into non-governmental community organizations.

Tarasuk argues that the nature of community kitchens as a self-help strategy is problematic because it may depoliticize (i.e., remove from political discussion) food security in its focus on food. Community kitchens may do so by fueling the perception of food insecurity as a problem of individuals' food management skills, rather than its root in the economic structures of society. For these reasons Tarasuk argues that community kitchens could inadvertently facilitate further reductions in government funding to low-income groups rather than the social changes needed to eliminate poverty.

Another study was conducted in Quebec of 'alternative practices' to food banks to aid food security (activities included were community gardens, cooperative grocery

stores and bulk-buying clubs, community restaurants and collective kitchens) (Rouffignat et al., 2001). The authors state that the particular characteristics of these types of practices are their diversity, emphasis on the social aspects of involvement, respect for the needs of individuals within the groups, and emphasis on the maximum participation of those involved. In the study, 313 participants (mostly women) in 'alternative practices' programs completed questionnaires about the food security status and health of their family (the questionnaire included the Radimer-Cornell set to measure food insecurity – see section 2.3.1 for a brief description of the survey set). A smaller group of participants (n = 57) who participated in more traditional programs (including food banks) completed the same questionnaire. In addition, a small sub-group of participants (n = 22) participated in qualitative interviews. Most of the participants in the study who participated in 'alternative practices' came from collective kitchens.

The authors emphasize that the participants in their study were not a representative sample of people in the two categories of programs, so their data cannot be generalized to other settings. They found that the participants in traditional programs were likely to suffer more severe food insecurity. The authors do not discuss the possibility that participants who chose these 'traditional' programs may have done so *because* of their more severe food insecurity. In the area of health, close to half the participants suffered from at least one health problem. More of the participants from 'traditional' programs (i.e., food banks) suffered from health problems that required prescription medication or for them to follow a specific treatment regime. When asked about social support, participants from 'traditional' programs were more likely to not

have recently participated in any leisure activities, not to have confidants in their community, and to have very low levels of social support. It is important to note that the authors compared their results with the levels of social support encountered in general Quebec society, and found that although participants in 'alternative' programs had more social support than participants in 'traditional' ones, they still had significantly less social support than Quebecois people in general.

Amongst the participants using 'alternative' practices, a large majority of them used a number of different types of programs to cope with their food insecurity, while very few of those participating in 'traditional' practices used any other types of programs. Other findings include that participants in 'traditional' practices were less likely than their 'alternative' counterparts to have looked for a job or sought out education of any kind. Also, participants in 'traditional' practices were less likely to have contributed volunteer hours to the community, to have helped others, and to have exchanged services with others. Further, the authors explain that in general, participants in 'alternative' practices felt better about themselves, were more resilient, and that they benefited from a reduction in their food insecurity as compared to their 'traditional' counterparts. The authors state that although participation in 'alternative' practices enabled participants to feel less anxiety in terms of how to get the food they needed, and also enabled access to somewhat more food, the majority of participants continued to occasionally use emergency charitable food programs.

Barriers to and benefits of participation in food programs in three Ontario communities were elucidated using focus groups with parents, teachers, project staff and children associated with the programs (Edward & Evers, 2001). The programs

included a number of initiatives in addition to collective kitchens. The perceived benefits included hunger alleviation, social support, the creation of neighborhood support networks, and nutrition-related benefits such as increased variety of foods in the diet and the development of cooking skills. The barriers included parental pride, multicultural issues and resources available. The perceived benefits and barriers may or may not be directly relevant to collective kitchens on their own, considering several different types of programs were studied concurrently.

Crawford and Kalina (1997) evaluated community kitchens in Kamloops, British Columbia, both quantitatively and qualitatively. Pre- and post-program questionnaires were administered to 24 collective kitchen participants in order to gather information to assist in the development of the program and to determine whether changes related to food security had occurred through participation in the community kitchen. A process evaluation of the physical environment, the interaction among participants, and whether the session's objectives had been reached was carried out.

Participants in the evaluation project experienced greater social and educational benefits than they had anticipated when beginning their involvement in a community kitchen, while the economic benefits from their involvement were somewhat less than they had anticipated. Offshoot groups from the kitchens addressed other issues that group members perceived as important (one group sought to identify affordable recreational options for low-income women and the other formed to lobby and provide support for people living in poverty). These offshoots may indicate the empowerment of participants (Wallerstein, 1992). Also noted was an increased interest in participating in public life among participants. "Community kitchens do not alleviate poverty, but

provide an approach that enhances food-related knowledge and skills while building strong social support, mutual aid and community connectedness" (Crawford & Kalina, 1997, p. 201).

Fernandez (1996) explored how collective kitchens at a community-based organization in Edmonton, Alberta were experienced by Latin American immigrant women. The study included an examination of documents published by organizations whose goals were to give people the skills to start collective kitchens. The focus was largely on cultural, feminist and community development issues relevant to collective kitchens. Two interviews were conducted with each of five participants, as well as with two key informants who were involved in the organization of collective kitchens. Resource analysis included the documentary film "Stir It Up" (1994), a documentary called "Comedores Populares San Juan de Lurigancho" about community kitchens in Peru, the Collective Kitchens Handbook published by the Edmonton Board of Health, publications about the community organization that ran the collective kitchens, and a report by the Quebec Collective Kitchens Association from 1993-1994.

In the publications, Fernandez noted a dominant technical focus towards teaching what a collective kitchen is, and how a kitchen group is run. Greatest emphasis was placed on budgeting and cooking nutritious meals, rather than on social aspects of collective kitchens. Fernandez developed a set of formats for collective kitchens based on her interview data. According to the author, the purpose of these formats is not for classification of collective kitchens, but rather to enable an understanding of three theoretical orientations to learning taken in collective kitchens. The first format is collective kitchens that operate as "kitchens", that is, purely for the technical aspects of

food preparation. The second format is collective kitchens that balance the technical aspects with non-technical aspects such as group development. The third format includes the development of a critical orientation (critical thinking about political issues relevant to participants) within the collective kitchen groups. There would likely be some blurring of lines between the second and third groups due to a possible evolution from the second format to the third as meaningful relationships develop amongst participants, who then slowly develop a critical orientation.

Fernandez made some interesting observations, such as a lack of dialogue on the socio-economic, political and cultural challenges faced by the participants in the collective kitchens in the study. The potential for the collective kitchen to use popular political education with its participants was largely untapped (the author described this using a Paulo Freire style of political learning – see section 2.3.2.2 for more on Paulo Freire's educational methods).

Ripat (1998) explored how community kitchens met the needs of their members and host communities as understood by those working in and around them in Winnipeg. The objective was to determine whether the study's participants perceived that membership in a community kitchen resulted in any other collective action. A community development framework was used to find out whether aspects of community development had been achieved through community kitchens. The researcher found that successes of community kitchens were in skill building around cooking and nutrition, emotional and informational support for participants, and in the building of individual and community empowerment. Some community kitchen participants became involved in other organizations and community groups as a result

of their community kitchen involvement. Wallerstein (1992) describes participating in increasing community activities as an indicator of empowerment. Ripat (1998) argues that community kitchens should focus more on their broader goals of mutual aid, building self-esteem and empowerment, and that kitchen groups that focused mainly on food and nutrition were less effective in empowering their members. A major limitation of this study is that the data were collected mostly from professionals who were involved with community kitchens, so the results may reflect their views rather than those of participants.

In summary, there is not a great deal of research to date on collective kitchens. What research there is covers a number of areas within health promotion and food security: the determinants of health, empowerment, community development, nutrition education, and charity-based responses to food insecurity. In addition, a common theme to the studies reviewed is the stronger emphasis placed on the food and technical aspects of collective kitchens in comparison to their emphasis on empowerment and community development. Further study of the food security and health promoting impacts of collective kitchens would provide a more in-depth analysis of the impacts of collective kitchen participation, and lead to important areas for further research and elucidation.

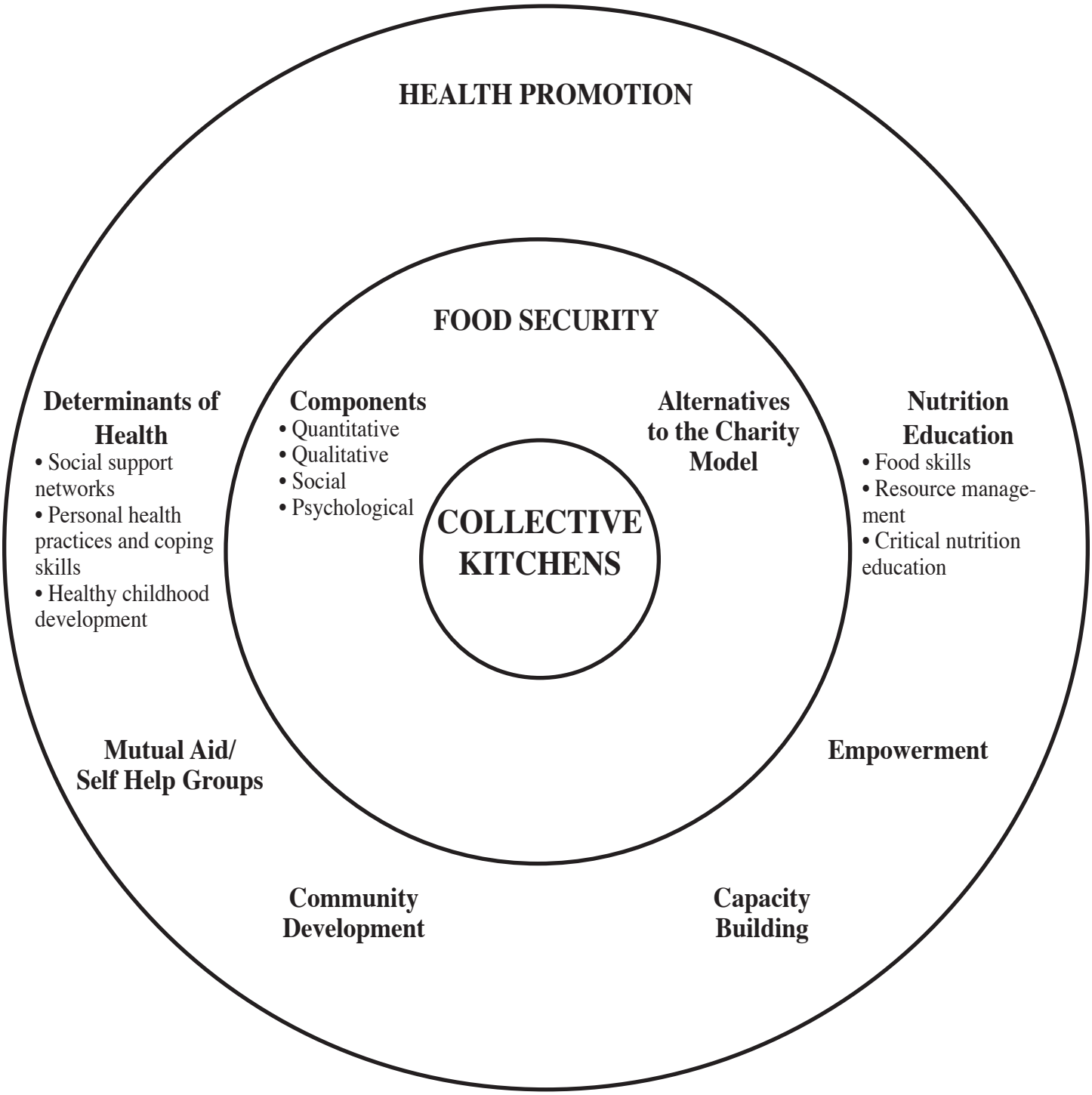
2.3 Literature Review Framework

Collective kitchens began for practical reasons when a group of women decided to cook together to stretch their food dollars (Fournier et al., 1998). Many of those involved with collective kitchens see them as food security initiatives (Crawford &

Kalina, 1997; Fano et al., 2004; Rouffignat et al., 2001). The food security literature is the centre-piece around which the other areas that are relevant to the study of collective kitchens will be framed. This centre-piece will include the general body of literature on food security in the 'developed' world, plus reflections on the charity model to increase food resources.

Although the central literature area relating to collective kitchens is food security, collective kitchens are a particular kind of food security initiative, one that is framed by health promotion concepts. In order to place collective kitchens within a complete literature framework, it is important to look at select health promotion literature, including the determinants of health, nutrition education, empowerment and capacity building, and community development and participatory education. On the following page is a visual model (figure 1) representing the literature relating to collective kitchens.

Figure 1: Literature Review Framework



2.3.1 Food Security

Collective kitchens are considered a strategy to benefit the food security of participants (Bracht, Kingsbury, & Rissel, 1999; Crawford & Kalina, 1997; Tarasuk & Reynolds, 1999). Food security has been defined by the Dietitians of Canada (formerly the Canadian Dietetic Association) as: "a condition in which all people at all times can acquire safe, nutritionally adequate and personally acceptable foods that are accessible in a manner that maintains human dignity" (Canadian Dietetic Association, 1991, p. 139). Food insecurity is defined as limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways (Anderson, 1990). In the "developed" world, the food budget is generally the most discretionary of all household expenditures therefore it is the most likely to suffer when poverty strikes (McIntyre, 2003).

Definitions of food security vary slightly but they most often have four components: quantity and quality of food, certainty of being able to acquire food, acceptability of that food, and the way in which it is acquired (Frongillo, 1999; Frongillo, Rauschenbach, Olson, Kendall, & Colmenares, 1997; Radimer, Olson, & Campbell, 1990). Food must first be available in sufficient quantity. Second, it must be of adequate quality. This refers to basic nutritional guidelines and food safety practices (the food available must not be from high-risk sources – such as rotting food with mold removed or dented cans). The other two components of the food security definition are more complex: certainty of being able to obtain food, and the acceptability of that food. Certainty means that at any time a person will have sufficient means to obtain food. An example of a lack of food security based on certainty is families on welfare who do not

have sufficient money to purchase food at the end of the period before their next welfare cheque (Crawford & Kalina, 1997).

Finally, there is the acceptability of food (Hamelin, Habicht, & Beaudry, 1999). This element of food security is included in order to reinforce the value society places on freedom of choice (Campbell, 1991). Acceptability also includes taste preferences and familiarity with foods. This component also considers the cultural aspects of food. For example, in some religions certain foods are banned, such as beef in Hinduism and pork in Judaism and Islam. A final element of food acceptability is how food is procured. This social dimension of food security includes coping behaviors such as receiving charitable food assistance, seeking food from family and friends, food theft, pawning or selling possessions in order to buy food, and using credit to buy food (Tarasuk, 2001b).

Food banks are not perceived by society to be a socially acceptable means of getting food (Campbell, 1991; Tarasuk, Beaton, Geguld, & Hilditch, 1998). Additionally, maintaining dignity in acquiring food is important to being food secure, and the ability to choose food is important (Canadian Dietetic Association, 1991; Riches, 1997a). To be acceptable, people must have some opportunity to choose the kinds of foods they eat, but this is often not the case at food banks, where boxes of food are prepared ahead of time, containing whatever foods have recently been donated, and packed based on family size, not food preferences (Campbell, 1991).

Table 1 describes the manifestations of food insecurity at both the individual and household levels, noting that food insecurity is first manifested at the less severe household level, and then later at the individual level if it becomes more severe

(Kendall, Olson, & Frongillo, 1995; Radimer et al., 1990). The quantitative component describes what is traditionally known as 'hunger', not having enough to eat at the individual level, or not having food in the house at the household level. The qualitative component concerns the quality of the available food (its nutritionally adequacy, safety, and variety). Food quality is often compromised to cope with a lack of funds to purchase suitable foods. The psychological component includes the fears and decreased feelings of self-worth associated with dealing with the lack of funds to purchase sufficient, quality food, while the social component describes many of the coping strategies used to acquire food when funding has run out, such as through charity, stealing, buying on credit, and the many others listed in the following paragraphs.

Table 1

Components and levels of food insecurity (Radimer et al., 1990)

Component	**Individual Level**	**Household Level**
Quantitative	Insufficient intake	Food depletion
Qualitative	Nutritional inadequacy	Unsuitable food
Psychological	Lack of choice, feelings of deprivation	Food anxiety
Social	Disrupted eating patterns	Food acquisition in socially unacceptable ways

Previously, "hunger" was the term used to describe not having enough to eat (Campbell, 1991). Since the emergence of the currently used definitions of food security, the discussion has evolved from hunger, which deals primarily with individual pain caused by lack of food, to food security, which includes the concept of hunger, but additionally recognizes the many other aspects of the food system that lead to food security or insecurity. "Food insecurity is a social as well as biological, nutritional and

economic phenomenon" (Frongillo, 1999, p. 508S). The term hunger is seen as an individually based concept, while food security involves communities, populations, or even nations.

Many components of the experience of food insecurity have been elucidated (Hamelin, Beaudry, & Habicht, 2002; Hoisington, Armstrong Shultz, & Butkus, 2002; Tarasuk, 2001b). These include shortage of food, unsuitability of food (monotony of the food available, lack of freshness of food, food of reduced nutritional value), a preoccupation with having access to enough food, a feeling of lack of control over the food situation, and a need to hide that lack of control (Hamelin, Beaudry & Habicht, 2002). According to Chen and Che (2001), food insecurity tends to follow a predictable sequence, from worrying about not having enough money to buy food, to compromising on quality, and then finally to compromising the quantity of food eaten.

Individuals who experience food insecurity may react in a number of ways (Hamelin et al., 2002). The reactions include: socio-familial (a distortion in strategies of food acquisition and management, modification of eating patterns, and disrupted household dynamics), hunger and physical impairment (hunger pangs, loss of appetite, fatigue and illness), and psychological suffering (having to go against held norms and values, the loss of dignity, and distress).

Coping strategies to deal with food insecurity are numerous (Hamelin et al., 2002; Hobbs, MacEachern, McIvor, & Turner, 1993; Hoisington et al., 2002; Kempson, Keenan, Sadani, & Adler, 2003; Kempson, Keenan, Sadani, Ridlen, & Rosato, 2002; Olson, 1992; Tarasuk, 2001c; Travers, 1996). The long list of strategies includes: cooking in bulk, freezing foods, substituting canned or frozen for fresh and dried for

canned, reducing or omitting meat, using inexpensive filling foods such as potatoes or noodles, taking out cash advances, putting off paying bills, selling or pawning possessions, stealing, limiting the variety of food, seeking out emergency food, sharing meals with others and trading food to increase variety. Considering the current research, it is interesting to note that in one study, food insecure participants indicated that cooking with others became a coping strategy when they did not have the funds to purchase sufficient foods on their own (Kempson et al., 2003). In the 1996 Canadian national food survey, one fifth of food insecure people reported decreasing the variety of food they ate when they ran out of money to buy food (McIntyre, 2003). Also, mothers limit their food intake in order to allow their children more to eat (Adams, Grummer-Strawn, & Chavez, 2003; Badun, Evers, & Hooper, 1995; Campbell & Desjardins, 1989; McIntyre, Connor, & Warren, 2000; McIntyre et al., 2002; Olson, 1992; Tarasuk, 2001b; Tarasuk & Maclean, 1990).

While some people believe that living on welfare is "easy", in reality "findings indicate discrepancies between welfare incomes and costs of basic needs, which may explain the vulnerability of welfare recipients to food insecurity" (Vozoris, Davis, & Tarasuk, 2002, p. 36). In fact, even supermarkets are geared towards middle and upper income consumers, with their sometimes inflated prices on welfare cheque days, their locations in places where a car is required to reach them, and their specials only for those with enough storage space to take advantage (Olson, 1992; Travers, 1996). Food insecure families lack a nutritionally adequate diet, not because they do not spend their money wisely, but because they do not have enough money to buy what they need, or because what money they do have they do not want to waste on foods that are

unacceptable to some members of the family (Hamelin, Beaudry & Habicht, 2002; Nelson, 2000). This is called "consumption for survival; as long as cost was low, taste acceptable and energy needs were met, food selection was appropriate" (Hamelin et al., 2002, p. 129).

In a study of food insecure people in Quebec, the vast majority of participants compared grocery store prices, made grocery lists, made budgets for their purchases, used sale coupons and shopped in multiple stores to find the best prices as part of their coping with a lack of money to buy food (Rouffignat et al., 2001). When their funds ran out, many of them also went to food banks, asked for money from community agencies, and borrowed money from family or friends. A smaller number of participants bought food on credit or sold their possessions in order to buy food. Rouffignat et al. (2001) found that the greater the food insecurity, the more of these coping mechanisms were used.

Separating poverty from food insecurity in order to study the health implications of food security alone poses a methodological challenge, and as such little research has been conducted to date (Tarasuk, 2001b). Despite this methodological challenge, food insecurity has been associated with poor health (Chen & Che, 2001; Hamelin et al., 2002; Hobbs et al., 1993; Nelson, 2000; Olson, 1992; Vozoris & Tarasuk, 2003), including overweight (Adams et al., 2003; Badun et al., 1995), adolescent dysthymia (chronic depression) and suicidal thoughts (Alaimo, Olson, & Frongillo, 2002), high levels of stress (Olson, 1992), anemia and lower bone density in children (Nelson, 2000). Additionally, one study looked at the cognitive development and academic performance of children who were classified as food insufficient (who sometimes or

often did not get enough food to eat) (Alaimo, Olson, & Frongillo, 2001). They were more than twice as likely to have repeated a grade than food sufficient children. Food insufficient teenagers were more likely to have seen a psychologist, to have been suspended from school, and to have had difficulty getting along with others.

There are two common approaches to the discussion of food security (Power, 1999). The first, and most commonly seen in food security literature, is the anti-poverty approach. The argument in this approach is that Canada has an adequate food supply, therefore food security is a problem of lack of access, most commonly due to inadequate funds to purchase foods in sufficient quantity, of sufficient quality and acceptability, or in a way that maintains human dignity (Riches, 2003). In this approach, the discussion may go beyond food, and into an analysis of social and economic policies. It may include unemployment, minimum wage levels, welfare, taxation policies that unfairly target low and middle-income Canadians and the downsizing of social programs.

The second approach to the discussion of food security is the food systems approach (Power, 1999). Power suggests that this approach is common amongst environmentalists, and those who critique the capitalist food system. In this approach, criticism is based on corporate control of the food system (for example, larger factory farms owned by fewer and fewer people), and the lack of environmental sustainability of food production as it is currently practiced (for example, the burning of fossil fuels in order to transport unprocessed food grown in Saskatchewan to Ontario for processing, and then transporting it all the way back for consumption). It is argued that in order to increase food security, greater local control over the food system is needed (Riches,

1997a, 2003). In fact, Riches argues that current definitions of food security are limited in that they do not acknowledge where the control of the food system lies. The food systems approach often looks at food from many angles: its production, distribution, preparation, preservation, consumption, and waste disposal.

According to Power (1999), community kitchens are a community development self-provisioning activity within the sustainable food systems approach to food security (along with community gardening). Also within this approach are initiatives that create alternative food distribution, for example, Good Food Box programs that allow urban dwellers to purchase inexpensive local vegetables and fruit. A major criticism of both self-provisioning activities and alternative food distribution programs is that they "often exclude the most vulnerable because basic levels of resources which provide stability and an ability to imagine the future are usually prerequisites" (p. 34). Further, they have typically been small in scale and often too focused on food skills (shopping and cooking for example) (McIntyre, 2003).

It is important to note that many groups combine the two approaches in order to address as many food security concerns as possible. Groups such as Metro Toronto Food Share and CHEP (Child Hunger and Education Program) in Saskatoon have developed initiatives that enable small farmers and the urban poor to recognize their common marginalized situation within the capitalist food system (Power, 1999).

Canada currently has no national monitoring system for food insecurity but researchers have used data from the National Population Health Survey to estimate food insecurity rates. The 1998/1999 survey estimated that 10% of Canadians experienced food insecurity (using a definition similar to the one presented above), and children

were deemed the most likely age group to be food insecure, especially if they lived in a single-mother household (Chen & Che, 2001). In fact, families headed by single mothers were eight times more likely to report their children were hungry compared to other families (McIntyre, 2003). Also, upon exclusion of the least severely food insecure from the data, the prevalence of food insecurity in Canada was still at 8% (Chen & Che, 2001). Further, in a recent study of low-income single mothers in Atlantic Canada, more than half of respondents reported personal food insecurity, while almost a quarter of their children also experienced food insecurity (McIntyre et al., 2002).

Using data from the 1996/1997 National Population Health Survey, Vozoris and Tarasuk (2003) found that 4% of Canadians were food insecure (the data excludes on-reserve Aboriginal people and the homeless, therefore it is likely an underestimate). The number is likely also low because of the measure used to determine food security status in the survey; only those participants experiencing extreme food insecurity were deemed 'food insecure'. The two questions asked only about using the services of a food bank and a question on having enough food to eat. In the more recent 1998/1999 survey discussed above, three questions regarding quantity, quality and variety were included, and as such might reflect a more accurate picture of the prevalence of food insecurity at 10%. Vozoris and Tarasuk (2003) concluded that in the future:

> A more comprehensive measure of food insecurity, including an assessment of the temporality and severity of quantitative food deprivation as well as an assessment of qualitative compromises in food selection, uncertainty regarding

food supplies and the acceptability of foods consumed, would be required to characterize fully the extent and severity of food insecurity in Canada. (p. 123)

Food security has been studied both qualitatively and quantitatively (Campbell, 1991; Frongillo, 1999; Hamelin et al., 1999; Tarasuk & Maclean, 1990), and recommendations have been made to continue to study this concept using both qualitative and quantitative methods to fully understand how people experience food insecurity (Frongillo, 1999; Travers, 1997b). Hamelin, Beaudry and Habicht (2002) used focus groups and individual interviews to characterize household food insecurity in Quebec. Tarasuk and Maclean (1990) did an ethnographic study in order to understand the food problems faced by low-income single mothers. Hargrove, Dewolfe and Thompson (1994) used focus groups to explore how a community saw the issues surrounding food security. Badun, Evers and Hooper (1995) used structured interview methods in order to gain an understanding of the prevalence of food security issues in a Southern Ontario community. Additionally, a number of questionnaires have also been administered to explore this topic in a variety of locations (Frongillo, 1999; Hamelin et al., 1999; Radimer et al., 1990).

Some qualitative research has been done in order to elucidate the experiences of food security, but the majority of food security research has focused on developing and validating survey instruments that quantify the nature of food insecurity (Tarasuk, 2001b). Questionnaires and other quantitative methods are adequate for studying the economic aspects of this phenomenon, but additional in-depth qualitative methods such as those used in this project are needed to study the social and contextual aspects of food security (Frongillo, 1999; Tarasuk, 2001a). Some authors have written that while

the currently available tools are able to measure the quantity component of food security, they are not necessarily able to incorporate food safety and dietary quality, i.e., the qualitative component of food security, or the social component of availability of food through socially acceptable channels (Keenan, Olson, & Hersey, 2001; Vozoris & Tarasuk, 2003). Combined methods to study food security are needed because of the complexity of this phenomenon.

The discussion in the literature of the potential impacts of collective kitchen involvement on the food security of participants is somewhat controversial. Tarasuk and Reynolds (1999) did not find any significant impact of community kitchens on the food security of participants. They suggested that collective kitchens do not impact the economic conditions of participants because they don't redistribute wealth in any significant way. Tarasuk (2001b) looked further at the potential for community kitchens to augment household food resources. She concluded that because community kitchens generally only cook once per month, the amount of food taken home is less than 5% of the family's food needs in a month. Therefore, the quantity of food acquired by participants is limited by the small scale of operations. Additionally, there were some community kitchens that were initially subsidized, but over time their funding decreased or was eliminated (Tarasuk, 2001b). Some participants in these community kitchen groups no longer attended once the subsidy ran out, therefore suggesting that the collective purchasing and preparation itself was not a major cost savings for participants.

On the other hand, the definition of food security contains other elements in addition to the quantitative aspect, such as food acquired in dignity, the adequacy of that

food to maintain health, and the personal acceptability of that food. A question about collective kitchens is the extent to which these aspects of food security are addressed. Crawford and Kalina (1997), Ripat (1998), Rouffignat et al. (2001), and Tarasuk and Reynolds (1999) state clearly that participants in their studies saw the qualitative, social and psychological components of food security being addressed by collective kitchens to some extent. Further, Tarasuk (2001b) suggested that the food security of participants may have been indirectly enhanced through the learning of a variety of food preparation and purchasing skills. However, participants' views on this were mixed. Some felt they had learned new skills, while others felt that they were already quite resourceful at making their food dollars stretch. This is consistent with other research on the coping skills of low-income people (Travers, 1995, 1996). Collective kitchens' impact on the quantity of food available in a participant's home is likely not to be significant (although this depends on the subsidy provided for food and the quantity of food produced), but the question remains as to whether or not minimal impacts on quantity, along with more substantial impacts on the qualitative, social and psychological components of food security may be deemed to impact the general food security of participants.

Other areas of note that emerge in the review of literature on food security include the critique of collective kitchens as a self-provisioning activity. Power (1999) writes that self-provisioning activities (also referred to as self-help or mutual aid) such as collective kitchens and community gardening projects often exclude the most vulnerable because in order to participate basic levels of resources are necessary so that participants have the ability to see the future (i.e., to have hope). Perhaps collective

kitchens do not reach those living in severe poverty or other extreme stress situations because their circumstances are such that they do not have enough hope to participate. This critique of collective kitchens becomes particularly relevant when trying to establish who participates, who does not, and for what reasons.

Another critique is the scale of operations of collective kitchens. The number of people benefiting from collective kitchens in any one community is small, and therefore the benefit to the overall food security of the community is even further limited. On the other hand, self-help groups are quite often small, and perhaps the small numbers in individual groups are how social support and empowerment are created. In addition, in communities where only a few groups are in operation, this may be due to a problem finding resources, and perhaps there would be many more groups if sufficient funds were available. As such, a consideration of the scale of operations in individual communities, in addition to an understanding of the constraints on operation may enable researchers to better understand how these factors influence the impacts of collective kitchens.

The anti-poverty approach to food security (Power, 1999), in addition to newer approaches to nutrition education (Travers, 1996, 1997a), take practice beyond an individual lifestyle approach, to the challenging of the system that causes food security in the first place. Charity-based responses to food insecurity on the other hand, follow a depoliticized and often criticized method of dealing with hunger. A focus on charity to solve the problem of hunger de-emphasizes the political reasons why hunger exists in a rich country such as ours. Collective kitchens have been described as an alternative to

charity-based responses (Ripat, 1998; Rouffignat et al., 2001), while their potential to challenge the structural barriers to food security is under question (Fernandez, 1996).

2.3.1.1 Charity-Based Responses

Collective kitchens are often described in comparison to food banks (Ripat, 1998; Tarasuk, 2001a). In a report prepared by researchers in Quebec entitled *From Food Security to Social Development: The Effects of Alternative Practices in Quebec* (author's translation), collective kitchens are described from the outset as an alternative to emergency measures such as food banks (Rouffignat et al., 2001). In Quebec in particular, collective kitchens are often framed in opposition to food banks.

The term 'food bank' is used to describe food depots, food pantries, and other community-based non-profit food distributors (Jacobs Starkey, Kuhlein, & Gray-Donald, 1998). Food bank use in Canada is growing at a dramatic rate. In fact, food bank use in Canada has more than doubled since 1989, including a 5.5% increase since 2002 (Orchard, Penfold, & Sage, 2003). There are 639 food banks across the country with an additional 2648 affiliated agencies. Most food banks provide their clients with less than five days worth of food when available, and allow recipients to use them once per month.

According to Hunger Count 2003 (Orchard et al., 2003), a document published by the Canadian Association of Food Banks, more than 40% of recipients of food are children. Some 58% of food bank recipients receive their income from social assistance, while 11.9% of recipients are part of the working poor.

Food banks are criticized for a number of reasons, one of which is that they frame food insecurity as a lack of food, rather than as a societal problem of poverty (Riches, 1997b). In other words they depoliticize the issue of hunger, thereby inadvertently facilitating the further erosion of income supports for those most impoverished in our society (Hobbs et al., 1993; Riches, 2003; Travers, 1996). Food banks as a private sector, market-based (private donations rather than government funding are solicited) solution to hunger are consistent with the current ideology of decreasing government support to overcome social problems (Tarasuk & Eakin, 2003).

A second problem with food banks is that the food distributed is dissociated from clients' needs (Tarasuk & Eakin, 2002). Clients have little or no control over the food they receive because of the supply-driven nature of food banks. In fact, in an ethnographic study of food banks in Ontario, food bank workers "framed the food as a supplement, or in some cases, as a form of acute hunger relief, but they were under no illusions that the food they provided would fully meet the needs of those who sought their assistance" (p. 8). According to Riches (2003), there is little evidence that food banks reduce food insufficiency or contribute to nutritional well-being. "The structural causes of food poverty are not addressed by surplus food redistribution" (p. 100).

A third common criticism of food banks is that they are highly stigmatizing (Hobbs et al., 1993; Tarasuk, 2001a, 2001b). In a study of women in Toronto using food banks, only slightly more than half of them allowed their children to find out about the family's food bank use (Tarasuk et al., 1998). "The psychosocial costs of a reliance on such a highly stigmatized system of charitable food assistance are perhaps among the most tragic consequences of the entrenchment of food banks in Canadian society" (p.

20). On the other hand, a study in Montreal showed that using food banks and other food aid seemed to have become an accepted practice for a large number of food insecure households despite their initial strong reluctance to use them (Jacobs Starkey et al., 1998). Food banks were seen as a "community service and a necessity rather than an embarrassment" (p. 1148).

At the Saskatoon Food Bank the food available is dependent largely on the types of donations received, and high quality fresh fruit and vegetables are in short supply (Saskatoon Food Bank, personal communication, November 17, 2000). Clients must provide documentation about the size of their family from a health professional. A client may return once every 14 days, and the food bank supplies each time what they calculate to be three days' worth of food.

In their study of the socio-demographic and nutritional characteristics of food bank users, Jacobs Starkey et al. (1998) found in their Montreal study population, that single-parent families were under-represented. Only 12.6% of their study participants were single-parent families, while 18.2% of social assistance recipients in Quebec are single parents. Quebec has relatively large numbers of collective kitchens, and the authors speculated that the discrepancy in their numbers may have resulted from some single-parent families seeking food assistance through collective kitchens, instead of the charitable route of food banks.

Much of the discussion in the literature on collective kitchens contrasts food banks and collective kitchens in terms of stigmatizing effects (Ripat, 1998; Tarasuk & Reynolds, 1999). Collective kitchens are generally not perceived to be stigmatizing for participants. The acts of contributing a portion (or in some cases all) of the funds to

purchase food, choosing what meals to make, participating in the preparation of dishes, and socializing with other people living similar life circumstances seems to limit the possible stigmatizing effects of the program (Crawford & Kalina, 1997; Ripat, 1998; Tarasuk & Reynolds, 1999). Participants are also not required to prove need in order to join a group. Potentially, anyone can join a collective kitchen. At the food bank, on the other hand, recipients generally have little or no choice about the food they receive, have to line up in order to get it, and have to show proof of their need and family size with a note from a health or social services professional. These types of circumstances seem to contribute to the humiliation of not being financially capable of providing food for one's family. A further exploration of these concepts might provide insight into perceptions of food from the two different sources.

2.3.2 Health Promotion

"Health promotion is the process of enabling people to increase control over, and to improve their health" (World Health Organization, 1986). Collective kitchens fit within this general definition and thus can be considered a health promotion strategy (Tarasuk, 2001a; Crawford & Kalina, 1997). According to the World Health Organization, health is "a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity" (World Health Organization, 1986). The definition can be divided into two parts. The first half emphasizes a positive state, and encompasses the language used in the current field of health promotion, while the second half is where much of public health service has traditionally occurred (Labonte, 1998).

In 1974, Canada's then Minister of Health (Marc Lalonde) released the first major national planning document in the world declaring that factors beyond health care are the most important determinants of health (Buchanan, 2000). The Lalonde Report declared that behavioral factors were the most important determinants of health, along with environmental factors (including economic conditions), biologic factors, and medical services (Lalonde, 1974). After its publication, a series of similar reports were released in a number of other countries (Buchanan, 2000). These documents changed the way health was seen in the 'developed' world. In the past, disease was seen as originating in the physical environment and in the agents of infectious diseases, while the new analysis changed the emphasis to personal behaviors and the social environment.

Another shift in thinking came with the Ottawa Charter for Health Promotion (World Health Organization, 1986). This seminal document again shifted the emphasis, this time from personal behaviors (lifestyle factors), to a focus on socioeconomic conditions (Robertson & Minkler, 1994). The Charter broadened the field of health promotion:

> Health promotion is the process of enabling people to increase control over, and to improve their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and realize aspirations, to satisfy needs, and to change or cope with the environment. Health is therefore seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just a responsibility of

the health sector, but goes beyond healthy lifestyles, to well-being. (World Health Organization, 1986)

This opening statement of the Ottawa Charter, a document considered to be integral to the recent theoretical changes in thinking about health promotion, contains several key elements. First is the element of control. Environments need to be created "in which individuals and communities can take the power they need to transform their lives" (Saskatchewan Health, 1999, p. 13). This is often referred to as empowerment. The discussion of empowerment as essential to health is central to not only the Ottawa Charter, but also to many other documents on health promotion published since that time (Robertson & Minkler, 1994).

The next key element in the statement is a definition of health that includes not only physical well-being, but also mental and social well-being. Also stated in the Ottawa Charter (World Health Organization, 1986) is that in order for individuals and communities to be healthy, individuals must be able to achieve their goals and aspirations. This statement suggests that health is not just being free from illness, but also being free to access the resources of life. These aspects of the Charter make health the responsibility of many sectors beyond those traditionally associated with health care (such as individuals and health professionals), to society as a whole.

The model for health promotion as it is described in the Ottawa Charter operates on five separate fronts. These fronts are described as strategies. The first is the creation of supportive environments. This strategy is broad and multidimensional, in that it includes physical, social, political and economic environments (Saskatchewan Health, 1999). The social dimension includes the establishment of healthy social networks. The

political dimension includes democratic participation in decision-making. The economic dimension includes equitable employment and income policies, and finally, the physical dimension is concerned with sustainable development, the linking of health and the natural world.

The second strategy is the strengthening of community action. With appropriate support, communities can act to reduce substance abuse, suicide, school drop-out rates, neglect, abuse, and violence, as well as support positive health practices (Crawford & Kalina, 1997). Some of the ways to strengthen community action are through the development of strong social networks, and skill building so that communities can mobilize to deal with issues affecting their members (Saskatchewan Health, 1999).

The third strategy is to develop personal skills such as decision-making and problem solving, creative and critical thinking, self-awareness and empathy, and the fostering of communication and interpersonal relationship skills (National Forum on Health, 1997).

Other strategies include building healthy public policy, and reorienting health services. The building of healthy public policy is complex in that it requires multidisciplinary and multifaceted approaches, and participatory action in order to make governmental policy decisions that reflect a consideration of the health consequences of economic, social and other policies (Pederson, Edwards, Kelner, Marshall, & Allison, 1988; Saskatchewan Health, 1999). Johnson (1996) describes possible re-orientations to health services: 1) increased sharing between community, professionals and government, 2) more culturally appropriate, holistic approaches, and 3) expansion beyond care and cure to the promotion of health.

The Ottawa Charter (World Health Organization, 1986) model of health promotion includes strategies that are multi-sectoral, and potentially addressed by a wide variety of initiatives. They are broad and over-lapping, and somewhat overwhelming (Saskatchewan Health, 1999).

Health promotion has been critiqued from a number of fronts. Nettleton and Bunton (1995) argued that in practice, health promotion has failed to address the capitalist system that creates inequalities and destroys the natural environment, thereby leading to ill health. They believe that despite the language used in seminal documents on health promotion, it still operates from an individualist perspective that does not take into account the structural conditions of people's lives that make them unhealthy (Daykin & Naidoo, 1995; O'Brien, 1995; Peersman, 1999). Nettleton and Bunton (1995) ask 'Who is deciding what constitutes healthy living?' They suggested it is often white, middle class heterosexuals who have the power to decide what 'healthy' means, and often end up perpetuating stigmas and victim-blaming. Further critiques add that in much of health promotion programming, the responsibility for improving health is placed on women, who, due to their socially marginalized role as 'carers', often lack the power to effect desired changes, which thereby places them in a paradoxical situation of responsibility without power (Daykin, 1998; Daykin & Naidoo, 1995).

The critiques of health promotion also draw attention to the consumer culture around health promotion that continues to make 'healthy lifestyles' part of so many different areas of life (on television, in the grocery store, at fitness centres, etc.) (Nettleton & Bunton, 1995; O'Brien, 1995). Significant criticism has been directed towards the commodification of health 'products' (Daykin & Naidoo, 1995; Nettleton &

Bunton, 1995). The underlying similarity to each of these critiques is the continued individualistic nature of some health promotion in practice, despite the language in its key documents (for example, the Ottawa Charter). Although communitarian values are central to the rhetoric of health promotion, much of its practice continues to focus on individual-level change (Peersman, 1999).

The Ottawa Charter has been influential in the framing of health promotion today. Its health promotion strategies are relevant to the study of collective kitchens. The first three relate to collective kitchens most directly: Create supportive environments; strengthen community action; develop personal skills. The strategies of reorienting health services and building healthy public policy are somewhat less relevant to the study of collective kitchens as they currently operate.

The still limited body of research on collective kitchens shows that they may benefit social support, empowerment and skill building, which relate directly to creating supportive environments and developing personal skills (Crawford & Kalina, 1997; Fano et al., 2004; Ripat, 1998; Tarasuk & Reynolds, 1999), but such benefits may or may not strengthen community action. There are indications that community action is strengthened (Crawford & Kalina, 1997; Ripat, 1998), but this is also an area of disagreement and critique of collective kitchens (Fernandez, 1996). Further exploration is required to understand the strategies in relation to collective kitchens.

Within the literature on health promotion there are a number of important sub-topics that are relevant to the study of collective kitchens: the determinants of health, nutrition education, community development, empowerment, and community capacity

building. There is a great deal of overlap among these topics, and sometimes the lines between them become blurred.

2.3.2.1 The Determinants of Health

The determinants of health are central to a discussion of health promotion. The determinants of health are the key factors that impact the health status of populations; it is by modifying these factors that health promotion strategies, including CKs influence health (Federal Provincial and Territorial Advisory Committee on Population Health for the Meeting of the Ministers of Health, 1994). They include income (and its distribution), social status, employment and working conditions, education, social support networks (sometimes specifically referred to as social inclusion or exclusion), physical environments (some authors particularly mention housing), personal health practices, individual capacity and coping skills, biology and genetics, health and social services, culture and gender. At a recent conference on the determinants of health, the organizers also included food security and the social safety net amongst these determinants (Raphael, 2003).

Table 2 lists the determinants of health as they relate to collective kitchens in particular based upon previous research. Together the determinants of health are the *whats* of health promotion research and practice. The sections following those on the individual determinants of health will look at the *hows* of health promotion to increase control over these determinants of health.

Table 2

Possible Impacts of Collective Kitchens on Determinants of Health

Determinants of Health	**Impact of Collective Kitchens**
Income	Unlikely (Crawford & Kalina, 1997; Tarasuk & Reynolds, 1999)
Social Status	Unknown
Social support networks	Likely (Crawford & Kalina, 1997; Fano et al., 2004; Fernandez, 1996; Racine & St-Onge, 2000; Ripat, 1998; Tarasuk & Reynolds, 1999)
Education	Likely (Fano et al., 2004)
Employment and working conditions	Unknown
Physical environments	Unknown
Biology and genetics	Unknown
Personal health practices and coping skills	Likely (Crawford & Kalina, 1997; Fano et al., 2004; Fernandez, 1996; Racine & St-Onge, 2000; Ripat, 1998; Tarasuk & Reynolds, 1999)
Healthy childhood development	Likely (Crawford & Kalina, 1997; Fano et al., 2004; Ripat, 1998)
Health services	Unknown

2.3.2.1.1 Income and socio-economic status.

The current political conditions in Canada have impacted the determinants of health, particularly in the areas of income and employment (Williams, Deber, Baranek, & Gildiner, 2001). Neo-liberalism is the current dominant political ideology in Canada (Coburn, 2001, 2004; Williams et al., 2001). Under neo-liberalism free markets dominate and the role of the state is greatly reduced. Neo-liberal ideologues believe that the private sphere is inherently more efficient than the public one, and that the privatization of publicly held domains is desirable. The rise of neo-liberalism since the late 1970s has decreased the autonomy of both provincial and federal governments such that they have been forced to decrease corporate taxes and reduce government expenditures (Coburn, 2001; McIntyre, 2003). Further, within this dominant ideology, a

particular form of globalization is emphasized, one where domestic social and economic policies are harmonized with those of the international community (which is heavily dominated by the policies of the United States) (Coburn, 2001; Williams et al., 2001).

Neo-liberal globalization is one in which more and more free trade agreements are signed (Williams et al., 2001). Successive Canadian governments have chosen to sign onto these agreements which restrict their ability to give preferential treatment to local businesses and make domestic social, environmental and economic policies (Baines, Evans, & Neysmith, 1998; Coburn, 2004; Isbister, 2001; Williams et al., 2001). They have contributed to income polarization in Canada, and have undermined the public institutions that were put in place to buffer income inequalities in Canadian society (for example, Medicare, Family Allowance, union and other labour rights, etc.) (Coburn, 2001). "Global neo-liberal politics and policies have increased within national inequalities – and within national health inequalities – partly through changes in markets (weakening unions resulting in lower negotiated pay/benefits) and partly through attack on the welfare state" (Coburn, 2004, p. 45).

Neo-liberals claim that increased economic inequality is inevitable for economic growth and part of the 'reality' of international competition (Coburn, 2001). Further, they suggest that inequality is necessary to motivate a productive economy, by for example, decreasing the cost of labour. But increased economic polarization has an important impact on health (Epp, 1986; National Forum on Health, 1997). Extensive research demonstrates that income and social status are the most important determinants of health (Federal Provincial and Territorial Advisory Committee on Population Health for the Meeting of the Ministers of Health, 1994; Health Canada, 1999). People with

high incomes and education levels tend to be healthier than people with lower incomes and education levels. In a study of communities in British Columbia, household income was negatively related to age-standardized mortality (Veenstra, 2003). In countries in which the gap between rich and poor is the smallest, populations are healthiest in terms of life expectancy, quality of life and mortality (J. W. Frank & Mustard, 1994; National Forum on Health, 1997). Further, the more equally distributed incomes are, the more equal the distribution of self-esteem and control in a society (J. W. Frank & Mustard, 1994).

In Canada, over the last two decades, with the rise of neo-liberal economics, the average income of the lowest to middle income families has declined, while the average income of the top two income groups has increased, thereby increasing the gap between rich and poor (Coburn, 2001; Raphael, 2001; Riches, 1997a, 1997b). According to Raphael (2001), as social and economic inequalities increase, so will the degree of polarization in health inequalities. In addition, there is evidence to show that countries with less inequality or less poverty have better health outcomes and fewer health inequalities than are seen in Canada. Even groups with relatively high socio-economic status are somewhat less healthy than groups of even higher status (Raphael, 2001). The higher the social status, the greater the sense of self-esteem, sense of control and resiliency, which all have important impacts on health (Crawford & Kalina, 1997; J. W. Frank & Mustard, 1994; McDaniel, 1998).

Income and socio-economic status as a health determinant is central to discussions about collective kitchens (Tarasuk & Reynolds, 1999). Tarasuk and Reynolds argue that because collective kitchens have no significant impact on the

finances of participants, they are unable to benefit food security and fight poverty. Several authors have stated that collective kitchens have little impact on the economic condition of participants' lives because they do not redistribute wealth in any significant way (Crawford & Kalina, 1997; Tarasuk, 2001a).

2.3.2.1.2 Social support and social capital.

Social support as a determinant of health can be defined as resources provided by a network of individuals and social groups (Lepore, Evans, & Schneider, 1991). According to Heaney and Israel (2002), social support can enhance a person's ability to access new people and information, which can enable them to identify and solve problems. Social support has been divided into two types by some: structural and functional (Lin, Ye, & Ensel, 1999; Sherbourne & Stewart, 1991).

The structural aspect refers to an individual's location in the social structure, for example their participation in community organizations, their social contacts, and immersion in close social networks (Lee, Arozullah, & Cho, 2004; Lin et al., 1999; Sherbourne & Stewart, 1991). These structural positions enhance the likelihood that a person can access support and needed resources. The functional aspects, on the other hand, refer to activities that serve emotional (sharing sentiments, seeking understanding, and building self-esteem), informational (for example, useful community resources), tangible (for example taking care of children or lending money) and social companionship needs.

Social support (developed through social contact and networks) has a major effect on health and well-being (McDaniel, 1998). For example, in a study of middle-

aged church-goers, social support, self-esteem and optimism contributed to positive health practices (McNicholas, 2002). Social support networks meet individuals' needs for someone to spend time with and listen to their problems and joys. Ideally, healthy social support networks create social opportunities, the fostering of respect for all people, as well as the constructive resolution of conflicts. On the other hand, if it is not given or received well, what is perceived by one as social support, can be perceived by another as insensitivity (Barrera, 2000).

While social support is usually discussed in the context of individuals and small groups (families, friends, etc.), the term 'social capital' is often used at the group and community levels. Social capital has been receiving significant attention in the health promotion literature. It has not yet been firmly defined (Muntaner, Lynch, & Davey Smith, 2000), but its study generally explains how human beings relate and how these relations affect their well-being (Edmondston, 2003). According to Portes (1998), social capital is not a novel concept, but instead has been studied since the early days of sociology. It focuses on the positive consequences of social relationships while de-emphasizing the negative ones, and uses the word 'capital' which evokes the idea of non-monetary forms of capital being used to exert power and influence. Frank and Mustard (1994) suggested that societies with high-quality social capital will be better able to deal with situations of stress. Edmonston (2003) argues that neo-liberal organizations (current work environments and health care settings, for example) need to change radically in order for them to increase social capital because currently such organizations see individuals only and ignore the relationships between them.

Social capital strategies suggest a shift towards seeing the poor as active agents in the transformation of their communities towards healthier, stronger relationships (Warren, Thompson, & Saegert, 2001). However, some have argued that social capital is a vague term, that seems to describe 'all that is good in a community' (Hawe & Shiell, 2000). The concept has been under-theorized in the context of public health (Hawe & Shiell, 2000), and has been presented by some as a cure-all for societal ill health (Kreuter & Lezin, 2002; Portes, 1998). Further, social capital can have a negative side. Some forms are highly exclusionary, or in other ways contrary to community well-being (Portes, 1998; Warren et al., 2001). For example, groups that promote racial hatred may have social capital, but they do not contribute to the health of the community as a whole; in fact, they are more likely to hinder it. High quality social capital can also mean significant social control and the need for conformity, and some group members can be overburdened by the needs of other community members (Portes, 1998). Further, it has been argued that much of the discussion in public health related to social capital is divorced from race, class and gender, and as such is 'shallow' in its analysis of communities (Warren et al., 2001).

It must be emphasized that increasing social capital is not an alternative to providing the financial resources necessary so that poor communities have adequate public services (Warren et al., 2001). For those who want to decrease government responsibility for the social safety net (an idea often associated with neo-liberalism), social capital can be co-opted to absolve the public sector of the need to take care of the poor, and instead privatize the responsibility through community self-help. Indeed, "the main problem for poor communities may not be relative deficit in social capital, but that

their social assets have greater obstacles to overcome and are constantly under assault" (p. 4).

The development of social support networks is consistently listed as one of the most important benefits of collective kitchens (Crawford & Kalina, 1997; Fernandez, 1996; Racine & St-Onge, 2000; Ripat, 1998; Tarasuk, 2001a; Tarasuk & Reynolds, 1999). In fact, Tarasuk (2001a) writes: "a key feature of community kitchens that distinguishes them from other food assistance programs is their participatory format and potential to foster mutual support among participants" (p. 493). Tarasuk (2001a) suggests that perhaps the fostering of mutual support in community kitchens is not because of the communal preparation of food, but more likely because many groups are carefully designed with an explicit goal of social support. Tarasuk found that in the kitchens where social support was an explicit goal, group facilitators had strong skills in that area, and the social aspects of the groups were more heavily emphasized than the technical aspects of cooking. An exploration of the social support provided within collective kitchen groups, and how this translates into feelings of empowerment and other aspects of health, might clarify further how social support can be fostered within cooking groups.

2.3.2.1.3 Health practices and coping skills.

Personal health practices are those individual behaviors that include nutrition, physical activity, and the myriad of lifestyle choices; individual capacity and coping skills are the psychological characteristics that allow individuals to adapt to their environment (Federal Provincial and Territorial Advisory Committee on Population

Health for the Meeting of the Ministers of Health, 1994). These characteristics play an important role in physical and mental health. Collective kitchens may improve personal health practices and coping skills (Crawford & Kalina, 1997; Fano et al., 2004; Fernandez, 1996; Tarasuk, 2001b). All people deserve the opportunity to develop the skills necessary for daily living and some of these skills may be learned through collective kitchens. The learning of cooking, nutrition, food safety and budgeting skills (all aspects of nutrition education) falls into this category. These personal health practices and coping skills are particularly relevant to collective kitchens. Later sections will explore nutrition education and how it relates to the determinants of health. Other health practices and coping skills related to the social, empowerment and community building aspects of collective kitchens will also be explored in later sections.

2.3.2.1.4 Healthy childhood development.

Healthy childhood development is also a determinant of health (National Forum on Health, 1997). This includes prenatal and development during the first years of life. During the early years, while the brain is undergoing its most rapid development, an individual's future ability to cope with the world is largely determined. Only one research article has stated that collective kitchens impact this determinant of health (Fano et al., 2004). If skills are not only learned but also taken home and translated into other aspects of participants' lives, healthy childhood development may be impacted by collective kitchens. Many collective kitchen members are parents or pregnant women (Collective Kitchen Partnership Committee, personal communication, January 10, 2000) and with improved personal health practices and coping skills, as well as social

support networks, they may have stronger resources with which to raise their children. An understanding of the transfer of skills learned and support received into home life might elucidate possible ways in which the health of children can be impacted.

2.3.2.1.5 Other health determinants.

Other determinants of health: employment and working conditions, culture and gender discrimination, education, physical environments, biology and genetics, and health services (National Forum on Health, 1997), are less likely to be impacted by collective kitchens as they currently operate.

2.3.2.2 Nutrition Education

Another aspect of health promotion that has particular relevance to collective kitchens is nutrition education. Nutrition education is "any set of learning experiences designed to facilitate the voluntary adoption of eating and other nutrition-related behaviors conducive to health and well-being" (Contento, Balch, Bronner, & Maloney, 1995, p. 279). Nutrition education generally aims to improve knowledge, attitudes and other mediating variables (for example, health values and personal empowerment), skills, behaviors, and health outcomes (Contento et al., 1995). These behaviors are identified from the needs, perceptions, motivations and desires of the target audience, along with mandated health goals and previous research findings. Effective nutrition education uses models of individual, social and environmental change to enhance awareness and motivation, provide strategies for bringing about behavioral change, and motivate community members to become active participants in interventions. Of note in

a systematic review of over 200 nutrition education interventions, social support, including peer education and an empowerment approach that enhanced personal control, were important to the success of programs (Contento et al., 1995). For example, one study with a gardening box program for seniors to improve the intake of fresh vegetables and fruit found that experiences that provide a perception of choice, control, and social support may be among the most effective means of influencing dietary behavior changes in that population (Hackman & Wagner, 1990). Programs that were oriented mainly to the dissemination of information and teaching of skills in isolation were not very effective at behavioral change.

Professional discourse in public health, including nutrition education, is still in the beginning stages of evolving from an individual orientation to a broader social orientation (Travers, 1996). The lifestyle approach to nutrition education has dominated throughout history and to some extent continues to do so. In this approach, biology and personal lifestyle factors are seen as the major determinants of health, even though the evidence shows otherwise (Tesh, 1988). Throughout much of the nineteenth century, and into the twentieth century, public health discourse was such that the cause of disease was seen as an individual responsibility. Later, discourse shifted and health inequalities were seen as caused by unequal access to treatment. There was a strong emphasis on expert knowledge. Then, in the 1970s, with the re-emergence of a dominant individualist ideology, the lifestyle approach to disease prevention re-emerged as the dominant discourse (Parish, 1995).

The Lalonde Report (1974), a document that is considered to be one of the milestones in the development of health promotion policy, shifted the responsibility for

health from technical "experts" to the individual (Parish, 1995; Travers, 1996). In nutrition education, just after the release of the Lalonde Report, came the first Nutrition Recommendations for Canadians (Health Canada, 1977), which also included a significant emphasis on individual lifestyle (Travers, 1995). The possibility that segments of the population would not be able to implement these recommendations because of structural constraints such as poverty was not understood.

In the early 1980s there was an economic recession and the number of food insecure people in Canada began to grow. In 1981, the first Canadian food bank opened in Edmonton (Riches, 1986). The problem of hunger began to be framed as an environmental problem that needed to be waited out. Better times would come (Travers, 1995). This orientation led nutrition education on food budgeting and telling the hungry to use aid until the economy got better. Rather than challenging why people were hungry in the first place, professionals tried to help people to cope better with their situation (Travers, 1996). But with the Ottawa Charter for Health Promotion (1986), discourse began to shift towards recognizing the links between people and the social structures that impact their health.

Although nutrition education practice still lags behind health promotion discourse (Travers, 1997b), there has been a shift away from a lifestyle perspective to nutrition education, towards practice that takes into account underlying determinants of health such as income and social status, employment, and social support networks. This "new" orientation to nutrition education has been used with the poor in Brazil and other developing countries since the 1960s (Freire, 1970).

Freire's (1970) critique of adult education methods was based on his experiences working with Brazilian peasants living in poverty. He wrote that traditional education was not useful when working with oppressed people because much of the material is not relevant to the life experiences of the learners; the teaching schedules, methods and curriculum are often rigid, there is a reliance on written tests that are prepared by specialists, relationships between students and the teacher are top-down, and the learners have to be submissive. In the current context, educators continue to use Freire's ideas to critique traditional nutrition education methods (Greenwell Arnold, Ladipo, Hongvan Nguyen, Nkinda-Chaiban, & Olson, 2001; Kent, 1988; Travers, 1997a).

Greenwell Arnold et al. (2001) state that much of nutrition education focuses on the learning of coping skills (examples include menu planning and resource management), and that while learners may be able to better cope with their situation, they do not develop the independence to overcome their life circumstances. The authors contrast this type of education with "consciousness raising" whereby a careful analysis of the causes of poverty is conducted, insights into the structure of power are developed, and increased confidence in the ability to organize and act to make change is fostered. This process requires a well-trained facilitator, and the authors note that it brings with it a significant potential for creating conflict within communities, and as such, may not be the method of choice for some nutrition educators. They describe what they call a growth-centered approach to nutrition education, whereby the people involved can choose the knowledge and identify the issues that have priority in their own lives. They identify this approach to nutrition education as being a compromise between traditional

nutrition education that focuses on the learning of coping skills and the "consciousness raising" style of nutrition education discussed above. In this approach an environment that encourages participation should be fostered, and group support and trust should be built.

"As part of a move toward a reduction in nutritional inequities, the discourse must be changed" (Travers, 1996, p. 552). Travers wrote that professionals need to incorporate an analysis of the structural barriers to healthy eating, such as corporate control over food, inadequate welfare policies, and a capitalist market economy that is creating wider and wider gaps between the rich and poor (Raphael, 2002). "Individualistic views provide a rationale for professionals to continue to practice in a manner which attempts to change the 'deficiencies' of the individual while ignoring the social context within which these individuals work" (Travers, 1996, p. 551). One such example is for nutrition and other health professionals to take on the role of changing the still common public perception that health is only a matter of lifestyle (Raphael, 2003; Reutter, Harrison, & Neufeld, 2002).

One of the important elements of effective nutrition education strategies noted in reviewing the literature is that they must be behavior-focused; that is they must use learning experiences that facilitate the adoption of food-related behaviors into daily life. Further, these behaviors should be identified from the needs, perceptions, motivations and desires of participants. These concepts raise certain questions of nutrition education within the collective kitchen environment. Can group learning in the context of active participation in producing meals be considered behavior-focused? Does this hands-on type of learning aid in the transfer of healthy food-related behaviors to cooking at

home? How are participants' needs, perceptions, motivations and desires incorporated into the collective kitchen environment?

The use of models of individual and social change is central to nutrition education intervention research. I was unable to find any explicitly stated use of models of change incorporated into nutrition messages in collective kitchens. Furthermore, there has been little discussion of formalized nutrition education in the context of collective kitchens – indications are that the education component is informal (although there are some exceptions).

Another question of interest is how teaching and learning in collective kitchens is conducted. While nutrition education may be informal in some cases, it is formal in others. How is the relationship between teacher and learner developed? Is there too much focus on the learning of coping skills (resource management for example), and does this limit the potential to create an environment of consciousness-raising (i.e., learning beyond food skills to developing an understanding of the food system itself and the dynamics of poverty)?

2.3.2.3 Empowerment

Empowerment is an important component of health promotion theory. Some authors differentiate between individual psychological empowerment and community empowerment (Bracht et al., 1999; Israel, Checkoway, Schulz, & Zimmerman, 1994): "Psychological empowerment can be defined as a subjective feeling of greater control over one's own life that an individual experiences following active membership in groups or organizations" (Bracht et al., 1999, p.86). It includes beliefs about one's

competence, efforts to exert control, and an understanding of the socio-political environment (Zimmerman, 2000):

> Understanding one's socio-political environment – critical awareness – refers to the capability to analyze and understand one's social and political situation. This includes an ability to identify those with power, their resources, their connection to the issue of concern, and the factors that influence their decision-making. (p. 47)

Another term for individual power is 'power-from-within': personal power, energy, self-discipline and character (Starhawk, 1987). This power is within each person, and is a product of life experiences. Kent (1988) makes the case that powerlessness, more so than poverty, is the root of malnutrition, and that solutions must include empowerment.

Community empowerment, on the other hand, is: "defined by participation in collective political action that results in (a) a raised level of psychological empowerment and (b) the achievement of some redistribution of resources or decision making by a community or subgroup" (Bracht et al., 1999, p. 87) or as a shift towards greater equality in the social relations of power (Laverack & Labonte, 2000). A concept that could be included under community empowerment is 'power with' (Starhawk, 1987). This is power created through group involvement. Community empowerment has a value system (Wallerstein, 2002). Its value system includes a commitment to social justice and the reduction of inequities, social, economic, and in the relations of power between professionals and the communities with whom they work (Zimmerman, 2000). "Empowering processes are ones in which attempts to gain control, obtain

needed resources, and critically understand one's social environment are fundamental" (p. 46).

It is important to note that empowering organizations do not necessarily have to have an impact on policy, but may still enable participants to develop skills and a sense of control, thereby contributing to empowerment (Zimmerman, 2000). As such, in these types of organizations, participants can often share with others who have had similar life experiences, and help them develop a sense of identity with other like people.

At one extreme, empowerment is seen as something one person does to another, at the other it is a process that can only be enabled by another; one can only allow space for empowerment to 'happen' (Labonte, 1994; VanderPlaat, 1999). Critical and feminist thinkers reject the first extreme, in which the role of the outsider is to empower, that is to 'do' something to another so that they can be empowered (VanderPlaat, 1999). But in the second, there is a denial of the relationship between those with power and those without power. Researchers/practitioners assume that because of their position of privilege they are automatically empowered, rather than analyzing in what ways they are empowered, and in what ways they are not (VanderPlaat, 1999). A third concept is that of power as a relational act, taken and given at the same time (Labonte, 1994). In this orientation to empowerment discourse, researchers or practitioners are forced to recognize their role within social relations, and challenge the notion that those with privilege already are empowered by virtue of that privilege (VanderPlaat, 1999). While so doing, relational empowerment requires researchers/practitioners to use their privilege to break down the policies and practices within disciplines that are disempowering to others.

Freire (1970) used the term 'participatory self-competence' instead of empowerment and many definitions of empowerment are based on his model (Wallerstein, 1992). Freire's (1970) model of participatory self-competence includes dimensions of improved self-concept, critical analysis of the world, identification with others as a member of a community, participating with others in organizing for community change, and actual environmental or political change.

Labonte (1993; 1997a) described empowerment as a process occurring within five inter-related spheres: personal care, small group development, community organizing, coalition building and advocacy and political action. Each area is individually important, and practitioners can work at different levels depending on their skills. Personal care is direct service, for example, one-on-one listening and support between a practitioner and an individual. In small group development, people come together, sometimes around a specific task (for example cooking), to discuss issues of concern in their lives. The third sphere is community organizing, the process of organizing around issues beyond those of immediate interest to group members, for example, neighborhood housing conditions. Next is coalition building and advocacy, where community groups begin to work together around issues of concern, thereby broadening their impact. The last area is political action, which is sometimes difficult to differentiate from coalition building and advocacy. In this component actions taken by groups become intensified on local, regional and/or national levels (Labonte, 1994; Labonte, 1997a). The different spheres represent where health workers can become engaged in the empowerment process (intrapersonal, interpersonal, intragroup,

intergroup and interorganizational), and provides a framework for focusing activities within health promotion.

Traditional health promotion practice has an individual orientation, while the new health promotion, as expressed in the Ottawa Charter (1986), places emphasis on social justice through empowerment (Laverack & Labonte, 2000). According to Isbister (2001) social justice has three components: equality, freedom and efficiency. "People deserve to be treated as equals, they deserve to be free, and they deserve to get the best they can out of their limited resources" (p. 4).

Empowerment discourse is central to this newer orientation to health promotion, yet practice is lagging behind (Laverack & Labonte, 2000). Much of health promotion continues to be conducted in a top-down manner, where workers impose their priorities on the communities with whom they are engaged (Laverack & Labonte, 2000), yet it is known that top-down approaches do not provide expected health results (National Forum on Health, 1997). A community development (bottom-up) orientation to health promotion makes empowerment central to practice.

When considering how to enable those involved in a program or a research project to become empowered, one must consider how the empowerment ideology fits into the framework of the organization or community in which one is involved. "Empowerment efforts are likely to be most successful when the commitment to empowerment and community development is consistent, held closely by funding sources and staff, and reflected in organizational structure and activities" (Lugo, 1996, p. 287). Some examples of this commitment are whether participants have the room to contribute their ideas freely, whether all participants are involved in decision-making

processes, whether there is a distinct difference between the 'expert' and the participant, and whether those organizing the program or project are committed to actively seeking the voices of those who are not normally heard (Rappaport, 1990; Zimmerman, 2000).

"Participation facilitates psychological empowerment by developing personal efficacy, developing a sense of group action, developing a critical understanding of social power relationships, and developing a willingness to participate in collective action" (Bracht et al., 1999, p. 87). Several researchers have suggested that the greater the possibility for participation in a program, the more likely the program will be empowering (Rappaport, 1987; Zimmerman & Rappaport, 1988). The size of the program matters in contributing to empowerment (Laverack & Labonte, 2000; Rappaport, 1987). Rappaport states that empowering programs need to be both small enough to allow all participants the opportunity to participate actively, while still being big enough that they can gain access to resources.

Some authors argue that when assessing empowerment, both process and outcome must be considered (Israel et al., 1994; Wallerstein, 2002). Particular outcomes can be used to understand the empowerment of individuals, including situation-specific perceived control, skills and proactive behaviors (Zimmerman, 2000). Different measurements and means of exploring must be used in order to see the process of collective action and the resulting increase in feelings of power within that context.

Empowerment is an important aspect of the literature on health promotion. Collective kitchens could potentially have an impact on both types of empowerment, that is, at the individual and group levels. Skill building might increase a participant's feelings of individual empowerment, while the social support aspects of the group

might increase feelings of 'power-with', and enable participants to shift the social relations of power and gain mastery over new aspects of their lives (Laverack & Labonte, 2000).

It may be useful to consider the process of participating in a collective kitchen in relation to Labonte's (1997a) empowerment holosphere as described above. Collective kitchens can provide personal care, contribute to support group development and possibly lead to community organizing (Crawford & Kalina, 1997; Tarasuk, 2001a; Tarasuk & Reynolds, 1999). It might even be possible that collective kitchens could be the catalyst for advocacy work and political action (Fernandez, 1996; Ripat, 1998), although Fernandez (1996) and Tarasuk (2001a) wrote that the potential for these two constructs was largely untapped in the collective kitchens they researched.

Fernandez (1996), in her study of collective kitchens in Edmonton, wrote that collective kitchens that are oriented towards the technical aspects of cooking and nutrition knowledge are unlikely to contribute to the empowerment of the individuals within them:

> While the group setting and related possibilities constitute one of the greatest potentials for learning about relationships in collective kitchens they are often not pursued. Given this, it may be difficult to argue that within collective kitchens participants are provided with opportunities for empowering themselves. Furthermore, collective kitchens can become very technical and within them reflection is not favoured. These technically focused collective kitchens fail to contribute to the development of quality relationships, solidarity

and/or awareness about personal/societal concerns as well as their connections. (p. 150)

But according to Ripat (1998), "Community kitchens are vehicles through which individual self esteem and empowerment of participants is built. They are also vehicles through which capacity is built for community development and empowerment" (p. 101).

Collective kitchens claim to be participatory (Ripat, 1998), but they may or may not achieve some of the more political aspects of Freire's (1970) theory such as the transformation that may occur in people through involvement in participatory processes. The issue of the politicization of the collective kitchen group is relevant. Fernandez found in her research that in some cases collective kitchens were used to discuss socio-economic situations, which, according to Freire, could lead to the transformation of the collective kitchen into a form of emancipation for participants. Fernandez suggested that the potential for this discussion was not being tapped. What is unclear is if and to what extent collective kitchens may be doing empowering education.

Information on how collective kitchens can be empowering is incomplete. The different formats collective kitchens take may impact how empowering collective kitchens can be; some are more or less participatory, social and critical of the world in which they operate. Depending on these aspects of any one collective kitchen, empowerment may be experienced to a greater or lesser extent, or even inhibited.

2.3.2.4 Community Development

'Community' has many different definitions (Minkler, 1994; Robertson & Minkler, 1994). It can be defined geographically, by common interests and values, and by cultural identity:

> A specific group of people, often living in a defined geographical area, who share a common culture, values and norms, and are arranged in a social structure according to relationships which the community has developed over a period of time. Members of a community gain their personal and social identity by sharing common beliefs, values and norms which have been developed by the community in the past, and may be modified in the future. They exhibit some awareness of their identity as a group, and share common needs and a commitment to meeting them. (World Health Organization, 1998, p. 5)

Community development is "a group of people in a locality initiating a social action process to change their economic, social, cultural, and/or environmental situation" (Christenson & Robinson, 1989, p. 14). The emphasis is clearly placed on a 'grassroots' orientation whereby community members come together to take collective action (F. Frank & Smith, 1999). Problems and solutions are identified by the community itself, rather than by an outsider (Minkler & Pies, 1997). Mittelmark (1999) lists a set of characteristics that are common to all community development initiatives:

> What is most common to all community development initiatives is a philosophy and process that (a) emphasizes the participation of people in their own development (as opposed to the "client" state), (b) recognizes and uses people's assets (as opposed to attending mainly to their problems and limitations), (c)

> encourages the participation of people in the generation of information about community needs and assets (as opposed to research controlled by professionals), (d) empowers people in the political processes that affect their lives (as opposed to non-participation). (p. 19)

Minkler (1997) writes that community organization is "the process by which community groups are helped to identify common problems or goals, mobilize resources, and in other ways develop and implement strategies for reaching the goals they have set" (p. 257). This definition seems to leave more room for community development to be initiated by health workers. It seems that programs that are said to be operating within a community development framework are often not initiated directly by the people in the community (Mittelmark, 1999). It might be unrealistic to think that a community, especially a community in which many of its people feel powerless, will have the capacity to organize itself without the aid of community outsiders. In some cases an outsider may need to initiate the process of community development.

Community development is seen as occurring along a continuum very similar to Labonte's empowerment holosphere (Jackson, Mitchell, & Wright, 1989). The first point along the continuum is developmental casework, where workers provide individual support for community members. The second point is mutual support, where practitioners enable small group discussions and self-help in the recognition that people can develop greater control over their lives when they are not socially isolated. In the third point, issue identification and campaigns, there is a transition from participation in community development for survival, to participation in order to create change. At this level, different smaller groups can be brought together to form coalitions to tackle

issues of common interest. The fourth point is participation and control of services, where differences in social and economic power are challenged, and practitioners must allow participation and control of initiatives by the community. Finally, the last point is social movements, the point at which people develop an on-going commitment to social change, and community developers abandon their roles and work together with communities in achieving their goals. The five-point continuum is such that the more disadvantaged the community the more work is needed along the first points of the continuum.

The development of a sense of community is inherent in the community development process (Chavis & Wandersman, 1990). Sense of community has four domains: perception of the environment, social relations, empowerment, and participation in neighborhood action. "The building of a sense of community acts as a mechanism to stimulate the healthy development of the environment and the people who inhabit it" (p. 56). When community members feel they can influence their environment, they are more likely to undertake community development tasks. Wallerstein (1992) states that "community organizing affects health through enhancing the other community empowerment variables: social supports and networks, psychological empowerment, community participation, sense of community, community competence, and ultimately, control over destiny" (p. 201).

Community development methods are often used for health promotion and food security programming (Leaman & Harrison, 1996). Health promotion programs using community development methods "focus on building community capacities to mount and manage many different kinds of health promotion programs" (Mittelmark, 1999,

p.5). Food insecurity is a problem that is rooted in social and economic policies, and as such, it requires the comprehensive nature of community development strategies (Leaman & Harrison, 1996). These types of health promotion programs often focus on those basic foundations that are necessary in a healthy community, such as developing a sense of connectedness among community members, creating educational opportunities and achieving economic security for citizens.

A form of community development was suggested by Brazilian educator Paulo Freire as part of his writing described in the previous section on empowerment. He developed what he called 'a pedagogy for the oppressed' in which he advocated:

> a participatory education process in which people are not objects or recipients of political and educational projects, but actors in history, able to name their problems and their solutions to transform themselves in the process of changing oppressive circumstances. (Wallerstein & Bernstein, 1994, p. 142)

By the oppressed, Freire (1970) means the poor and uneducated: those who are the most disadvantaged in our society. He emphasized that the people involved must have the opportunity to define their own problems, and that the role of the educator is that of catalyzing the process:

> Attempting to liberate the oppressed without their reflective participation in the act of liberation is to treat them as objects which must be saved from a burning building; it is to lead them into the populist pitfall and transform them into masses which can be manipulated. (p. 52)

There is a need to critically study participatory community development projects in order to understand what participation means and how it occurs in different environments (Kelly & Van Vlaenderen, 1996).

Community development can be problematic for a number of reasons. Power is one issue of concern (Labonte, 1996). Rather than the typical practitioner-client relationship that perpetuates a sort of 'power-over' (Starhawk, 1987), relationships within a community development model flatten out the power structure and create situations in which 'power-with' is fostered. The nature of practitioners' and researchers' position is one of (perceived) power, especially when it comes to marginalized communities (Labonte, 1996). In order to engage in more equal relationships with the communities they are enabling, professionals must recognize their positions of privilege (Labonte, 1996, 1997b). The role of the professional can then become one of helping communities to discover the structures that are hindering them (Freire, 1970; Pilisuk, McAllister, & Rothman, 1997).

Another potential problem with community development is its possible co-optation by powers wishing to devolve governments from their responsibilities (Labonte, 1997b). Authors have recognized that the ascendancy of community in the rhetoric of governments has come in conjunction with the rise of neo-liberalism as the dominant political ideology in Canada (Labonte, 1997b). In the name of community development, government services may be downloaded to communities, without providing them with the resources necessary to sustain those services. As such, the rhetoric of the left and the right can become similar, but for different reasons. One

argues for grass-roots control with broader societal support, while the other aims to absolve governments of their responsibilities to their populations.

Labonte (1997b) wrote that the rise of 'community' rhetoric in conjunction with neo-liberal ideology is no coincidence, and that in order not to absolve the state of its responsibility to citizens, it becomes important to separate the disparate concepts of self-sufficiency and self-reliance (Labonte, 1998). He explained that self-sufficiency "means that the community group is able to mobilize and /or provide its own resources and skills to enable it to function fully autonomously from others" (p. 30); that is, self-sufficiency can easily be used by the state to absolve itself of responsibility to its people. Self-reliance on the other hand, means that health workers are responsible for cultivating interdependencies (reciprocal relationships) rather than the autonomy of individual communities. "Community development is not about strengthening the autonomous isolation of different groups, so much as improving the capacities of less powerful groups to mobilize resources and act with authority in their interdependent relations with more powerful social actors…" (p. 30).

The language used in community development can be problematic, but its principles of community control over problem posing and problem solving are its core elements (Minkler & Pies, 1997). Researchers and practitioners working within a true community development model learn to break from their traditional roles as experts, and recognize the knowledge and experience indigenous to communities (Minkler & Wallerstein, 1997).

Collective kitchens are often described as a community development approach to increasing food security (Ripat, 1998; Tarasuk, 2001b). There has been little critique

of collective kitchens as a true community development initiative. Who initiates collective kitchens, and where does the control over the programs lie? These concepts would be worth exploring in more depth, in addition to understanding if and how community development elements such as sense of community, identification with others, and participation in community activities are related to collective kitchen involvement.

2.3.2.5 Community Capacity Building

Community capacity-building "is about increasing the capabilities of people to articulate and address community health issues and to overcome barriers to achieve improved outcomes in the quality of their life" (Labonte, Woodward, Karen, & Laverack, 2002, p. 181). It places emphasis on the strengths and abilities within communities, rather than on their deficiencies (Baker & Teaser-Polk, 1998; J. W. Frank & Mustard, 1994; Labonte & Laverack, 2001; Norton, McLeroy, Burdine, Felix, & Dorsey, 2002). Capacity-building focuses more on processes (building the 'community infrastructure' for health promotion) than on the outcomes of health promotion programs (Hawe, Noort, King, & Jordens, 1997). It enhances the capacity of a community, thereby contributing a 'value-added' dimension to the usual outcomes expected from a health promotion program.

Community capacity uses an ecological framework, that is a systemic perspective that takes into account the interdependence of people, institutions, services and the broader social and political environment, in order to understand the social relationships and community factors that may facilitate or inhibit a community's ability

to mobilize to address systemic problems (Norton et al., 2002). It is a complex concept with many dimensions (Fawcett et al., 1995; Goodman et al., 1998; Labonte & Laverack, 2001). Dimensions of the concept include: citizen participation — characterized in part by the diversity of participants and their involvement in defining community issues (Goodman et al., 1998; Laverack, 2001); strong community leadership skills (Goodman et al., 1998; Laverack, 2001; Laverack & Labonte, 2000); a community skills base that includes, among others, community assessment capabilities, and knowledge of program planning, implementation and evaluation (Goodman et al., 1998); ability to mobilize internal and external community resources (Goodman et al., 1998; Laverack, 2001); strong social and interorganizational networks (Goodman et al., 1998; Laverack, 2001; Laverack & Labonte, 2000); sense of community – also a dimension of empowerment (Goodman et al., 1998); knowledge of community history; community power (empowerment); a strong sense of community values; and the ability to critically reflect on ideas and actions – related to Freire's (1970) work on participatory education (Goodman et al., 1998; Laverack, 2001; Laverack & Labonte, 2000).

Community development is seen as a tool to build community capacity (F. Frank & Smith, 1999), while empowerment is one of the central dimensions of building community capacity (Goodman et al., 1998). Community capacity, empowerment, and community development are closely inter-related. And, like empowerment and community development, capacity-building activities can be problematic in that they may enhance the well-being of one community or segment of a community at the expense and possible harm of another (Norton et al., 2002).

Some pieces are missing in the search to understand collective kitchens as they relate to community capacity-building. How do increased social support, enhanced personal health practices and coping skills and other educational and leadership-building opportunities relate to capacity-building? There is a need to integrate these concepts in order to build a framework for understanding how community capacity-building, empowerment and community development are related to collective kitchens.

2.3.2.6 Mutual Aid/Self-Help Groups

Collective kitchens have been described as mutual aid groups (Ripat, 1998; Tarasuk, 2001a). A short description of mutual aid/self-help groups is key to understanding one of the basic tenets of collective kitchens - that participants are doing together what they would otherwise do in isolation. The Toronto Self-Help Clearinghouse defines self-help/mutual aid as "voluntary, member-run groups or networks made up of individuals who share a common physical or mental health condition or stressful life situation" (Fine, Hammett, Sernick, & Steinhouse, 1995, p. 114). In these groups, participants with similar lived experiences share emotional support, information, and tangible help (Levy, 2000; Norris, Davey, & Davey, 1995). According to Hyndman (1996), mutual aid/self-help groups can provide social support, information sharing and education, formation of a positive identity, affiliation and community, personal growth and transformation, and advocacy and collective empowerment. They are different from naturally occurring social support systems because they are intentional (Levy, 2000).

Lavoie and Stewart (1995) explain that mutual aid groups focus on experiential knowledge (versus professional knowledge), the interpersonal exchanges are of the mutual aid type (rather than professional support), and the control of group functioning lies with group members. In support groups, by contrast, both professional and experiential knowledge can be important, interpersonal exchanges can be through mutual aid or from professional support, and the control of group functioning generally lies with professionals in charge of the group. Furthermore, in a review of studies looking at the relationships between professionals and mutual aid groups, some of the key values of mutual aid/self-help group members were: mutuality, shared problem solving and responsibility, informal structure and the use of support and role modeling (Stewart, 1990). The author also found that one of the major obstacles to interaction in mutual aid/self-help groups was professional control.

> The benefits of mutual aid groups include:
>
> alleviation of the problem or adaptation to a chronic situation, an expanded and enhanced support network, greater feeling of control, the satisfaction of helping others, new ways of looking at one's problem and potential, the acquisition of new knowledge and skills, heightened feelings of hope, less isolation and marginalization, and access to new resources. (Lavoie & Stewart, 1995, p. 8)

Further, these groups can in some cases also provide opportunities for developing leadership and for pursuing political action that can lead to a profound transformation in world-view (Lavoie & Stewart, 1995). Support groups, on the other hand, may generate the beneficial effects listed above, but are less likely to provide the opportunity for transformation of a world-view, or social changes. When mutual aid and lay knowledge

is highly valued within both mutual aid and support groups, empowerment is more likely to be fostered, and participants are more likely to become involved in creating social change (Lavoie & Stewart, 1995).

The question raised from the above description of mutual aid/self-help groups in contrast to support groups is whether collective kitchens can be described as the previous or the latter.

2.3.3 Research Considerations

In order to work within the community development and health promotion frameworks put forth by those working with collective kitchens, it is necessary to consider how research on collective kitchens is carried out. Research about collective kitchens must take into account the greater goal of creating environments in which values of social justice are present (Rappaport, 1990). "Research from an empowerment ideology suggests that we consider both the long-term abstract potential benefit to knowledge and the likelihood that the research will be consistent with empowerment of the people of concern" (Rappaport, 1990, p. 54). It is important then to consider the kind of research that would be done with these groups in order to make the experience for collective kitchen participants as positive as possible.

It is difficult for researchers to establish trust with low-income research participants (Tarasuk & Hilditch, 1998; Tarasuk & Maclean, 1990; van Ryn & Heaney, 1997). Low-income research participants often associate outsiders in their community with the social workers whom they perceive to have so much power over their lives. Tarasuk and Hilditch (1998) explain in detail the problems with traditional research

methodologies, such as survey methods, when researching the lives of marginalized groups:

> For people who are poor, the question-answer format of conventional research interviews bears strong resemblance to interviews they have experienced when their eligibility for social assistance, food assistance, subsidized housing, and other forms of aid has been assessed. (p. 2)

Tarasuk and Hilditch (1998) discussed methodologies that may help low-income research participants to feel safer. They write in the context of doing food security research with women who had experienced poverty and related food insecurity. They emphasize using open-ended interviews to elicit the types of information needed. The slow establishment of rapport through interaction with participants before individual interviews begin is important. Then, throughout the interview process, listening attentively and allowing participants to speak freely helps them to lose the image of the 'power yielding social worker'. Unlike conventional interview methods where the interviewer is always concerned with keeping the interview on track, interviews with marginalized groups should leave participants more room to discuss topics that are somewhat tangential to the research topic.

There is a power imbalance inherent in the relationship between a researcher and a research participant and the researcher has a responsibility to minimize that power imbalance as much as possible, especially when participants are low-income and likely to feel a great deal of powerlessness in their lives (Patai, 1991; van Ryn & Heaney, 1997). Researchers can establish rapport through familiarization of participants with the researcher (Tarasuk & Hilditch, 1998), and they can use research methodologies that are

participatory to enable participants to feel they are heard through the research process (van Ryn & Heaney, 1997).

In a situation where a researcher is seeking insight into the experiences and perceptions of their research participants, identification with them is almost inevitable (Glesne, 1999). The goal then is to bring subjectivity out into the open so that it can be identified and dealt with.

In a study of groups such as collective kitchens, where participants may have experienced significant powerlessness and harsh realities, a deep commitment to building trust and respect with research participants is necessary (Lincoln, 1995). Without them the data would not exist; therefore it is vital that they understand the importance of their role. It is also important to make the process of sharing their experiences as pleasant and empowering as possible, for a researcher to be friendly and attentive and allow people the space to express themselves freely. But in the end, the researcher has an inherently privileged position when interviewing poor women or women of colour, and while a researcher can and should try to avoid the more obvious pitfalls of exploitation, they will benefit from a research participant sharing her life experiences, and as such, the relationship is very rarely one of equality (Patai, 1991).

2.4 Summary

Collective kitchens are a food security initiative that uses health promotion concepts. Elements of the food security literature as well as aspects of the health promotion literature relate to the study of collective kitchens. A number of questions relating to collective kitchens need to be answered. How do collective kitchens affect

the food security of participants? A further exploration of collective kitchen participants' experiences of food security or insecurity in relation to their involvement in a collective kitchen group, is an important step to clarifying their impacts. Further, knowledge of how determinants of health may be addressed by collective kitchen involvement will be useful, especially social support networks, individual capacity and coping skills, income and social status, and early childhood development. Do collective kitchens really use community development methods, or are they community-based programming (that is, community programs initiated and to some degree controlled by outside groups)? Also, can collective kitchens be considered a effective nutrition education initiative that considers the social context in which participants live?

In the following Methods section, it will be important to consider how these concepts can be explored through the data collection methods. What has also become apparent in the preceding literature review is that information on collective kitchens is incomplete. The voice of organizers and "experts" in the area seems to dominate. Also, little observational data has been collected to describe how meetings happen and how learning takes place in this environment. Researchers have mentioned that other ideas and actions developed from the collective kitchen groups, but it would be useful to gain insight into how participants view the impact of involvement on their own lives.

CHAPTER 3: RESEARCH METHODS

3.1 Methodological Framework

In this study I worked within the constructivist paradigm. Data were collected through qualitative observation and in-depth interviews. The data serve to answer the four major research questions and their sub-questions (pages 2-4).

3.1.1 Researcher's Background

A qualitative researcher is expected to bring her or his subjectivity into the open by being honest about the opinions she or he brings to the research. In order to acknowledge the background and biases I bring to this research project, I have included a short description of myself, my life until now, and some of my values.

I am a French-Canadian woman in my late twenties. I grew up in Vancouver, except for two years of my adolescence and the five years after high school in university when I lived in Montreal. My parents are university-educated, and my mother is a university professor (although when I was growing up she was a nurse and union activist). I was raised believing that I have a responsibility to do what I can to make this world a better, fairer place.

My parents are union activists, and consider themselves socialists. They always made sure that I understood that many of the problems in society come from the unequal distribution of wealth, from the poor getting poorer and the rich getting richer. I was also taught to appreciate diversity, and to accept people with all their differences.

I received a Bachelor of Science degree from the Université de Montréal in Biology, specializing in Biomedical Sciences. I spent much of my undergraduate degree learning about human physiology, pharmacology, nutrition, and a number of other sciences. In my third year of university I found myself becoming more and more frustrated with the lack of discussion on the human side of health. I wanted to learn about how people perceive their health, rather than only about what can go wrong with a human body. I finished my degree with the intention of continuing my education in an area where I could learn about people and their health, about how the world affects people's choices, and about how to make this a healthier place for everyone.

I have never experienced poverty first-hand, but I have worked in environments with people living in poverty, and with addictions and mental illness. I worked for many years at a summer camp run by the United Church and for community centres in poor and working-class neighbourhoods of Vancouver. The camp provided subsidies for most of the campers, many of whom came from extremely difficult family circumstances. I took care of children who were born of addicted mothers, who had only one change of clothes with them for a week at camp, who had no rain gear, or who had only one pair of shoes. I met children who had never eaten vegetables other than frozen peas and carrots or for whom camp was the only time they could eat as much as they wanted at every meal for a whole week.

I also saw the resiliency of some of these children and their parents at 'Moms and Kids' camps. I heard many stories of poverty, addiction, abuse and what made these mothers live through the circumstances in which they had found themselves. I have seen the love mothers living in poverty have for their children, and how badly they want to

give their children the advantages that other families have. I feel a very strong sense of responsibility to people who have had to struggle their whole lives.

In summary, I am a feminist, which means that I believe pursuing the equality of women and men will result in a better world for all. I have socialist-anarchist (although I do not generally define myself as either) views on how society should be organized. I believe strongly in universal health care and other social programs, and that it is to the long-term benefit of all to reduce the gap between rich and poor. I bring this set of values to my work and I understand that these values have a strong impact on the research I do and the way I perceive the information that I receive.

3.1.2 Contructivist Paradigm

In this study, I have largely used the constructivist paradigm (as opposed to the more common positivist paradigm). When working within this paradigm the researcher assumes that realities are subjective and multiple, that they are constructed by each participant and researcher in a study (Creswell, 1994). Thus, a researcher working within the constructivist paradigm has a responsibility to faithfully report the participants' realities by relying on their voices and interpretations for research data.

Several authors make the case for the use of the constructivist paradigm in health promotion research (Labonte & Robertson, 1996; Marcus Lewis, 1996; Travers, 1997b). Travers (1997b) explains that a positivist perspective on studying food-related programs with low-income participants is insufficient for addressing the effects of food and nutrition behavior. This is because positivist research values experts rather than the

experience and perspective of clients. A constructivist paradigm, on the other hand, leaves room for participants' experiences and voices to shape the research process.

A constructivist researcher does not aim to achieve objectivity in a project by distancing themselves from participants (Creswell, 1994). Instead they interact with participants, often over long periods of time. "The epistemology of the constructivist paradigm is tightly linked with community building and partnership" (Marcus Lewis, 1996). In the case of this project, I observed the groups I studied in Saskatoon over a period of three to six months each (I observed the groups in Toronto and Montreal for six weeks only, due to time constraints), and in many ways I became a group member. I did not take food home, but I helped with the preparation of the food. I had snacks with the group, and I spent time listening to them, and talking with them.

As a constructivist I believe that my research is value-laden, and that my reality, values and biases are a part of the study. I must therefore make them explicit, and include myself in the research project. It is for this reason that I am using the first person in my writings and also why I have included a section about my values in the dissertation.

The methodology that I have used is inductive (Creswell, 1994). Instead of setting categories ahead of time in which to place collected data, I built these categories as they emerged from the research process. Then, in order to ensure the accuracy of the data, I included rich descriptions of the context in which it was gathered. I also provided triangulation of data; several forms of data have been collected (i.e., observations, interviews with participants, interviews with key informants, some document analysis).

3.1.3 Qualitative Research

Creswell (1998) states that a qualitative project should be done:

> because a topic needs to be explored. By this I mean that variables cannot be easily identified, theories are not available to explain behavior of participants or their populations of study, and theories need to be developed. ...Use a qualitative study because of the need to present a detailed view of the topic. ...Choose a qualitative approach in order to study individuals in their natural setting. (p. 17)

All these reasons for choosing qualitative research are pertinent to the topic I studied. It was important to study collective kitchen members in their normal setting; otherwise it would have been impossible to observe what was happening during their meetings. Next, the still exploratory nature of collective kitchen research lent itself very well to qualitative methods. Theories about collective kitchens have not been developed, and the few theories that are used in framing collective kitchens are adapted from health promotion.

It can be difficult to study programs that aim to address nutritional problems rooted in social conditions using only traditional methods (Travers, 1997b). In a recent survey-based study on collective kitchens (Fano et al., 2004), for example, no contextual information was provided on how experiences occurred. Qualitative and quantitative research each serve different purposes. Qualitative research attempts to allow research participants the room to express their experiences in their own words, instead of within a predetermined set of answers, which may allow the reflection that is necessary in order to seek out the underlying social conditions that affect nutritional status.

Collective kitchens and empowerment theory are intertwined (Ripat, 1998). Quantitative methods are insufficient on their own to understand how empowerment occurs because it needs to be explored in depth, that is, those who have experienced empowerment require the room to express how they have been affected (Chavis & Wandersman, 1990; Lord & Hutchison, 1993; Rappaport, 1990; Zimmerman & Rappaport, 1988).

In this study, the research questions suggested a qualitative approach to the study because the process of experiencing involvement was of central interest. The questions needed answers that were born of the interpretations and meaning-making activities of the research participants:

> Qualitative researchers are interested in understanding the meaning people have constructed, that is, how they make sense of their world and the experience they have in the world. ...The key concern is understanding the phenomenon of interest from the participants' perspectives, not the researcher's. (Merriam, 1998, p. 6)

For example, the sub-questions to the second major research question that aim to explore the experiences of participating in a collective kitchen and its influence on the everyday lives of participants require participants to have the room to freely explore these experiences in their own words, and without the categorical limitations of close-ended survey questions.

3.1.4 Research Flowchart

The following chart describes the stage-by-stage timeline of this study, from recruitment to data collection, to analysis and interpretation.

Recruitment of participants within the Collective Kitchen Partnership
(July/August 2000)
⇓
Saskatoon semi-participant observation of CKs
(September 2000 – June 2001)
⇓
Contact established with Toronto FoodShare and the Quebec Collective Kitchens Association
(April 2001)
⇓
Semi-participant observation of leadership training in Saskatoon
(May 2001)
⇓
Individual interviews with Saskatoon participants and leaders
(June 2001 – August 2001)
⇓
Interviews with key informants in Saskatoon
(September 2001)
⇓
Preliminary qualitative analysis of Saskatoon observations and interviews
(October – December 2001)
⇓
Recruitment of Toronto and Montreal participants
(February 2002)
⇓
Semi-participant observation and individual interviews in Toronto
(March/April 2002)
⇓
Interviews with key informants in Toronto
(April 2002)
⇓
Semi-participant observation and individual interviews in Montreal
(May/June 2002)
⇓
Interview with key informant in Montreal
(June 2002)

⇓

Preliminary analysis of Toronto and Montreal data
(September/October 2002)

⇓

In-depth analysis of all data
(May 2003 – February 2004)

⇓

Presentation of research back to participants for feedback
(March 31, 2004)

3.2 Study Design

This study was conducted primarily with the Collective Kitchen Partnership in Saskatoon, as well as with Toronto FoodShare and the Quebec Collective Kitchens Association. Due to the different organizational structures of collective kitchens in Toronto and Montreal, and because of my connections in the two cities, and they were included in the study.

In Toronto there were the least time and financial resources invested the broader city-level support for collective kitchens. In Saskatoon, there were somewhat more resources. Montreal had the most energy and resources dedicated to supporting collective kitchens. An exploration of these structural differences provided a better understanding of the issues that affect different collective kitchens and it helped explain the diversity of experiences within collective kitchens in this country.

3.2.1 Saskatoon

The Collective Kitchen Partnership (CKP) Committee in Saskatoon consists of representatives from one government agency and two community-based organizations in Saskatoon (Public Health Services - Saskatoon Health Region, Child Hunger Education Program (CHEP) and the Saskatoon Community Clinic), as well as a

Collective Kitchen Coordinator who is a collective kitchen leader hired on a part-time basis to help the other leaders. At times, there has been a fifth member of the group, a Community Leader who represents community interests on the committee. Funding for the CKP is provided by the Saskatoon Community Clinic, CHEP, and Public Health Services - Saskatoon Health Region. The CKP also receives minimal direct donations each year.

In order to receive funding from the CKP a collective kitchen leader (someone who has already completed the CKP leadership training course) must submit a proposal describing the number of participants, people in their families, and children requiring child care. The proposal must also include when and where they will be cooking, special needs and a finance list. Finances include how much money each person or family will contribute, and the funding needed by the group for food, transportation, childcare, basic shelf ingredients, and an honorarium for the leader. The CKP does not usually reject any proposals, but may ask the leader to reduce some financial requests.

The collective kitchens that were the subject of the Saskatoon component of this study were part of the CKP. In order to lead a collective kitchen that is funded by the CKP, leaders must participate in the leadership training offered by the Partnership. At any one time there are usually between six and ten collective kitchens that are funded by the Partnership, and a few others that have leaders who were trained by the CKP, but receive funding from other sources (that is, they operate outside of the Partnership). It is unknown if there are collective kitchens that have no connection to the CKP. Eight collective kitchens were purposefully sampled for participation in Saskatoon.

3.2.1.1 Recruitment and Sampling Procedures

Contact was established with the Collective Kitchen Partnership in Saskatoon in November 1999. The members of this committee were the gatekeepers, the people who gave their consent before I entered the research setting, and with whom negotiation of the conditions of access were done. After their approval I attended the majority of the CKP's monthly meetings from January 2000 to March 2004.

An important criterion on which to base the sampling of groups in Saskatoon was that they had to be funded by the CKP. This criterion was established largely for access reasons, because gaining access to collective kitchens that were not within the Partnership might have been difficult.

The preliminary stages of this study were begun as part of my Master of Science degree research. While carrying out these preliminary purposeful sampling and observation stages I began the process of transferring into a doctoral program. The data that was collected while I was a Master's student was used in the doctoral study.

Collective kitchens were sampled using purposeful sampling. "The logic and power of purposeful sampling lies in selecting information-rich cases for study in-depth. Information-rich cases are those from which one can learn a great deal about issues of central importance to the purpose of the inquiry, thus the term purposeful sampling" (Patton, 2002, p. 230). Maximum variation sampling of collective kitchens within the CKP was chosen (Patton, 2002) because it was important to seek out participants who could share a variety of perceptions of how the experience of participating in a collective kitchen influenced their lives. Also, it was valuable to observe a variety of types of collective kitchen groups.

I did not have a relationship with every collective kitchen group, and therefore was incapable of making a sampling decision based on maximum variation without the help of the Collective Kitchen Coordinator. I requested a list of characteristics of each collective kitchen group from the Coordinator. These included the number of group members, their cultural background, number of children, community involvement, length of participation in a collective kitchen, and how long the group had been in operation. The Coordinator encouraged the groups to fill out the forms and my supervisor and I used this information to choose groups to include in the study based on maximum variation sampling. The purposeful sampling of three collective kitchen groups for the observation component of this study was done in September 2000. Four more collective kitchen groups were sampled for observation and in February and March 2001 and an additional group was sampled for observation in September 2002 (for a total of eight collective kitchen groups).

From the collective kitchens participating in the first component of the study, sampling for interviews was also done based on maximum variation. In Saskatoon, three collective kitchens were not included when it came time to conduct interviews. The first group was not included because I observed them once and then could not make contact with the group leader (although I know that the group had not disbanded, the leader did not return my calls). The second group was disbanded after the location where it was offered decided to cut the program against participants' wishes. The third was not included because themes were consistently being repeated during interviews, thus data saturation (when the researcher is no longer hearing or seeing new

information) was achieved before it came time to sample interview participants from this group.

3.2.2 Toronto

In Toronto, I collected data with the help of FoodShare, an organization that works on issues of food security. It seems that over the eighteen months preceding April 2001, FoodShare had become less and less involved with collective kitchens. While they once put significant resources into collective kitchens in that city, they had recently decreased their support for collective kitchens. At the time of my meeting they kept a database of collective kitchens known to them in the city and provided some training for interested groups. Community groups that were interested in operating collective kitchens had to find their own resources to do so.

3.3.2.1 Recruitment and Sampling Procedures

Contact was established with Toronto FoodShare in April 2001. I attended a meeting with a representative of this organization; she agreed to help me carry out my research.

Sampling of collective kitchens in Toronto was done with the help of information from Toronto FoodShare. They provided their most up-to-date lists of community kitchens and from that information I contacted as many groups as possible to find out their respective characteristics (e.g., how often the groups cooked, their target population, length of operation, and type of organizational support). I used this list of criteria to sample based on maximum variation (Patton, 2002).

In Toronto there were few groups who cooked food in bulk. Key informants said that in the past there had been more groups cooking food in bulk, but few remained, and most of the groups that were left cooked a weekly or bi-weekly meal together to eat, and took the leftovers home. Although the intended groups to include in the overall study were collective kitchens – that is groups that cook in bulk to some degree – because only a small number of groups filled this criterion, bulk cooking was somewhat less of a focus in Toronto.

In order to get the information required to make a sampling decision, I contacted the individual community kitchen groups by phone and by email. I was unable to contact a number of groups, either because I never got an answer, my messages were not returned, or the groups were no longer operating.

Three key informants in Toronto from organizations that supported (or previously supported) collective kitchens gave information about community organizing for food security in that city. The sampling method used was again maximum variation – the key informants were chosen because they represented three very different organizations: a government agency, a larger community organization that works on food issues, and a small community organization that focuses on a variety of areas related to the daily lives of low-income people in their neighbourhood.

3.2.3 Montreal

In Montreal the Quebec Collective Kitchens Association operates as an umbrella organization for collective kitchens. Significant resources are dedicated to collective kitchens. Four full-time paid staff work to expand collective kitchens, to perform

advocacy work for women and low-income people, and to enable communication among collective kitchens across Quebec. The Association also has a network throughout the province that has general meetings every year to discuss the on-going direction of collective kitchens in the province.

3.2.3.1 Recruitment and Sampling Decisions

Contact was established with the Quebec Collective Kitchens Association (QCKA) in April 2001. I attended a meeting with representatives of this organization, and at that time they agreed to help me carry out my research. Sampling of collective kitchens in Montreal was done with the help of information from the QCKA. They provided their most current list of collective kitchens and from that information I contacted as many groups as possible to find out their respective characteristics (see 3.2.1.1 for the criteria). These characteristics were used to find maximum variation for sampling (Patton, 2002). This was done over the phone and by email. I sometimes called groups back three to five times in order to speak to the correct informant. I was unable to contact a number of groups, either because I never got an answer, my messages were not returned, or the groups were no longer operating. I intentionally sampled groups that were as diverse as possible in regards to their respective characteristics, as long as they fell within the general description of 'collective kitchen'.

In Montreal an interview was conducted with the Executive Director of the QCKA on the role of that organization.

3.3 Data Collection Methods

3.3.1 Observation

> Participant observation provides the opportunity for acquiring the status of "trusted person". Through participant observation—through being a part of a social setting—you learn firsthand how the actions of research participants correspond to their words; see patterns of behavior; experience the unexpected, as well as the expected; and develop a quality of trust with your others that motivates them to tell what otherwise they might not. (Glesne, 1999, p. 43)

Semi-participant observation was used to collect data throughout this research project. Glesne (1999) refers to this type of observation as taking on the role of observer as participant, where the observer is primarily an observer, but has some interaction with the study's participants. In the case of this study, an example of this role was myself participating in the food preparation, but making an effort not to contribute more than necessary to the conversations and other interactions of participants. The goal in choosing this observational role was not to have a strong impact on the group dynamics, nor to make the participants feel uncomfortable by sitting and watching them.

The literature on qualitative methods contains many explanations of how to observe. If the participants in the setting might be intimidated by the researcher continually taking notes, it is permissible to take a few notes during the observation period, but then take longer, more complete notes immediately after (Lofland & Lofland, 1995). In the beginning I took minimal notes during the cooking and planning sessions. More detailed notes were generally made immediately after the observation.

As I established rapport with participants I took more notes in the presence of collective kitchen members.

Several authors provide detailed descriptions of how to observe and take good field notes (Glesne, 1999; Lofland & Lofland, 1995; Marshall & Rossman, 1995; Merriam, 1998). Some important points are to use precise words (rather than words like *many* and *some)* (Glesne, 1999), to take detailed notes as soon as possible after the observation period (Lofland & Lofland, 1995), to make diagrams of the research setting (Merriam, 1998), and to write down as much information as possible at the beginning of the observation period in order not to miss anything that may be important later (Glesne, 1999).

The first stage of data collection entailed the observation of collective kitchen groups at work. Eight collective kitchens in Saskatoon were purposefully sampled. Later I also sampled six community kitchen groups in Toronto and seven collective kitchen groups in Montreal. I attended planning and cooking sessions with each of the sampled groups in Saskatoon over a period of three to six months. In Toronto and Montreal this period lasted about six weeks in each city during which time I attended two to three community/collective kitchen planning and cooking sessions each week. The first research question I considered was: What are the experiences that occur during a collective kitchen meeting? In order to begin to answer this question I observed the transfer of learning, group dynamics, how different members participated, and cooperation. Finally, exploration of the different formats of collective kitchens was done through observation.

In May 2001 the Collective Kitchen Partnership in Saskatoon held a four-day training session for new collective kitchen leaders. I attended this workshop as a semi-participant observer in order to gain an understanding of the information and hands-on learning experiences provided for future leaders.

3.3.2 Individual Interviewing

A second method for data collection was one-on-one in-depth interviews with collective kitchen members and with the Collective Kitchen Partnership Committee based on a method suggested by Seidman (1998). "In this approach interviewers use, primarily, open-ended questions. The task is to build upon and explore the participants' responses to those questions. The goal is to have the participant reconstruct his or her experience within the topic under study" (Seidman, 1998, p. 9). Active interviewers should be familiar with the material, cultural, and interpretive circumstances to which respondents might orient, and with the vocabulary through which experience will be conveyed (Holstein & Gubrium, 1995). In this study, the use of observation before beginning any interviews aided in this process.

Seidman (1998) suggests a format for interviewing – a series of three separate interviews with each participant. The first interview seeks to "establish the context of the participant's experience" (p. 11). The interviewer asks the participant about any relevant aspects of his or her life that have led up to the experience being studied. The second interview involves seeking details on the current experiences of participants in collective kitchens. Seidman recommends asking the participant to describe specific stories as a way of eliciting more detail on his/her experiences. The third interview is

where the interviewer asks questions to elicit the participant's reflections on the meaning they make of their experiences (Seidman, 1998). "Making sense or making meaning requires that the participants look at how the factors in their lives interacted to bring them to their present situation" (p. 12).

In the case of this project, in order to reduce respondent burden, the three interviews were collapsed into two for interviews in Saskatoon (see Appendix B to view the interview guides). The first and second interviews based on Seidman's format were conducted together, while the third was conducted on its own. In Toronto and Montreal, due to time constraints, all three interviews were conducted in one longer interview.

Seidman (1998) states that each interview should be 90 minutes in length. This was generally too long for this project, because many participants either did not want to or could not talk for that long. Most interviews lasted anywhere from 30 to 90 minutes, with the majority lasting for about an hour. The format was a valuable one, but adjustments were needed once there was a better sense of time and other constraints on participation.

Seidman (1998) recommends spacing interviews from three days to one week apart. This was done in all cases in Saskatoon. Interviews were recorded on cassette tapes and transcribed verbatim. Data collection and preliminary data analysis were done simultaneously (Merriam, 1998).

Table 3: Interview Data Collection

City	**Interviews with Leaders/Participants**	**Interviews with Key Informants**	**Format**
Saskatoon	14 (with 7 participants/leaders)	5	2 interviews each
Toronto	10	3	1 interview each
Montreal	13	1	1 interview each

Two one-on-one in-depth interviews (Seidman, 1998) were conducted with a purposefully sampled selection of seven collective kitchen participants and leaders from the eight Saskatoon collective kitchens who participated in the observation component. The goal of these interviews was to explore participants' experiences stemming from their collective kitchen involvement.

I also conducted one individual interview based on Seidman's (1998) format with each of the members of the Collective Kitchen Partnership committee. These key informants included members from Public Health Services – Saskatoon Health Region, CHEP Good Food Inc, and the Saskatoon Community Clinic, as well as a Collective Kitchen Coordinator and a Community Leader. These five key informants each provided different perspectives on the process of being involved.

The next stage of data collection entailed obtaining information on collective kitchens in other cities in Canada. In addition to the observation data on community/collective kitchens in Toronto and Montreal, I also conducted one or two individual interviews each week during the six weeks I spent in each of the respective cities. I conducted a total of 10 interviews with participants and leaders in Toronto and 13 in Montreal.

Additionally, I conducted interviews with three key informants from organizations that supported (or previously supported) collective kitchens on food security-related organizing in Toronto, and one interview with the coordinator of the Quebec Collective Kitchens Association in Montreal. The additional key informant interviews in Toronto and Montreal were conducted in order to establish a greater understanding of the context in which collective kitchens operate in those cities.

3.4 Data Analysis

Qualitative data analysis "begins with the first interview, the first observation, the first document read. Emerging insights, hunches, and tentative hypotheses direct the next phase of data collection, which in turn leads to refinement or reformulation of one's questions, and so on" (Merriam, 1988, p. 119). The researcher must keep his or her mind on analytic possibilities throughout the research process and be conscious of subtle nuances reflected in the data. "Analysts' reports do not summarize and organize what interview participants have said as much as they 'deconstruct' participants' talk, showing the reader the hows and the whats of the narrative dramas of lived experience" (Holstein & Gubrium, 1995, p. 80). The lived experience of a person is the frame of reference of meaning that he or she constructs within the context of his or her experience of being within a particular culture and place in history.

Rubin and Rubin (1995) describe a process to analyze data. First, all the interviews and other types of data, such as observation field notes, are read over again, then all the collected data that speaks to one theme or concept is placed together. "All data that have been gathered together and organized topically or chronologically should

be read through several times from beginning to end. While reading, the investigator jots down notes, comments, observations, queries, in the margins" (Merriam, 1988, p. 131). Each time a new theme or category becomes evident, the original data must be looked at again to find examples of that theme (Rubin & Rubin, 1995). All the data within each category are then compared and analyzed for nuances in their meanings. Also, categories are compared to connect them. This is done so that themes can be incorporated into theories of the topic under discussion. "Analysis amounts to systematically grouping and summarizing the descriptions, and providing a coherent organizing framework that encapsulates and explains aspects of the social world the respondents portray" (Holstein & Gubrium, 1995, p. 79). This analysis was done with the help of QSR-N4 Classic (QSR International Pty, 2000) and QSR-N6 (QSR International Pty, 2002), qualitative data analysis programs.

There were several phases of data analysis in this study. Preliminary analysis of the Saskatoon observation and interview data was carried out after it was collected. Once this period was complete data was collected in Toronto and Montreal to add further depth and comparison to the study. A final phase of intensive analysis was then carried out.

The analysis process was inductive. I began by writing observation notes and transcribing interview data. All the interview notes and transcription data were then entered into the computer program QSR-N4 Classic (QSR International Pty, 2000) for coding. The observation and interview data for each city were placed in separate folders within the program to be coded (as was the observation data from the Collective Kitchen Partnership leadership training, the interviews with the Collective Kitchen

Partnership in Saskatoon, the key informant interviews in Toronto and the interview with the Coordinator of the Quebec Collective Kitchen Association). This resulted in the creation of 10 separate 'projects' within the QSR-N4 program. This made it possible for each project to be coded separately.

Preliminary coding was done on each 'project'; this coding was then refined until a manageable number of codes existed for each project (20-30 codes and sub-codes for each project). The codes and sub-codes were regularly revisited throughout the research process in order to refine them based on new information and ideas. The codes in the different 'projects' were compared, which led to a further refining of the coding.

At about this time I purchased a new edition of the QSR-Nud*ist program called QSR-N6 (QSR International Pty, 2002) and all the data was transferred into the new program for the continuation of analysis.

Most of the codes were similar across the 'projects'. This was early confirmation of the similarities between the information collected in each city. At this point I printed out the interview segments coded at each broad category. For example, under the 'social' category I printed out all the observation and interview data from each city (including all the sub-codes related to that topic). I placed the data from each major category into binders and began reading through the pages, taking notes on important statements and patterns and further refining the coding (I would sometimes discover that a data segment fit better in another place). This led me back to the analysis program where I would make final changes on coding. At this time I also did word searches using the program to look for patterns in the language used by interviews

participants to confirm what I was finding in my analysis of the codes (for example, I searched the word 'friend' to discover how often the participants used this word when they spoke of the other participants in their group).

The final lengthy process necessitated using the printouts (including all the notes I had made on patterns) on each major category to write a report on each of the broader topics, for example, 'social', 'learning', and 'nutrition'. I wrote about the patterns that I saw and used quotes taken directly from interviews with participants as evidence for the observed patterns. When each of the topics had been covered using both observation and interview data on from all the three cities, I collated all the write-ups into one document that became the first draft of the Results chapter of my dissertation. With the help of my supervisor I revisited it several times, adding and removing information, before it became the document that is Chapter Four of this dissertation.

3.5 Methods of Verification

Lincoln and Guba (1985) presented their 'trustworthiness criteria' as a qualitative response to quantitative concepts of external validity, internal validity, reliability and objectivity. Their four criteria included credibility, transferability, confirmability and dependability. They have been addressed in this study in a number of ways, including the use of prolonged engagement, persistent observation, triangulation, peer debriefing, member checks, and thick description.

My commitment to the field component of this study was approximately one year long, during which time I observed collective kitchen meetings on a regular basis (although I observed groups for much longer in Saskatoon than in the other two cities). I

believe this satisfied the need for prolonged engagement and persistent observation. To address triangulation, which is "the use of multiple and different sources, methods, investigators and theories" (Lincoln & Guba, 1985, p. 305), a number of data collection methods were used, including observation and individual interviews, as well as some document analysis.

Member checks were used "whereby data, analytic categories, interpretations, and conclusions are tested with members of those stakeholding groups from whom the data were originally collected..." (Lincoln & Guba, 1985, p. 314) This was accomplished in a number of ways. First, members of the Collective Kitchen Partnership were provided with regular updates on the research process and were given the opportunity to provide feedback on the direction of the research. Second, I presented the results back to the research participants in a community event. I invited all the Saskatoon research participants to a meal and an evening presentation on my findings. Following my presentation participants had the opportunity to provide feedback on my interpretations. These were gathered and considered for the final dissertation document.

In order to enable the reader of this research to decide whether its findings can be generalized to other situations, 'thick description' was used. "The naturalist cannot specify the external validity of an inquiry; he or she can provide only the thick description necessary to enable someone interested in making a transfer to reach a conclusion about whether transfer can be contemplated as a possibility" (Lincoln & Guba, 1985, p. 316). The written report contains detailed descriptions of the participants' experiences so that readers may be able to make their own decisions about how this research can be applied to other circumstances.

Another method of verification that was used was a reflexive journal (Lincoln & Guba, 1985) to document my thoughts regarding subjectivity and thought processes, methodological decisions, and research logistics. "The ability to put aside personal feelings and preconceptions is more a function of how reflexive one is rather than how objective one is because it is not possible for researchers to set aside things about which they are not aware" (Ahern, 1999).

Lincoln (1995) provided new criteria for judging the quality of qualitative research. These have also been taken into consideration in this study. They include:

- Positionality:

> any texts, are always partial and incomplete; socially, culturally, historically, racially, and sexually located; and can therefore never represent any truth except those truths that exhibit the same characteristics. ...only texts that display their own contextual grounds for argumentation would be eligible for appellations of quality and rigor (p. 280).

Throughout the research process I have consciously aimed to provide as much description and contextual information as possible in order to show my 'position' within the context of the information collected.

- Community:

The research must serve the purposes of the community in which it is being carried out, instead of serving only the purposes of the researcher and the research community. This is very important for this research because it was conducted with a community partner, the Saskatoon Collective Kitchen Partnership. The needs of the Partnership have been

considered throughout the process, and efforts were made to provide them with the information they need to continue or alter the work that they do.

- Voices:

The research must seek out the voices of those who are not normally heard. I tried to seek out the voices low-income women (and men), those who participate in collective kitchens in order to hear their understanding of the experiences of participating in a collective kitchen.

- Critical Subjectivity:

Researchers must practice awareness of their psychological and emotional states that may affect their research.

- Trust and Caring:

The relationship between researcher and researched must show a commitment to trust and caring.

- Advantages:

The researcher must be honest about the advantages the research product will provide, and acknowledge the participants' contribution.

I have tried to incorporate these criteria into my work through careful reflection on my behavior in the research setting, by keeping track of my thoughts and feelings in my reflexive journal, and by asking the Collective Kitchen Partnership and research participants to contribute their perspectives to the on-going research process.

3.6 Ethical Approval

Most of the people who have participated in this study have low incomes. Many of them may have had negative experiences with people in positions of power. They may or may not feel powerless in their lives. It was important that the process of being involved in this study was not disempowering, and ideally it should have been empowering. In order not to appear as another person in a position of power trying to take something from them, it was important that I treat all participants as partners in the research process.

Consent was obtained from all participants before the research process began. All potential participants were given the freedom to decide whether or not they wanted to participate. They were asked to sign a consent form that guaranteed confidentiality if they chose to participate in the study. They were informed of their ownership of the data until they signed a form releasing their data.

Confidentiality was protected by changing names and other identifying information on all data shown to anyone other than the researcher who collected the data (myself), however anonymity could not be assured since the participants were known to the researcher and the community of collective kitchen participants is small.

I tried to build trust with research participants during the prolonged semi-participant observation of meetings. As collective kitchen participants got to know me, they became more comfortable and were generally willing to answer questions in one or more individual interviews. Trust was more difficult to establish with interview participants in other cities, but I tried to build what I could in the shorter time commitment I had in other locations.

The study was approved by the University Advisory Committee on Ethics in Human Experimentation for the Behavioral Sciences at the University of Saskatchewan (see Appendix D).

CHAPTER 4: RESULTS AND DISCUSSION

4.1 Results Framework

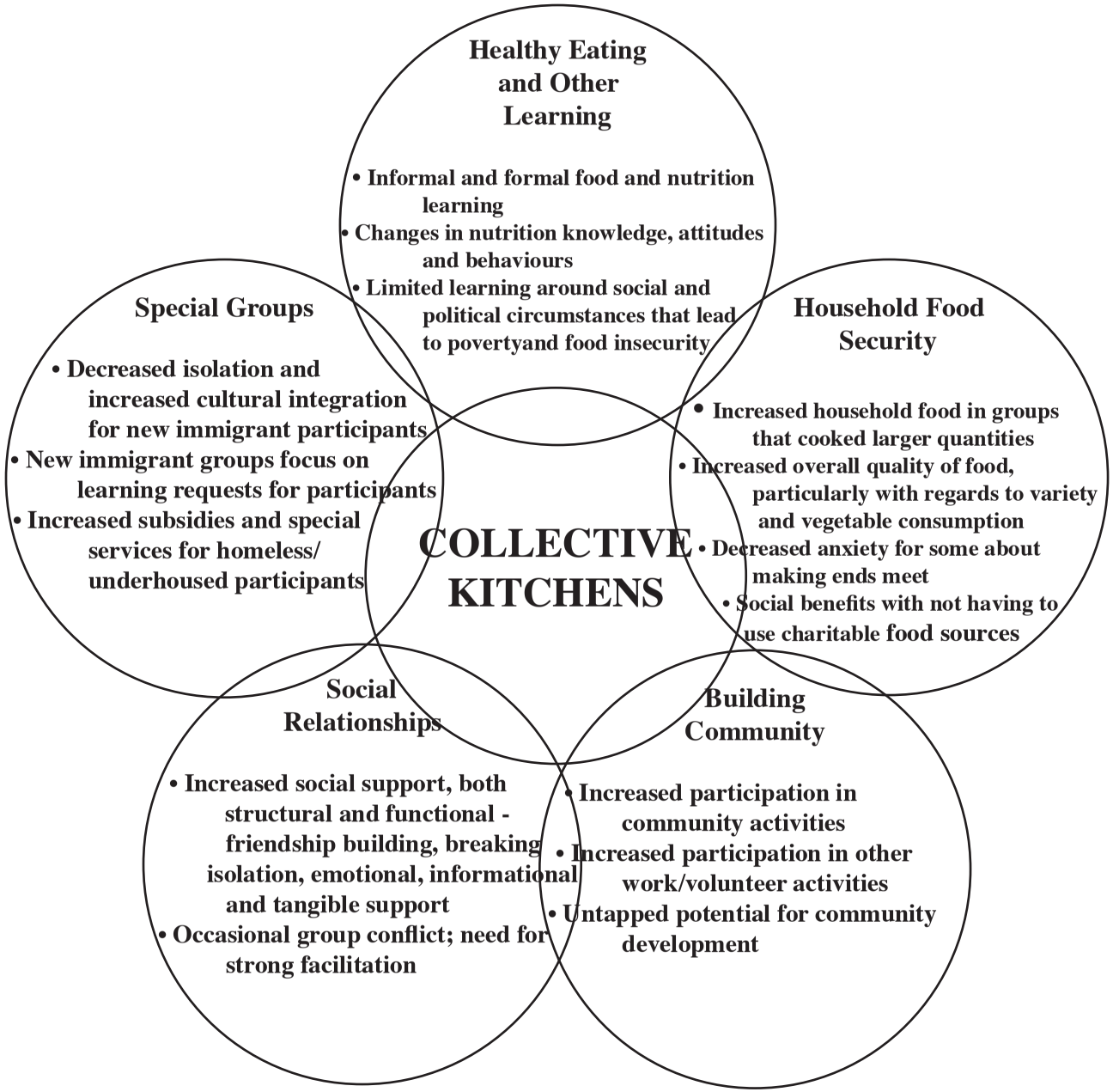
Collective kitchens have been described as enhancing self-help and social support, while enabling participants to manage more effectively within existing social and economic structures by emphasizing food skills and alternative means of food acquisition (Crawford & Kalina, 1997; Rouffignat et al., 2001; Tarasuk, 2001a; Tarasuk & Reynolds, 1999). They are programs that are extremely diverse in their goals – social support, community organizing, nutrition education, food security, or all of the above (Crawford & Kalina, 1997; Rouffignat et al., 2001; Tarasuk, 2001a; Tarasuk & Reynolds, 1999).

The following chapter with its subchapters presents the results gathered from the research on collective kitchens in Saskatoon, Toronto and Montreal. Where excerpts from interview transcripts are presented, names have been removed to protect participants' anonymity. The first section contains descriptive information and some discussion on the diverse collective kitchen groups studied and the support provided by organizations in the three cities. The following sections of the chapter present the results and discussion related to the over-arching themes of personal and community impacts of collective kitchens.

In order to provide a simplified presentation of the findings of this research, I have developed a pictorial framework. The diagram, as presented on the following page, shows an inner circle containing the words 'collective kitchens'. Surrounding that

inner circle are five outer circles each containing a major category of data that emerged. Using point form I have presented under each major category the major tendencies within that category – that is, the themes that dominated participants' discussions within that category. It is important to note that the five major category circles intersect in order to show the inter-relations in the data, and to acknowledge the somewhat artificial nature of data divided into distinct categories. Please refer to the pictorial framework as you read through the findings of this research and begin to piece together the impacts of collective kitchens on the lives of participants.

Figure 2: Results framework



4.2 Descriptive Information

The diversity observed in collective kitchens both within and between cities was significant. Most collective kitchens can be described as "small groups of people who meet regularly to cook food in bulk for their families" (Collective Kitchen Partnership, 2004). They are "characterized by the pooling of resources and labour to produce large quantities of food" (Tarasuk & Reynolds, 1999, p. 13). The first sub-chapter contains descriptive information on collective kitchens in the three cities. The first part of the descriptive sub-chapter presents information on the organization and support for collective kitchens in each of the cities. The next part includes descriptive information on the characteristics of the 21 collective kitchen groups included in this study, highlighting both the patterns and diversity observed.

It is important to note that in Toronto, the inter-group differences were the most marked. The groups studied in that city varied quite widely in purpose and structure. In Saskatoon there was less variation between groups, while there was somewhat more variation in Montreal than in Saskatoon. Individual characteristics were so varied that while comparisons will be made, there is some risk associated with over-generalizing and thereby losing some of the uniqueness observed. While patterns in observations and interview responses did emerge, the differences that were apparent will also be acknowledged.

4.2.1 Supporting Organizations

The three cities where collective kitchens were studied differed in the organizational support provided for their respective cooking groups. Information on

these organizations and the supports they offered to collective kitchen groups is presented along with some program limitations. Key informants described particular constraints on the growth and sustainability of collective kitchens, including such issues as funding, cooking facilities, and a lack of advocacy work on behalf of collective kitchens and their participants.

4.2.1.1 Saskatoon

The Collective Kitchen Partnership (CKP) in Saskatoon started in 1993. Since then more than 500 people from Saskatoon have participated in various groups, meaning that approximately 1000 children have benefited from the program (Collective Kitchen Partnership, 2004). The Partnership group funds about eight collective kitchens at any one time, but this number often changes as new collective kitchens start up and other collective kitchens stop cooking for a period or permanently.

The CKP is comprised of four partners representing different groups. Each has a representative on the Partnership committee. Three of the four partners provide funding to support collective kitchens. CHEP is a community-based organization that focuses largely on food security issues. It runs a variety of programs including community gardening, school meals and a Good Food Box program. The Saskatoon Community Clinic offers a variety of health services and educational programs, often with a health promotion focus. Public Health Services is a branch of the Saskatoon Health Region that focuses on public health and operates a variety of nutrition education programs with the help of its professional staff. The three funding partners each contribute a few thousand dollars a year to collective kitchens, although not always in equal amounts

(the amount was originally set at $5000.00 each per year, but one partner was rarely able to make their full contribution). The representatives of three funding partners see their relationship as mutually beneficial, in that they are able to share both their resources and ways of working with each other:

> The Partnership… they've been able… to talk about food issues and to include security strategies in this city. At one time collective kitchens were not being spoken of the way that our [name] partner would now, as being clearly part of a food security approach. That term did not used to be used by some of the partners, and I think it has enabled us to share our agendas…

The fourth partner is 'the community' represented by the Collective Kitchen Coordinator (who is also a group leader) and occasionally by a collective kitchen leader. The two representatives of 'the community' described their role as helping the CKP relate their program to the community and the needs of the people who could benefit most from collective kitchens:

> …they want to have some input on what I think the community, would, benefit from or, what the Partnership could do… to run more to… what the community would want. …the needs, of the people. Sometimes there's certain groups that I like to focus in on that the committee wouldn't really know about, because they haven't been in the situation that I have been in…

The Collective Kitchen Coordinator is hired by the CKP to support collective kitchen leaders by answering questions, attending collective kitchen planning and cooking sessions when asked as support for the group leader, and helping leaders to deal with conflicts. The Coordinator's work with individual collective kitchen groups varies based upon the needs of the group leader:

> Some kitchens run really well, and I don't see them that often. Other kitchens I'm there constantly, not to say they are not being run well or anything like that. It's just, for various reasons, whether or not they're having problems, or whether or not they just want the extra support of having me there, you know. So some, some are very strong leaders, some are unsure leaders.

The Coordinator also writes a monthly report for the CKP committee that contains short descriptions of the activities of individual collective kitchen groups. This report highlights current or anticipated problems with groups. Finally, the Coordinator promotes collective kitchens in the community, often by doing presentations about collective kitchens:

> The last part is considered community work, where I go out into the community and do presentations, and which is something that I'm not overly comfortable with, but I am learning to do it. So, so that part I go out into the community, and do different presentations, talk about what a collective kitchen is. …We used to do a lot more community work, at the very beginning. But that's kind of turned around some.

Over time there has been a reduction in amount of time spent raising awareness about collective kitchens, and in recruiting new groups. This will be reported on later.

The Collective Kitchen Coordinator was hired because she understands the philosophy of the CKP. She was already a collective kitchen leader and had an awareness of the needs of leaders. As a community member, she also benefits from the skills acquires in the position. The CKP can only afford to pay her to work eight hours per week.

The funding provided by each of the partners to the CKP pays the Collective Kitchen Coordinator's wages, subsidies for individual collective kitchen groups, leadership training, network meetings (described below), and periodic newsletters to collective kitchen leaders and active collective kitchen participants. Once a leader completes the CKP leadership training, she can submit a proposal for funding for her own collective kitchen group. This proposal contains the group's needs for childcare, transportation, basic shelf ingredients, and the leader's $40.00 monthly honorarium (see section 3.2.1 for further information on the proposal application process). One

committee member explained the importance of providing funding for childcare and transportation:

> Because we do have childcare and transportation, and way back when, seven, eight years ago, when we did a project and looked at the evaluation, that came out very strong, that women could not attend these things unless the two… were being provided. Food didn't seem to be as much of an issue… But definitely the childcare and transportation is a real barrier.

The leadership training provided by the CKP is mandatory for individuals wanting to lead collective kitchen groups within the Partnership. People regularly submit their names to the list of new leaders requiring training. The most common occurrence is that a participant in a collective kitchen decides to lead their own group, and calls the Collective Kitchen Coordinator to ask how they can do that. The Coordinator then puts them on a waiting list for the next training session. In other cases organizations call the CKP and ask if they can have a representative attend the training. The leadership training is a three-stage process with the first two stages required for all leaders, while the last stage is optional. In the first stage the leaders spend three days learning about the CKP philosophy, leadership and group dynamics, how to prepare a funding proposal, and the general workings of collective kitchens. In the second phase the leaders spend six afternoons over the course of several weeks taking a healthy eating training course (this component of the training became mandatory in 2003 – before that an additional afternoon was spent on nutrition during the initial training). Then the new leader is required to take a FoodSafe course that is paid for by the Partnership. It is at this point in the process that leaders can submit a proposal for collective kitchen funding.

The third phase of training is network meetings that offer support and continuing education for leaders. These are not mandatory and occasionally are open to all collective kitchen members and other community members. These meetings are usually offered two to three times per year:

> A network meeting is, it's a support for the leaders where they can get together… …we're supporting them… it has an educational component.

Workshops include such topics as diabetes, comparison shopping between regular and bulk purchases, altering recipes to increase their nutritional content, canning, and the good food policy lobbying occurring in Saskatoon. Presentations are informal and are followed by a question and answer period. Childcare, transportation and food are provided for attendees.

The CKP sends out a newsletter about three to four times per year containing nutrition and cooking tips, upcoming community events (often but not always food-related) and updated information about the Partnership. The newsletter is sent to everyone who had taken the leadership training and to active collective kitchen participants. Between 2002 and 2004 nutrition students were engaged to produce pieces about nutrition for the newsletter as part of their professional practice courses at the university. Finally, the CKP has also offered occasional outings to collective kitchen participants and leaders, such as going to the Strawberry Ranch to pick strawberries.

There are three areas of constraints to the growth of collective kitchens that were expressed most strongly by key informants. These include issues related to funding, advocacy and the evolution of the CKP as an organization. The funding dedicated by the three partner organizations to collective kitchens has not increased since the beginning of the CKP, and the Partnership committee has not been actively seeking

such new funding (this is touched on more later). Despite this, there is increased knowledge and interest in collective kitchens in the community:

> I think one of the problems we are going to be having, and I've seen it the last couple of years, where the information about it is getting more and more out there to people, more people are interested, and we have more leaders now, more active leaders now, but unfortunately, we don't have the funds. We still have the same… …funds now… …than when we first started.

Key informants explained that the limited funding was particularly challenging for staffing the CKP adequately. There is only sufficient funding to pay one person eight hours per week:

> We're really limited in the little bit of staffing we have, and that's why it just sort of simmers along, it's not at a full-boil, to stick to cooking.

One key informant explained that having a coordinator dedicated at least part-time to collective kitchens would help promote collective kitchens, and to fundraise. Another concern expressed by the partners (also partially related to funding) was that it might be advantageous to have someone dedicated to working with collective kitchens who has a strong set of skills in group facilitation, conflict management and nutrition education, but that it would be very difficult to find such a person who would be willing to work one day a week:

> If we had more money I guess I would really like to see someone with a nutrition background in that position because there's lots of opportunities there, but definitely very good strong facilitation skills.

Additionally, a coordinator employed one day each week is unlikely to be able to encourage the expansion of collective kitchens, and unlikely to have time to seek other sources of funding for groups, or do advocacy work on behalf of collective kitchens. In fact, when I discussed with the Coordinator what her duties included, she said that almost all her hours were spent on the day-to-day workings of collective

kitchens, and on helping with leadership training. It seems that a lack of funding for a full-time or at least part-time coordinator (with strong nutrition and communication skills), may be one factor that contributed to the lack of growth in collective kitchens and their work on behalf of low-income women.

Between fall of 2000 and spring of 2004 there were three leadership trainings offered. The training was not offered as regularly as the committee would like because of funding and human resource issues. Groups wanting to form between leadership training sessions must find a trained leader for their group or wait for a training session and appoint a group representative to the training. New collective kitchen groups sometimes have to wait several months to form if there is no leader available.

The lack of advocacy on behalf of collective kitchens, and the women (and a few men) who participate in them was also considered a constraint:

> We should be more outspoken about isolation and stress on women's lives when they can't feed their kids, when they have to use the Food Bank and it's humiliating. …We could be working with the people who are addressing minimum wage, which means mainly labour… So we would be looking at valuing unpaid work, minimum wage work, talking to Social Services about wages and ways they can better support to families that aren't called welfare…

One key informant wanted the CKP committee to focus less on the day-to-day workings of collective kitchens. She suggested the committee focus on long-term strategy to advocate on behalf of low-income women:

> We should stop being a committee. We should assign to day-to-day operations to one person, and we should be about systems issues, long-term change and sustainability, and outreach and increasing our capacity.

Two key informants were concerned that the CKP organization was not evolving:

> And I think the other thing I bring to the Partnership is a reminder always about the community development direction and social change… I'm often the one saying that we're not moving along.

The organization has not grown or changed substantially in the course of the time I studied them. During the approximately four years I attended CKP committee meetings, the group had two long-term planning meetings where they discussed how they could re-energize the organization. Many strategies were discussed, but other than changes to the leadership training, and increased numbers of network meetings, few have been implemented. Other strategies that were discussed included seeking new sources of funding to hire more staff dedicated to promoting collective kitchens and considering new CKP partners.

Discussions on finding additional CKP partners occurred a few times. During these years a great deal of re-structuring was occurring within government health agencies, funding was cut to some areas, and people within organizations were being moved from job to job. Additionally, all of the CKP committee members were over-worked and their energies stretched thin over a wide number of areas. All of this may have led to the minimal evolution of the organization during that period. The CKP committee discussed whether to include other organizations as full partners or to approach other organizations for funding for individual collective kitchen groups and not ask them to participate in the CKP. One key informant explained what sorts of organizations might make good new partners for the CKP:

> …develop more partnerships, more formalized partnerships, … for instance, …when the Tribal Council had their kitchen running, the Tribal Council covered a lot of the childcare, a lot of transportation costs. So, we want to have that a little bit more formalized. You know, … we have groups with Catholic Family Services, we have some with the YWCA, so it might be something that we might want to consider, even expanding the Partnership to include more

> partners, …a lot of these agencies have people coming to us for leadership training, and they're getting their members out of those agencies. …So, make the Partnership a little bit more formal, and also have some of the financial support coming from the agencies also.

In the spring of 2004 some changes to the funding offered to collective kitchens had to be put in place due to serious funding constraints. The honorarium offered to leaders was decreased to $30.00 a month (from $40.00), and cuts to the funding of childcare and transportation were being discussed (it was suggested that group members take shifts doing childcare rather than paying an outsider).

The eight Saskatoon collective kitchen groups included in this study were all supported by the CKP. While there were other groups that operated as collective kitchens outside of this partnership organization, they were not included in this study for reasons described elsewhere (see section 3.2.1.1). Table 4 presents descriptive information on the eight Saskatoon collective kitchen groups included in the study.

Table 4: Descriptive Information on Collective Kitchens in Saskatoon

Group	Meeting Frequency	Leader	Participants	Planning/ Grocery Shopping	Food	Payment	Childcare/ Transportation	Location	Other
Collective Kitchen 1	2X/month (cooked both times).	Volunteer. Made all decisions; did all planning and other tasks (except cooking).	2 regulars, 4 periodic. 1 man, 1 reduced mobility.	Both by leader with little/no input from participants.	Divided by family size. 3-4 dishes (1 main, 2-3 sides). Some ingredients donated. 4-8 meals per family/month	$2.00/month per family member.	Childcare rarely needed.	Within a religious charitable organization (donated some of the food)	Participants could also take donated bread.
Collective Kitchen 2	1X/month (planning and cooking in one meeting).	Volunteer. Leader role similar to participant role, plus administration tasks.	5 regulars Mothers – mostly single mothers.	Group planning. Participants took turns shopping.	Divided equally. Often one main dish in large quantity. 3-8 meals per family/month.	$10.00/month.	Paid by CKP.	In low-income housing complex	Long term: 6 years, Occasional bulk purchasing of vegetables.
Collective Kitchen 3	1X/month (planning and cooking in one meeting).	2 paid leaders. 'Teacher' role due to special needs of participants.	Participants mentally ill/ challenged. Single/married with no children. Men and women.	Group planning at end of meeting; leaders took alternating participants to shop.	Divided equally. 2-3 recipes (main, side, dessert). Ate snack together. 2-3 meals per person/month.	$2.00/month.	No childcare needed, Transportation paid by CKP.	In common area of a local apartment building.	
Collective Kitchen 4	2X/month, once to plan, once to cook.	Volunteer. Similar to participants, plus administration tasks.	6 participants who attended same church. Large families.	Group planning in separate meeting. Leader shopped.	Divided equally, 4 recipes (2 main, 1 salad, 1 dessert). 4-8 meals per family/month.	$15.00/month.	Paid by CKP.	In a community clinic.	Occasional bulk-buying of food/kitchen equipment.

Group	Meeting Frequency	Leader	Participants	Planning/ Grocery Shopping	Food	Payment	Childcare/ Transportation	Location	Other
Collective Kitchen 5	1X/month (initially had planned and cooked in 2 meetings, were then meeting once for both)	Volunteer, role similar to participants, plus administration.	3 regulars, 2 others originally who were no longer participating.	Planning by group, shopping by leader and 1 participant.	Divided equally. 3 recipes (2 main dishes, 1 salad/1 dessert). 3-5 meals per family/month.	$5.00/month.	No childcare needed. Transportation paid by CKP.	Sponsored by a religious family support organization, based in church.	Participants brought bag lunches to eat together during break.
Collective Kitchen 6	2X/month, once planning, once cooking.	1 volunteer and 1 worker with daycare as helper and unofficial leader.	5 parents plus the daycare outreach worker. Parents of children in the daycare.	Group planning. Grocery shopping by leader.	Divided equally. Four dishes (two main, salad, dessert). 3-5 meals per family/month.	$5.00/month.	Paid by daycare	Daycare mainly for Metis children.	Operated for 2 months then outreach worker quit and all the programs she organized were cancelled.
Collective Kitchen 7	1X/month (planning and cooking together).	1 paid worker, did administration, grocery shopping and diabetes education.	Participants changed from one cooking session to the next.	Group planning during other program meeting, shopping by leader.	Divided equally. 3 recipes (2 main, 1 other). 3-5 meals plus lunch per family/month.	$5.00/month.	Group decided to take turns doing childcare to reduce cost.	Group sponsored by a diabetes prevention program.	Group ate lunch together of part of the food they cooked.
Collective Kitchen 8	2X/month, once to plan, once to cook.	Volunteer. Similar to participants, plus administration tasks.	5 women, plus husband of one came often.	Group planning, participants took turns shopping.	Divided equally. Three dishes (1 for lunch and 2 for home). 2-3 meals plus lunch per family/month.	$5.00/month.	No childcare needed, transportation paid by CKP.	Family Support Centre	CKC attended group often to provide guidance.

4.2.1.2 Toronto

There was no organization in Toronto focused on collective kitchens. Consequently, there was no staff dedicated to collective kitchens and no centralized funding pool (groups had to apply within individual organizations). Toronto Food Share took on some of the tasks by helping people who were interested get in touch with organizations that supported individual collective kitchens.

Toronto Food Share was founded in 1985 with a primary mandate to coordinate emergency food services and to collect and distribute food (Food Share, 2004). By the late 1980s the organization evolved towards self-help models like co-operative buying systems, collective kitchens and community gardens to address both short-term hunger and long-term capacity-building of individuals and communities. Toronto Food Share 1) compiled a database of collective kitchen groups in the city, 2) held workshops on a semi-regular basis on topics related to collective kitchens, 3) provided opportunities for those working with and in collective kitchens to meet and discuss their common concerns, and 4) helped interested organizations and individuals to find collective kitchen groups. But Food Share had no staff specifically dedicated to supporting collective kitchens:

> …there are a hundred and fifty kitchens out there. How as an organization are you going to support that? I mean you can't run them… …we never really had any staff people. … So it was always something that people were kind of fitting into their existing workloads. Like there was never a community kitchen organizer, centrally. Public Health had a couple of people who were also working on other things, but who would help out with organizing.

Although there was no one dedicated to supporting the development and maintenance of collective kitchens, Toronto Food Share found ways within their means of supporting collective kitchens:

> We thought okay, we'll try a community kitchen network. We'll facilitate skills, exchange between people, and we'll allow people to meet. [There was] a lot of positive outcome from just allowing people who run successful programs just to talk to each other.

The key informant described the type of skill development offered to collective kitchen groups:

> We focused a little bit more on just trying to do straight skill-development pieces. …a few hour workshop on some very narrow piece. …And occasionally we'll do a "how to get started", and how to get started will be talking to other organizers. And that's more where we are now. It's gotten a little bit further, fewer and further between.

Until about 1999-2000, Toronto Public Health had worked in partnership with Food Share to offer training sessions for people interested in starting a collective kitchen. Food Share would organize training sessions, which were then facilitated by employees of Public Health. Public Health also offered consultations on what individual groups or organizations needed to get collective kitchens started. Additionally, public health nurses sometimes attended a new collective kitchen group's first few sessions to help them with problem solving.

Over time, Toronto Public Health's support for collective kitchens diminished. Instead they began to focus on 'Cooking Healthy Together', a food skills program. There were particular circumstances in Toronto that may have contributed to the decline in support for collective kitchens. In 1999, research published by Tarasuk and Reynolds suggested that collective kitchens did not impact food security. Key informants in the current study argued that the 1999 article had contributed to Toronto's Public Health Department removing their support for collective kitchens in order to focus their efforts on 'Cooking Healthy Together'. They said that as a result, the support for collective kitchens diminished. Fewer groups were cooking in bulk, and many groups that were

left became focused on skill building. Because the study was conducted in Toronto, its publication likely had a much more profound impact on collective cooking in that city:

> And that whole other complicating factor in there was … [the] study showing that they didn't increase food security. And people were very sensitive to that, being women, and being very sensitive to criticism I think. They didn't like being criticized and… …there was no forum to defend them in. I think though, even though people sort of fiercely rejected her arguments, it still took its toll, and people just lost enthusiasm for it. They didn't want to be seen as …right wing people apologizing for government policies, which was sort of the implication.

The key informants believed that as support from Toronto Public Health for collective kitchens was decreased, collective kitchens lost their momentum. When asked other reasons why collective kitchens were stagnating in Toronto, the same key informant explained:

> It's such a small movement. It depends on so few people. The conditions aren't right or you throw some little thing into the mix, like Valerie Tarasuk's article, and it just explodes the whole thing, you know. …[Also] there was sort of conventional wisdom to that you can't raise money for cooking programs. …I don't necessarily believe that that's true. I just don't think that we've really tried that hard, and that maybe we haven't in part because we haven't felt like we knew what the right answer was.

When asked about current collective kitchen activity in Toronto, a key informant explained the interest in collective kitchens seemed to have upswings and downswings that she felt were unpredictable:

> …it's sort of periodically gone woop (pointing up) and then disappears and then woop (pointing up), and then disappears. It's been hard to sustain it and I'm not sure why . …you have a workshop after a couple of years and…fifty people come out or eighty people, and I bet if we had another one in a few months time…you'd get twelve (laughs). So it's so inconsistent.

She explained that Food Share no longer received very many inquiries about collective kitchens, but they also did little to promote them amongst all the other programs they offered:

> And almost nobody that contacts us anymore asks us how to start community kitchens. Now I don't know if that's because we haven't done a very good job for a long time at helping them. … Because we used to actually get more requests. Well probably there was more material out there in the community suggesting that we might help them. …it's not on our program overview.

But a key informant with an organization that ran some of their own collective kitchens continued to receive calls from people interested in starting their own groups:

> So like we got three phone calls today for [name] saying I want to set up a community kitchen in Regent Park. 'I hear you do one. How do you do it?' That's great, to give that support. If we can share that, it's even better.

In addition, several times during interviews and throughout observations with groups in Toronto, leaders told me that they often had people calling to express interest in joining a collective kitchen.

In Toronto, each collective kitchen group is individually funded and staffed through their respective supporting organization. Individual collective kitchen groups have some affiliation with different types of community-based organizations, such as settlement agencies, religious organizations, community development organizations, and others where collective kitchens are one program among many. The characteristics of the six individual collective kitchen groups included in this study are presented in Table 5.

Table 5: Descriptive Information on Collective Kitchens in Toronto

Group	Meeting Frequency	Leader	Participants	Planning/ Grocery Shopping	Food	Payment	Childcare/ Transportation	Location	Other
Collective Kitchen 1	1X/week.	1 paid staff. 1 or 2 volunteers also. Took on shopping and administrative tasks.	Half dozen, not always same participants A number with mental illness.	Mostly done by leader and volunteers.	One full meal once a week (3-4 recipes).	$2.00/week.	None.	Outreach centre of religious organization.	Regular workshops on health issues. Compost and recycling. Leader initiated political discussions.
Collective Kitchen 2	2X/month (cooked both times).	1 paid staff. Collected ingredients' lists from participants; administrative tasks; was rarely in the kitchen.	6 homeless or recently housed men.	Each participant chose a meal. One participant paid to do most of the shopping.	12 meals each twice a month (2 servings of meal cooked by each participant) Main dish and sides.	$20.00/month.	None.	In community centre mainly for the homeless.	Freezers for storage of meals, could heat and eat food when convenient. Focus on food production.
Collective Kitchen 3	Every weekday.	Paid staff (usually two). Administration duties and much of the cooking. Often chose meals.	Minimum 3, up to 2 dozen. Most living with mental illness, some homeless.	Requests from participants. Planning/shopping by staff.	One meal each weekday, often of prepared prepackaged food. Much of the food by donation.	Free.	None.	In a church/ community centre basement.	

Group	Meeting Frequency	Leader	Participants	Planning/ Grocery Shopping	Food	Payment	Childcare/ Transportation	Location	Other
Collective Kitchen 4	1X/week for 8 weeks only.	1 paid staff, 1 translator. Did administration, took participants grocery shopping.	About 1 dozen Latin American women.	Planning by participants, facilitator and 1-2 participants do shopping.	One meal (2-3 dishes) once a week for eight weeks.	Free.	Provided by settlement agency.	Settlement agency.	Runs for eight weeks in one language (Spanish, Russian, Tamil, Hindi/ Gujurati) Workshops on topics of participants' choice.
Collective Kitchen 5	1X/month.	1 paid staff. Did administration tasks, designated who would choose the next month's meal.	Recent immigrant women from a variety of countries.	By participants in one cultural group each month with leader.	1 meal of recipes from one culture (3-4 recipes) each month. Leftovers taken home.	Free.	Participants took turns doing childcare. No transportation.	Settlement agency.	Different cultural groups/ languages represented. Workshops on topics of interest to participants most months.
Collective Kitchen 6	1X/week.	1 paid staff, rarely there. Helped participants schedule workshops, participants organized the cooking.	3-4 senior women regulars. 1-2 occasional.	Planning by participants. Divided up ingredients and each brought a few.	One meal (2-3 recipes), total 4 meals/month.	Each paid for a few of the ingredients.	None.	Neighbourhood house.	Only cooked occasionally. Did crafts and outings other weeks (used to cook each week).

4.2.1.3 Montreal

The Quebec Collective Kitchens Association (QCKA) began when individual collective kitchen groups and their supporters within government and community-based organizations became an association independent of other organizations. The QCKA is a non-profit organization of between 300 and 350 members (see section 2.1.1 for a history of the QCKA). It is governed by what is called a 'political basis of unity' that was adopted by collective kitchen members at a general assembly. The RCCQ lists their values as solidarity, dignity, taking charge, autonomy, and the respect of people (these values must be adopted by any group or organization that joins the QCKA). The Association has an administrative council that is elected in a yearly general assembly and is made up of five members of collective kitchens, two representatives of organizations that support individual collective kitchens, two resource people and the QCKA coordinator.

The QCKA members include individual collective kitchen groups (about half the members), organizational members – organizations with collective kitchen promotion as a primary mandate (these organizations generally support between 15 and 20 individual collective kitchen groups each), and affiliated members that want to support the growth of collective kitchens, but do not have collective kitchens specifically in their mandate. Some of the individual collective kitchen groups have evolved over the years, becoming organizations that promote and support many collective kitchen groups of their own:

> There are collective kitchens that have been around for three four years, or even five years, but they have always functioned in one location, …and it's five, six people in a kitchen group. There are some that have continued on that level. There are some that have completely become a community organization with a

> charter and they develop groups, they do training, they participate in various awareness-raising groups, …at the level of political awareness. (author's translation from French)

The network has four full-time staff who advocate for collective kitchens and organize a yearly general assembly for collective kitchen members to come together to talk about their common concerns. They also produce materials, provide staff for leadership training (which is not mandatory for membership in the QCKA), and lobby government for support of collective kitchens and anti-poverty and women's rights initiatives:

> So the political side…we participate in provincial round-tables. There is one that is called the "Round-Table of Provincial Associations of Volunteer and Community Organizations". …[and there is the]"Round-Table of Federations and Community Organizations Engaged in Popular Education". (author's translation from French)

The key informant emphasized that the QCKA had also taken a lead role in advocating for alternative solutions to food insecurity (i.e., other than charity-based emergency solutions):

> So, we have become almost a main speaker at the provincial level for food security, and alternative practices to increase food security. We differentiate between what is an alternative practice and what is more traditional such as emergency food programs. (author's translation from French)

The Coordinator is the spokesperson for collective kitchens in Quebec; she oversees the general workings of the QCKA. A second worker is responsible for the administration of the organization. A third worker focuses on communication among collective kitchen groups throughout the province and with groups outside of Quebec, within Canada and abroad. She also promotes collective kitchens in the media and within communities and produces a magazine on collective kitchens four times a year. Finally, one staff member is responsible for popular education; she conducts training,

upon request, on how to start and lead a collective kitchen (a two-day course). She also provides 'conscientization' training - political education relating particularly to issues of poverty, food and women.

The kinds of support provided for individual collective kitchen groups, as well as for organizations that sponsored collective kitchen groups, include training, a yearly general assembly, and a regular magazine on issues pertinent to collective kitchens. But the network itself does not fund individual collective kitchen groups – instead they see themselves as representing the interests of collective kitchen groups across the province. The network does receive a small amount of funding to help start new collective kitchen projects in Montreal with one-time funding.

Funding for the network comes from a variety of municipal and provincial funding sources, as well as from charities:

> We are…primarily funded by…the United Way, and they continue to fund us almost since the beginning. We have a grant from the Ministry of Health and Social Services, also from the Autonomous Community Secretariat, a small grant from the Ministry of Education that comes from the "PSEPA" program, the popular education program. (author's translation from French)

Most individual collective kitchen groups receive some financial support from the community organization that sponsors them:

> We realized that there were lots of groups, lots were financed through a community organization, as a wing of the organization. So it's often the organization that seeks a small amount of funding as part of its own mission to finance collective kitchens. (author's translation from French)

Each individual collective kitchen group must to arrange their own childcare and transportation; for example, if there is no daycare provided by the community organization that supports them, then the participants often take turns taking care of the children.

The individual characteristics of the seven collective kitchens in Montreal that were included in the study are presented in Table 6.

Table 6: Descriptive Information on Collective Kitchens in Montreal

Group	Meeting Frequency	Leader	Participants	Planning/ Grocery Shopping	Food	Payment	Childcare/ Transportation	Location	Other
Collective Kitchen 1	2X/month (once planning, once cooking).	1 paid staff. Administration done with participants' help.	5 mothers, most in early twenties.	Group decisions. Rotation of shopper and accountant roles.	Divided by servings (2-8/participant). 4 dishes (3 main, 1 soup). 4-8 meals per family/month	$1.00/serving, free soup.	$1.00/per child per hour offered by organization.	Consumers' club.	Could pay $4.00 and receive a box of food/ household items also.
Collective Kitchen 2	2X/month (cooked and planned each time)	1 paid staff, did most administration and some advanced food prep.	About 15 seniors between the ages of 68 and 89 years.	Ideas from participants. Planning/shopping by leader.	One full meal and two main dishes to take home. 6-10 meals per person/month.	$2.00 for meal and $2.00 per dish brought home.	None.	Seniors' centre.	Bilingual group.
Collective Kitchen 3	4X/month (cooked and planned each time).	1 paid staff and 1 CLSC worker, did physical work, finances, shopping.	6 participants, 4 with reduced mobility (two men, 4 women).	Group planning, facilitator finished planning and did shopping.	Divided by portions (2-8 per participant). 2-3 usually main dishes. 12-24 meals per person/month.	$0.50 - $1.00/ portion depending on the cost of ingredients.	Free childcare for one participant with child. No transportation.	Food centre (offering collective kitchens, industrial training kitchen).	Pay $4.00 for box of food/ household items also. Applied to physiotherapist to join.
Collective Kitchen 4	2X/month, (once planning, once cooking).	1 paid staff for help with planning, no leader for cooking.	4 participants (all worked full-time, 2 men, 2 women).	Participants each bought a few ingredients, shared cost.	Divided equally. 3 main dishes. 3-6 meals per person/month.	Cost of ingredients divided equally.	None.	Food buying club for planning, neighbourhood apartment kitchen.	Participants signed up at the food buying club, placed in groups based on availability, needs.

Group	Meeting Frequency	Leader	Participants	Planning/ Grocery Shopping	Food	Payment	Childcare/ Transportation	Location	Other
Collective Kitchen 5	4X/ month(twice for planning, twice for cooking).	1 paid staff, did shopping with alternating participants, also finances.	5-7, one man only, living in subsidized housing complex.	Group planning, participants took turns shopping with leader.	Divided by servings desired, 2 dishes (at least one main). 8-12 meals per family/ month.	Per serving based on ingredients' cost.	None.	In youth centre located in subsidized housing complex.	
Collective Kitchen 6	2X/month, once planning, once cooking.	1 paid staff, did shopping and administration, prepared food for group to eat during the break.	6-10 participants, men and women, new immigrants, different cultural groups.	Group planning, shopping by facilitator.	Divided by servings (4-8 per dish). 5 dishes (2 main, soup, salad, dessert). 4-8 meals per family/month.	$1.00/portion	None.	Multicultural centre.	
Collective Kitchen 7	1X/month (cooking and planning together).	1 volunteer. Most administration tasks were alternated between participants.	4 women (not low income).	Group planning, designated rotating shopper.	Divided equally, 3 main dishes (one tofu, one beans, one rice-based). 3-4 meals per family/month	Divided cost of food equally.	None.	Church.	Composted and recycled, tried to reduce packaging.

4.2.1.4 Brief Reflections

Compared to Saskatoon, Montreal is a big city with more resources available. Not only does the QCKA support more collective kitchens, do more training, and facilitate communication between groups, they also take part in a variety of groups fighting poverty, inadequate housing, and for the rights of women. Also, there are likely similar resources available in Toronto and Montreal yet collective kitchens have grown and become a self-described movement in Quebec, and have not done so in Toronto.

The Montreal model shows what can develop when collective kitchens move beyond the control of individual organizations, and come together to work on their own areas of interest. Initially collective kitchens in Montreal had strong support from government and community-based organizations that enabled them to thrive and then move on to sustaining themselves. Why did this support exist in Montreal, and not in Saskatoon and Toronto? Although I do not purport to be able to answer this question at this time, I will suggest first that collective kitchens have been around for longer in Quebec. Also, perhaps the political climate in Quebec at the time collective kitchens were in their early stages of development was more conducive to community-based grass-roots initiatives such as collective kitchens. Perhaps collective kitchens in Quebec had powerful champions who were able to exert influence on funding and power structures so they would contribute to the burgeoning initiative. In order to identify the historical or other contextual reasons why collective kitchens expanded and became a social movement in Quebec throughout the 1990s, and why this did not occur in Toronto (or Saskatoon), a further foray into the social, cultural and political climates in each city would be required.

4.2.1.5 Funding Sources and Implications

Tarasuk (2001a) argued that the origins of collective kitchens have had an effect on their development. She suggests that it is difficult for collective kitchens to tackle political problems associated with poverty and inequality because they require a critical view of the very institutions that have supported collective kitchens in the first place. Collective kitchens might instead focus on food and alternative means of food acquisition because of their location within government institutions. The collective kitchens included in this study were initiated by a multitude of groups including non-profit organizations, individual groups of women, and government-affiliated institutions. This is similar to findings on collective kitchens in Calgary – groups were both community and agency-based (although more were agency-based) (Fano et al., 2004). I found no obviously discernable difference in the approach to collective kitchens amongst the different types of groups.

From my understanding, Tarasuk (2001a) was basing her arguments on a previous study of community kitchens (Tarasuk & Reynolds, 1999). In an interview with a key informant from Public Health in Toronto, the most prominent government organization previously involved with community kitchens, the informant explained that after the publication of the 1999 study, Public Health had largely withdrawn their support from community kitchens. They instead focused on food skills with a program called 'Cooking Healthy Together'. While it's true that all the community kitchens studied in Toronto were based within organizations, all were community-based, either within religious organizations, settlement agencies or neighborhood houses. Settlement

agencies and neighborhood houses do receive funding from the government, but are largely free to do advocacy work on behalf of their clients and to lobby the government for change.

Additionally, it is important to analyze Tarasuk's (2001a) argument in the context of Saskatoon and Montreal collective kitchens. In Saskatoon, one funding partner is a government agency, one is a community clinic that is largely funded by the government, and the third is a community-based organization that receives some government funding (in addition to a variety of other sources). But the individual collective kitchen groups were initiated in most cases by community members who had taken the leadership training offered by the CKP (six out of the eight groups studied were led by volunteer community members). In a sense, Tarasuk's argument appears to be more relevant in the context of Saskatoon because of the organizations involved. However, in four years of attending CKP meetings Although I did not explicitly ask participants to discuss this issue, I was never aware of significant tensions around 'rocking the boat' too much by advocating on behalf of women and engaging in political education. Instead, a lack of time, energy (or perhaps motivation) and funding seemed to be the more obvious reasons why political education and advocacy were not engaged in more often.

In Montreal there was significant diversity. Some collective kitchens were located within CLSCs (community clinics), which are government agencies, while more of them were located within a variety of community-based organizations that were largely autonomous and only partially funded by the government (a community organization for seniors, and a community food cooperative are examples). Additional

groups had little or no affiliation with government agencies (either they were totally autonomous or located within religious or charitable organizations).

While Tarasuk's (2001a) argument is useful to consider when asking why collective kitchens do not engage in political work, I don't believe we can yet conclude that this is the reason for the lack of engagement on political issues. While I do not want to dismiss the fears of those who believe that if they criticize government policy their funding will be cut, I think that laying the blame on the shoulders of government funding is perhaps simplistic. Perhaps a basic lack of time and human resources is most often the reason why political education and advocacy does not happen to a greater degree (which may at its root be a funding constraint). A lack of popular political education and advocacy skills might be another constraint, while another could be losing sight of the bigger picture and engaging only on the easier day-to-day level of food production and skill building. The challenges associated with encouraging popular political education with people living in poverty are numerous. Key informants explained that part of the problem lies with the education of those working within community development; few receive training in advocacy, their analysis of political systems is often poorly developed and as such they don't have the skills to engage in political debates. Perhaps a more salient argument put forward by Tarasuk (2001a) is that it is easier to focus on food acquisition because it does not necessarily require significant advocacy and challenging of the status quo on the part of people working with low-income groups. And this is a challenge regardless of where funding for the group is located.

4.2.2 Collective Kitchens Versus Communal Meal Programs

The tables of descriptive data (presented previously) on the collective kitchen groups included in this study show the diversity of the groups. Tarasuk and Reynolds (1999) used the term community kitchen to generalize all of the types of groups they encountered in Toronto. They then divided community kitchens into three separate groups: collective kitchens, communal meals programs and cooking classes. Collective kitchens were "characterized by the pooling of resources and labour to produce large quantities of food" (p. 13). Communal meal programs were where some or all participants cooked a single meal and ate together and in these groups the focus was on the social and educational aspects of participation. I would like to differentiate between the groups included in this study that were collective kitchens, and those that were communal meal programs (there were no groups that were what Tarasuk and Reynolds called 'cooking classes').

In Saskatoon all of the groups were collective kitchens. There was one group that cooked somewhat less than the others, but that was because of time constraints. The time constraints arose because the participants had mental illness or disability and required significant guidance from the group leaders, which made it difficult to cook more than three recipes each month.

In Toronto, almost all the groups that were operating at the time of the study were communal meal programs. The first group cooked one meal each week, and was a communal program because there was no bulk cooking, and not all participants contributed to the cooking each time. The third group was also a communal meal program for that reason, but they cooked each weekday and cooked amounts in excess

of a collective kitchen (more than 20 meals per month). The fourth group was also a communal program, but one that cooked once a week for eight weeks only. Group Five was a monthly communal meal program, and Group Six was a weekly communal meal program. All of these communal meal programs emphasized the more formal social and educational aspects of participation quite heavily – often more than the collective kitchens. Only one group in that city fit the definition of collective kitchen.

In Montreal, all of the groups were collective kitchens. There was one group that was similar to both – communal meal programs and collective kitchens - but because they always cooked two extra main courses to bring home in addition to their communal meal, they can be grouped with the collective kitchens.

As stated in this section, five of the groups in Toronto were not collective kitchens within the definition developed by Tarasuk and Reynolds (1999). But for the sake of simplicity I will continue to refer to all the groups included in this study as 'collective kitchens'.

4.2.3 Collective Kitchen Participants

The results show the diverse population groups who were involved with the collective kitchen groups under study, including single mothers, parents in low-income families and seniors. These groups have been previously described as the largest groups of collective kitchen participants (Crawford & Kalina, 1997; National Film Board of Canada, 1994; Ripat, 1998). Other population groups that were seen in the current study have been associated less often with collective kitchens: new Canadians and people

living with physical disability or mental illness and First Nations people (Fano et al., 2004).

The vast majority of collective kitchen groups had group members who came each time the group met, although in most groups at least one participant would leave and another join every few months. There were two groups that did not have a set group of participants. These groups operated as drop-in groups; some participants were regulars while others came and went.

The people who joined collective kitchen groups represented all age groups, and many different cultural backgrounds, and to some extent, income levels. There were several groups that were over-represented, including women, single mothers, people living in poverty and/or in subsidized housing, new immigrants, and people living with mental illness or having reduced mobility.

There were different population groups who were more often present in each of the three locations under study. In Saskatoon, the majority of participants were single mothers, with small numbers of people living with mental illness or physical health issues and no groups of new immigrants. Conversely, in Toronto, three out of six groups were mainly for people living with mental illness, and two more were for new immigrants. In Toronto there were diverse ethnic groups represented, most markedly in groups for new immigrants. In Montreal one group of new immigrants was included, but otherwise most of the participants were from the dominant cultural group in that city (i.e., French Quebecois). In Saskatoon, the most significant minority group was Aboriginal people, with few other minority cultural groups represented.

In all three cities the vast majority of participants in the collective kitchens under study were women, although less so in Toronto, where there was one group of men, and two others with as many male as female participants. Only a very small minority of men participated in Saskatoon, with a few more in Montreal. In all three cities the vast majority of male participants were single with no children.

A large number of interview participants had been involved in a collective kitchen for between 1 and 2 years. The following table shows how long participants had been involved in a collective kitchen at the time of their interview(s).

Table 7: Length of Leader and Participant Involvement

Length of Involvement	**Number of Leaders and Participants**
≤ 6 months	2
6 months – 1 year	5
1 – 2 years	11
3 – 4 years	6
≥ 5 years	7

*One participant did not say how long she had been participating.

Participants in the vast majority of groups expressed at some point that they were living with particular challenges. For example, throughout the observation component of the study, participants told many stories of the difficulties in their lives. There were participants who had family members with drug and alcohol problems, violent behavior or legal trouble. Interestingly, group leaders sometimes described participation as a form of therapy for mentally ill participants. One participant described her participation:

> …I've been through a depression. And I've been working my way through these problems of mine… And there's a part of me that wants more, and that's the

> challenge. I want more to do. I want more involvement in life. And the group here, that's one that I took on this year and enjoyed. And, the challenge is to go out and become more involved with people.

Individual groups tended to have participants with similar life circumstances. The mutual aid literature suggests that it is beneficial for people with similar life experiences to work together (Fine et al., 1995; Levy, 2000; Norris et al., 1995). Racine and St-Onge (2000) also recommended a certain amount of homogeneity of participants in collective kitchen groups so that a sense of solidarity can be more easily developed when people relate to one another's experiences. For example, single mothers were often in groups together; people living with mental illness or disabilities were also often in groups together. Sometimes it seemed that this was a matter of convenience. For example, there was one group of low-income individuals who all worked full-time. They had individually contacted an organization that helped place people in collective kitchens. Their specific requirements (not being available during the day) resulted in them being placed together. Thus, while collective kitchens themselves are diverse, groups where participants living somewhat similar circumstances work together seem to be effective at providing social opportunities for group members.

I am unaware of groups where very dissimilar participants worked together. One collective kitchen participant's story is relevant to the issue of people living like circumstances working together. Because they had the same religious/cultural background, the participant began as a member of a collective kitchen group largely with participants living with mental disability and who needed a great deal of guidance in cooking. She found she could move too quickly for the group and felt like she did not belong. Later she found a group of women living more similar circumstances to hers

and found that collective kitchen much more enjoyable. Similar to the participant (and a few others) who had tried one group, and then moved on to another where she felt like she fit in, this key informant explained:

> Sometimes I have had some people who go to three different kitchens before they found one that they've really clicked with. So it's, because each kitchen, each kitchen has its own individuality traits and everything…

Also, in groups for new immigrants where participants spoke several different languages, I observed that each language group worked on their own and communicated within their group, and rarely with the group as a whole. There was less of a social atmosphere in the group than in other groups I observed. It appears reasonable to suggest that like circumstances enable the comfortable social atmosphere of collective kitchen groups. Racine and St-Onge (2000) made a similar conclusion in their study of the social benefits of collective kitchen participation.

The groups that were sampled for inclusion in this study were chosen because of their reflection of the variety of groups in their respective cities. To some degree the dominant groups participating in collective kitchens reflected the populations of Saskatoon, Toronto and Montreal. For example, Saskatoon has a large Aboriginal population, but fairly small new immigrant communities and this was reflected in the collective kitchen groups that were operating in the city. Key informants in Toronto had expressed that two of the most serious issues affecting the population was a housing crisis, and the significant needs of some immigrant and refugee communities. These issues were well-reflected in the communities that were targeted by collective kitchens in that city. Montreal also has large immigrant communities, but this was not as well

reflected in the collective kitchen groups. The majority of groups were composed of women from the dominant Quebecois population.

4.2.4 Collective Kitchen Leaders

Collective kitchen leaders were either paid staff (some of whom were community workers and some of whom were healthcare or other types of professionals) or community members. In Toronto, all of the groups had paid staff as leaders – whether within settlement agencies, neighborhood houses, or religious organizations. In six of the eight groups studied in Saskatoon, the leaders were community members who were not paid but received a small honorarium for their time (generally $40.00 each month). In Montreal, the group leaders were mixed – both paid and volunteer. In Saskatoon, all leaders of groups within the Collective Kitchen Partnership (CKP) were required to have taken the leadership training that was offered about every 18 months. This was not necessarily the case in the other two cities – while some training was offered, group leaders were not required to take it in order to start or lead a group.

The volunteer leaders in Saskatoon were a mix of previous collective kitchen participants who had taken the training to become leaders and people who had never been involved in collective kitchens before (sometimes these people had been asked by an organization or community group they were involved with to take the training). One key informant explained that the CKP made an effort to have leaders who were community members instead of paid staff from organizations:

> …because collective kitchens promote independence, …ours are not led by a professional.

Before each leadership training, the committee discussed how many organization representatives to allow to attend the training. The Partnership committee members determined that it was important for most of the spaces to be reserved primarily for community members. Some organizations would then choose to send a volunteer from their organization to the training.

More of the group leaders in Montreal were paid staff of the organizations that supported each individual group. In the database of collective kitchens in Montreal that I was able to contact, I found that between about a third and half the leaders were volunteers from the community and the rest were paid staff. In Toronto, all of the groups were led by paid workers from the supporting organizations. I was unable to find any groups in Toronto that did not have a paid staff member as a group leader.

There was some diversity in the observed roles of leaders. While I did not ask the leaders if they had written job descriptions, I did ask them to describe their role. All leaders were responsible for ensuring the smooth running of their collective kitchen. Some leaders had specific responsibilities, such as taking care of the finances, making sure that evaluation forms were filled out, ensuring the borrowed kitchen was clean at the end of a cooking session and other 'organizing' tasks. In other cases there was more diversity in who performed these administrative tasks. For example, in several groups the participants took care of the finances. One group did not have a 'leader'; the participants shared leadership responsibilities. Paid leaders were more likely to have significant responsibility in carrying out administrative tasks, but not in all cases. Volunteer leaders were observed to share somewhat more of these responsibilities with participants.

In most groups, leaders and participants equally shared in cooking tasks and responsibilities:

> When I come in we usually pair off. …Well if we're making a soup well then we'll get the stock going… We work as a team.

In a few groups, the leaders did most of the cooking. These groups were mainly those of participants who lived with mental illness or with mental or physical disabilities, although there were two groups that did not have special needs that also fell into this category. Here, participants mainly did 'prep cooking' tasks, such as cutting vegetables, kneading dough, or doing dishes. The leader did most of the final preparation of dishes, placing them in the oven, and watching over them while they were cooking.

Paid staff leaders, especially those in groups with high needs participants (for example, new immigrants or people who were mentally ill) also focused particular attention on the social and learning aspects of participation. Some paid more attention to the inclusion of participants who were less vocal about their ideas and opinions, often by asking them directly to share their ideas. Some also carefully mediated disagreements as they came up. They were also more likely to maintain more control over the group by taking on some planning and other decision-making tasks without first asking participants to share their opinions. Conversely, volunteer facilitators sometimes did not seem to focus on facilitation, but they also often left more of the control over group decisions to the group members. The implications of the varied levels of control held by group members were that where participants felt they had too little control over their collective kitchen's decision-making, these participants expressed dissatisfaction, a desire to be more involved in planning, and sometimes participants even discontinued their membership in the group. The implications of

democratic decision-making by group members were that participants felt that they were in control of their groups, groups were sometimes more cohesive, but that on occasion participants expressed a desire to have a leader take a more active leadership role in decision-making when conflicts arose. Skilled facilitation might be most important for some participants, particularly those living with mental illness, or for new immigrants who want opportunities to learn about Canadian society.

Racine and St-Onge (2000) argued that collective kitchens that are based on mutual aid (i.e., where control is held by group members) are more likely to lead to personal and group development. Mutual aid groups (such as collective kitchens) have been defined as: "voluntary, member-run groups or networks made up of individuals who share a common physical or mental health condition or stressful life situation" (Fine et al., 1995, p. 113) – see section 2.3.2.6 for more on mutual aid and self-help groups. Racine and St-Onge (2000) found that groups based on solidarity, reciprocity, participatory leadership, mutual acceptance and tolerance were more effective for the personal development of participants, as well as the development of the group itself. These values will be touched on further in the context of this study in the following sections on personal and community impacts of collective kitchens. Some authors have explained that mutual aid groups (such as collective kitchens) can be differentiated from support groups because of their focus on experiential (lay) knowledge (Lavoie & Stewart, 1995). Support groups, on the other hand, tend to focus on both professional and experiential knowledge.

Some participants perceived that participant control over group decisions was very important. This issue was brought up only by participants who did not find that

they had enough power in their groups. In particular, participants with physical challenges strongly expressed a desire to have more input into their groups.

4.2.5 Meeting Frequency

The collective kitchens included in this study met once a month, twice a month, once a week or even several times a week. The most common meeting frequency was once a month to cook (often towards the end of the month when participants had less money), with some of these groups meeting a second time in the month to plan. In Saskatoon, seven out of eight groups fit this format, with the eighth group meeting to cook every second week. One likely reason for the homogeneity was that the Collective Kitchen Partnership provided funding to cover cooking once each month.

In Toronto, there was more diversity. One group met monthly, three met every second week, one met weekly, and one group, unique in the context of this study, met each weekday. In Montreal, groups generally met once or twice a month to cook (plus some groups met additional times for planning). The one exception was a group for people with physical disabilities that met weekly. In general, in the three cities, it could be said that groups with special needs were more likely to cook more often (groups with homeless and under-housed participants, with mentally ill participants and groups for people with physical challenges for example). For more detail on this aspect of collective kitchens, please see Tables 4-6.

Study participants identified two issues relating to meeting frequency: first, that participants would like their groups to meet more often (this was usually expressed in

groups where they only met once per month). Second, when groups went on hiatus it was difficult for participants:

> I would like to see it continue during December and November. For me it's important because…if I spend all my money for food for the month then I haven't got money to buy a chicken or a turkey or a small ham. …We also have two months off in July and August…

Another participant expressed frustration because she believed the decision not to meet during three winter months was made arbitrarily by the CLSC (community clinic) that supported her collective kitchen. She was a participant in a group for physically disabled people. She explained that mobility in a wheel chair or with crutches was most difficult in the winter due to ice and snow. She felt that it made no sense to cut the collective kitchen at the time of year when participants found it most challenging to get out of the house to shop:

> I questioned this and I did not receive a response, but it's still a lot to be cut off for three months. You have to organize your food still. It's during the time that you need it the most that it's cut. It's in the winter that we have trouble. (author's translation from French)

Some key informants and group leaders explained that participants' lives were often unstable which made it difficult for many of them to maintain their participation in a collective kitchen over long periods of time. In Saskatoon collective kitchens operated for six months before having to re-apply for funding. Only a small number of groups continued beyond the initial six months. Often individual participants or the leader would continue on in a new group. In Toronto, many of the participants came and went after a few months, with a few participants staying for longer, sometimes as long as six years:

> …a lot of our collective kitchens are together for six months, and I guess that's the reality of their lives, but if I were to dream, it would be that there would be

> enough stability in everybody's life that they would be able to go into a collective kitchen and it would be part of their lives.

It seemed that the stability was often a function of the lives of the participants. For example, seniors stayed in collective kitchens for very long periods of time (as many as six to eight years), as did some groups of women with children (others did not). According to key informants, participation of new immigrants often lasted for a few months to two years, until participants were more integrated into life in Canada. People living with mental illness came and went regularly from collective kitchens, often for reasons they did not explain.

In general I found that there were two groups of people who stayed the longest in collective kitchens, those who were either very low-income, but had some stability in their lives (often single women with children), or those who were very socially isolated and expressed a strong need to attend the collective kitchen for social reasons (for example, seniors who had lost their spouses).

4.2.6 Planning and Grocery Shopping

In the majority of collective kitchen groups participants and leaders shared the responsibility for planning. Occasionally the leader did most or all of the planning. In one group, the leader chose all the food to cook and purchased all of the ingredients:

> It's our head cook [who does the planning] and that's the disappointing thing. I'd like to see it, I'd like to see the group participate more. It might take a little bit more time but…we'd feel more we are a part of it instead of coming not knowing what we are going to cook.

The range in groups was wide; in some planning was fully participatory and in others the leader had complete or nearly complete control over the planning process. Most groups fell more towards the participatory end:

> We'll name out a recipe and someone will say, 'yes I liked that one', or 'no, I didn't', until we've found three recipes. And then what happens is, we then check in the kitchen to see what we have in stock… And [leader's name] has devised a sheet on how to do the shopping. And whoever is going to do the shopping will then take that sheet and decide how much we need…

In the vast majority of collective kitchens where participants were part of the planning process, groups engaged in planning at the end of their cooking sessions, but in some groups planning was done in a separate meeting. Participants in Saskatoon explained that when their groups were initially formed they planned separately from cooking, but that as time went on, they found it more convenient to meet only once a month to cook and plan.

Planning occurred both formally and informally in different groups. In Saskatoon and Montreal, where there was more formal support for collective kitchens, planning tools were available. For example, some groups in Montreal filled in 'planning' sheets (usually lined tables with boxes to fill out) with the recipes chosen, their ingredients and the number of servings needed. There was one group that formally decided who was going to take on tasks such as doing dishes or the accounting for the cooking session. Some groups in Saskatoon used similar sheets, but no groups in Toronto. In groups where planning was less formal, participants usually looked at cookbooks and made suggestions about what to cook. Once agreement had been reached, usually one group member made a list of ingredients and quantities of foods needed (although sometimes the group leader did this after the meeting).

Some groups used cookbooks to choose recipes. In these groups participants leafed through various books and discussed recipes they were interested in making. In other groups participants rarely used recipe books, and instead discussed dishes they were interested in making with the intention of finding a suitable recipe later. Long-term groups were less likely to use cookbooks, and they also more often cooked dishes they had made previously.

There were also differences in how groups prepared their grocery lists. In most groups, writing down a list of ingredients was part of the planning process. However, this was not always done. Sometimes the group chose the recipe and left it to the leader to prepare the list later. In groups where the lists were made during planning, some groups estimated the cost of each ingredient in order to estimate the total cost of food for the cooking session. This was done to ensure that the group had not chosen dishes that cost more than the funds available.

There were groups, particularly in Montreal and Saskatoon, where participants used the weekly grocery flyer specials to plan dishes. In particular they looked for good meat specials. Often group members would bring flyers from several different grocery stores and then pick where they would do the shopping based on who had the best deals on particular ingredients. Occasionally shoppers would go to two or more grocery stores to get the best deals.

When it came to grocery shopping, group members usually took turns shopping or had two to three group members designated as the regular shoppers. On the other hand, there were some groups where the leader or one participant did all the shopping (sometimes with the help of different participants each time). Additionally, there were

two groups where each participant was responsible for bringing a few of the ingredients, one group where most of the ingredients came by donation (so shopping happened irregularly), and one group where most of the ingredients were purchased through a bulk-buying club associated with the organization that supported the collective kitchen.

There is little discussion in the literature related to how groups conducted their planning and grocery shopping. For more detail on individual groups' planning and shopping characteristics, please see Tables 4-6.

4.2.7 Food

The food cooked in collective kitchens was extremely varied. Most groups cooked food from a variety of cultures. The most common foods cooked included casserole-type dishes that contained meat and vegetables, sometimes with a crust, noodles or cheese. In general, most of the dishes cooked included vegetables, meat (or occasionally pulses) and a starch such as pasta or rice. Chicken pot-pies seemed to be a favourite in Saskatoon. Vegetable and meat soups were also cooked in many groups (some groups made a soup out of leftover vegetables and meat), along with a variety of salads. Some groups cooked a dessert each time, while others rarely cooked dessert (there were some groups that had a cooking session specifically for Christmas baking in November or early December). In Saskatoon bannock was cooked fairly regularly. Vegetables were the dominant ingredients in some of the recipes chosen. The vegetables used were either in season, on sale or cheap all year.

Some groups cooked more unusual food. One group cooked only vegetarian food and used whole grains in all their dishes. One group received much of their food

by donation meaning that they cooked largely pre-packaged food. In a group of new immigrants, each month participants from one cultural group cooked their traditional food.

The amount of food cooked varied from as little as one large meal plus a few leftovers per month to upwards of 24 meals per month per participant/family. The most common amount of food cooked ranged between five and eight meals monthly for each family or single person, based on crude visual estimates and participants' interview responses. Tarasuk and Reynolds (1999) reported that the collective kitchen groups in their study produced 4-5 main dishes once per month. There is little discussion in the literature describing similar ranges of food cooked in groups to what was seen here. Please see section 4.3.1 for more discussion regarding the quantity of food cooked in each collective kitchen. Additional descriptions are contained in Tables 4-6.

4.2.8 Cost For Participants

There was diversity in the payments made by participants in different groups for their share of food costs. The Collective Kitchen Partnership in Saskatoon contributes two dollars per person being fed in each collective kitchen each month. They also provided $75.00 every six months to pay for spices, flour, sugar and other basic shelf ingredients. This meant that each group had a basic amount of money for cooking that they supplemented with contributions from each individual member. For example, in a group of six participants that was cooking for a total of 20 people (including spouses, children or others living in the same house), the CKP would contribute $52.50 each month for food costs. The CKP did not set a maximum number of people for whom a

collective kitchen could cook, although they strongly advised to not have more than eight participants (CKP committee often said that the ideal number of participants in a collective kitchen group was six). Groups asked for individual contributions ranging from two dollars per person in each family (exactly matching the amount provided by the CKP), to flat contributions of five dollars to fifteen dollars per family (with a five dollar contribution being the most common). In cases where participants made a flat contribution, the food was divided equally between participants, and where participants contributed per family member, the food was divided based on family size.

In Toronto there was more variety, likely because financial support for each group was made by the organization to which the group was associated. In Toronto there were groups that cooked daily, weekly, biweekly and monthly and three out of six groups were free for participants (both groups for new immigrants and one of the groups for homeless and under-housed participants). One group cooked weekly and each participant paid two dollars for the weekly meal (a small subsidy of the cost for food was provided by the organization that housed the collective kitchen group); in a second there was no subsidy for the cost of the food so participants each brought a share of the ingredients; in the third, each participant paid $20.00 to cook about 24 meals a month (these costs were heavily subsidized by a fund to support the homeless).

In Montreal, the collective kitchens were less heavily subsidized. In two groups the participants paid for their portion of the food based on the portions they wanted and the cost of the ingredients (for example, once all the ingredients' costs were added together, they were divided by the number of portions they produced and this amount – usually $0.50 to $1.00 per portion) was then divided by the number of portions

'purchased' by each participant (therefore there was no food subsidy). In two more groups the cost of the food was divided equally and there was no subsidy involved. In the last three the participants paid a flat rate of one dollar or two dollars per portion no matter the costs of the ingredients (two of these were subsidized by the organization that housed the collective kitchens and one was not).

In general, the individual organizations supporting the collective kitchens in Toronto and Montreal decided on payments by participants because they funded them directly. This was different from Saskatoon; as presented above, there was a flat subsidy and groups could decide on their own additional contributions. For more on the individual collective kitchens see Tables 4-6.

4.2.9 Childcare and Transportation

In Saskatoon, the Collective Kitchen Partnership covered childcare and transportation costs (e.g., bus tickets, taxi costs, or gas costs depending on the needs of the group) if needed (which was the case for most groups), although there was at least one group that had parents taking shifts doing childcare. In Toronto, only one group provided transportation (bus tickets for participants who needed them). In all other groups the participants generally came from within the neighborhood and were able to walk to the collective kitchen location. In one Toronto group the organization supporting the collective kitchen provided childcare; in another the participants took turns providing childcare. Childcare was not needed in any of the other groups because participants were single adults with no children or had adult children. In Montreal, transportation was not provided in any of the groups (participants almost always came

from within the neighborhood where the group was located). There was no childcare provided in five out of seven groups; in one group the organization where the collective kitchen was located paid the costs of childcare; in the seventh group participants could pay one dollar per child per hour to use the childcare facilities provided by the organization. It is important to note that in the cases of Toronto and Montreal some groups required that participants live within the neighborhood where the group was located, because funding organizations were set up to service a certain part of the city. For details on individual collective kitchens see Tables 4-6.

4.2.10 Locations

Collective kitchens were located within religious organizations, community centres, settlement agencies, seniors' centres, and community food centres (only in Montreal). In Toronto and Montreal the kitchens were most often located within the organization that sponsored the collective kitchen. In Saskatoon, kitchens in a variety of places were used (e.g., low-income housing complex, churches, a daycare, family support centre).

Some of the kitchens had poor quality facilities. Ovens didn't work, smoke detectors went off at inappropriate times and kitchens were small and crowded. Additionally, in some kitchens not enough pots and pans were available, there was no storage space for ingredients or no good space for childcare in a nearby room. Most collective kitchen groups found ways around these problems. They brought extra equipment from home, shipped ingredients to and from home in between cooking

sessions, or lived with problems that they could not fix. In Montreal, the food centres where some of the collective kitchens were located had well-equipped kitchen facilities.

Most participants and key informants expressed a desire to have more well-equipped kitchens, but not all key informants agreed that the available spaces were inadequate:

> I've seen that there are more facilities than what we need. We never have to work very hard to get somebody on board and so I know that we could have more churches, schools, centres on board, and have people use their kitchens if we did a bit of work.

In all three cities the problem was not finding kitchens to use, but instead finding ones that had all the necessary equipment.

In Montreal there was one collective kitchen for reduced mobility participants where accessibility issues had been taken into account; people in wheelchairs or who were otherwise disabled sat around a central island in the kitchen and performed tasks that required them to stay in one place. Other tasks, such as putting food in the oven and doing dishes were performed by people without mobility difficulties. I did not encounter anyone with reduced mobility in Toronto, but in Saskatoon there was one person with reduced mobility in each of two collective kitchen groups. Both of these participants were interviewed and both felt that kitchen facilities were not accessible to them. Spaces were tight, counters were too high, and in general these participants were limited in their participation in the collective kitchen due to the lack of accessibility of the kitchens themselves. I found no mention in the literature of issues related to mobility in collective kitchens. For more detail on the locations used by individual collective kitchens, please see Tables 4-6.

4.2.11 Other Characteristics

Some collective kitchen groups had particular characteristics that set them apart from the others. For example, there were two groups in Saskatoon that occasionally purchased additional food in bulk, such as vegetables, to divide and take home. In another group participants were encouraged to take home a few loaves of donated bread in addition to the food cooked (the group was located within a charitable organization and also had some of their ingredients donated). A few groups held formal or informal educational sessions within the context of the collective kitchen group (topics included health issues, finding a job, cultural integration, and arts and crafts). There were two groups that had a strong focus on the environment, insisting on recycling and composting waste, and discussing how to reduce food packaging. One group aimed mainly at homeless or under-housed participants gave participants freezer space to store their food and access to a kitchen whenever they wanted to heat their food. One group for participants with physical disabilities required an application through a physiotherapist to join the collective kitchen – it was aimed at people who wanted to stay independent despite their physical challenges. Finally, two groups in Montreal had access to purchasing large boxes of food and other household items (donated by supermarkets) at a cost of four dollars.

Groups for new immigrants and those for the homeless or under-housed had unique characteristics derived from the people served. Three collective kitchen groups for new immigrants were included in the study. One was for a particular language group and the settlement agency that offered it did so in additional languages. The other two were mixed language with participants from a number of countries. There was an

educational focus in two of these three groups on topics of relevance to integration into Canadian society that made the groups for new immigrants somewhat more formal. Workshops were offered on topics such as employment and the Canadian health care system. In the third group, while no workshops were offered within the collective kitchen, most of the participants participated in other programming at the community centre where the group was held, and some of that programming was aimed at providing new immigrants with tools to function well in Canada. Additionally it is important to note that the reason two groups for new Canadians were studied in Toronto was because there were several such groups throughout the city.

The two groups for homeless or under-housed people in Toronto were unique for two reasons: First they were heavily dominated by men (all the participants were men in one case); Second, they cooked significantly more food than other types of groups – around 25 meals each month, and were also heavily subsidized (in one group the food was free and in the second the minimum 24 meals each month cost $20.00). In one group they cooked a daily evening meal on weeknights for which people could drop in, leading to different numbers of participants each day. One difference, and perhaps a limitation of this group compared to the other collective kitchens in the study, was that much of the food was pre-packaged and received through donation instead of cooked from basic ingredients.

The other collective kitchen was offered through a community centre mainly for the homeless. It had a unique system set up whereby participants stored their food in labeled take-out containers in freezers located at the centre. The kitchen at the community centre was available most of the day for participants to come in and use

(other people used the kitchen to cook food from the food bank). These services were necessary in order to enable people with no home or without adequate kitchen facilities to cook their own food. A participant in one of the collective kitchens for homeless or under-housed people explained that the purpose of his collective kitchen was different than what he perceived were usual for collective kitchens. He explained that collective kitchens were needed by people such as him who did not have adequate home facilities to cook on their own:

> …[it] is often a service to people who aren't practically able to cook on their own as much, not just for economic reasons.

The two groups for homeless or under-housed were able to provide participants with substantial subsidies and needed services. These characteristics were unseen in any other group.

There are reports of a growing population of homeless and under-housed in large cities in Canada (Davis & Tarasuk, 1994; Riches, 1997a). Such populations are often heavily dependent on charitable organizations for food (Antoniades & Tarasuk, 1998). The collective kitchens studied that were oriented towards such participants had special characteristics that enabled them to attract and facilitate the participation of people with particular needs. With their significant subsidies and an understanding of the specific needs of those living in these circumstances, collective kitchens appeared to be useful for providing some food security (see the sub-chapter on food security for an in-depth discussion on this topic) and opportunities to cook on their own for the homeless and under-housed participants.

Additional information on particular characteristics of the groups can be found in Tables 4-6.

4.2.12 Summary

Collective kitchens in the three cities were extremely diverse in structure and purpose. In general, their characteristics were reflective of the needs of their individual participants, although sometimes they were decided based on the ideas and views of the group leader (in these cases, usually the group leader was a paid staff member and not a member of the community represented by the participants). The support structures that had emerged in each of the three cities differed quite significantly and had important impacts on the growth and maintenance of collective kitchens in each of the three cities.

4.3 Personal Impacts

The following results and discussion present those impacts of collective kitchens that occurred largely at the individual and household levels. The major category divisions of these personal impacts include those related to general personal change, household food security, and food, nutrition and other learning.

4.3.1 Personal Change

Participants were asked if and how they felt they had changed personally since becoming a member of a collective kitchen. The answers were mixed; several felt that they had not changed at all, however, more felt they were different. There were certain descriptions that were most common: ‘more assertive’, ‘feeling better about myself’, and ‘feeling more positive’. Quite often interview participants felt that participating in a collective kitchen was one factor among many that they attributed to their feelings of personal change. Changes in self-esteem and other aspects of improved self-concept

cannot be attributed specifically to collective kitchens because of the difficulty involved in separating collective kitchen participation from other community involvement. A pattern emerged where some participants joined a collective kitchen before or after becoming involved in their community, and then somewhere throughout this process, participants began to change in their feelings about themselves. Under the general description of 'feeling more positive' a few participants spoke particularly about the way they felt immediately after cooking. For example,

> If you're not feeling good, and you go cook, you're left quiet to do your job. … It's a type of activity where what you're doing is more important than who you are, you know. As long as you show up, you can be in a lousy mood and do all your stuff, and by the time you finish you are (breathes deeply twice), much more centered.

Another participant lumped together all the activities she was involved with when she described feeling good:

> And I never had such a great life in my life since I joined…and I'm just having a ball.

A group leader explained that her interactions with the world were more positive:

> And I just don't take that kind of crap, you know, I just don't put up with much. Now I just do what I have to do and I try to…be positive. Before everything was really negative… …I was always feeling depressed, and now I have lots of friends, and I can go out of my home and go and do things that are positive.

Finally, a very shy woman explained that participating in the collective kitchen helped her to overcome her fear of engaging with others:

> Yes, I'm less shy. Before I would never have approached anyone to talk to them. And now, I'm doing it, not fast, but I'm doing it. I'm more relaxed. (author's translation from French)

Several participants spoke of having difficulty with assertiveness and that they were feeling more self-confident:

> One of the things, well actually it's one of the things I still hate doing is having to deal with conflicts, but now I know I'm capable of dealing with it. Before…I didn't want to deal with it at all. So it's really changed a lot how I look at myself. It's given me a lot more self-confidence.

The above volunteer community leader found that she was more self-confident in her skills as leader when there were difficult tasks she needed to undertake. Some interview participants felt that the increased confidence also transferred to their ability to deal with similar situations outside of the collective kitchen group. Outside of the collective kitchen itself, one woman was undergoing therapy for depression, and recognized that her confidence level in her everyday life was beginning to change:

> I can't say I'm extremely confident of myself… But it's growing. … And part of that is because of…being part of a collective kitchen. [Also] Being part of the library. All of it is helping me.

Participants sometimes explained that doing unfamiliar things was becoming less of a challenge:

> I think that from the cooking and that I've done and the trying new things and that, I think I'm a lot more confident in wanting to try new stuff… And realizing that sometimes not everything always works out and that's okay. It's not the end of the world if it fails. You just pick up and keep going.

One group leader explained that over her many years of working with collective kitchens, she had come across participants who had grown personally through their involvement:

> And I keep meeting people…some of whom went for training…to facilitate community kitchens. And they've gone on to do other things, a catering business, the [name of business]. So some of them have gained somewhat, I would never say they would be able to earn a full-time living out of what they did there, but certainly gained a lot in a sense of self-confidence, and in skills.

Racine and St-Onge (2000) also found that the majority of participants in their study reported increased self-confidence and self-esteem as a result of their involvement with collective kitchens.

Some participants spoke specifically about the process of planning and making food and how that contributed to their positive feelings. One participant explained that the process of engaging in planning what to cook was asserting herself:

> For me it's also a way of taking charge of one's participation in a group when we plan menus or do other things. (author's translation from French)

Other participants explained that they felt good at the end of a cooking session when their dish was made and other participants got to taste it:

> Like I do a good job and people say oh this is delicious, who cooked it? [participant's name] did it. So like I said, I started for one reason, I continue for another.

(Further discussion of participants joining a collective kitchen for one reason and continuing for another is presented in section 4.4.1 on the social relationships developed through participation in a collective kitchen.)

Another participant described a sense of accomplishment. She did not work outside the home, and was rarely complimented on the work that she did. She explained that it felt good to know that her efforts were appreciated. According to the literature on social groups, self-esteem rises when we feel accepted and are seen as worthy by others (Stangor, 2003).

The independence associated with having food from a collective kitchen was an important issue for the few participants who had reduced mobility. These participants felt that their participation enabled them to continue to be independent, which in turn made them feel better:

> I think that it's a good way for me to maintain my autonomy. Because I didn't want to have an aide in the house. …It's for us that kitchens are important. They permit us economically to make ends meet, to eat well, to maintain ourselves. (author's translation from French)

Participants were asked if they felt that participating in a collective kitchen enabled them to make plans for the future. Very few participants felt it had, for a variety of reasons. The first reason, although only expressed by one person, might be common to many participants:

> I have never been one to plan much for the future. …like right now my income is less than $900 a month. So it's extremely hard to plan anything for the future when you're living on such a low income.

Many participants said that they lived day-to-day for a variety of reasons, such as:

> No… I don't plan years ahead because I'm 73. So I just plan for, I try to make the best of every day. And that's all I plan is from one day to the other.

According to Kent (1988), powerlessness, more so than poverty, is the root of food insecurity, and solutions to fight food insecurity must include empowerment. Empowerment is also an important aspect of the literature on health promotion. The definition of personal empowerment, as "a subjective feeling of greater control over one's own life that an individual experiences following active membership in groups or organizations" (Bracht, Kingsbury & Rissel, 1999, p.86), is a concept that includes beliefs about one's competence, efforts to exert control, and an understanding of the socio-political environment (Zimmerman, 2000). In his study, Ripat (1998) argued that "community kitchens are vehicles through which individual self esteem and empowerment of participants is built" (p. 101). In the context of the current study, some data was brought forth regarding issues related to personal change. This information is useful for identifying possible elements of the construct of empowerment that are

relevant to studying collective kitchens, especially for future in-depth study. Participants described feeling more self-confident in some cases, and most often they said that they felt better about themselves.

An ability to plan for the future is also considered an element of personal empowerment (Lord & Hutchison, 1993; Rappaport, 1987). In the context of the current study a participant explained that it was very difficult to make plans when she was struggling to make ends meet each month. Others had other reasons for not planning for the future, at least in the long term. The types of planning participants did describe were the occasional participant who was going back to school, participants who planned to take leadership training to lead their own collective kitchen groups, and participants who planned to become involved with other activities in their communities.

Labonte's (1993; 1997a) holosphere describes five linked spheres in which empowerment occurs. The first sphere, that of personal care, is seen particularly in the development of personal skills (see section 4.3.3 in particular) and increased food security (see section 4.3.2) that may lead to improved health. Labonte wrote that personal care supports should respect the autonomy of the individual, be culturally sensitive, seek to understand the psychosocial and socioenvironmental contexts of the individual's concerns, and move towards a greater capacity by the individual to act upon the both the roots and symptoms of their problems. The educational aspects of collective kitchens seen in this study most often reflected the desired learning of participants. Cultural sensitivity and an understanding of the contexts of participants' concerns were also often elements of learning and the focus on food security (see sections 4.3.3 and 4.3.2 for more on this), but moving towards a greater capacity to act

upon both symptoms and roots of participants' problems was perhaps less well reflected (see section 4.3.3.7).

The second sphere, small group development, is experienced in the mutual aid approach to collective kitchens whereby participants come together to discuss issues of concern in their lives. Participants heavily emphasized the social aspects of involvement (see section 4.4.1), and while in a few cases there was not a strong emphasis on social sharing, in the vast majority of cases discussion of issues of concern was central to the cooking (and eating) time within collective kitchen groups. This sharing of life experiences was very much central to many of the groups in the study. Participants drove this process of sharing on most occasions. They spontaneously discussed issues of relevance to their lives – their children, their spouses, their lack of income, and even their fears and joys. What was less apparent within small group development (with the exception of some of the work being done in Montreal, and isolated cases here and there), was a focus on the structural causes of powerlessness, that Labonte (1993) described as an element of this sphere (for more on this see section 4.3.3.7).

The third sphere, community organizing, will be discussed in the section on community change. While such organizing appeared to have been occurring to some degree, key informants felt that its potential was not sufficiently tapped. Coalition building and advocacy and political action will be discussed in the section on community impacts of collective kitchens. In general, there are indications that to differing degrees, elements of the empowerment holosphere appeared in the collective kitchens under study.

4.3.2 Household Food Security

The household is the first level at which food insecurity usually occurs (Radimer et al., 1990). Its manifestations include food depletion (the quantitative component), consumption of unsuitable food (the qualitative component), food anxiety (the psychological component), and food acquisition in socially unacceptable ways (the social component). Because it is at the household level that food insecurity first occurs, I will use the elements of household food insecurity to understand participants' experiences as members of collective kitchens.

This section examines participants' views on poverty, food acquisition and other aspects of food security in relation to their experiences of participating in a collective kitchen. Although most participants identified themselves as having low incomes (no formal attempt was made to determine participants' sources of income or income levels), not all participants fit into this category. While many participants reported joining the collective kitchen for the cost savings, some joined for social and other reasons. For some participants the possible food security impacts of collective kitchens were not important because income was not an issue. The last of the interview participants were leaders who were paid staff and as such were largely discussing food security from the perspectives of the participants in their collective kitchen groups. The following results focus largely on the 16 participants who identified themselves as low-income, with some additional information from group leaders who discussed the food security impacts of collective kitchens on participants in their groups.

In both observations and interviews, participants spoke of their financial difficulties. These conversations occurred as participants chopped and stirred food.

Participants reported running out of food, most often when their social assistance cheques ran out at the end of the month. Some spoke about the challenges associated with raising teenagers on social assistance rates that do not take into account the large amounts of food eaten by adolescents. Participants explained that collective kitchens had been presented to them as a cost savings, as well as a chance to make friends. When asked why they joined a collective kitchen, participants cited financial reasons – they felt they could make more of their limited funds with the savings incurred by cooking in bulk (often with some subsidy). For example:

> And also it costs less. The portions are good. That's an important point. Because financially speaking we're at the bottom of the ladder. (author's translation from French)

Another participant said:

> There were times when things were really rough, but if I wouldn't have known of a place where you can get meals, it would have been really, really difficult. I was actually paying eighty per cent of my salary when I was working, just for shelter.

Fano et al. (2004) found that three quarters of the participants in their study reported that it was "easier to buy all the things that my family and I need" since joining a collective kitchen, which although is a very general statement, is similar to answers given by participants in this study. Racine and St-Onge (2000) reported that for the majority of participants in their study, financial savings was a major reason for participating in a collective kitchen. Also, participants in one study indicated that cooking with others when they did not have sufficient funds to purchase foods on their own was a coping strategy for dealing with food insecurity (Kempson et al., 2003).

The collected data, both observational and from in-depth interviews, help build a picture of how food security was impacted by collective kitchen participation. This

picture includes the elements of food security – quantity, quality, dignity and acceptability, as described in the definition of food security put forward by the Dietitians of Canada (Canadian Dietetic Association, 1991). The following results and discussion are divided into the elements of food security to better understand the impacts of collective kitchens.

4.3.2.1Quantity

At the household level, the quantitative component of food insecurity is described by food depletion (Radimer et al., 1990). The quantitative component of food security is where we consider the foods available to a household and if they meet the caloric needs of each of the family members at all times.

It is important to differentiate between those collective kitchen groups that cooked larger quantities of food versus those that did not. All the collective kitchen groups studied except three (one in Saskatoon and two in Toronto) cooked at least three meals per family or individual each month (although many cooked as many as eight meals per family or individual each month and a few many more). There were four groups that cooked significantly more than the others, two in Toronto and two in Montreal. The two groups in Toronto cooked enough for at least 20 meals per month per participant (who were single people), and the groups in Montreal cooked 6-10 meals and 12-15 meals per month respectively per family. For more detail on the estimates of the amounts of food cooked in each group in relation to the cost incurred to participants, please see Tables 4-6.

In addition, participants discussed financial savings through the collective kitchen:

> [Because of the collective kitchen I have] a little bit more money, because it costs me less. (author's translation from French)

Participants often explained the savings in relation to the funds available to them when they went grocery shopping:

> Well, my food dollar goes further when I'm going shopping on my own, because I've got what we did in the collective kitchen, so you can be a little, you can splurge the odd time on something that maybe isn't really necessary, but is really enjoyed by everybody.

The participant explained that normally she was unable to afford expensive dairy products like cheese and she could sometimes buy these products with the savings from the collective kitchen.

During interviews, I asked participants to discuss the benefits of collective kitchen participation. Participants in groups where greater quantities of food were cooked placed more emphasis on the cost savings associated with their collective kitchen. For example, in groups in Montreal that cooked upwards of five meals per participant/family each month, almost every interview participant emphasized the financial benefits of participating in a collective kitchen. By contrast, in groups where less food was cooked, the financial savings were emphasized less by participants as benefits (I was able to interview a very small number of participants in collective kitchens where they cooked less food largely due to more participants in these groups having language barriers or mental illness that made them difficult to interview). This was similar in the three cities.

Participants explained that stretching their social assistance or pay cheque until the end of the month was challenging. With the food from the collective kitchen and the savings from having to buy a few less groceries, they were more often able to make it until the end of the month without either going hungry or having to use the food bank:

> Like I found that instead of running out of groceries two weeks before cheque day, it's not as bad as it was because I've got the extra food. I've learned to cook in bulk and I've learned to buy in bulk. So that really helped stretch my budget.

On the other hand, I remember a conversation in one collective kitchen group where a participant said that no one in her house ever went hungry, except sometimes the last days before the monthly cheque arrived. The food from her collective kitchen was not always sufficient enough to last through until the next cheque.

In some Montreal collective kitchens food boxes were offered to participants for a small fee (two such groups were included in this study). They called this a 'food pantry' and a 'nutritional support' (author's translation) where *Moisson Montreal* (the central food bank) collected food and other household items from grocery stores. The collected items were then distributed all over the city, including to some community food centres that offered collective kitchens. When they attended their monthly collective kitchen meeting, participants could also purchase a box for between $2.00 and $4.00 (the cost covered transportation from the grocery stores to the collective kitchen location). Participants with reduced mobility could have their box of items delivered to their home for a small additional fee ($2.00). Although this program was very similar to attending the food bank (participants received food donated by grocery stores), when asked about the program, participants did not express a dislike of the charity food program. In fact, in one of the collective kitchen groups the boxes were

considered a privilege – if a participant missed her collective kitchen session without good reason, she was ineligible to purchase a 'food pantry' box:

> When you are in a kitchen you are allowed a 'food pantry', so there are now things that I don't need to buy anymore… There are some substantial savings because of that. (author's translation from French)

Tarasuk and Reynolds (1999) suggested that because collective kitchens only produced a few meals per month for participants, they could not significantly impact food security. They concluded that the economic benefits of collective kitchens in their study (whether they were due to subsidies or to the economies of scale associated with bulk food purchasing) were severely limited because groups generally produced only a maximum of about 5% of meals per month. Therefore, the impact on the additional food available to families was unlikely to be significant. In this study, such conclusions cannot be made for several reasons. Firstly, the vast majority of groups included in the study did cook larger quantities of food (between three and 24 meals per person/family each month) which was not the case in the Tarasuk and Reynolds study, and three groups produced as many as a third of all meals each month. In addition, in groups that cooked at least five meals per family each month, participants generally perceived there to be cost savings associated with participation, which was different from the perceptions of participants in the Tarasuk and Reynolds (1999) study. Perhaps a better conclusion in the context of this research is that when groups cooked in large quantities (upwards of five to eight family meals monthly) and especially when there was some subsidy involved, then collective kitchen participation may indeed have had an impact on the food resources available to participants.

4.3.2.2 Quality, Dignity and Acceptability

At the household level food insecurity has qualitative, psychological and social manifestations (Radimer et al., 1990). Consumption of unsuitable foods such as those that may be unsafe and reduced variety of food leading to insufficient micronutrient consumption are aspects of reduced quality of food indicating household food insecurity. Such poor quality food may be unacceptable in that it may, for example, require taking risks with health. The psychological dimension is indicated by food anxiety – fears related to how food will be purchased in the future and the stress that comes with uncertainty. Finally, the social dimension is acquiring food in socially unacceptable ways, such as through charity, begging or other channels that may lead to a loss of dignity for those who are food insecure.

It was difficult to separate these aspects of food security into distinct categories. Most participants described each of the three as intertwined, which is why I will present the results of the three concepts together. To most participants, the quality of the food in the collective kitchen group was high (although some complained that it was not high enough). Participants described quality by comparing the variety of foods available to them through the collective kitchen with the basic foods they purchased for use at home. Some compared the food to what they would have accessed had they not participated in a collective kitchen. This most often meant the food bank. As such, elements of dignity and acceptability came through as participants discussed quality. While no research has measured the change in quality or variety of food through collective kitchen involvement, the qualitative studies of this component have argued

that quality and variety are increased (Crawford & Kalina, 1997; Tarasuk & Reynolds, 1999).

Unsuitability of food is an aspect of quality. Food unsuitability includes the monotony of the food available (Hamelin et al., 2002). Participants sometimes expressed that they bought only foods they knew they would eat and would not go to waste. These foods included basic foods (like pasta, rice, potatoes, canned or frozen corn and hamburger), and often few fresh vegetables. They explained that it was too expensive for them to buy many vegetables because of waste. Single participants in particular found it difficult to eat foods before they went bad. In order not to waste food, they would only buy foods that could be purchased in small quantities, which excluded many vegetables:

> …I didn't go to the trouble of buying something because either it was too expensive or it is sold in large enough quantities that…when I am alone, it's obvious that I won't eat a head of celery in one or two days. (author's translation from French)

Also,

> Buying a piece of meat or something else when you know that you will waste some, doesn't seem like a winning idea. (author's translation from French)

Joining a collective kitchen meant that single participants felt better able to consume vegetables and meat because the costs were spread around, and their concerns about waste were diminished.

Radimer et al. (1990) described the dignity and acceptability elements of food security as the social and psychological dimensions. The social dimension includes coping behaviors that includes, among other things, receiving charitable food assistance. Food banks are not perceived by society to be a socially acceptable means of

acquiring food (Campbell, 1991; Tarasuk et al., 1998). Participants who had previously used the services of the food bank were frank in their descriptions of the poor quality food available at the food bank. Some participants felt that an important reason for joining a collective kitchen was to access higher quality food; some were particularly concerned with the safety of the food from the food bank because they had fallen ill after consuming donations in the past. One participant contrasted food made in her collective kitchen to food received at the food bank:

> You'll get bread, you'll get donuts, you usually get yogurt and a couple of eggs, maybe some potatoes, maybe some carrots, and four tomatoes. Anything else will probably be rotten…And [in the collective kitchen], you make your casserole. … or your fish patties, or your chicken, and…it's fresh, it's not rotten. You don't have to go home and check everything out.

A number of participants explained that previous to participating in a collective they had attended the food bank (or other similar food-based charities). Some participants had used this service more than others:

> And, so I don't go to the food bank anymore. I've learned how to budget my money differently. I've got the food coming from the Good Food Box. I've got food coming from the fruit box now. I've got my food from the collective kitchen. Between that and what I budget for groceries, it lasts me a long time.

Some participants no longer used food banks, while others used these charities less, but continued to do so periodically. Still others had not previously used food banks, yet some of these participants still said that there were cost savings associated with participating in a collective kitchen. One participant who no longer used charity explained:

> Because I save more I don't need to run around as much as I used to. …Like there's the St Charles church, once a month you pay five dollars and you go around with your basket. (author's translation from French)

Another participant who had reduced his use of charities for food explained:

> I very seldom use food banks any longer. I don't have to, that's one thing I like about community kitchen[s], eliminating using the food bank facilities. I very seldom ever go to the food bank. And I don't go to the mission, and stuff like that. …I lived on the streets too and I used to have to survive by eating at those kind of drop-ins, eating facilities. But I very seldom use them now, which I find is a good advantage.

Participants often compared the collective kitchen to having to go to the food bank and many expressed a strong distaste for acquiring food that way. Many felt that an important advantage of the collective kitchen was avoiding the food bank:

> …this is one thing…I don't think [people] realize is that people who come [to collective kitchens] don't come there for the training purposes, they come there because they want to avoid going to the food bank. We might as well scratch out the fact that [for] lots of people, it's going to help get them off the food bank doing their own cooking.

During one collective kitchen cooking session a participant told the others that the food bank had received a large stock of potatoes and were giving them away. The ensuing discussion focused largely on most of the participants' distaste of the food bank and their desire to avoid it. Similar conversations occurred in other collective kitchen groups – particularly in Saskatoon where a large number of the participants in the study had previously used the food bank and were no longer (or rarely) doing so.

In Saskatoon all the interview participants (except one paid leader) had previously used the food bank, but no longer did. In Toronto, only four low-income collective kitchen participants were interviewed. Three of these participants discussed a significant reduction in the food charity they were using, and the fourth had joined for social rather than food costs reasons. In Montreal, there were eight low-income collective kitchen participants. One reported joining purely for social reasons. Of the others, there were two groups of participants – one group that was low-income, but had

never before used food banks (five participants), and the other had used food charities before but did so no longer (two participants).

Occasionally participants would bring up issues related to the psychological distress associated with food insecurity, sometimes described in the literature as food anxiety (Radimer et al., 1990). Most commonly, while they were cooking, participants' conversations often turned to worries about their financial situations. They often shared fears about rising gas and electricity prices, about children growing and needing new clothes, and about children's growing appetites. These price increases occurred without a similar increase in social assistance rates. Participants explained that while the collective kitchen helped, they weren't sure it would be enough in the future:

> It does help, it has helped us out to use for us if [we] get a meal or two, it usually helps us out to survive…for the whole month. It's getting rougher and we were hoping that CHEP would help with hunger but I'll be honest with you…energy and stuff is gonna be higher and so I really see that not helping.

For some participants the anxiety associated with not having money to buy food was somewhat reduced since they had joined a collective kitchen, while for others, the worry had not abated. Racine and St-Onge (2000) also found that collective kitchen participation decreased the stress and anxiety associated with stretching limited funds for food.

The dignity component of food security is the concept's social dimension. Behaviors characteristic of this social dimension of food insecurity include acquiring food in ways that deviate from social norms such as through charitable assistance, family, friends, pawning or selling possessions, buying food on credit or food theft (Tarasuk, 2001b). This dimension of food security is the most complex, largely because what appears to be socially unacceptable changes over time. What was previously

humiliating becomes normal for some people as they become more adapted to their situations. Participants generally did not use the word dignity when they discussed the food bank in comparison to collective kitchens; instead they said they wanted to avoid the food bank, they didn't like the food bank, that they liked choosing the food they cooked and brought home, that they liked contributing their efforts to cooking the food, or just that they enjoyed the collective kitchen more.

The majority of study participants were low-income, although the supporting organizations' representatives emphasized that any interested individuals could participate in a collective kitchen. A question that arises is whether stigmatization occurs due to the overwhelming low-income participation in the collective kitchens. Participants did not indicate that they felt stigmatized by their participation in a collective kitchen, which has been confirmed by other research (Tarasuk & Reynolds, 1999). In fact, it was often quite the opposite. Many participants spoke of participation with pride. Other research found similar results (Rouffignat, 2001; Tarasuk & Reynolds, 1999). Perhaps, as others have also concluded, the participatory, self-help nature of collective kitchens makes them significantly different from charitable programs, despite collective kitchens often being partially subsidized (although not always – two groups in Montreal received no subsidy at all, and only small subsidies were provided for the others in that city). Another possibility is that the recruitment literature does not focus on low-income people – in fact, the documents produced by supporting organizations state that anyone can join a collective kitchen. It's also possible that when participants were asked how they felt about participating in a collective kitchen, they were unable to express feelings of stigmatization.

4.3.2.3 Other Issues

In addition to the four components of food security, other important concepts relating to food security and poverty emerged in interviews with participants. These issues were diverse – some were issues related to concerns of individual participants, while others were broad concepts that were raised mostly by group leaders and key informants.

The frequency of cooking sessions was discussed by participants. The challenges posed to participants when groups took time off were a concern. One of the limitations raised was that most groups only cook once or twice a month. Many participants felt that they should meet as often as every week. A participant in a community kitchen in Toronto said:

> The limitation is I wish we had it more often. …I wouldn't mind if they had it every week, rather than every other, two weeks. Because then I would never have to worry about food, right. And I'd pay more money if we could do that. I would gladly pay $40 or whatever it would cost.

The participant quoted was in a group that cooked every second week, making a total of about 24 meals per person per month, but he still wanted to meet more often. He lived in a rooming house with no kitchen, so the collective kitchen food was the only homemade food he had available.

A similar issue is that when collective kitchen groups took breaks, most commonly around Christmas and in the summer, participants described struggling to make ends meet. When asked why their groups took breaks, some participants said that it was because the group leaders were too busy those times of the year to continue leading a group. One participant said she had asked for a reason why her group took

time off in the winter for two months, but no response was given. Some participants expressed frustration with the lack of consultation about how a break might affect them:

> I would like to see it continue during December and November. For me it's important because…if I spend all my money for food for the month then I haven't got money to buy a chicken or a turkey or a small ham. …We also have two months off in July and August…

When participants spoke about the difficulties it caused them to not have the food from the collective kitchen for a month or more, a sense of dependence emerged about the collective kitchen. This also came up in interviews with a few people who described 'needing the food':

> I did work in another kitchen in between the first one and [leader's name]'s and, uh, I joined, well at first I filled in for [name] one time, because she couldn't go. She was getting very frustrated and stressed out so I joined the kitchen to be…a pressure release for her. Because she couldn't afford not to be in it, being in a wheel chair transportation is three times more expensive, and all that kind of stuff. So she really could not afford not to be in it…

While only a minority of participants discussed this idea of 'needing the food', I believe this is an important finding. This dependency on collective kitchens raises concerns about the precarious food security developed within collective kitchens. Some participants planned to include their food from the group within their monthly budget. When the group took a month off this could alter a participant's food budget, thereby perhaps sending them to the food bank once more. Based on this information it seems likely that the fear and distress associated with not knowing where the next meal may come from may still be present for some participants.

Power (1999) and Tarasuk and Reynolds (1999) raised the concern that collective kitchens and other similar programs do not reach families who are living in severe poverty because of a variety of barriers, both economic and psychological (for

example, some resources such as small financial contributions are often necessary and in order to participate a hope for the future is important). Some participants felt that $2.00 per family member or a $5.00 flat rate for participation was prohibitive:

> Like, some, like most of the people in our kitchen are on a fixed income, on social assistance okay? Sometimes it's very hard to come up with just that $5.00.

In Saskatoon and Montreal participants contributed some or all of the food costs, while in Toronto half the groups studied were free for participants. Key informants felt that participants' contributions were a problem. They argued that it was both important for collective kitchen members to contribute financially to the group, but also that the financial contribution was sometimes a limitation for participants. This was particularly important for new participants who had not yet experienced the benefits of a collective kitchen:

> …those that are…receiving social assistance, they're not provided with adequate money to purchase food to meet their health needs, and so they may not have the money to participate in a collective kitchen, or maybe they're inconsistent. So one month they have it and the next they may not have it…

It was difficult for some participants to contribute even a small amount of money. Therefore, it might be reasonable to speculate that only the less severely food insecure can participate in these initiatives. This is a significant limitation to these programs.

On the other hand, there were two groups included in this study that were able to target participants for whom the depth of poverty was much greater. Both groups were in Toronto – in one case the group met every weekday and the meals were free, and another was heavily subsidized for participants and cooked at least a two dozen meals per participant each month. Both of these groups were aimed at people with significant needs, particularly the homeless or near homeless, and those who were suffering from

mental illness in addition to living in poverty. A conclusion from this is that significant subsidies are important for collective kitchens aimed at very low-income participants. This is clearly not so important when the depth of poverty is not as severe. For example, in Montreal, a number of groups had no food subsidies at all, yet had been operating for some time.

In Toronto where there were collective kitchens aimed mostly at homeless or under-housed men, leaders discussed a lack of incentives for this group to try and move away from the charity approach to ending hunger. The participants in these groups explained how it was difficult to convince others like them to participate. One participant said:

> They don't know about it, and it's frustrating because you know it's a good deal. And you go, hey, you can do this. It's like it makes a lot of sense. They don't really take any initiative with it or trust it enough when we talk about it. It's a really good deal. It's hard to conceptualize it ahead of time.

Another elaborated:

> I keep telling them, well why don't you join in the community kitchen? It only costs $20.00, it saves you. Because you can go to a restaurant and you pay $8.00 or something for a hamburger or whatever, right? And here, I plug the community kitchen a lot to. And at the [community centre] members meetings I used to bring it up in the discussion group.

A leader said something that I believe might explain the lack of desire on the part of other homeless or under-housed single men to participate:

> Good Shepherd refuge is just across the bridge, serves free meals. So there's not a lot of incentive for single men to cook. The kind of accommodation they get is…usually it's a hot plate or shared kitchen, [they have] difficulty in maintaining their own food in the common refrigerator in the kitchen. I've heard their difficulties. I said we have recipes that you can cook in an electric frying pan. You know, cook them here. We can do a variety of things. There's a lot of disincentives. You have to really enjoy cooking I think, to participate.

She felt that the obstacles were too high for this particular sub-group. Perhaps also the psychological barrier described above, that is, a lack of hope for the future (Power, 1999; Tarasuk & Reynolds, 1999) is particularly relevant for this group.

One key informant explained that one of the strengths of collective kitchens is that they may be able to raise the profile of non-charity based anti-hunger initiatives, particularly within government and community-based organizations:

> Looking at the education of the whole community about really what is collective kitchens and what they are there for, you know, how to use them to address food security issues.

The informant felt that because of the positive image of collective kitchens, they could serve as a model for advocacy efforts aimed at changing the community mindset from charity to mutual aid. A leader felt that that this consciousness-raising about food security issues could also occur within collective kitchen themselves with participants:

> …part of me would like to also see us use this program a bit more, I guess for food security purposes, but also just to kind of help people you know in daily lives a little bit more around the issue of food and preparation and money. And so, I think eventually once we get the components that we focused on really kind of down pat, maybe we can do a bit more of that. And also talk to people about it. … talk about [food security] in a way that doesn't sound like food security issues. Because what does that mean to anybody?

4.3.2.4 Summary

The data in this project shows a variety of issues relevant to the study of food security amongst collective kitchen participants. There is the quantity of food produced which varies dramatically from group to group – in some only a very small number of meals are produced on a monthly basis, while in others more than a third of monthly meals are cooked in the collective kitchen. Impacts on other components of food security are more difficult to discern. Many collective kitchen participants formerly

were food bank users, and felt better about their participation in a collective kitchen while it was humiliating to use the food bank. Participants generally perceived the quality of the food produced as high or higher than other food they could afford to cook at home, or that they received from charitable sources. Some participants felt less anxiety about whether or not they would be able to feed themselves in the future. Others, on the other hand, thought that the collective kitchen was going to be unable to compensate for their worsening financial situations.

4.3.3 Food Knowledge, Skills and Other Learning

This section examines the observation and interview information collected on issues related to learning, particularly with regards to food, as well as other areas. The first section examines the broader issues on this topic. Next, components of nutrition education are examined. Several major themes dominated participants' descriptions of food and nutrition-related learning that occurred as a result of collective kitchen participation. These themes can be divided into food choices, food planning strategies, food acquisition and food preparation skills. Finally, other areas of learning that emerged are presented and discussed.

4.3.3.1 General Observations

The limited research in this area is consistent in establishing skill-building as a central tenet of collective kitchens (Crawford & Kalina, 1997; Edward & Evers, 2001; Fernandez, 1996; Ripat, 1998; Tarasuk, 2001a; Tarasuk & Reynolds, 1999). The development of personal skills is one of the major strategies for health promotion as

stated in the Ottawa Charter (World Health Organization, 1986) and having good health practices and coping skills is an important determinant of health (Federal Provincial and Territorial Advisory Committee on Population Health for the Meeting of the Ministers of Health, 1994). Overall, this study follows from previous research in concluding that collective kitchen participants and leaders perceived the collective kitchen as a venue for learning about food, cooking and other aspects of nutrition.

Some general patterns in regards to food, cooking and nutrition were apparent. These observed patterns relate to collective kitchen groups rather than to individual participants. For example, an important theme that emerged was a focus on healthy eating in a large majority of collective kitchens. This focus was more often driven by group leaders (both paid staff and volunteers), but also by some participants. In most collective kitchen groups there was some discussion relating to the nutritional content of food:

> …I think there is a bit more awareness about what's healthy, because we do talk about, if we're making say meatloaf, well we should have vegetables to go with this, or a salad…so we try and talk about having balanced meals. So they're more aware of that. …how much it actually changes their behavior I don't know.

These discussions were more often initiated by group leaders, particularly in groups where there were special needs such as group members with mental illness or other mental challenges. But this was not always the case – in a few groups participants brought in literature on particular healthy eating issues or initiated a discussion on a topic of interest to them such as how to cook a particular vegetable in a healthy way or what to use to replace a higher fat item in a dish. This most often occurred in the context of choosing dishes to cook. For example, several groups consciously chose

recipes where vegetables were the dominant ingredients or they altered recipes to add extra vegetables. One group did this formally by including a minimum of one cup of vegetables per serving of each main dish the group prepared. Other groups reduced the fat content in the recipes they chose. Still another had a policy of including only whole grains in their recipes. The Saskatoon Collective Kitchen Coordinator explained that each individual group had a different focus on food and nutrition depending on the priorities of the individuals in that group:

> A lot depends so much on the group themselves, as to whether or not…the whole group's really bent on altering every recipe they have, you know, to make it more nutritional, cut out the fat, or whether you have to slowly incorporate it into the kitchen.

The pattern was similar in all three cities – some groups altered recipes and had foods they did not include in their cooking (these were mostly high fat, low nutritional value foods), while others made only minor adjustments to recipes, to reduce the fat content to a small degree or increase the vegetable content of recipes.

The Collective Kitchen Coordinator described a focus on healthy eating during the training of leaders, within network meetings and in newsletters:

> …because we do stress nutritional food, so a big issue on that. …one of [the leaders'] favourite workshops…is how to alter recipes so they're more nutritional. …[in] the leadership training course, that's also a big discussion area… So, I think nutritionally it has a big impact because people become aware of what they're eating.

This emphasis was an important aspect of the CKP's interactions with group leaders, but how far leaders took this information with their group really depended on the individual leader.

There were also a few collective kitchen groups where participants or leaders felt that there was insufficient focus on healthy eating. For example, although they were

an exception, one group received most of their food from donations, and they were significantly limited by what they received, particularly in winter. Most of the food they cooked was pre-packaged and few fresh vegetables or whole grains were available:

> …people know that they can come and get their fries and their hamburgers here. So if we actually had less of that and people want a meal, well people will come but it won't be necessarily what they are used to. And they can actually develop a taste for different things.

There was also another group included in the study that received a smaller portion of its food by donation. The two groups where interview participants complained the most about the quality and healthfulness of the food cooked were the groups where some or most of the food was received from pre-packaged donations (such as macaroni and cheese in a box, packaged soups or pre-prepared sauces). There were also a small number of other groups that used some pre-packaged foods – tart shells, spice mixes, and canned soup were the more frequent examples – but participants did not seem to have a problem with some use of pre-packaged food. It seemed that the use of large amounts of pre-packaged food may have been a determining factor for the participants who did not enjoy cooking food they perceived as poor quality, or that they could easily make themselves.

One participant explained her theory as to why there was not a stronger focus on healthy eating in collective kitchens:

> And we have a tendency to think that in poor, or disadvantaged areas, a tendency…to neglect the nutrition of disadvantaged people. As if it wasn't important. Me, I see collective kitchens, they should have a more proactive role on that level. Aim to save money, but also to effectively open minds to other things than very conventional food. (author's translation from French)

She had also tried to get the QCKA to put more emphasis on healthy eating – in particular with regards to vegetarianism and trying to incorporate more international

food in collective kitchens. She felt that her concerns had not been taken seriously. She was worried that the focus was placed too much on getting food on people's plates, any food, regardless of the health implications. Interestingly, this is a critique similar to those of food banks in the literature (Hobbs et al., 1993; Tarasuk et al., 1998; Tarasuk & Eakin, 2003).

When participants (or a leader) complained about the quality of the food they were cooking in their collective kitchen group, it was usually because of a factor beyond that interview participant's perceived control. For example, participants complained when the group leader did not allow them to decide what they would cook, when the group accepted large amounts of charitable donations of pre-packaged foods (like cake mixes and canned sauces), or when participants perceived their group as not having enough funds to purchase the kinds of ingredients they would like. For example, in one group the leader told me during a cooking session that her proposal money from the CKP had lasted her 14 months instead of the usual six. It seemed that the leader took it upon herself to get some of the ingredients for the dishes cooked from the food bank without consulting with the participants nor with the CKP. The group usually cooked inexpensive foods such as breads and casseroles, and she also sought out food donations from other places for collective cooking ingredients. Interestingly, when I interviewed a participant in the leader's collective kitchen, she thought that it was the CKP that did not provide enough funds for the collective kitchen to be able to cook a nutritious meal:

> If you look at a collective kitchen, you know, [they] really don't get enough money to make a real nutritious meal, do they? …we get the meat, we get the bread. We have either the noodles or [unfinished thought] …we have the carrots… We do eat a little bit of each, I guess.

Another interview participant, this time a group leader, described her alternate vision for what her collective kitchen group should have been (she had been with the group for a short time and felt unable to make the changes she desired):

> So I think that it's still an emergency solution of trying to keep people alive, but it doesn't really have much vision in terms of feeding them spiritually and all the rest. And educating them, giving them skills. And even though…there's…a desire to do that…I don't think things are in place for that yet. …To me it should be about learning the connections in life. …And I think instead of just going to the fridge and getting a package, you know, open and throw it in, you don't really learn to be conscious of things.

But groups such as these were a small minority of participants (and one leader), and the large majority of research participants felt the quality of food they were bringing home was high and often higher than what they consumed previously (see section 4.3.2 for more on this topic).

A minority of participants explained that they wanted to focus less on traditional meat and potatoes dishes, and to broaden their cooking to include non-traditional foods such as pulses or more vegetarian dishes:

> And that's the one thing I would like to see change. I would like to see us do more casseroles with vegetables, that could be frozen, instead of putting so much meat products all the time. I'd like to see us do things more with fruit or vegetables. I'll never get them to go with meatless dishes. It's (laughs) extremely unlikely. … But I would like to see them try and move away from the meat. When we first started out, we didn't do meat all the time. And for the last couple of years…[it's] been heavy on the meat every single month. I would like to us change that.

This group of participants felt that most people could cook the more traditional dishes on their own (examples of these 'traditional' dishes included shepherd's pie, meat and vegetable stews and spaghetti and meatballs):

> Mostly what we've been preparing is like stews and chicken and salads and stuff. Basic things that most people already know how to make. Like I would like to learn how to maybe preserve jam, or…pickle something, or maybe make

> something that you don't normally make at home…like lasagna, things like that, everybody makes at home. … Like okay, maybe have a day where you make perogies or something. Something that people don't make a lot of at home.

On the other hand, the majority of participants enjoyed these 'traditional' dishes. Interestingly, the complaints about cooking traditional foods came more often from participants in Saskatoon, although similar sentiments were expressed in Toronto and Montreal. Additionally, from my observation of the types of dishes cooked in groups in the three cities, there was more focus on international dishes in Toronto and Montreal (particularly in Toronto), such as Indian and food from other Asian countries. This food seems to reflect the cultural make-up of the bigger cities.

4.3.3.2 Ways of Learning

When people from similar social groupings help each other to learn and by so doing, learn themselves, this is called 'peer-assisted learning' (Topping & Ehly, 1998). There was some diversity in the learning environments in collective kitchens – in some cases participants shared information and skills with each other (peer-assisted learning), while in others a more formal teacher-learner relationship was observed. Some participants discussed the learning environments in their groups, and observation notes provided further reference to how participants and leaders learned from each other.

When there were participants living with mental illness or learning disabilities, leaders were a more significant source of guidance and acted much more as 'teachers'. On the other hand, with groups of peers, most often women who were living similar experiences, participants learned from one another. In these groups the leader's role was more facilitative and less like that of a teacher. For example, in one group of low-

income women with children of a variety of ages, all the teaching and learning noted throughout the observation period involved participants and the leader often asking each other how to perform certain tasks:

> …it's learning by looking at how other people do things. And, if I'm comfortable with that I do it, and if I'm not, I do it my way. …The process of learning is, has been made fun through [leader's name], and through [participant's name] and the others that are part of our group.

In some collective kitchen groups (four groups in Toronto, none on a regular basis in the other two cities) a formal time for learning was often included during cooking sessions. During this formal educational time, the leader or a guest gave a presentation on a topic that was often chosen by participants, although not in all cases. A number of groups in Montreal, and the Collective Kitchen Partnership in Saskatoon, offered formal learning times, but outside the collective kitchen time. Participants could attend if they were interested. The presentations covered many topics including a variety of aspects of healthy eating, vegetarian cooking, political aspects of the food system and foods from other cultures, sexual health, finding a job, health care privatization, as well as arts and crafts workshops. Not all of the topics covered were food-related, particularly in the groups for new immigrants where they covered any topic of interest to the participants.

A participant spoke about the workshops held by the organization that hosted the collective kitchen she participated in (but not within the hours of the collective kitchen):

> Oh, it's once a month. It's a 'grub and gab'. There is always a theme… They provide juice. They provide bagels, muffins. And then someone comes and speaks about a theme. Like once…they said…when the beginning of the month comes [grocery stores] boost their prices. Then in the middle of the month, for no reason, there are big specials. And low-income people can't take advantage of them (author's translation from French).

As stated above, in some groups these more formal learning times were included within the context of cooking sessions, while in others they were separate and only the participants who were interested in the topic at hand would attend. In the sessions outside the collective kitchen, often food and childcare were provided as incentives for participants to attend.

4.3.3.3 Knowledge

There are two kinds of knowledge that are relevant to nutrition education (Contento et al., 1995). There is 'awareness knowledge' that captures people's attention, increases awareness and enhances motivation, and there is 'how-to knowledge' (instrumental knowledge or skills) that is necessary for people who are motivated already. Both kinds of knowledge are necessary for behavior change. Occasionally the lines between such 'awareness knowledge' and 'how-to knowledge' are blurred, but I will consider each separately.

Beginning with 'awareness knowledge', interview participants were asked to describe any cooking and nutrition learning they had acquired in their collective kitchens. They did not differentiate between what they had learned from other participants, versus what they had learned through presentations from their leader or an outsider. A small number of participants either felt that they were well-educated about food and nutrition previously, or that they did not learn in their group:

> Oh, I don't think so, not really. Because having taken first year nursing, and home economics in high school, and taking the diabetic classes when I was diagnosed with that, I had a pretty good basis [in nutrition].

An additional small number of participants expressed a dramatic change in their knowledge and skills around healthy eating:

> I've learned about the darker lettuce being more nutritious than lighter lettuce. …I've learned about the Canada Food Guide… I mean I didn't have a clue before joining the kitchen. …what the recommended daily amounts are. How to measure what a serving, a normal serving size would be, to what the best ways of cooking different foods are. Like the most healthy. I didn't know any of that.

The vast majority of participants felt they had learned information pertaining to specific aspects of cooking and nutrition:

> I've learned to be fat conscious and that. Like trimming the excess fat off my meat before I cook it… I mean if you fry something, you're cooking it in its own fat. But if you barbecue it or bake it in the oven and that, the fat drips off…

The largest group of participants, those who reported some learning in particular areas, such as about new foods or new methods of cooking known foods, reported learning about cooking from scratch and how to follow recipes:

> Yeah, definitely the big thing is less prepared stuff…like boxed stuff. So a lot more stuff from scratch and a lot more vegetables and fruit and things.

They described learning about the nutritional value of foods, new foods, and also about new methods of cooking previously known foods:

> …an example is…when you are frying the hamburger is to drain it and rinse it off with hot water to get rid of excess fat. So that would be one thing that when we first started out I had never heard of. I drained it yes. …But I never thought of rinsing it with hot water to get off a little bit of extra.

In general, the younger mothers, and other young adult participants, most often described having little previous experience with cooking and nutrition, and focused the most on their learning experiences in the collective kitchen. For example, the younger participants spoke more about learning to cook from scratch, such as how to make soup stock and how to follow recipes. Male participants (both younger and older men) also

felt they had learned a great deal about cooking and nutrition. It was difficult to interview many participants living with more serious mental illness for a number of reasons, but through observation in their collective kitchen groups, they often seemed to have very minimal experience working with food. Group leaders generally guided this group of participants through basic tasks such as reading and multiplying recipes, cooking rice, and making biscuit dough.

The older participants often said they had learned little about cooking or bulk purchasing, but were more likely to say they had learned particular information about the nutritional value of foods as well as about unfamiliar foods, especially vegetables and fruits.

The second area of knowledge, 'how-to' information (i.e., skills), was also an important theme in this project. A number of participants described skills they had acquired in their collective kitchens. Some of these were skills associated with grocery shopping, while others were related to cooking. For example, bulk buying and label reading were occasionally reported as new skills learned in the collective kitchen. Participants described using many of these skills in their day-to-day behaviors. As for cooking skills, I observed many participants ask one another or their leader to show them how to measure ingredients, prepare particular vegetables or fruit, multiply recipes and cook basic foods.

When asked about any changes in their grocery shopping habits, the majority of participants expressed a wide variety of changes, although many reported few or no changes. New skills in label-reading were the most commonly expressed changes:

> I take more time to check. Like we had a workshop on how to read labels on products. …I had never bothered to read them. Since I had that workshop, I see

> [that] it contains more sugar. The other is the same but it has less sugar. I'll take this one. I check more now. … I didn't check anything before. … I check the price, the quantity, if my pasta for three cents or five cents more I get more, so I'll get that one. (author's translation from French)

Additionally, some participants also spoke about doing more bulk-buying. Most said that they had known previously that it was cheaper to buy in bulk but their lack of finances continued to make bulk-buying difficult:

> I always did know that buying in bulk was cheaper, but it isn't always that easy to do, because sometimes the size of the bulk food is [too much]…it's going to spoil on you… Yes it works out cheaper to buy in bulk, but buying sometimes this pack is a little out of your means… I try to find specials, like everybody does I think. But it's not easy on social assistance to get the specials. (author's translation from French)

Most participants reported using bulk purchasing when it was within their means, price checking between brand and generic foods, purchasing foods on sale, and other strategies to manage their limited food resources.

Food management strategies such as bulk purchasing and budgeting have often been listed as benefits of food programs such as collective kitchens (Travers, 1995). Although some participants stated that they had learned about budgeting and bulk-buying, the majority (many of whom had been low-income for some years) felt they already had significant skills in the area of managing the few resources they had. Similarly, Fano, Tyminski and Flynn (2004) found that only 62% of participants in their study reported that they had learned about budgeting. If participants in this study were not buying in bulk already, it was not because they did not know how, it was because their limited resources made it extremely difficult for them to do so (the participants did not mention other reasons such as lack of storage space, although this may have been a factor for some of them).

Other researchers have stated that assuming that low-income people do not know how to budget contributes to the victim-blaming approach often taken by nutrition educators (Eide, 1982; Travers, 1995, 1996, 1997a). This research also confirms what others have said about the majority of low-income mothers having well-developed skills in the area of food management in order to maximize their limited resources (Crawford & Kalina, 1997; Nelson, 2000; Tarasuk, 2001b). Food insecurity in these families arises primarily because parents do not have enough money to spend on food, not because their limited finances are being spent unwisely. In fact, researchers have shown that the most effective way to increase the food security of families and individuals is to increase their overall budgets, either by providing them with better paying jobs or increases in social assistance (McIntyre, 2003; Nelson, 2000).

The transfer of cooking skills was observed in almost all collective kitchen groups, although it was observed most often in those groups where participants suffered from mental illness or disability. For example, on the more formal side, I watched group leaders show participants how to measure ingredients and then participants would practice this skill. I also observed leaders showing participants how to prepare basic foods from scratch such as rice and bannock dough. Less formally, in other groups participants often shared skills with each other such as how to prepare particular vegetables (examples included cleaning mushrooms and cutting onions). There were numerous examples of such skills that were shared informally as participants prepared dishes together.

Some concern has been expressed that by emphasizing food skills, some collective kitchens may inadvertently encourage the focus on food insecurity as a

problem of resource management rather than a political problem of inadequately funded services and supports for vulnerable communities (Tarasuk, 2001a). In collective kitchen groups where food skills are emphasized the group leader might focus on bulk buying and other resource management strategies without explaining that social assistance and minimum wage rates in Canada are not adequate for survival (Hadley, 2001). Even if they use all available resource management strategies (including collective kitchens) they will not stop being poor; the problem lies in the political system.

In general, those participants who felt they had learned about food and nutrition within their collective kitchen groups considered this learning to be an important aspect of participating. On the other hand, very few participants described gaining knowledge, whether 'awareness' or 'how-to' knowledge as the most important aspect of participation. Many participants described their initial reasons for joining a collective kitchen including learning about food and nutrition, but the longer they had been involved, the less important this aspect of participation became.

4.3.3.4 Attitudes

> Attitudes are positive or negative dispositions toward stimuli, whether these be objects, situations, actions or ideas. Three components are involved: cognition, affect and action. That is, every attitude is based on some kind of information and the person's evaluation of it, an emotional or feeling component and a resultant positive or negative tendency toward action (Gifft, Washbon, & Harrison, 1972, p. 281).

Information specifically on nutrition attitudes was not collected. However, in the analysis of data, I found many participants' statements that reflect their attitudes towards food and nutrition. Nutrition knowledge, as discussed in the previous section, may impact attitudes. In section 4.3.1 on personal change, participants' reports of increased over-all self-confidence in a variety of their abilities, particularly those related to cooking and nutrition were reported. This too has a bearing on nutrition attitudes. Participants described changes in their confidence levels regarding cooking and shopping for previously unknown foods:

> Like I have a big spice rack (laughs). So it has certainly opened up my eyes about how one can cook now. Because [before shopping was] just getting a chicken. Well, now I can have chicken as well, but I can also substitute with something else.

Collective kitchen members also sometimes described feeling excited that they were able to cook new foods from scratch:

> Tasting new things, because I am not a person who cooks a lot. The main dish, sausage, spaghetti, potatoes, rice. But making these types of recipes is not my forte. Since I have been attending [the collective kitchen] I make them, even at home! (author's translation from French)

Young participants especially (including the participant quoted above) discussed their newly found confidence with cooking. Most of the young participants had cooked very little before joining a collective kitchen and therefore credited the experiences acquired in the collective kitchen with their abilities.

A large majority of the participants appeared to have positive attitudes towards cooking and nutrition. I observed them actively engage in cooking and planning. They often expressed excitement with trying new foods and cooking techniques. In many cases participants specifically said that working with others increased their desire to

cook and try new recipes and ingredients. Also, many participants eagerly asked for information on a variety of nutrition topics. Conversely, it is possible that people who joined collective kitchens did so because of their positive attitudes towards cooking and food.

4.3.3.5 Behaviors

The majority of participants reported some behavior change in regards to their cooking and eating habits. These changes were occasionally dramatic, but more often they were small changes that had occurred over time. From a behavioral perspective, in effective nutrition education, behaviors targeted for change are identified from the needs, perceptions, motivations and desires of the target audience (Contento et al., 1995). One study in particular found that experiences that provide choice, control and social support may be among the most effective means of influencing dietary behavior changes in seniors (Hackman & Wagner, 1990). These factors are all important elements of participation in a collective kitchen. Changing food-related behaviors depends on personal and social factors, many of which have been covered in the section on personal change, or will be explored within this section. Choice in particular is a foundation for the vast majority of collective kitchen groups – participants decided together based on preferences and desire to try new foods, what to cook as a group. Control of collective kitchen groups was more complicated and my observations of group control show significant diversity (see sections 4.2.4 on leadership and section 4.4.1.2 on small group dynamics for more information). Social support also was a basic

and almost universal element of the collective kitchens studied. As such, collective kitchens appear to be good environments for nutrition behavior change.

Participants had opportunities to try new foods within the collective kitchen group:

> …every time we come, there's like a different menu, and we experiment different foods… …. You get to try different foods. Well, different vegetables like asparagus or Brussel sprouts or that. … You taste and say oh, well, I guess I'll buy some at home. It's like a place where you taste different things. … Like you find out that this and that is good for whatever, and sort of think of that when you're shopping.

Often because of having tried these new foods, the most commonly reported area of change in food-related behaviors was an increase in the variety of foods participants were eating:

> Umm, I think it's made us healthier, because I cook more nutritiously, I cook a much larger variety of foods than I'd ever done before.

Another participant compared how she had cooked before to what she ate at home now:

> In terms of nutrition, let's say that it's mostly about variation. Because without realizing it, I figured out that I was at the point where I had my four ways of making lunch, and it was always the same, there was no variation. But now there's more. (author's translation from French)

By contrast, there was some concern expressed by collective kitchen members in groups that had been operating for a number of years that they had begun to rely on standard recipes, and were no longer trying new foods within the collective kitchen, indicating a possible decrease in variety over time. In addition, in a few collective kitchen groups there were participants who wanted to experiment more with new foods within the group. They saw the group as a safe place to try new food, often because the cost of wasted food was divided between several people:

> …you know how going…ethnic to make foods and stuff like that [makes] people hesitate. Well if we made a small casserole and had them taste it… And if they liked it maybe we could try a bigger one, you know, this type of thing.

Increased vegetable consumption was also an important outcome of participation and the new techniques and foods tried within the collective kitchen (particularly to parents):

> My children eat more vegetables to start. …I crush vegetables now in meat. …Most of the time I crush celery, peppers, onions, garlic. I use just about everything now. (author's translation from French)

Fano et al. (2004) found that the number of participants in their study who reported eating at least five vegetables and fruits each day increased by 20% since joining a collective kitchen, which is consistent with results in this study. Finally, fat reduction in food cooked at home was also reported by a number of participants, although not quite as often as the first two themes:

> I mean my family, we just absolutely love cheese. So now, we still buy it, but we go for low fat or no fat, and same thing with sour cream and cottage cheese, even milk…

> …I have more low-fat everything now. Not no fat, but low-fat. I think before I buy. We've upgraded everything to whole wheat. …I can't afford organic vegetables, but I do buy organic oatmeal, and flour because they are okay. And I'm trying to go that way. More beans, you know, rice and beans, things like that.

Another area of behavior change was related to food safety. All collective kitchen leaders in Saskatoon are required to take the 'Food Safe' course in order to lead a group (the requirements were less rigid and varied from location to location in the other cities). It was a common occurrence for leaders (and sometimes participants) to pass on food safety information to each other. They corrected one another's mistakes, for example, when cross-contamination was a concern. In addition, groups had their

own food safety rules such as hand washing, and wearing aprons and hairnets. Food safety was discussed most in Saskatoon collective kitchens, while in the other cities, above and beyond hand-washing, food safety concerns were not raised very often. Saskatoon participants brought up food safety as an aspect of learning within collective kitchens much more often:

> [And now I have] more concern over making my cooking area clean and not contaminating my food and stuff.

Participants often explained how their learning within the collective kitchen transferred to their cooking at home. For example:

> Well I sometimes, like I find that if I learn something here I do it at home. And I even pass it on to my children. You know, at the [name of the organization that supports the collective kitchen] we did this and that…then I'll do it at home like that and change my way of doing things. Because I find this way is maybe better.

> Yes, I won't buy…Kentucky Fried Chicken now. …I…think how I chomped into that with fries and I won't even go near it. I won't even touch it. So there's a lot of food we don't have anymore. Fast food now is a cheese omelette (laughs), which is fast food, right? So that's what has changed, just thinking what things in food have additives.

> Take a spaghetti sauce. Before, a spaghetti sauce was seasoning, tomato paste, and probably between a pound and a half to two pounds of hamburger for four people. …But now there's fresh tomatoes, and there's peppers, and there's onions, and there's mushrooms and there's celery…it's more than just seasoning and meat, you have a lot more vegetables cooked into it… And, the amount of meat that we have in it is just dropped drastically.

Particular examples reported by participants included more broiling of foods, making more salads, and using vegetables more often in recipes. More participants felt they had made changes, but for others, this was not the case:

> No, I don't think so. I still shop and cook the same as I usually did…

In some cases cooking at home at all was a change in behavior and while leaders felt that participants might be cooking more at home, they weren't sure how big a change had truly occurred. For the majority of participants who had made some changes in their food choices outside the collective kitchen, the most common specific behavior changes included increasing the variety of foods purchased and eaten (particularly vegetables and fruit), greater vegetable consumption, and reducing fat intake.

4.3.3.6 More on Food-Related Learning

A major theme was passing on the newly acquired nutrition information and skills to others, particularly to family members. One participant explained:

> My son came home [from school] and said he learned about nutrition. He said…I knew all the answers. He said, you know, we do this. We eat like this. He said it was almost boring.

Another participant said that she was trying to share her newly acquired knowledge with her family members who were not always very receptive:

> Talking to my sister and my nephew, and his wife, they have a two-year-old. And…if she's having problems and she can't eat the meat, well I have some soup made and it's tofu in it. It has a lot of vegetables. It is very good. Why don't you try this on her? And, you know, trying to convince my nephew that tofu is really not that freaky. It's not working, but I haven't given up (laughs).

Further, some participants talked specifically about the changes in their children's eating habits. The participants were buying and cooking healthier food which was then reflected in the food consumed by their children:

> …instead of them eating cakes and cookies and chips and chocolate bars, and junk, now they're eating things like seven grain chocolate chip cookies that are way healthier, and they'll snack on carrots and celery and tomatoes, and stuff instead of the chips and junk food.

4.3.3.7 The Food System and Other Political Issues

Another general topic related to learning was increased awareness of political issues, particularly related to poverty, the community and the food system. I observed collective kitchen members talking about politics during planning and cooking sessions, particularly in relation to poverty and food, but when asked about knowledge they had gained through their involvement, few mentioned having gained political awareness. One participant expressed frustration with the lack of political awareness developed in collective kitchens:

> Right now the stakes are high on this planet when it comes to food. And I think that collective kitchens could be more active in this area. Definitely. I can't take on all the battles, but I think they are so well positioned to do this kind of work…because they have a network. They're big, pan-Canadian. There should be partnerships…so that kitchens can be aware of what's happening in decision-making around food. When you think about GMOs, and you look at Monsanto, they [collective kitchen participants] don't know about this. I think community-based programs should open themselves up to the world more. (author's translation from French)

On the other hand, some leaders of groups (both paid and volunteer leaders), as well as a very small number of participants, expressed having gained some knowledge of the politics of poverty and food:

> I've also become more [aware] with the political…I'm looking for supporting local farms, and local farmers instead of big food chains that don't give much back to the community.

This increased awareness was only reported by a small number of interview participants, although there were additional participants and leaders who had been aware of these issues before becoming involved in a collective kitchen and had joined a group as part of their interest in food politics. The leader of one community kitchen in

Toronto described seeing an increased awareness of issues around food developing amongst participants in her collective kitchen:

> …last night we had a workshop here and they were into…organic food, because of them are becoming aware that just eating their vegetables that they needed to know where they came from. Which made me very happy and I talked to them about the organic Good Food Box.

None of the participants from this kitchen could be interviewed in order to find out if they agreed with the leader.

Some group leaders felt that collective kitchens were doing some advocacy for people living on low-incomes:

> I think there's a lot of misinformation about people on low incomes, so I think through a community kitchen people can educate other people and you don't necessarily have to be low-income to join the community kitchen. I think that's a positive thing. It's important for us to teach, teach each other about what's really happening in the bigger scope of things…

Few participants mentioned the advocacy spoken of by leaders. A coordinator of collective kitchen groups for new immigrants expressed a desire to explore advocacy and political discussions with the participants in her community kitchen groups. She struggled with how to do this effectively:

> …get to a point where we can do some advocacy. …any of the programs we're doing…you can…work with people at a lot of different levels. … It's very community, but also there's always that political piece. …everybody feels the onus is on them to make the best with the money that they've got, like to do the very best. And to take care of their health. And that all these things are their responsibility. If they don't do everything really well, then they're going to suffer for it. And I think I'd like to kind of get to the point where we can talk to people about some of the underlying issues. You can do whatever you want about…watching your budget and you can do the heart health recipes and the whole bit. But basically poverty exists and it's not under your control. It is to the extent that you can vote for people… But I see people blaming themselves. I see a lot of guilt. I see a lot of victimization, …by addressing certain things in certain ways, we don't talk to people about the whole picture. And I'd like that to be kind of more on the table. …You know, people would go out of here feeling like okay well, …I have decisions I can make and I have some power

> that I didn't have before. Not just because I can make a better healthy food choice.

Another leader was looking for ways to move her collective kitchen beyond education to action, but was finding this difficult:

> …I think I'd also like to see the group come up with some different ideas of …political work, things like when elections come or when we've got budget things, they would be more inclined to sort of get involved with those kinds of things. We've done workshops and stuff like that when issues have come up, they have been pretty interested in taking part when asked to. But it would be nice for them to feel more like they could take initiative. So I'd like to sort of help see or try to develop that more. …I think that as with anything people need to feel like they have the experience. And I think when they've been encouraged when I've said oh you know, could you do this? Oh, you did that really well and they were kind of like oh, I could be involved or I went out and organized.

A key informant who worked for an organization that ran collective kitchens and other programs, explained that collective kitchens were an ideal environment for developing political awareness, although he did not necessarily feel that this potential was being tapped:

> I'm thinking of one of the kitchens that has a staff person. That allows you that time over cutting vegetables or stirring a pot, actually eating to talk about things that are way beyond food. But that's like any program if you do it right. It's a matter of someone pushing that. … Kitchens are quite, they lend themselves well to that. …There is a sense of time preparing food, talking. So I think as an organizing tool, they have tons of potential.

On the other hand he explained that not all participants want to broaden the learning to the political, and that it had to be done informally by a skilled facilitator so that participants could develop their understanding in their own way.

> Because not every participant who comes wants to get hit over the head with political stuff. And so that could go into a display. It could turn into a community forum on the issue. It could turn into just informal discussions within programs. Like in community kitchens, there's lots of moments…where this kind of stuff can get raised. It could evolve around, it could involve a deputation. … It could involve letter-writing stuff.

Only a small number of participants felt that any political education came from participating in the group. It is possible that they just did not recognize political education and also that the questions I asked them were not sufficiently probing to get complete answers, but the results can only conclude that there was minimal political discussion and sharing within groups throughout the observation period. These sorts of discussions were generally offered outside the groups themselves and therefore only participants who were interested would attend. For parents with small children, childcare and transportation may have been an important incentive, which may or may not have been a deciding factor in their attendance. Most of the participants I spoke with had attended these sessions at least once.

Some authors have made strong arguments for including an analysis of political system barriers to healthy eating into nutrition education programs (issues such as corporate control over food, inadequate welfare policies, and a capitalist market economy that is creating increasingly wider gaps between the rich and poor) (Eide, 1982; Kent, 1988; Riches, 1997a; Scheider, 1992; Travers, 1997b). This broader 'social' orientation to nutrition education is contrasted with traditional 'individualistic' nutrition education practice. "Individualistic views provide a rationale for professionals to continue to practice in a manner which attempts to change the 'deficiencies' of the individual while ignoring the social context within which these individuals work" (Travers, 1996, p. 551). When we ignore the social contexts in which people live, we open the door for self-blame on the part of those who may not have control over their situation.

A key informant explained that there was a contradiction in the types of people who became involved with collective kitchens. Some came from the more 'traditional' individual orientation schools of thought where teaching about nutrition and budgeting is seen as the solution to poverty. On the other hand, the other thread includes people who want to turn collective kitchens into a social movement:

> 'All the poor need to do is to learn to cook a little better and then they won't be poor anymore, you know, and I can teach them. I am a home economist.' You know, that kind of view is out there. There are a lot of progressive people as well. You know from the outside you can't tell who is who necessarily. It's the same program, but people who want to organize women to go march on Queen's Park and bring down the government and you know, the revolutionary community kitchen brigade kind of thing is also a thread in the movement.

Another important question to ask of collective kitchens is whether they go beyond teaching food management and other traditional nutrition-related knowledge and skills. Collective kitchens have a role to play in helping participants to confirm that their resource management skills are not the reason they are living in poverty.

Fernandez (1996), in her study of collective kitchens, noted a dominant technical focus in the publications oriented towards teaching what a collective kitchen is, and how they are run. The greatest emphasis was placed on budgeting and cooking nutritious meals, rather than on social aspects of collective kitchens. In addition, Fernandez observed a lack of dialogue on the socio-economic, political and cultural challenges faced by the participants in the collective kitchens in her study. The current study showed similar results in that dialogue on the politics of food and poverty was rare and generally informal. By contrast, there was a significant desire amongst key informants from collective kitchen supporting organizations to further explore advocacy and ways of encouraging political education in collective kitchen groups. Several

informants expressed the belief that collective kitchens are an ideal environment for political education, yet this was rarely put into practice, except in workshops offered to participants outside of the collective kitchen planning and cooking sessions. See section 4.2.1.4 for a discussion on facilitation and the skills required to enable participants to develop an understanding of broad political issues.

Within the information that the Collective Kitchen Partnership in Saskatoon distributes to the community, there was no mention of the organization having an advocacy or political education role (Collective Kitchen Partnership, 2004). The goals of the CKP were to provide training and on-going support for leaders, funding and information sharing. Additionally, collective kitchens are described by the CKP as being about pooling money and skills, cooking healthy and economical meals, making friends and breaking isolation, and finally, about learning (although the types of learning experiences involved are not mentioned specifically).

The CKP committee members see an important role for themselves in the area of advocacy and political education (see section 4.2.1.1 for more information), but this is not reflected in the documents distributed by the Partnership. The CKP does hold workshops about three times per year on a range of topics including more political ones, but there was minimal discussion and information on these topics within collective kitchens themselves. It is important to note though that collective kitchen members also receive regular information on and invitations to participate in initiatives CHEP and the other funding partners are involved with, and many of these include political education opportunities for those willing to go outside the collective kitchen itself to workshops and meetings. In general, there seemed to be some incongruence in Saskatoon between

what was publicly stated about collective kitchens and the vision key informants involved with the CKP had for them. The collective kitchens themselves fit well within the framework provided for them within the CKP's documents, but the individual groups did not generally provide the sort of political education that the key informants would have liked to have seen.

In Toronto, there is no partnership or association; instead Toronto Food Share serves as a clearinghouse for information about collective kitchens and offers periodic workshops on collective kitchen-related topics. Their website (and flyers) contains information on collective kitchens and advertise workshops on how to start a group, as well as on other cooking and group-building skills. Food Share's website describes collective kitchens as diverse, as places to share skills, socialize and reduce costs (Food Share, 2004). Food Share has a set of values and approaches that includes a food system focus, principles of community building using food, and an understanding of food as a basic human right. Toronto's situation is somewhat similar to Saskatoon's in that the publicly stated purposes of collective kitchens does not include any obvious political elements, yet key informants described the 'potential for political education' within the collective kitchen environment.

Toronto is much like Saskatoon in that there was minimal discussion of political issues within groups themselves (with one exception), but a number of the organizations that support the individual groups offer opportunities for members to learn about political issues relevant to food, and Food Share itself offers political education learning opportunities.

The Quebec Collective Kitchens Association, on the other hand, is quite different. In their general flyer about collective kitchens is a statement about the political values of the association. These values of autonomy, taking charge, dignity, democracy and social justice are present on every document distributed to the public by the organization (Regroupement des cuisines collectives du Quebec, 2004). Additionally, the organization describes collective kitchens as a 'movement', implying a political purpose. Further, the organization describes one of their main roles as popular education, which includes, along with education about collective kitchens themselves and how to lead a group, workshops on 'economic realities, politics, and social issues.'

When comparing the approach to learning about social issues and other political elements related to food and nutrition in particular, collective kitchens in Montreal stand out as unique. In one group there were discussions about social, political and environmental issues because the leader was well educated on the topic and the group members were very interested. In four other groups participants had the opportunity to participate in workshops on social and political issues. These were offered regularly by the organizations that house and support the collective kitchens.

In addition, all members of collective kitchens within the QCKA can attend the yearly general assemblies where the focus is largely on broader social and political issues relevant to collective kitchens. Funding was available for low-income participants from anywhere in Quebec to attend the assembly. In fact, the key informant from the RCCQ that I spoke to explained that the annual general assembly and the funds provided for individual collective kitchen members to attend, is the organization's

major expense other than staff wages. I attended one of these assemblies, and during it individual collective kitchen participants were actively involved in decision-making (if they so chose). During this assembly there were also a variety of workshops offered – many of which were on topics related to popular education and the roots of poverty. The QCKA is also involved in the initiatives of many other organizations and collective kitchen participants who are active in the QCKA can also become involved in these initiatives. Although this information is anecdotal, I found in my interactions with staff of the QCKA that they spoke often of actively including individual participants' voices in the evolving vision of collective kitchens as developed by the QCKA. I sensed a strong commitment to feminist values of hearing and encouraging women's voices.

There seems to be an idealized view of collective kitchens as leading to important political education and action by participants (key informants described this in their interviews), when in fact, in the vast majority of groups in this study, there was little apparent political education. The QCKA in Montreal is the only group that has significant inclusion of political education on the root causes of poverty in their work supporting collective kitchens. They have developed a political education board game that individual collective kitchen groups can use. In addition, they have significant resources dedicated to popular education. A full-time staff member conducts popular education workshops with groups who are interested. The effectiveness of this political education was not studied.

4.3.3.8 Summary

Particular aspects of healthy eating are most commonly noted in relation to collective kitchens. Increased variety of foods in the diet has been stated as an outcome of collective kitchen involvement in other studies (Crawford & Kalina, 1997; Edward & Evers, 2001; Tarasuk & Reynolds, 1999) and this was reiterated by the research participants. In a review of previous research studying collective kitchens, other particular aspects of healthy eating that were often described by participants in the current study were not explicitly listed in others. For example, increased vegetable consumption and learning particular techniques to decrease fat intake may have been listed by participants in other studies, but upon publication were written only as 'educational benefits'. In general, most participants in this study felt they had learned information about food and cooking that enabled them to make healthier food choices.

While important food-related knowledge and some skills were acquired, individual collective kitchens were less helpful for developing a broader analysis of the roots of nutrition problems. When the key informants talked about collective kitchens it was consistently with broader political goals included, but there was no reflection of this in the public documents of collective kitchens in Saskatoon and Toronto. In Montreal the language used by the key informant was more significantly reflected in the values of the collective kitchens' organization. Also, and this can be applied to each of the locations studied (although less so in Montreal), collective kitchens do not seem to be meeting their potential for political education. According to the literature (Riches, 1997b; Travers, 1995, 1996), when nutrition education programs focus only on food, then participants, many of whom are marginalized by society, can all too easily become

trapped in a cycle of self-blame where they do not recognize the societal factors that contribute to their living circumstances.

In a systematic review of over 200 nutrition education interventions, social support including peer education and an 'empowerment approach' that enhanced personal control, were important to the success of programs (Contento et al., 1995). By contrast, programs studied that were oriented mainly to the dissemination of information and teaching of skills in isolation were not very effective at behavioral change. The nutrition education conducted in collective kitchens in this study was often informal and occurred by sharing between peers. It was hands-on, and seemed to be incorporated into the context of everyday life. Food skills learning, such as how to stretch meat by incorporating more vegetables or other non-meat, high-fibre substitutes and how to decrease the fat content in food, was done in the company of peers and while making that food to take home. These are examples of food skills learning that could be considered to be taught using an 'empowerment approach'. While collective kitchen groups were diverse – in some cases there were more formal teacher/learner relationships – most groups used an informal, peer learning, social support approach. As such, collective kitchens appear to fit into the model of successful nutrition education programming.

4.4 Community Impacts

Collective kitchen participation also impacts the communities in which participants live, by affecting social relationships, community participation, and community organizing as a whole. Collective kitchens have been described as a

community development initiative within health promotion practice to benefit the food security of participants (Ripat, 1998). Community development health promotion initiatives affect health "through enhancing the other community empowerment variables: social supports and networks, psychological empowerment, community participation, sense of community, community competence, and ultimately, control over destiny" (Wallerstein, 1992, p. 201). One of the key strategies of the Ottawa Charter for health promotion (1986) is to strengthen community action. In addition to skill building (elements of which were covered under personal impacts), strong social support networks development can also lead to enabling communities to deal with issues affecting their members (Saskatchewan Health, 1999).

4.4.1 Social Relationships

The social benefits of participation in a collective kitchen were the dominant theme of this research project. Without exception, every interview participant spoke of the social aspects of being involved in a collective kitchen. Some participants explained that they became involved with collective kitchens because of the food, but that over time the social experiences began to outweigh food in terms of importance. The Saskatoon Collective Kitchen Coordinator explained the importance of the social aspects of participation:

> That has a major social impact, because…you end up getting together more often than just the kitchen is…so you end up sharing so much more of yourself in the kitchens. So the support system that's in there, and the social aspect, it's I think that portion of it is growing, and like I said, becoming more important to some of the kitchens, than even what the food is.

Participants explained that it was beneficial to have the opportunity to meet with others who could relate to their life experiences (for more on this topic see section 4.2.3 on collective kitchen participants):

> I say that the group is very tolerant, maybe because there is that sensitivity, that listening, that sharing that happens because we are all living the same things. (author's translation from French)

Participants explained that when comfortable environments were developed, social relationships flourished. Similarly, in one study of collective kitchens, 75% of participants reported liking the social interactions and support in the groups (Fano et al., 2004).

Collective kitchens were very much social environments. In most groups there was hardly a moment of silence as participants shared their experiences with other group members. Discussion topics that I noted in collective kitchens were quite varied and ranged from the weather and other 'small talk' to talking about a sick or dying family member. In no particular order, some of the topics I heard discussed included: renters' rights, hunger in the community, elections, a wide range of life experiences, making ends meet, family health problems, future plans, food, jokes, parenting, household tips, volunteer work, sales at local stores, childhood memories, TV, weight loss, and the politics of food.

There were some collective kitchens where the social nature of the groups appeared to be diminished. For example, in groups where there were language barriers – either English/French, French/Creole, or multiple languages in one group, there seemed to be less interaction between the group as a whole. These groups were more divided – there was much more within language group communication than between group

communication. Also, in groups with participants living with mental illness or mental disability the social interaction was less; participants quietly did their work and group leaders did most of the talking.

Dominant themes emerged in participants' descriptions of the social relationships in collective kitchens: friendships and the dynamics of collective kitchen groups, breaking social isolation, having someone to go to for social support, and enjoyment of cooking and eating with others were central to participants' descriptions of their experiences.

4.4.1.1 Social Support

When participants were asked about what they enjoyed about their group, they often said that it was the support they found there. Social support is a process wherein people who share common experiences, situations, or problems can offer each other a unique perspective that is not available from those who have not shared those experiences (Lavoie & Stewart, 1995). Social support has a major effect on health and well-being in general (McDaniel, 1998). More particularly in the context of health promotion interventions, research in nutrition education has shown that healthy eating messages are more easily incorporated into daily life in the context of programs that use social support along with nutrition education messages (Contento et al., 1995; Hackman & Wagner, 1990). Previous research identified social support as central to collective kitchen groups (Crawford & Kalina, 1997; Fernandez, 1996; Racine & St-Onge, 2000; Ripat, 1998; Tarasuk, 2001a; Tarasuk & Reynolds, 1999). Social support has been divided into two types by some: structural and functional (Lin et al., 1999; Sherbourne

& Stewart, 1991). The structural aspect refers to an individual's location in the social structure, for example their participation in community organizations, their social contacts, and immersion in close social networks (Lee et al., 2004; Lin et al., 1999; Sherbourne & Stewart, 1991). The functional aspects refer to activities that serve emotional, informational, tangible and social companionship needs.

4.4.1.1.1 Structural support.

Elements of structural social support emerged from the data collected. Some elements of structural support will be discussed in section 4.4.2.1 under the sub-heading of participation in community activities. Others, such as social contacts and close social networks are presented here.

Friendships

A common thread in the interviews was the building of friendships through collective kitchen involvement. Participants emphasized their appreciation of the friends they had made in the collective kitchen, and how these friendships would continue outside of the collective kitchen and beyond the duration of the group. The words 'friend' and 'ami' appeared in the vast majority of interviews when participants were talking about other participants in their collective kitchen groups. Racine and St-Onge (2000) also found that participants in their study reported building friendships within their collective kitchen groups.

Participants also used words such as 'camaraderie' and 'fun', 'like family' and 'like sisters' when they spoke of their groups. Friendships developed because participants found people within their groups that they could relate to, people with

whom they could share their experiences. Participants largely identified other group members as having similar life circumstances to them, which seemed to lead to trust and ease with sharing of their lives with each other. In the literature on social groups this positive emotional attachment that group members had with other members is called 'group cohesion' (Stangor, 2003). While not all participants indicated developing strong relationships with others in their groups, for the majority this was the case. Such companionship and camaraderie was easily identifiable when participants worked and relaxed together.

In many groups participants had begun to spend time with each other away from their cooking group. Participants often chatted about what they had done since the last time the group met. These activities often included activities they had done together. They called each other on the phone, visited one another's homes, went out for coffee or meals together, took classes offered in the community together, and even went on day trips as a group:

> We socialize with them [other participants] outside. He [a participant] comes and visits and we go to his place. They just got a place, so they were staying at our place for a couple of weeks.

Even participants who did not necessarily socialize outside of the group, often talked about their plans for doing so. Two young mothers from the same group were interviewed and they both reported that they had become friends, but because of their still small children they had yet to see each other outside of the group. Both participants explained that as their children were getting older and able to go to daycare, they would begin to socialize together outside of the group.

Fano et al. (2004) found that three quarters of the participants in their study reported that they had friends within their collective kitchen group whom they could talk to when things were not going well. These results are consistent with the vast majority of participants in this study who referred to other participants as 'friends', many of whom discussed having developed relationships with other participants outside of the collective kitchen group.

Participants were not always friendly with each other. There were tensions that arose that were occasionally serious enough to cause major disruptions and eventually the break-up of groups. For more on the dynamics of collective kitchen groups, see section 4.4.1.2.

In earlier sections there was some discussion of participants' desire to meet more often as collective kitchen groups. Many participants felt that they would prefer to be able to meet weekly rather than bi-weekly or monthly which was a more common practice. While I did not ask participants specifically if they felt that meeting more often would benefit the social relationships between participants, some participants did express a desire to see the others in their group more often. Participants then added that they were either already seeing other participants outside of the group, or were planning on doing so. When groups did not meet more than monthly or bi-weekly, many participants took their own initiative to see each other outside of the group. This seemed to enable the development of stronger social relationships.

Breaking Isolation

Social isolation as an experience was often described in the current study. This isolation is the opposite of social support, an important determinant of health (Federal

Provincial and Territorial Advisory Committee on Population Health for the Meeting of the Ministers of Health, 1994; Saskatchewan Health, 1999). Participants experienced isolation due to challenging life experiences ranging from poverty to the loss of family. Decreased social isolation was referred to by interview participants as 'someone I can talk to' and 'getting out of the house.'

The theme of breaking isolation emerged strongly for those experiencing particularly socially isolating life circumstances. This is similar to results from focus groups with low-income participants who felt that collective kitchen participation helped combat social isolation (Hargrove, Dewolfe, & Thomson, 1994) and from a study of collective kitchens in Quebec (Racine & St-Onge, 2000). Single mothers were the largest group experiencing less isolation. This group of women spoke about being single and having young children at home. Most also had the added pressures of being poor and feeling isolated by poverty. One mother said:

> …I used to be a very solo person basically. Basically me and my kids. We didn't have a huge group of friends. We didn't go out and socialize a whole lot.

Another woman, who expressed a deep change over her years of involvement with collective kitchens, spoke of her previous isolation:

> Because a lot of times when people are down and out all the time, they tend to be more isolated and to themselves, and not want to talk about things and, be more stigmatized about their situation. I think through collective kitchens, once you learn that you are not alone…it can kind of empower others as you empower yourself, to hold your head up and not be so down and out.

Participants, especially single mothers with small children, emphasized having a chance to spend time with other adults as central to the positive social experience of participating in a collective kitchen. Interestingly, this theme has not been described specifically in published research on collective kitchens. The single mothers who were

interviewed described the challenges associated with leaving the house and interacting with others with children in tow. The women felt that the time they spent with other adults was very positive for them, particularly when they knew that their children were being well cared for. They looked forward to the chance to spend time with adults:

> You get the benefit of the time out with other women, like the social aspect is wonderful. Like a lot of times some people don't get out, and that's a great way to get out.
>
> But it's fun also because you don't have your kids. It gives you a relaxing day also. …But it's, it lets me visit with people, get a change of scenery also. If I don't have my kids with me I'm free for the day. (author's translation from French)

Most of the collective kitchens studied where there were children had separate childcare rooms. When this was not the case, this was a significant limitation to the ability of participants to relax, focus on each other and socialize. This became apparent in one group where there was no room for the children to be in a separate room from their mothers. The leader explained that this was a limitation:

> They could have more relaxing time, more socialization, if, for example, the children were in a separate room from the parents.

Observation found that when children were in the room parents focused on them and not on each other. In fact, in Saskatoon, there is a policy of keeping the childcare room separate from where cooking took place in order to enable the socializing between participants.

A second group of participants who talked about reducing their isolation through collective kitchen involvement was seniors. Women who had taken care of families throughout most of their lives and who were living alone for the first time felt very isolated:

> It feels good, because when you have children, that's a role you have. But when you find yourself alone, you have no one left. …It's boring staying at home. (author's translation from French)

The older women who no longer had children at home expressed feeling very lonely, and appreciating the collective kitchen for its fun social atmosphere:

> …it made it more bearable to be alone you know. There's something to look forward to, and when I go home I sort of think of the things that were said, were done…

For seniors, building friendships in the community after the death of a spouse was a desired outcome.

One particularly poignant story emerged in two interviews with a group leader and a participant in her seventies who had recently lost her mother and husband. Both had been bed-ridden for several years and required almost constant attention. The collective kitchen was the one afternoon a week when the woman took time for herself and connected with the outside world. The participant described what it was like for her when she was taking care of two bed-ridden people who needed her all day:

> My husband [and mother], I used to feed them and put them to bed for the afternoon… So I could go out from 1pm until 3pm, which was great. It was just wonderful to get away…just for a little while. Then I'd rush home and have to wait for the next week. And that was all I got to go to while they were sick.

In a group for seniors two of the participants came to the collective kitchen group when they were quite ill and should have stayed home. The leader told me that this happened often – participants wanted the socializing time so they chose to make the trip out of the house despite their ill health. The quotes from all of the above women show that despite their different life experiences, they experienced isolation in similar ways. When I interviewed participants (especially the women), those who felt isolated

described very similar experiences. They were grateful for the collective kitchen as a chance to spend time with others.

A third group of participants for whom reduced isolation was a major theme was new immigrants. According to group leaders, sharing with others living similar stresses related to adapting to a new country was a concern. Reducing isolation as a goal of collective kitchens was emphasized the most in groups for new immigrants to Canada. Workers with two settlement centres in Toronto emphasized breaking isolation throughout their interviews as one of the main goals of the collective kitchens offered with their organizations. Integration into the community was also a benefit emphasized by those working with collective kitchen groups for new immigrants to Canada. They also saw the collective kitchen as a place to learn about Canada and its customs:

> …when we're talking about health, it's about isolation and if you can help women become less isolated, then I think obviously their health is impacted on… If you feel isolated and vulnerable having information in and of itself is something that enhances your health… Sometimes it's the first outlet for them in terms of leaving home and getting the services they need, and then they go off into other areas and find the other supports that they need. So we feel like we're kind of like a door opening for them.

There were several collective kitchen groups where the majority of participants suffered from mental illness or were mentally challenged. This was particularly striking in Toronto, where mental illness was a phenomenon amongst participants in half the groups included in the study (there was also one group in Saskatoon of mentally ill or challenged participants). Group leaders often described participation in a collective kitchen as a form of therapy for mentally ill participants:

> [Participant] is slowly coming out of her shell. [It's] just where she's at in her life and she's dealt with things and that she's gradually progressing and so, coming out to the cooking group is one more step in that progression for her.

I was unable to interview many participants who were suffering from mental illness or who were mentally challenged. The small number of participants I did interview explained that participation in a collective kitchen was part of the process of them becoming integrated into the community.

A participant who had previously been homeless explained that the collective kitchen had helped him to become integrated back into the greater community:

> Before I was actually quite starving at times… I once stole from a restaurant to get bread. I was just like adventuring around. It took me awhile to get socialized. So that, it [the community kitchen] sort of integrated me more with natural life…as opposed to life on the streets or life like that.

He emphasized how different his life had been previously and that having a collective kitchen where he could cook his own food had been a step in becoming a citizen again.

Finally, for those with reduced mobility, having a reason to make the trip out of the house was important. The physical challenges associated with disability made leaving home difficult for this group of participants. The costs associated with traveling by taxi were high. If participants needed to take public transportation to get somewhere they needed to plan well in advance to take a wheelchair accessible bus. And, during the winter it was very difficult to travel due to weather. Women who had reduced mobility described the isolation of being stuck indoors all the time. They explained why collective kitchen participation was important:

> I guess getting out and meeting new people. Umm, not being confined to uh, four walls. … It doesn't get you depressed. It keeps you going… Just to get out of the house and hopefully keep myself busy so I just don't sit around in the chair.

While every manifestation of isolation was different, each illustrated how collective kitchens can reduce social isolation, all within a similar context – that of

cooking (and for some, eating) collectively on a regular basis. In general, a major theme that emerged was that participants felt that collective kitchens were useful for helping those in their communities who were isolated by various circumstances to connect with the outside world and to find the support they needed.

Two leaders with groups for new immigrants reported a limitation to breaking the extreme isolation experienced by some. They argued that often it was not the most isolated individuals who participated in collective kitchens. They described how difficult it was to find the most isolated people, those who they felt could benefit the most from collective kitchens and the support they provided:

> …there's lots of challenges, but the main one, is finding the people who can best use the program. So typically these are the most isolated, the most vulnerable people. So as you can imagine, the hardest people to reach.

The collective kitchen organizers felt that very isolated women were unlikely to participate unless multilingual information was distributed door to door.

This raises a question about the challenge involved in finding other isolated people. Power (1999) argued that collective kitchens and other similar programs require that participants have minimum hope and other emotional and tangible resources in order to see the benefit of participating in such programs. Those who are most isolated may not have these resources and thereby be unable to benefit. Collective kitchens targeted at very low-income or very socially isolated individuals were often more heavily subsidized in order to remove the financial barriers to participation, yet the organizations that offered the collective kitchens often did not have the resources to advertise. This means that individuals who did not frequent community programming already could not learn about the collective kitchens.

4.4.1.1.2 Functional support.

Functional support refers to activities that serve emotional, informational, tangible and social companionship needs (Lee et al., 2004; Lin et al., 1999; Sherbourne & Stewart, 1991). Some aspects of emotional support and social companionship have already been touched on under structural support. There were other ways in which participants felt some of their needs for emotional support were being met through collective kitchen participation in addition to those mentioned in the previous sections on friendships and breaking isolation. They discussed many life events with one another, and shared both their frustrations and their joys while planning and cooking. Participants expressed that when they had difficulties in their lives, they felt comfortable asking for help from other collective kitchen participants and leaders:

> …I know that if I need something I can always phone up [participant's name] and say it's [speaker's name] calling.

Some participants described how they discussed the difficult events in their lives while cooking or eating:

> Sometimes the people don't tell us good news, we can laugh with each other and joke with each other… …they just want to tell us all about their problems. It's all in the context of making food.

In the context of cooking and eating participants talked about problems with their children, financial troubles, even difficult personal interactions.

> I thought this is a way of continuing the support I was getting from the community, and getting to know people, and I realized I wasn't the only one struggling trying to make ends meet… Sometimes that feels good. When you're struggling all the time it feels good to be there with other people that can relate to you and you can kind of joke around and talk about it.

Some of these problems were very personal, including family members' drug problems, or intimate health troubles. Racine and St-Onge (2000) also found that collective kitchen participants reported increased emotional support as a result of collective kitchen participation.

One of the more common ways in which participants provided one another with both informational and sometimes emotional support was in giving advice about their children. Parents spoke about their children and any difficulties they were having with them:

> I have a fifteen-year-old daughter. They say how are things, dear? They all tell me their stories. They all have had daughters, you know, and they're all supportive and it's so nice, you know.

One woman explained how the older women in the group shared their experiences with child-rearing with the younger women:

> Like usually the ladies are younger than me. My kids are all grown up. …she (another participant) may tell us she's having a problem with kids and [we say] how we handled the problem. …[We share] a lot of information. Any information at all that you've got that you can help somebody out with.

Aspects of informational functional support have been touched on under personal impacts in section 4.3.3 on food, nutrition, and other learning. In addition, many interview participants explained how additional informational support was shared through the collective kitchen. Participants explained that within collective kitchen groups information was shared about programs, activities and other opportunities. Both participants and leaders described this aspect of collective kitchens:

> …they've connected to other resources that they see in the community. I think just because they talk to each other and [participant's name] is one of these people that just knows everything, has gone to every single meeting that there possibly could be, and she's a valuable resource to say "Oh, you know this is

> going on, this is going on". And she has gotten a lot of people involved with other things outside of the program.

Many participants took particular note of information they were told about activities and places where participants could get needed help and brought them to the other collective kitchen members:

> I share community resources, technical resources, tricks. …for example, like I train, physical conditioning at a place that is adapted to handicapped people. I talk about it. If you want to go, go. Other times it can, like the women's group that I spoke to [other participant's name] about. …You can have someone to help out in your home for free. If I have information I share it a lot. And the group does also. (author's translation from French)

Some participants felt that they had not learned about these 'community resources' because they had already known about them. Often this group of participants described themselves as the people in the group who already were aware of resources available to them and their role was that of sharing the information about these resources. Additionally, some groups focused more on resource sharing than others. Groups for new immigrants aimed to connect people with resources that participants, due to such barriers as language and culture, might not otherwise discover on their own:

> I think what we're trying to do is provide people who are new to Canada with information that allows them to become more connected to their community, and more viable citizens. …whenever you can improve someone's chances for becoming an active, productive member of your community, you're improving the community.

The sharing of information about opportunities in the community occurred both formally and informally. The most common way of passing on information was in an informal way. While participants were cooking they would discuss things they had done and places they had been and often this led to other participants becoming informed about events going on:

> It's not like set out in this day we are going to share what resources we have sort of thing, it's just that through discussions, socialization, something came up. And you know well I know this person, and they might be able to help you or something like that.

The following participant explained how in the context of cooking she asked participants if they had heard about particular events and 'deals' available:

> For me resources in the neighbourhood I talk about them. This or that meeting, a general assembly, at this place. Are you going? Or, I went to this assembly or whatever. Did you hear about it? I try, because I read the neighbourhood paper a lot. …having that space to share information because it's precious, but we share it, often anyway, often. …they are all important, because something is cheaper, sometimes it's free.

For example, during a cooking session in Saskatoon a group of participants shared tips on getting housing subsidies. In a group in Toronto one participant brought with her a brochure from a community centre that offered a variety of workshops on crafts and the participants read the brochure together. Similar such occurrences happened during most observations with collective kitchen groups.

A more formal sharing of information occurred when group leaders passed on information from the community organization that housed a particular collective kitchen group (or from other sources) or when outside speakers came in to talk about events that they thought might be of interest to participants. For example, in one group the leader often brought clippings from books and magazines about food and nutrition that she had come across during the previous month. She generally had the information photocopied so that each participant could take the information home. In another group, at the end of the cooking sessions, a representative from the organization that housed the collective kitchen came into the room and told participants about upcoming activities. Such more formalized information sharing was not as common an experience. It seemed to occur

more frequently in groups in Toronto (which is consistent with the sometimes more formal learning environment in the collective kitchens there).

In Saskatoon, there was a particular pattern of resource information sharing. Participants described becoming informed about programs being offered by CHEP, one of the Collective Kitchen Partnership partners. CHEP offers a number of food-related programs, and participants were taking advantage of these programs also. The program most often mentioned and used by participants was the Good Food Box. Most participants either purchased the Good Food Box or had done so in the past (and many reported planning to do so in the future):

> I've become involved in a lot of different, a lot of CHEP programs especially. The Good Food Box, also with the gardening program.

Participants also provided one another with tangible support. Parents helped each other through difficult times, often with needed resources:

> [I remember] having to go steal Pampers. Like how good does that make a person feel? Because I didn't have any friends I could go borrow Pampers from. Now I can go and borrow some. I don't have to go and steal.

Additionally, a small number of participants talked about having had crisis situations and the help they had received from other members of the collective kitchen:

> …I've had a lot more support. I guess that would be the biggest change. Like when we had the fire. If this had been before I was involved in collective kitchens…I would have had no one in the city to stay with. So, and now, instead, I had people when they heard about the fire, I had people giving me furniture, and if we needed clothes or if we needed food, or it was just amazing. And I'd never had that kind of support before.

During collective kitchen sessions I observed participants discussing giving one another rides, taking care of another participant's children, lending and borrowing household items, and passing on used clothing to others.

While the term social capital has not been well-defined and is under-theorized in the context of public health (Hawe & Shiell, 2000), it is a concept that is much in vogue in current health promotion literature. The idea that is most often associated with social capital is the strength of relationships within a given community. Collective kitchen participants described new relationships built in the context of their groups. They described spending time together away from the group and seeking support from other group members during times of difficulty. This ties into the concept of social capital and brings forward specific jump-off points for further research on the development of social capital within the context of collective kitchens or other such community development programming.

Interestingly, Rouffignat et al. (2001) compared the levels of social support experienced in 'alternative' food programs (including collective kitchens) to those reported by the Quebecois population in general. They found that although 'alternative' program participants reported greater social support than participants in 'traditional' charity-based programs, they still experienced significantly less social support than the general population.

4.4.1.2 Group Behavior

Collective kitchens can be considered 'working groups' because they comprise "between 3 and 12 individuals who are actively attempting to meet a specific goal" (Stangor, 2003, p. 6). Social groups such as collective kitchens are defined by a number of common properties. They are often homogeneous, a feature common to collective kitchen participants (as discussed previously). There is usually significant interaction

between group members – an important aspect of collective kitchens as described by the social relationships developed within them. Additionally, interdependence is important – group members are mutually dependent to reach their goal (cooking food in bulk). All of these factors are common to social groups, and as such collective kitchens can be considered social 'working groups'.

Interestingly, some of the benefits of social groups that are described in the literature include survival – aspects of which include food gathering and production, anxiety reduction, positive self-esteem through comparison with others, social identity – identifying with other group members; productivity – accomplishing tasks (in this case food production); social support and belonging (Stangor, 2003). All of the above theoretical benefits of social groups have been discussed to some degree in relation to collective kitchens.

Collective kitchens, like other types of small groups, sometimes run smoothly. Other times they do not. This is perhaps due to a number of reasons, including group behaviors. Participants would often sum up what they liked about the dynamics of their group in a few words, while they were more likely to elaborate on the negative aspects. But in general, the majority of interview participants felt that their groups worked well together:

> We have a lot of fun. Just the joking and that. The way everybody gets along together, it's I think one of the best things.

Throughout the observation period I found that conflicts arose over a variety of issues. Some participants contributed less than their share of the work, while others dominated decision-making. This observation was confirmed in interviews with participants. In

most groups participants got along well, while in a few there was obvious tension among members.

One conflict area was decision-making. Most group leaders actively sought out individual opinions so the group could make decisions together:

> …deciding what we're gonna cook we just pass out the cookbooks and people flip through them and come up with ideas. …Yeah we try to get consensus from people and some people aren't as assertive as others so they might not make suggestions, but uhm, hopefully they would say if they don't want to make something. …well sometimes people will say I don't like this or that, but uhm, probably the people who are more out-going end up getting their choices more often (laughs).

However, sometimes participants felt they were not able to express themselves freely when making choices:

> The decisions have to be made by the group as much as possible. But I think that it's not focused much on the principle of letting people take initiative, going around so that people can take their place [in the group]. [Unlike for others in the group] with a personality like mine, it's not hard to take my place and to say I want this, I want this. (author's translation from French)

Some participants had worked in more than one collective kitchen and felt that either the present group or the previous one was more successful at creating a pleasant atmosphere for participants:

> This one's better. …in this one I feel like everyone has a chance to be heard, and put in their input. It is part of the decision process, and the other kitchen it was more, walking on eggshells and everybody sitting around trying not to hurt people's feelings. …[In the other group] some people would make the decisions and everybody would be sitting around going well, 'I don't know'. You'd ask them what they thought, and 'I don't know'. You can't have a group run like that. Everybody has to be actively participating.

Another area of conflict was when group members felt that some participants contributed less than others to the group. I observed in some collective kitchen groups that a few participants did not contribute to the work without being asked, while in

others group members worked together very efficiently, and everyone seemed to contribute equally to the effort:

> We have a core group of people who always work, and those who work if they're persuaded to.

Internal conflicts occasionally arose between participants. Leaders in particular spoke about having to deal with internal conflicts as part of their role as leader:

> …[I don't like] when there's internal squabbles and disagreements. …I'd have this person coming to me separate outside, and this person coming to me separate, and it got to the point where I'm going "No, if you cannot say it in the kitchen in front of everyone, then I don't really want to hear it anymore." Because I would try and compromise and it was just, it was getting too much trying to work a compromise with them. And so, it was affecting the rest of the group also, …when there's an internal dislike and…when you can't get any give and take out of any of them. Then that makes it very difficult.

One leader in Saskatoon said that her leadership training with the CKP was not enough for her to be able to deal with the conflicts that arose, so she had decided to take a conflict resolution class to augment her skills. Other leaders in Saskatoon felt that the skills they had learned in the leadership training were useful when dealing with internal conflicts:

> Sometimes there was some people that didn't get along well, and I did a little bit of conflict resolution, other skills that you learn through the training. You actually do utilize the skills.

In general though, participants appeared to enjoy one another's company and most groups worked together very efficiently with conflicts arising only on rare occasions.

Collective kitchen participants explained that they had learned how to work well within groups. Similarly, in a study of collective kitchens in Calgary the researchers found that 87% of participants reported that they had learned to work better in a group

since joining a collective kitchen (Fano et al., 2004). Participants discussed learning to compromise and to be tolerant and supportive of others:

> And…being more accepting…[from] working with collective kitchens because you have to compromise so much more about what you eat, what you don't eat, what you like, what you dislike.
>
> I've learned for myself that from interaction that we can't have certain opinions about people from the first time. …they're here and you have to accept people as human beings.

For some participants, particularly those who had not previously participated in many community activities, this learning was important and they discussed it at length in their interviews.

The special needs of certain participants sometimes made collective kitchens as social groups challenging. Occasionally I observed individual participants being disruptive enough to cause serious conflict. One example was when a man and woman and their daughter dropped into a collective kitchen where drop-ins were usually welcomed. The parents were clearly quite drunk, which appeared to make the other participants uncomfortable. They were eventually asked to leave. One participant later told the group facilitator that she did not feel safe. She said that she was afraid of people when they were drunk and was glad that they had left. During his interview, one participant in the group said this about the group's dynamics:

> But, it's been a good experience, just getting to know people in a sort of a whole new family-like kind of thing, because when you're cooking you're doing something with food. It's more like home, for me it is anyway, for people who haven't had homes and live in the street. …they learn a little bit more about themselves and their tolerance for people and I guess it's like a family group.

While I was unable to follow groups from their inception to when they disbanded, I was able to observe groups at different stages of development, and with the

information collected in Saskatoon in particular (where I observed most groups for 3-4 months), I gained some interesting insights. In the literature on group development, there is discussion of the sequence of development of small groups. A common theory of this sequence describes four stages – forming, storming, norming/performing and adjourning (Kass, 1996; Rothwell, 1995; Stangor, 2003). Many groups in this study exhibited signs of two or more stages of development at the same time, which is not unusual.

In the first stage, the members are becoming oriented to each other and the task they have to accomplish together. During this stage the group is heavily dependant on the leader for guidance. I observed one group that was obviously in the forming stage. I was able to observe them at their initial meeting to discuss the basic elements of their group. The group members requested significant guidance from the group leader and also from the Saskatoon Collective Kitchen Coordinator who attended the initial meetings in order to give the group extra support in the early stages. The group members left much of the decision-making to the leader, often deferring to her perceived expertise.

In the second stage, storming, conflict appears, and group members begin to focus their energy on the problems that arise (Kass, 1996; Rothwell, 1995). The elements of storming seen often in this study were challenging group leadership, dividing into factions within the group and some participants being very negative about the group and other group members. The storming stage was seen in a variety of circumstances and there were a few groups that never seemed to move beyond this stage; generally at a certain point they disbanded.

The third stage involves the establishment of group norms, whereby rules of behavior for the task at hand are developed and there is more cooperation in the group (Kass, 1996; Rothwell, 1995). Group members work together to accomplish their tasks and focus on achievement of goals. This 'norming' stage was seen in groups that were enjoying each other's company. In these groups there was a focus on the social aspects of the group, and words such as 'friends' and 'camaraderie' were used often by group members. One group where they were focused mostly on the social aspects of participating (this group is described later in greater detail), and were doing little cooking, seemed to be largely in the norming/performing stage. Another group (also described in a later section) that focused very efficiently on the task of food production, also seemed to be exhibiting elements of this stage. Group members spoke with pride about how well they worked together.

In the last stage the group members disengage themselves from their relationships with other group members, they terminate their tasks and the group disbands (Kass, 1996; Rothwell, 1995). I did not observe any groups in this stage of group process.

4.4.1.3 Cooking/Mealtimes

There was often a sentiment expressed by participants that there is 'something' about cooking in a group that is a good experience. For example, a worker with collective kitchens in Toronto said:

> …it's helped me experience it and really see closely how… [there's] just something about food and being together, and the simple things that you have to do to prepare it. The sharing of experiences, and knowledge.

Perhaps this sharing, along with the general fun, often relaxed atmosphere in many collective kitchen groups, are what were being described.

> It's the human aspect, the aspect of finding out that when we do concrete things people like that. Humanity is made to work in groups. (author's translation from French)

This participant emphasized the concept of the 'human aspect', the relationships that are built as participants produce something as basic as food together.

Five out of six groups in Toronto, one group in Montreal, and two groups in Saskatoon had a meal together each time they cooked. There were a few other groups where participants brought a snack or a lunch that the group ate together, and a few others that always purchased a snack to eat together during their break from cooking. In the few groups included in this study where food was produced in smaller quantities, significant emphasis was placed on eating together, and the mealtimes were slow and relaxed processes, where there was a great deal of conversation.

One interview participant was a member in two separate collective kitchen groups. One group cooked, divided the food and then took it home, while in the other the group also made a meal to eat together. She compared the two experiences and spoke of how much more she enjoyed eating with the group members in the one group:

> [Leader's name]'s kitchen, every single time we cook, we all sit down and eat together. I came home the first time and I floated.

The group that placed the most importance on eating with others was seniors. The women spoke of not wanting to eat since their families were gone. One woman explained that she had had a large family, and that her house had always been full. She no longer had anyone living with her and felt lonely at mealtimes:

> But, now that my husband and everybody is gone, I don't cook big meals. Only when I come here… It's just something about sitting down with everyone and eating. Because it's all I know all my life. I always had a big crowd to feed and now I'm sitting there all alone. All that's sitting with me is the cat. And I can't be bothered. I'd sooner go out for a walk.

Other researchers have criticized some collective kitchens for their lack of emphasis on the social aspects of participation – sometimes described as being too task-oriented instead of process oriented (Fernandez, 1996; Ripat, 1998). This emphasis on the technical aspects of cooking, rather than allowing participants space to enjoy the process of making and eating food, can inhibit a collective kitchen group's social side – the chance for participants to build relationships and analyze the issues affecting their lives.

4.4.1.4 Evolving Social Environments

One of the interesting aspects of collective kitchens was the difference in the focus on the social aspects between newer groups and long-term groups. I studied two long-term groups where the focus had shifted over the years from emphasis on cooking and socializing to more emphasis on socializing. One of these groups had made a very significant change over the years. Initially the group had met weekly to cook one meal together, but over the years the cooking had been reduced to once a month. The collective kitchen started out with the goals of providing access to low-cost food, teaching participants about nutrition, providing a social outlet, and creating community, but it had developed into a social support group:

> I think it's just developed into something different than what we thought. I think it's the natural progression of any community kitchen, but just in terms of longevity of the people in the program, it's just become this really great group of friends and then they continuously bring people or new people come… …the

> purpose was one thing but it sort of changed into something else because that's what the group needed, that's what the members needed.

During the other meetings each month the group did other activities together such as crafts and outings, and they also often each brought a small amount of food to share while they were doing their activity.

Another long-term group did the opposite. After six years cooking together, the group members knew one another well and often saw each other outside of the group, and as such the social aspect was diminished somewhat as the participants' lives became busier and they began to focus more on efficiency and getting the cooking done:

> … we've also got into the habit of lately of preparing everything but cooking it at home. …I miss the socialization of cooking it there too. And taking something hot home. …now because we have busy schedules sometimes we only get to see each other that time every month and, so now it's more the social aspect than anything else that I look forward to and enjoy.

A number of the group members had become heavily involved in other community activities and as such had less free time than they had at the beginning of the collective kitchen. Additionally, four of the group members had begun to do some catering as a result of their involvement with the collective kitchen, mostly for the events of community-based organizations, and this took up quite a bit of their time.

Interestingly, Fernandez (1996) describes what appear to be evolutionary formats for collective kitchens. The first format is groups that operate as "kitchens" that are purely for the technical aspects of food preparation. The second format includes groups that balance the technical aspects with non-technical aspects such as group development. The third format also includes the development of a critical thinking about political issues. Similarly, according to Labonte (1993), in the first year or two of

group development, stronger group identity, clarity over norms, identification of issues and other similar changes in group dynamics can be expected, but it is less reasonable to expect groups to begin to focus on community organizing and political action. Both of the long-term groups described above were very much imbedded within Fernandez' second format, although at moments they appeared to show elements of the third.

4.4.1.5 Summary

In summary, interview participants described the social benefits of participation as central to the cooking process. Many participants expressed satisfaction with their new feelings of social support, particularly from group members whom they perceived as similar to themselves – women (and sometimes men) who had experienced poverty and the isolation that often comes with it. Mothers spoke about the pleasure they gained from spending time with other adults, and all participants, but particularly older people, spoke of the joy of eating with others. Participants were unequivocal in their expressions regarding the social aspects of collective kitchen involvement; the social benefits were the most important outcome of participation.

4.4.2 Building Communities

Group leaders in the three cities often explained how collective kitchens brought communities together. Some felt that by encouraging people to meet who might not otherwise get the chance to do so, collective kitchens helped 'build a stronger community':

> …bringing all kinds of different people together from all different backgrounds, to share that one thing same interest that we all have, and that's food (laughs).

> …I think that we're building a stronger community, and a lot of people once they get the concept of it, what community's about, and how empowering it can be, leads them on to other things that are happening in the community. And eventually you have a big strong ring of people that are caring and sharing, and building and developing a bigger better community. And that's what needs to take place.

A group of leaders who worked with people living with mental illness and new immigrants discussed their collective kitchens as a means for changing attitudes towards these populations. They felt that collective kitchens helped change negative stereotypes about particular communities and as such lead to healthier communities. For example, one group leader explained that her group was mainly for people living with mental illness. In the community where the centre that housed the collective kitchen was located there had been some resentment towards the community organization. These leaders explained that by modeling positive images of these population groups – particularly when they participated in community events as collective kitchen members – they might change some of the attitudes that exist. One leader in particular gave an example of such change occurring. She explained that when they first opened the centre housing the collective kitchen and other activities mainly for people living with mental illness, she had been greeted with hostility by some of the business owners in the neighbourhood. They were worried that the centre would attract panhandlers and mentally ill people who would then wander along the streets and scare away business. The leader had encouraged collective kitchen members to cook for community events, which she believed had demonstrated to the fearful business owners that the people who participated at the centre were not a threat to business in the community. The group leader felt that some of the pre-conceived notions of other community members might have been changed:

> But I think in the year and a half we've been here…we've had the group cater our open houses… There has been no untoward incidents. Our members have gone out and participated in doggy shows, advertised things. …I think we're helping to break down stereotypes about the poor and people with mental health illness issues.

In another group for new immigrant women, the group leader felt that groups such as collective kitchens and other similar programs were useful for changing some of the stereotypes about immigrant communities:

> We can't change the fact that you know, new Canadians are discriminated against, and there aren't enough jobs and all that kind of stuff. We can have some influence on that, but I think at this stage, we're really just helping people find what's out there for them that they might not know about. So, I think the community kind of betters because of that. And I think also the larger community, which is not just new Canadians, sees, begins to see new Canadians in a different way. So hopefully that makes for more, harmonious community because…they get a lot of bad press.

Both of the interview participants in the two previous quotes expressed a desire to use collective kitchens as a tool to enable groups that are isolated to both come together and find support, but also to show the greater community more positive images of these groups.

I have minimal information to draw on for possible indications of changing community attitudes towards particular population groups. Only the impressions of group leaders were collected, so additional research would be required to obtain more substantial information.

Another interesting impact of collective kitchens was that a few participants described them as 'safe spaces' for participants who lived in rough neighbourhoods. One participant described his neighbourhood as a fragmented community where drug dealers and sex workers walked the streets at all hours of the day:

> And enjoy the meal talking to people without having to be concerned about their safety, because you know, our area isn't really safe, especially for older people and women period. So the [name] church, and the [name] centre and the community kitchen is a pretty safe place for people. And they can just relax and enjoy their food in company of people, pretty nice people.

Interestingly, in the above-mentioned group, during one of my observation visits, two occasional collective kitchen participants who lived on the street came in with their daughter. They wanted their daughter to have a good meal. They were obviously drunk and the regular collective kitchen participants later told me that they had been very uncomfortable having intoxicated people in their space.

4.4.2.1 Participation in Community Activities

Interview participants were asked to describe their involvement with community activities other than the collective kitchen. They were also asked to compare their participation before joining a collective kitchen and since becoming involved. A small number of them explained that they had been heavily involved with the community before joining the collective kitchen, and the group was just one among many, while for others being in the collective kitchen was a first step to becoming more involved in community activities. Still others had not changed their participation in community activities because they had not participated previously and continued not to participate. Both Crawford and Kalina (1997) and Ripat (1998) reported an increased interest in participating in public life among collective kitchen participants in their studies.

However, the largest group was those who had not been involved previously and had started participating in other activities – within their churches, community centres or with other community-based organizations:

> It's more, because I do a lot more volunteer work than I used to. I used to be [a] homebody before I joined the collective kitchen…

One woman described her participation previously, and the dramatic change in her community activities:

> None. None at all. I didn't go anywhere. I didn't do much, other than those Nobody's Perfect parenting and [name]'s cooking class I never had really gotten involved in anything like that before. …So now things are coming a long way and I'm quite involved in the community and I've got all kinds of friends everywhere, all kinds of support.

Others felt more motivated to participate since joining the collective kitchen group:

> I'm volunteering more for the church. I'm volunteering more for Catholic Family Services. I'm wanting to go out and volunteer more.

This largest group of collective kitchen participants explained that they had become more interested in engaging with their communities in a variety of church, recreation and volunteer settings. When asked why they were more engaged participants explained that once they had experienced what it felt like to be involved, they wanted more. Some also described feeling more self-confident in group settings.

For participants who were very isolated previous to their joining a collective kitchen group, some group leaders felt that the collective kitchen was the first step to their involvement with other activities:

> And we find that the women come here as an initial step. Sometimes it's the first outlet for them in terms of leaving home and getting the services they need, and then they go off into other areas and find the other supports that they need. So we feel like we're kind of like a door opening for them. And so then coordinating what needs to happen next. So, we're constantly looking at ways of then branching people off into the other areas of the community that they need to go.

There were also a few participants who had not been previously involved and had not yet become much more involved, but who were beginning to feel a desire to join more groups and do more things:

> And there's a part of me that wants more, and that's the challenge. I want more to do. I want more involvement in life. And the group here, that's one that I took on this year and enjoyed. And, the challenge is to go out and become more involved with people. Children I'm okay with, and dogs and animals. I'm fine with them. The challenge is adults.

This group included a number of participants who were living with mental illness. There was hesitance towards spending time with others, but when they felt safe in the collective kitchen, it seemed to enable them to consider moving on to other community activities.

4.4.2.2 Catering

A number of participants in Saskatoon, Toronto and Montreal (and throughout Quebec) started small catering businesses that they believed had stemmed from their collective kitchen involvement. Several such businesses had begun to operate, most particularly catering at community-based organizations' events and sometimes for private events such as weddings. I also know that in Quebec there are at least two restaurants that were originally started by collective kitchen members who wanted to take on further challenges (I didn't interview participants in any of the groups from Toronto or Montreal so I do not know how they were established). One participant who had started a catering business said:

> [I didn't expect that] by being in a collective kitchen I could start a small business (laughs). I've always enjoyed cooking, and I've worked in restaurants before, and always thought I wouldn't mind opening my own small restaurant, but it takes a lot of capital to start something like that up. And uh, [collective

> kitchen participant] and [collective kitchen participant] were already catering and had me fill in last summer once for the Good Food Box snack, and they just had too much on their plates, and so when the [name of organization] was looking for a caterer for the [name] program, they called [participant] and [participant], and they didn't want to take it on, so, [collective kitchen participant] called me and asked if [collective kitchen participant] and I would do it? She gave the [name] program our names and that was it…

Participants expressed pride in their small businesses, and several hoped they would be able to expand enough to make a significant income from cooking for gatherings of community-based organizations and small businesses.

There are some important outcomes for individual participants involved in building small businesses, and also for the communities in which the participants live. These outcomes include empowerment, individual financial security, and small contributions towards building community economies because money is spent in individuals' communities, thereby increasing their prosperity.

From a health promotion perspective, catering and restaurant development initiatives fall under the employment and working conditions determinant of health. Other examples of changes in employment include the small number of individual collective kitchen members who found other types of jobs as a result of participation. For example, the Collective Kitchen Coordinator in Saskatoon was a collective kitchen participant, then a leader, and finally became the Coordinator. While this job is only one day each week, it is a form of employment that the Coordinator found enjoyable. Another example was the popular educator within the QCKA who began as a participant, became a leader, and then eventually found full-time employment within the Association. Such examples, while not in abundance, do show that for a small

number of participants collective kitchens may impact the employment and working conditions determinant of health.

4.4.2.3 Community Development Initiatives

The key informants were asked about impacts collective kitchens had on the communities in which they were located. Several of the key informants from supporting organizations for collective kitchens spoke of the 'potential' of collective kitchens to impact their communities. One key informant in Saskatoon felt that collective kitchens were only at their beginning in terms of their potential for community development:

> …I just think that there's a lot more opportunity for community development and certainly the people that are involved with collective kitchens can play a role in that in the future. I think that we're just at the beginning of mobilizing that community to take action for themselves as it relates to food security.

The key informants in Saskatoon and Toronto most often felt that the potential for community development was not being tapped, while in Montreal the key informant felt that the QCKA had more success in this area:

> …they are one of the only groups that is still very grassroots. So, they are groups that develop very much from personal initiative to change their lives. …And all this has an impact on the community because the community does better when people are doing better as citizens. And it's sustainable development also. (author's translation from French)

In Montreal, the key informant explained that a couple of hundred people from collective kitchens attended the annual general meetings and therefore participated in choosing the direction of the QCKA. In addition, she described the number of individual collective kitchen groups that had grown and evolved into becoming organizations unto themselves – they recruited participants for additional collective

kitchens, sought their own funding for new groups to start, or to pay for a location to house collective kitchens. A few had grown into including food buying clubs, catering businesses or community restaurants where people could buy meals for minimal cost (usually about $2.00). One exceptional example of such an occurrence was in the neighbourhood where the first collective kitchen in Montreal had started. That one group had evolved into an organization unto itself including a building housing a kitchen for collective kitchen groups to use, an industrial kitchen where community members could learn commercial cooking, and office and classroom spaces for additional skills training and other meetings.

Community development initiatives are those that are grassroots in nature – that is, that community members come together to take action (F. Frank & Smith, 1999; Minkler & Pies, 1997). The nature of collective kitchens is such that they originated when three women came together to cook food in bulk; their origins are grassroots. To some degree they have moved away from their origins as a grassroots initiative, and in the case of the current project, more than half the groups studied were initiated by organizations of different sorts, some community-based, some government-run. The other groups studied were initiated by individual community members or by organizations that had developed from collective kitchens that had grown and expanded to spread the idea of collective kitchens. As such, identifying collective kitchens as a community development initiative gets complicated, depending on whether you are using a strict grassroots-based definition, or a more broadly defined concept of community development, as often used in the context of health promotion (Mittelmark, 1999).

Several concerns arise from a discussion of collective kitchens as grassroots initiatives. For example, as discussed previously, Tarasuk (2001a) has argued that because collective kitchens are located within government agencies, they do not engage more on the political level. While I have already argued elsewhere (see section 4.2.4) that this argument does not apply in the context of the current study (since most groups included were not located within government agencies), further analysis of this argument within the context of collective kitchens as a community development initiative is required. The questions of who initiates collective kitchens and where the power lies within them are important to consider. I observed so much diversity that it is difficult to make any general statements about such questions. But the diversity itself is telling, in that collective kitchens seemed to adapt to a large degree to their specific conditions. For example, groups for people living with mental illness or with physical or mental disabilities were initiated by community organizations or by government bodies, whereas groups where needs weren't quite as significant were more often self-initiated.

Rather than looking at whether or not community development initiatives are grassroots, it has been suggested that there is a continuum of community development work (figure 3), ranging from casework to social movements (Jackson et al., 1989). The continuum is as follows:

Figure 3: Community Development Continuum (Jackson et al., 1989)

Casework ⇒ Mutual Support ⇒ Issue Identification/Campaigns ⇒ Participation/Control of Services ⇒ Social Movements

The collective kitchens studied fall within the second element of the continuum – mutual support (see Chapter 7: Social Support). The more political elements of collective kitchen participation, such as learning about the roots of poverty and some participants getting involved in advocacy around issues of food security, fall under 'issue identification and campaigns', as do some of the more formal educational aspects of collective kitchens, such as many of the workshops offered by the organizations that supported collective kitchens. For example, in one group in Toronto a representative from the organization that housed the collective kitchen I was studying came and told participants about a meeting where the privatization of health care would be discussed and where participants could get involved with the campaign to stop privatization.

With their popular education puzzle game, the Quebec Collective Kitchens Association (QCKA) seems to be most active in issue identification and campaigns. Additionally the organization is involved in women's rights and anti-poverty initiatives, and whenever the organization had general member meetings many of these initiatives were discussed. Additional information on the QCKA's emphasis on community development was presented in section 4.3.3.7. Information was provided on how to participate in these initiatives. Some individual members of collective kitchens in the other cities also felt they had become engaged in campaigns and other political work as a result of participation in a collective kitchen. In general though, as argued by Fernandez (1996), and further elaborated by Tarasuk (2001a), with the possible exception of Quebec, collective kitchens have not generally facilitated the participation of members in issue identification and campaign activities.

The fourth point along the continuum is participation and control of services (Jackson et al., 1989), and I would argue that elements of such community developing activity, as well as the fifth and final point, social movements, have been engaged to a small degree in the province of Quebec. Not only was the QCKA a large organization linking about 1300 collective kitchens, they actively engaged in advocacy work on poverty and women's issues, under the banner of collective kitchens. One of the full-time staff members at the QCKA began as a collective kitchen participant and has moved on to become a full-time popular educator with collective kitchens across the province. While individual collective kitchen members did not always have control over their collective kitchen groups (this depended on the group and its leadership), they did get to decide on the path taken by the QCKA during their annual general meetings. Additionally, the QCKA considers collective kitchens in Quebec to be a movement (Regroupement des cuisines collectives du Quebec, 2003). The Association has been actively engaging in coalition building with other social movements such as the women's rights movement and the anti-poverty movement in Quebec.

There are several elements of the concept of community change that have bearing on the exploration of collective kitchens. First is sense of community, and the analysis of how its four components – perception of the environment, social relations, empowerment and participation in neighbourhood action (Chavis & Wandersman, 1990) – relate to the understanding of collective kitchens as elucidated in the current study. The perception of the environment was not an important theme in the context of this study except for a couple of participants in collective kitchens located in neighbourhoods they described as dangerous. These participants called their groups and

their locations a ‘safe space’. While this is not sufficient to say that there may be a more positive perception of the community environment built through collective kitchen involvement, it does bring to light a possible perception of collective kitchens as a space within a community.

The other three components of sense of community should also be considered in relation to participant interviews. For example, the exploration of social relations within collective kitchens (see section 4.4.1) shows how this element of sense of community may be the element that is most strongly impacted through collective kitchens. As for empowerment, elements of that concept were explored in section 4.3.1. Some indicators of empowerment were elucidated through the research process.

As for participation in neighbourhood action, increased community involvement by some collective kitchen participants emerged, generally through participation in community recreation and volunteer activities (many participants became more involved in activities initiated by community organizations, and others described doing (more) volunteer work in churches or other organizations). The current data is insufficient to say that changes in community involvement can be directly attributed to collective kitchen participation. Only a minority of interview participants attributed the change in their participation directly to the collective kitchen. Most felt that joining a collective kitchen was one factor among many leading to greater participation in their communities. Some participants explained that participating in the collective kitchen had given them the confidence to branch out further and engage with people in other ways. A possible interpretation of such information is that the collective kitchen as a comfortable and safe space for sharing with others perhaps enabled participants to

engage in other more daunting activities. Furthermore, in some collective kitchens there were participants who were already actively participating in their communities and this element of modeling active participation may also have had an impact on other less active participants.

There was little indication of neighbourhood action that left the recreational and voluntary sectors, and moved into a more clearly political action. Only a very small number of participants reported participating in actions that aimed to change power relations or other political processes.

Strengthening community action as health promotion is one aspect of the Ottawa Charter (World Health Organization, 1986). When community members come together to make positive change, this can lead to health promoting effects. While, as indicated above, an increase in involvement in community activities, most notably recreation and volunteer activities, was common amongst participants, it is more complicated to discuss the strengthening of community action as it may relate to collective kitchens. Key informants and occasionally group leaders raised the issue of the community development potential of collective kitchens. The overarching understanding was that while collective kitchens were an ideal situation in which to organize around issues of concern to members, this was not generally happening. Key informants felt that collective kitchens were ideal environments because of their nature as small groups, generally of participants with similar life circumstances, and also because of what they do – a kitchen environment was seen as a safe and comfortable space for participants to share their ideas and issues of concern. Fernandez (1996) and Ripat (1998) also found

that while collective kitchens were environments in which organizing might occur, they did not often engage in such activities.

Key informants were clear that with the help of leaders with strong facilitation skills there was ample opportunity in the context of cooking to encourage discussion and engagement on community issues:

> …[someone might say] my basement apartment has cockroaches. Someone else might say well, I just saw a two-bedroom apartment for rent. … Kitchens are quite, they lend themselves well to that. That's all. There is a sense of time preparing food, talking. So I think as an organizing tool, they have tons of potential. And again the question is organizing for what end? Like if it's organizing to make sure that the fifteen people in the program understand that if they do have a legal problem that they can go to a legal clinic for that. If they wanted, they could get involved in a campaign, because the staff person has actually introduced it to the group… So a lot of that, you have to have someone to kind of foster that, who kind of allows people, like gives people the chance to talk about those things, so that they don't get stuck in just a situation of one isolated incident, but that these things are all connected. So you may find that out of fifteen people, that nine out of fifteen live in terrible basement apartments.

Tarasuk (2001a) also states that an emphasis on the social aspects of collective kitchens requires skilled facilitation. This raises a concern related to the leadership of collective kitchens. The set of skills required to facilitate discussions about the community and broader issues is a significant one (see sections 4.2.4 and 4.4.1.4 for more on this subject).

Collective kitchens in this study might be described as empowering organizations (Zimmerman, 2000) because in them participants share with others who have had similar life experiences, and help them develop a sense of identity with other like people. In addition they enable participants to develop skills and a sense of control, thereby contributing to personal empowerment. In most collective kitchen groups all participants are involved in decision-making processes and in many cases there is no

distinct difference between the leader and the participant, other important aspects of empowering organizations (Rappaport, 1990; Zimmerman, 2000). But this is not always the case, and there were groups where decision-making was not participatory, or where there were stronger power differences (particularly when professionals or other workers lead the groups) (see sections 4.2.4 and 4.2.12 for more on this topic). The groups where decision-making was less participatory showed marked differences from the more common occurrence – groups who made decisions collectively. During interviews with group members in some of these groups, participants complained about their lack of power in the collective kitchen and sometimes said that if it weren't for the food they would stop participating (which is quite the opposite from some of the more participatory groups – participants said that the food had become secondary to the social reasons for participating). I also found that there seemed to be more participant turnover in groups where decision-making was not a shared process.

In regards to community empowerment, defined by collective action resulting in increased psychological empowerment as well as some redistribution of power within a community (Bracht et al., 1999; Laverack & Labonte, 2000), the evidence obtained is insufficient for making any conclusions about such activity occurring in the collective kitchens in Saskatoon and Toronto. The first half of the concept, that is the psychological empowerment component, may have occurred to some degree (as described in section 4.3.1), but the second half, the redistribution of power, was not been seen in the contexts of the two cities. In Montreal, the sheer size of the QCKA and its political involvement might indicate some community empowerment within the community of collective kitchen participants and leaders.

Community capacity building should also be considered in the context of the current results. Dimensions of the concept include: citizen participation (Goodman et al., 1998; Laverack, 2001); strong community leadership skills (Goodman et al., 1998; Laverack, 2001; Laverack & Labonte, 2000); a community skills base that includes community assessment capabilities, and knowledge of program planning, implementation and evaluation (Goodman et al., 1998); ability to mobilize internal and external community resources (Goodman et al., 1998; Laverack, 2001); strong social and interorganizational networks (Goodman et al., 1998; Laverack, 2001; Laverack & Labonte, 2000); sense of community (Goodman et al., 1998); knowledge of community history; community power (empowerment); a strong sense of community values; and the ability to critically reflect on ideas and actions (Goodman et al., 1998; Laverack, 2001; Laverack & Labonte, 2000). Social support, increased personal health practices and coping skills, and the leadership building capacities of collective kitchens need to be considered in the context of community capacity building. Several elements of this concept have been discussed already: citizen participation (discussed as community involvement) and sense of community were discussed above, social networks were discussed in section 4.4.1, and empowerment and the ability to critically reflect on ideas and actions were discussed section 4.3.1. It is clear that some elements of this construct can be seen in the context of participation in collective kitchens. However, community capacity building as a construct was not systematically considered in the context of the current research, therefore while there is some indication that capacity building might be an element of collective kitchens, further information will be required to understand fully how collective kitchens can fit into a community capacity building framework.

4.4.2.4 Summary

Themes relating to community change – changing participation in the community, the sharing of resources and opportunities within the community, and even the spin-off from collective kitchens of a few participants bringing small amounts of additional income from catering employment, were all areas of impact of collective kitchen participation. Additionally, some participants felt they had experienced some personal change since becoming involved in a collective kitchen (most often in conjunction with other involvement, for example, with other community activities). The changes most often related to 'feeling good' – that is elements of improved self-concept. While none of these concepts were explored in depth, the emerging themes highlight important areas related to collective kitchens and like collective opportunities.

CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

Collective kitchens operate in hundreds of communities across Canada, yet have only been researched on a small-scale. The current project explored the areas generally described as relating to collective kitchens – including their personal and community impacts. The data provides more depth to the understanding of collective kitchens and their impacts on the lives of participants.

5.2 Research Questions

The following section will present the research questions and their answers based on the findings.

1. What happens during collective kitchen planning and cooking sessions?

The key answer to this question is that collective kitchens are extremely diverse in their operations. While patterns emerged in how groups planned and cooked together, there were many exceptions to these patterns. Groups were purposely sought for participation that fit the general pattern of bulk cooking (i.e., several meals cooked each time a group met), although there were a small minority of groups that did not cook in bulk. The groups generally meet between once and four times a month. Some groups have separate planning meetings to choose dishes and organize who will purchase the ingredients, but many others do not have these separate planning sessions.

Some groups follow a specific sequence in their planning and they use particular forms for calculating ingredient amounts. Both the Quebec Collective Kitchens Association and the Saskatoon Collective Kitchen Partnership provide forms for collective kitchen groups to use for this purpose. When groups plan, whether in a separate meeting or at the end of a cooking session, group members most often sit around a table and discuss possible recipe choices. Groups choose recipes based on a variety of factors including: food preferences, cost of ingredients, what is in season, food preferences, what they have cooked previously and special needs (such as diabetes and allergies). For most groups the planning process is participatory, although there are often participants who speak up more often and dominate decision-making. Some groups also choose who will go shopping when they were done planning (many groups have the same shoppers each time).

Cooking sessions begin with group members arriving in the kitchen space (often after having dropped off their children for childcare). Sometimes group members sit down together to plan how they will cook different dishes and who will be responsible for individual recipes. In other groups participants begin to chop vegetables upon arrival and do not plan the sequence of tasks. They complete new tasks as they arise. Most groups take a break at some point during the cooking, either in the middle to have a snack or a bag lunch and sometimes to plan for the next time, or at the end to have a meal together of the food cooked.

Collective kitchen members discuss an extensive variety of topics throughout cooking sessions (and to a lesser degree during planning meetings). The atmosphere in most groups is friendly and fun, and bursts of laughter occur regularly as participants

tell stories about their lives. In general, collective kitchen meetings are fun and relaxed events.

1a. How are the roles of leader and participant different in a collective kitchen?

Again, the key answer to this question is that it depends on the group. Generally, administrative tasks such as booking the kitchen space, finding childcare workers (if needed), keeping track of the funds and keeping in touch with the supporting organization, are left to the group leader. There were some exceptions, such as one group that did not have a leader at all and divided these tasks among participants, and a few groups where the participants were responsible for organizing the finances. Responsibility for grocery shopping is sometimes left to the leader, although more often grocery shopping is a group responsibility that participants take turns doing. Participants always share in the cooking (although sometimes to a greater or lesser extent depending on the participant). Almost all of the time participants also help divide the food and plan the next cooking session.

A difference between the leaders and the participants' roles is that of authority. To a greater or lesser degree there was almost always a (although sometimes subtle) power differential between the group leader and the participants. The most common manifestation of this power difference was when participants gave their leader's opinion more weight when decisions needed to be made. There were a small number of groups where the leaders appeared to control the group more. For example, they told participants what to do, vetoed recipe choices, or did most or all of the planning.

In groups where the leader is a paid staff person (usually from the organization that provides support for the group), the leader often has somewhat more control over

the functioning of the group (these groups also are more likely to be composed of participants with special needs). This was not always the case – for example, the group mentioned above where the leader made all the decisions was lead by a community volunteer. In groups of peers, with some exceptions, there are little visible power differences between leader and participants. By contrast, sometimes the paid leaders are also better facilitators in that they focus more on including all participants and other social elements of the group.

In groups where participants have special needs, leaders have some special roles. For example, in groups where mental illness or reduced mental capacity was an issue, the leaders had a 'teacher' role within the group and therefore there was a very unequal leader-participant relationship. Where participants had reduced mobility, the leaders had to take on the physically demanding tasks, and as such interacted less socially with participants.

Many leaders have some sort of formal (or semi-formal) training to lead a collective kitchen, particularly in groups where leaders are in the same peer group as participants (not paid staff). Leaders are also more likely to be aware of and sometimes be eligible for on-going training and workshops offered by the supporting organizations in each city.

1b. How are group decisions made in collective kitchens?

Again there is significant diversity among groups. In some collective kitchens, decisions were made by compromise. In a number of groups there are some members who speak up more than others, and as such have their opinions heard more. In other

groups, leaders make many of the decisions either with or without the consent of participants. One example of the power difference discussed above was when decisions needed to be made. Often either because the leader expressed their opinion strongly, or because participants seemed to want someone who had more experience to make a decision, leaders ended up holding the balance of power when it came to making decisions.

Overall, collective kitchens are more or less democratic environments and only in a small number of interviews did participants express frustration with their lack of say in decision-making.

1c. How does the transfer of skills between group members occur in a collective kitchen?

Both peer-assisted learning and more traditional teacher-learner relationships are encountered in collective kitchens. Participants learned from each other in almost every group. They watched one another's cooking techniques and asked each other questions about different topics (child-rearing was a common topic). Many groups also have more formal learning times; leaders or participants show the others a particular technique or more often the leader or an outsider will discuss a topic for a few minutes during a cooking session (health-related topics were most common).

Traditional teacher-learner relationships are more common in groups with participants who have particular special needs – new Canadians and people living with mental illness or reduced mental capacity. While peer learning was seen in virtually every group, traditional teacher-learner relationships learning were found only in some

groups (they were observed in almost every group in Toronto, in some in Montreal and only in one in Saskatoon).

1d. What types of discussions do group members have about the world outside of collective kitchens?

This question was difficult to answer because of the variety of discussion topics. Generally these discussion topics can be broken down into a few types: food, cooking and nutrition, family, life events, political and other (placed in the order of estimated frequency each topic was raised). These discussions are most often initiated informally by participants, although all leaders at one time or another initiate discussions, some more so than others. Collective kitchen members talk almost constantly throughout their meetings.

1e. What types of nutrition and cooking skills are learned in a collective kitchen?

The vast majority of participants feel they've learned information pertaining to specific aspects of cooking and nutrition, such as about new foods or new methods of cooking known foods, and for those participants who had previously had limited experience cooking, cooking from scratch and how to follow recipes. For the majority of participants who have made some changes in their food choices, the more common specific behavior changes include increasing the variety of foods eaten and trying unfamiliar foods (particularly vegetables and fruit), increasing vegetable consumption, and reducing fat (largely through the use of different food preparation methods and

choosing lower fat dairy products). Some participants pass on the newly acquired information and skills to others, particularly to family members. Some participants describe increased knowledge of political issues related to the food system.

2. How does the experience of participating in a collective kitchen influence the everyday lives of participants?

There are three most commonly expressed areas of participants' lives that are affected. First, for many participants the collective kitchen is a social environment where they have made friends with whom they socialize between collective kitchen meetings and to whom they can go when they need help. Second, for other participants the collective kitchen has been a catalyst to become more involved in other types of community activities. Third, other participants describe that they are more self-confident as a result of participating in the collective kitchen, either in other group environments, or in general.

2a. How does learning that occurs in a collective kitchen transfer into participants' everyday lives?

Most participants feel they have learned information about food and cooking that enables them to make healthier food choices, particularly when it comes to increasing the variety of foods in their diet, trying new foods, increasing vegetable consumption and decreasing fat consumption. Many participants feel they previously had strong budgeting and bulk-buying skills, although some participants feel that their skills in this area have increased. A number of participants explained that they pass on the newly acquired information and skills to others, particularly to family members. A

small group of participants described their increased awareness of political issues related to the food system which leads them to make different choices when they purchase their groceries.

2b. What aspects of empowerment are experienced through collective kitchen involvement?

The collective kitchens enable participants to develop skills and for some, a sense of control, thereby contributing to personal empowerment. In most collective kitchen groups all participants are involved in decision-making processes and in many cases there is no distinct difference between the leader and the participant, important aspects of empowering organizations. Some participants describe feeling more self-confident as a result of participating in a collective kitchen, and many say that they feel better about themselves. In Montreal, the size of the QCKA and its political involvement might indicate some community empowerment within the community of collective kitchen participants and leaders.

2c. What aspects of health promotion are experienced through collective kitchen involvement?

The most common health promoting aspects of collective kitchens that are described by participants include those related to social support and decreased social isolation, increased participation in their communities and increased knowledge of where to find help in the community, increased self-confidence and improved self-concept for some participants, acquiring of knowledge and skills related to food and

nutrition and adoption of new food-related behaviors, and some improvements in food security.

In regards to the specific aims of the Ottawa Charter for Health Promotion (World Health Organization, 1986), collective kitchens help to develop personal skills, and to strengthen community action at the individual, family and community levels. The specific determinants of health that are most impacted by collective kitchens include personal health practices and coping skills, social support networks and education. In addition, the healthy childhood development determinant is likely impacted due to the large numbers of parents involved in collective kitchens, many of whom report knowledge and behavior changes.

2d. How does collective kitchen involvement change how participants identify themselves as members of a community?

Collective kitchen participants often become more involved in their communities. Some also make friends in their collective kitchen groups with whom they meet socially outside of the group, often doing such activities as going for coffee and participating together in community activities. Participants did not say directly how their feelings about their communities had changed, instead they discussed how they participated more in activities or did more volunteer work.

2e. How does being in a collective kitchen influence participant involvement in their communities?

Many participants said that they have become more interested in engaging with their communities in a variety of church, recreation and volunteer settings. When asked why, participants explained that once they have experienced what it is like to be involved, they want to participate further in community activities. Some also describe feeling more self-confident in group settings.

3. How do collective kitchens address food security issues for their participants?

The impacts of collective kitchens on food security vary from group to group based on the quantity of food cooked, the focus on quality and the proportion of costs paid by participants. In general though, low-income participants report stretching their budget with the help of collective kitchens. A number of participants depend on the collective kitchen to make ends meet from month to month and find it difficult when collective kitchens take breaks for one or more months often in December or in the Summer. The elements of food security will each be addressed separately.

3a. How do participants view the quality of the food they bring home from the collective kitchen?

Participants generally perceive the quality of the food produced as high or higher than other food they can afford to cook at home, or that they receive from other sources. Another issue related to increased quality was raised; some participants feel that the quality of the food they consume has increased because of the greater variety of ingredients used in foods cooked in their collective kitchen. Finally, participants discuss

quality by comparing the food they cook in a collective kitchen favorably to the food they would need to seek from charitable sources without their participation in a collective kitchen group.

3b. How do participants view the impact of the quantity of food they bring home on their ability to feed their family?

The quantity of food produced varies dramatically from group to group – in some only a very small number of meals are produced on a monthly basis, while in others more than a third of monthly meals are cooked in the collective kitchen. In general, in groups where at least four monthly meals are produced, and in particular where some subsidy is involved, low-income participants feel that participation in a collective kitchen increases their food resources.

3c. What cooking, shopping and nutrition skills learned in a collective kitchen enable participants to increase the food security of their family?

Other than the learning about food and nutrition described in question 2A, some participants also describe learning some label-reading, budgeting and bulk-buying skills, although a large number of participants feel they previously had strong skills in these areas. Generally it is younger participants who feel they have learned this particular group of skills, while the majority of older participants describe having already known how to get the most from their limited budgets.

3d. How do collective kitchen members feel about the food they bring home in comparison to the food received through other programs?

Participants express their preference for a collective kitchen rather than a food bank for a variety of reasons including the humiliation they feel procuring food through a charity and the poor quality and sometimes lack of safety they feel eating food received from the food bank. Some participants feel less anxiety about whether or not they will be able to feed themselves in the future, but others think that collective kitchens are going to be unable to compensate for their worsening financial situations.

4. How do collective kitchens operate in another city in Canada?

There is no single way that collective kitchens operate in Toronto or Montreal. Both have diverse collective kitchen groups, although certain patterns emerged. Saskatoon and Montreal are significantly more similar to each other than to Toronto. The groups in the two cities operate as 'collective kitchens' in that they cook food in bulk. In Toronto, all except one of the groups operate as communal meal programs that cook one meal at a time, rather than as collective kitchens. In Saskatoon and Montreal most groups cook between 4 and 8 family meals monthly. Toronto also has more extremes – groups that cook up to about 24 meals per month and groups that cook one meal each month. In addition, all the groups studied in Toronto have paid staff as group leaders, and more groups in that city also have formal learning times during cooking sessions. In Saskatoon and Montreal there is more diversity – some community leaders and some paid staff leaders (Saskatoon has more volunteer community leaders). There is more conscious emphasis placed on education and social support in the Toronto

groups. There also seems to be a focus on new immigrant communities and people living with mental illness (and the homeless to some degree).

4a. What comparisons can be made between collective kitchens in the different regions studied (based on community organization support and approach to working with collective kitchens, structure of groups, and emphasis on nutrition versus empowerment and community development)?

All the groups in Toronto are funded by individual community-based or religious organizations, and there is no organization in that city dedicated specifically to supporting collective kitchens (Toronto Food Share provides some support to collective kitchens through, for example, organizing networking meetings, compiling a database of groups, and suggesting other sources of information on collective kitchens).

Montreal is different from Toronto in that there is more homogeneity in the collective kitchen groups (although more diversity than that observed in Saskatoon). All of the groups within the Quebec Collective Kitchens' Association that were included in the study cook several meals at once, but like Toronto, in Montreal individual groups are funded or otherwise supported through individual organizations and not by the QCKA. The QCKA is an organization dedicated specifically to supporting and promoting collective kitchens within a social justice framework. Montreal has a mixed group of paid and volunteer community leaders heading collective kitchen groups. Also, Montreal has a unique characteristic – groups that receive no financial support at all (although they are given access to spaces to use for free). Finally, the QCKA's staff

does advocacy work on behalf of collective kitchen members, mostly combating poverty and addressing issues of concern to women.

In none of the three cities did I find individual groups that obviously emphasize empowerment. What I did find are groups where there is more or less emphasis on the social aspects of collective kitchens or more opportunities for participants to participate in educational and community events. Some groups have a more formal educational focus, and this is more common in Toronto. Particularly when groups include participants with special needs, there is a focus on health topics in particular.

5.3 Major Findings

1. **Collective kitchen groups are extremely diverse**: The goals of the groups, the participants, the leaders and their roles, how often they meet,how much food they produce, the focus on healthy eating, and subsidies (or lack thereof) vary.
2. **Collective kitchens are initiated by a variety of groups including non-profit organizations, individual groups of women, and government-affiliated institutions:** In Saskatoon and Montreal more groups are initiated by community members, whereas in Toronto non-profit organizations and other institutions more often initiate collective kitchens. When it comes to focusing on the politics of food and poverty, there seem to be minor differences in the approach to collective kitchens amongst the different types of supporting organizations.
3. **Organizations are more likely to have groups oriented towards participants with special needs**: For example, new immigrants and homeless or under-

housed populations are particular sub-populations more often targeted by collective kitchens initiated by organizations. These groups are more likely to have more formal education-centered groups, more formal facilitation, as well as groups that are more heavily subsidized.

4. **The city-level support for collective kitchens influences the growth and sustainability of cooking groups:** In Toronto there is no organization dedicated to supporting collective kitchens and they have dwindled over the years in that city. In Quebec, on the other hand, there is a provincial network that works for all member collective kitchens including those in Montreal, and collective kitchens have grown exponentially over the years. In Saskatoon there is a supporting organization dedicated to collective kitchens but due to very limited funding and human resources collective kitchen growth is stagnating (although not for lack of community interest).
5. **Volunteer and paid leaders show different facilitation strengths**: While paid leaders are more often skilled facilitators who pay particular attention to the social and learning aspects of participation, they also control group decision-making more. Volunteer leaders do not appear to focus on facilitation (for example, consciously seeking out each participant's opinion or helping to resolve conflicts as they arise) as much as paid staff leaders. But, likely because of their status as peers to other participants, they also often leave more of the control over group decisions to the group members.
6. **Learning is an important aspect of collective kitchens:** Most participants feel they have acquired information about food and cooking that enables them to

make healthier food choices, particularly when it comes to increasing the variety of foods in their diet, trying new foods, increasing vegetable consumption and decreasing fat consumption. Many participants feel they previously had strong budgeting and bulk-buying skills, although some participants feel their skills in this area have increased.

7. **Collective kitchens may increase food resources:** When groups cook in large quantities (upwards of five to eight family meals monthly) and there is some subsidy involved, then collective kitchen participation may have an impact on food resources. Significant subsidies are important for collective kitchens aimed at very low-income participants.
8. **Collective kitchens may improve the quality of food consumed by participants:** Many participants perceive an increase in the quality of their diet as compared to the food they had eaten previously, either due to increased variety, not using the food bank, or because of increased ability to purchase foods they may not have afforded previously.
9. **Collective kitchens may decrease some of the psychological and social distress associated with food insecurity:** Some participants wanted to avoid returning to the food bank. Many preferred the control and choice associated with collective kitchen participation. In addition, some experienced a reduction in anxiety over how to make limited funds last until the next cheque.
10. **Participation in a collective kitchen enhances feelings of social support:** For many participants the social benefits of collective kitchens are the most important outcome of participation. Participants experience emotional,

informational and tangible support from each other, and collective kitchen participation helps break some of the isolation experienced by participants. There is some indication that collective kitchens might be limited in their ability to seek those who are most isolated.

11. **Eating as a group is an important element of the social benefits of participating in a collective kitchen:** One way some groups focus more on the social side of cooking is to eat a meal together each time they cook. Seniors in particular emphasize the importance of eating together.
12. **The comfortable social atmosphere of a group appears higher when participants have lived similar life circumstances:** While individual collective kitchens groups are diverse, when participants who have lived similar circumstances work together, collective kitchens seem to provide more comfortable and supportive atmospheres. When such atmospheres exist, collective kitchen groups more often become long-term support for participants.
13. **Collective kitchen participation may lead to improved self-concept for some participants:** Increased self-confidence and self-esteem are described by a large group of participants.
14. **Collective kitchen participants describe an increase in their participation in their communities since joining a collective kitchen:** Many participants report an increase in their participation in community recreation and volunteer activities since having joined a collective kitchen.

15. **Collective kitchens are environments in which participants share advice and information on how to get access to needed resources:** Participants share information and encourage each other to get help from groups in the community.
16. **Collective kitchens for new Canadians are common in Toronto and Montreal, and these groups focus on enabling participants to acclimatize to unfamiliar surroundings:** The groups for new immigrants are somewhat formal in that they often have a more formal educational component. Such groups are seen as a resource for new immigrants, particularly those who do not have the benefit of having nearby family members to answer questions related to local customs and resources.
17. **Collective kitchens targeted at homeless, under-housed or other participants living in more severe poverty benefit from more significant subsidies and other accommodations to attract participants:** Characteristics such as daily cooking or having freezer space available to participants help attract collective kitchen participants from population groups where inadequate housing is a serious problem.

5.4 Other Considerations

The process of contacting individual collective kitchen groups for inclusion in this study was difficult (particularly in Toronto and Montreal). What does this mean for the reported empowering effects of collective kitchen participation? Some of my calls may simply have not been returned, but some groups had disbanded since the compilation of the lists of collective kitchens I was given. Also, one key

informant explained that many collective kitchen groups do not continue beyond their initial six-month duration. This raises the concern that collective kitchens may be simply a useful service for some participants that is used when needed, but discontinued when the need is not as great. Based upon the knowledge I've acquired in the course of this project, I feel comfortable speculating that a variety of factors need to come together in order for collective kitchen groups to be empowering for participants; 1) the people involved need to find common experiences (and need to get along), 2) a strong facilitator should be leading the group, and 3) the supporting organization needs to be committed to maintaining the group once it is started (I heard of a number of cases where funding or other supports were removed after a period of time, which led to the disbanding of the group).

Collective kitchens are mutual aid groups. One of the reported benefits of such groups is adaptation to a chronic situation (Fine et al., 1995). Collective kitchens may be helping people adapt to poverty and therefore inequality: Some participants express a dependence on collective kitchens to make ends meet. Also, there is limited political education on social inequalities that is occurring within collective kitchens. Therefore, it might be possible that collective kitchens are adapting people to inequality. This raises an ethical concern for professionals and others who help support collective kitchens – rather than encouraging political and economic changes in society to benefit all low-income people, they may be helping to maintain the status quo with their support of collective kitchens.

5.5 Revisiting the Literature Review Framework

The conceptual framework I developed of the research areas pertaining to the study of collective kitchens can be revisited here (see figure 1 on page 25 for the original framework). With the understanding gained from this study, there are two elements of the framework that should be changed. First, I don't think it's appropriate to have the inner circle containing aspects of food security and the outer circle containing elements of health promotion. The separation between these two concepts is artificial – I would argue that food security is an aspect of health promotion. Also, although people tend to frame discussions on collective kitchens around food security (because of their roots in bulk-buying to reduce food costs), I would argue that other elements of health promotion, most particularly regarding the social impacts of participation, as well as the overall educational benefits of collective kitchens, to be the most important impacts of collective kitchen participation. Increased food security is very important for some participants, particularly those who are very low-income, but in most of the groups studied it was not as important as other health promoting impacts.

Second, with the research data in mind, I would re-build the framework to convey the message that although collective kitchens can lead to community development and empowerment, important elements of these concepts were not central to the majority of collective kitchen groups in this study. Personal care and small group development are central to the work of collective kitchens, but the other spheres of empowerment and the community development continuum are less well-addressed (with the noted exception of work being conducted in Quebec).

5.6 Recommendations for Collective Kitchens

A variety of recommendations emerge from a relatively large-scale qualitative research project such as this one. They will be divided into three sections – recommendations for individual collective kitchen groups (including those recommendations for leaders and participants), recommendations for organizations that support collective kitchens, and broad recommendations that apply to collective kitchens as a whole.

5.6.1 Recommendations for Individual Collective Kitchen Groups

1. **Each individual collective kitchen group needs to be different in order to accommodate the needs of group members, whether they want to focus on the food, on the social aspects or something else.**
2. **Collective kitchen groups should make an effort to cook a wide variety of foods and to try new recipes and ingredients on a regular basis.**
3. **Collective kitchens should cook food using basic ingredients and minimize the use of pre-packaged foods.**
4. **A number of groups also purchased basic foods in bulk along with the ingredients for their recipes. This appeared to be successful, and might be an option for other groups to further add to financial savings associated with collective cooking.**
5. **Individual groups may wish to find ways of decreasing their costs by having participants take turns doing childcare and finding cooking locations in**

participants' neighbourhoods (to limit transportation costs), thereby reducing the funding required per collective kitchen group.

6. **Social interactions between participants should be strongly encouraged by taking coffee breaks and other times to relax and chat during cooking sessions.** Considering how many participants express that they feel a great deal of social isolation in their everyday lives, activities that can add to the positive social experiences of collective kitchens should be pursued.
7. **If collective kitchens want to take full advantage of the social benefits of participation, then groups should eat a meal together each time they cook.**
8. **As much as possible, childcare should take place away from the kitchen in order to enable that enjoyment of 'time away from children' expressed by so many parents in this study.** In groups where parents are in the same room as their children, social interaction is diminished. In order to maximize the social interactions between participants, parents need to be able to focus on the group for the duration of planning and cooking sessions.
9. **To encourage a community development or empowerment approach to collective kitchens, participants need to have control over their groups, regardless of their funding source or leadership.** Decision-making in collective kitchen groups should be democratic whenever possible when deciding what to cook, when to cook, when to take time off, and anything else that may impact the whole group. While in most cases in the current study participants had some level of control, there was often still more control in the hands of the leader or organization that supported the group. In addition, in a

few cases leaders or organizations held almost all the power to make important decisions about the group. Ideally skilled facilitators who encourage a strong focus on the social aspects of participation, who enable education on issues of interest to group members and who also leave control of the group's decisions to group members would be present in each group. Such groups would continue to be mutual aid groups rather than becoming support-type groups (see section 2.3.2.6 for distinctions between the two types of groups).

10. **Collective kitchens are a good environment in which to discuss the food system – aspects include farming practices, local versus international agriculture and trade implications, and food waste and its environmental implications. If collective kitchens are to focus some of their energy on political education, these issues may be a place to start.** A place to start is with practices such as composting and recycling, looking for local ingredients, as well as generally buying less heavily packaged foods, practices which are not beyond the reach of most people. To move food security beyond getting enough food on people's plates, and into an understanding of why some are poor while others are not, this analysis must include the food system as well as the waste it produces.

5.6.2 Recommendations for Supporting Organizations

1. **In all three cities, there should be more emphasis placed on encouraging community members to start their own collective kitchen groups (rather than focusing too heavily on groups lead by professionals or within**

organizations). There are social benefits to having peers in groups together, as well as benefits associated with community leadership development.

2. **Effort should be made to make kitchens used for collective cooking safe and maneuverable for reduced mobility participants.**
3. **Supporting organizations should provide more opportunities for leaders to learn conflict resolution skills, to learn about food and poverty politics, and leaders should be encouraged to discuss these topics with participants in their groups.**
4. **There should be more opportunities for all participants and leaders to learn about nutrition.** These learning opportunities could include periodic workshops within collective kitchen planning or cooking sessions, or separate workshops scheduled outside of the collective kitchen.
5. **Collective kitchen groups should be encouraged to cook varied food and to try new foods, particularly inexpensive, nutrient-dense foods.**
6. **Supporting organizations should explore the feasibility of collective kitchens cooking twice a month if they so choose so groups can produce more food.**
7. **Supporting organizations should make an effort to share information about opportunities in the community through announcements or newsletters to collective kitchen groups.**
8. **In circumstances where leaders take too much control over group decision-making, supporting organizations should find ways to ensure that power and control are redistributed in collective kitchen groups.**

9. **Efforts should be made to decrease the obstacles for homeless or under-housed populations to participate in collective kitchens.** Daily cooking, freezer-space and daily access to kitchens to heat up meals are three methods found in this study that seemed successful.
10. **Special care should be taken to seek out more isolated people to participate in collective kitchens.** Posters advertising collective kitchens are not always useful – they are not accessible to individuals with limited literacy skills or who do not read English. Other efforts need to be made to seek out more isolated groups.
11. **More collective kitchens for new immigrant participants should be explored as a method to increase integration into Canadian society.** A report on food security and the immigrant experience in Canada recommended that further research be done exploring food as a site for community development within immigrant communities (Koc & Welsh, 2001). Collective kitchens for new immigrants may be an important tool for enabling participants to acclimatize to unfamiliar surroundings if they are tailored to the needs of the particular cultural groups present, if they provide information on topics requested by participants, and if they allow participants to be exposed to elements of unfamiliar cultures in a safe, welcoming environment.
12. **Organizations working to support collective kitchens would benefit from following the lead of the Quebec Collective Kitchens Association in doing more political advocacy on behalf of both collective kitchens and their members.** This would include a focus on why such alternatives to charity are

important, in addition to bringing forward issues related to poverty and a lack of community. This may counter the finding that collective kitchens may be adapting people to poverty and inequality, and instead make collective kitchens a tool for education, which could lead to community organizing around issues of concern to participants.

5.6.3 Other Recommendations

1. **A network of collective kitchens across Canada should be developed in order to track groups' growth, and the different orientations they take.** Different locations have much to learn from each other. Specifically, organizations that work with collective kitchens in English-speaking Canada should find out more about the collective kitchen movement in Quebec.
2. **Considering Tarasuk and Reynolds' (1999) definitions of communal meals programs and cooking classes versus collective kitchens, it must be made explicit in all future research which of the definitions are being discussed – particularly in studies related to food security impacts.**
3. **Due to the diversity in collective kitchens studied in different locations (both within cities and between them), researchers must be wary of generalizing information from one community to another**. The current research has shown that it may not be possible in some cases to generalize from city to city. For example, a smaller number of groups found in Toronto were cooking food in bulk, while in the other two communities studied – Saskatoon and Montreal – the opposite was the case.

5.7 Future Research

Collective kitchens have been studied little considering the scale at which they operate in Canada. Particular areas where collective kitchens might benefit from further study, using the information brought forth through the current study and the smaller ones done in the past, are in their effects on household food security, and their impacts on aspects of health promotion – most particularly empowerment, community development and nutrition education. In addition, it might be useful to collect national data on the numbers, and basic characteristics of collective and community kitchens throughout Canada.

In general, I believe there is much work to be done to develop a full understanding of the impacts of collective kitchens in Canada and collective cooking in general. We are living in a society where fewer and fewer people cook food from simple ingredients, where individualism is a common way of life, and where we are reaching a crisis point in terms of levels of obesity and certain chronic diseases. Because collective kitchens are operating within this societal context, a further foray into collective kitchens and any potential benefits for countering such trends should be welcome.

5.7.1 Food Security

Considering the conceptual framework (see 2.3) developed to understand collective kitchens, food security should be considered first as the innermost circle surrounding collective kitchens. Not all collective kitchens are about food security, but

many are, and their roots are in the self-help food security actions of groups of women, therefore, I consider this an important element in their study. Qualitative studies have provided invaluable data on the experiences of food security/insecurity of collective kitchen participants. Further quantitative data might complement this information. For example, pre-participation and post-participation food security status questionnaires could be administered to participants. Such research has not been conducted in the past. In addition, clear guidelines as to what kinds of community and collective kitchens would be included in such a study are also needed because it seems that some of the contradictory qualitative data on collective kitchens and food security is due to differences in the types of groups studied and their relative levels of food production.

Considering Tarasuk and Reynolds' (1999) definitions of *communal meals programs* and *cooking classes* versus *collective kitchens,* it must be made explicit in all future research which of the definitions are being referred to in any study – particularly those related to any food security impacts of such groups. Additionally, due to the diversity in collective kitchens studied in different locations (both within cities and between them), researchers must be wary of generalizing information from one community to another, when the current research has made clear that this may not be possible in some cases (for example, a smaller number of groups found in Toronto were cooking food in bulk, while in the other two communities studied – Saskatoon and Montreal – the opposite was the case, and it must be noted that Tarasuk and Reynolds' (1999) study was conducted in Toronto).

Additionally, a quantitative nutritional analysis of the food produced in collective kitchens would add much needed information on the quality of the food

acquired through collective kitchens. This information would also provide information about nutrition education that needs to be done in the context of collective kitchens.

Another area of research relevant to food security impacts of collective kitchens is a further understanding of the elements of food security – that is the qualitative, social and psychological impacts of food security on participants. Such data collection could be conducted using quantitative survey tools or other means. This recommendation should be considered as applying to other sorts of programming related to food security; there is little available information on these elements of food security that goes beyond elucidating how they are manifested. Further research needs to be conducted to understand the degree to which such elements of food insecurity affect Canadian populations and also how different types of programs can benefit them.

5.7.2 Health Promotion

Continuing with the outer circle of the conceptual framework as understood in the context of the current study, recommendations related to a further study of the health promotion impacts of collective kitchens follow. First and foremost areas such as empowerment, community development and nutrition education (as well as each of the concepts that fall within these areas) need to be studied in depth. One of the major limitations of the current study is that it gives a broad overview of areas related to collective kitchens, and as such depth has to some degree been sacrificed for breadth. Future research might focus on each specific area of health promotion separately, using the concepts that have emerged in the current project (and those coming before it) to develop more in-depth studies. One example of such a study might be a pre-test/post-

test study of the empowering impacts of collective kitchens (maybe studied in conjunction with other similar programs) using survey instruments that have been previously developed for the study of empowerment, in addition to qualitative tools.

Additionally, more in-depth studies of particular kinds of collective kitchens could be conducted. For example, there seemed to be a trend in Toronto and Montreal towards groups for new immigrants. It might be useful to understand more fully how such groups impact immigrant communities. Specifically, these groups are different from others not only because of their target groups, but also because they may have more of a focus on specific education goals. Other such groups could include collective kitchens for the homeless or under-housed, for single mothers or for seniors.

Next, research should be conducted into the historical, political and cultural reasons why collective kitchens have evolved into a social movement in Quebec, while they have not elsewhere. Included in this future research should be a further exploration of the efforts of the QCKA to delve into the coalition building and advocacy and political action spheres of Labonte's (1993; 1997a) empowerment holosphere.

Finally, different particular research orientations might be employed. For example, a study of collective kitchens in one city could be conducted using fully participatory methods, where the research participants are the owners of the data, and could perhaps be trained to collect it. This type of research might be undertaken with a stronger feminist focus, considering that collective kitchens are heavily dominated by women.

5.8 Summary Conclusion

Researchers have argued that income distribution within Canada is the most important determinant of the health of the population (Coburn, 2004; Raphael, 2002). By arguing for the benefits of collective kitchens as a tool for health promotion and increased food security, I am not arguing that they redistribute wealth. Other authors have made similar arguments (Tarasuk & Reynolds, 1999). In order to decrease poverty, the gap between rich and poor in this country needs to diminished, and this can be accomplished partially through increased social transfers from high-income to lower-income communities. Collective kitchens provide some relief from the effects of poverty, but not enough to be considered a solution to the problem.

The above caveat doesn't discount the importance collective kitchens can have in the lives of both lower and higher income participants, socially isolated or not, within all kinds of communities. The benefits of collective cooking are numerous. First and foremost they are social – support and reducing isolation are central. Second they are educational – areas include healthy eating and other food-related skills and learning about Canadian society for new immigrants, as well as some political and social education. Third, for some groups, particularly those experiencing less severe food insecurity, they might increase food security. Additional impacts include some community development and elements of personal empowerment.

The language of community used to discuss collective kitchens can be co-opted to absolve governments of their responsibilities to citizens (Labonte, 1996; Nettleton & Bunton, 1995; Riches, 1997b). Programs such as collective kitchens might be used by governments to excuse cuts in social spending. This concern is a serious one. While

much of this research has shown the positive impacts of collective kitchens (as well as their limitations), community disintegration and poverty will not be solved by community programming alone.

While solutions such as collective kitchens that provide some relief in dignity from poverty are useful in the short-term, larger government policies of building properly equipped social housing, providing the support needed for the mentally ill so they do not become homeless, and other forms of social assistance, are more sustainable solutions to homelessness and sub-standard living conditions in this country.

Furthermore, in a society where de-skilling in food preparation is commonplace (Jaffe & Gertler, 2001), collective kitchens do just the opposite. They provide opportunities for those involved to learn about food and to cook in a social atmosphere, which is counter to the current individualist tide. Such benefits are not new, as was presented in the first paragraphs of this dissertation; collective cooking in general has been around for centuries in many cultures around the world. Collective kitchens as we have defined them are different because they are often more purposeful in their focus on healthy eating, and in their current establishment within Canada as a food security and nutrition education initiative. Participants were extremely positive about their impacts, and some felt that their collective kitchens could potentially have stronger impacts. As such, I conclude that while we still don't know the extent of the impacts of collective kitchens on all the areas studied in the current project, in the context of this study they were overwhelmingly positive.

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Appendix A

Consent Forms for Study Participants

COLLECTIVE KITCHENS IN THREE CANADIAN CITIES: IMPACTS ON THE LIVES OF PARTICIPANTS

Observation Consent Form

A student in nutrition at the University of Saskatchewan would like to find out how collective kitchen planning and cooking sessions happen. She would also like to find out how being involved in a collective kitchen has an effect on a participant's life. Taking part in this study might help nutritionists, health, and other community workers better understand how collective kitchens work.

There are no risks to taking part in this study. You can choose whether or not you want to take part. If you choose not to be involved it will not affect you being part of any collective kitchen group or your access to any other services. If you decide at any time that you don't want to be involved anymore, any information collected about you will be destroyed.

If you decide to take part in this study, a nutrition student, Rachel Engler-Stringer, will come to all your collective kitchen planning and cooking meetings in the Fall of 2002. She will be watching how your group works and she will be writing some things about your group down on paper. She will not be saying whether you or your group is good or bad, but instead she would like to learn about how your meetings work.

During the study, all Rachel's notes will be kept locked up so no one but her can see them. This consent form will also be kept locked-up so no one can see it except Rachel. If you decide at any time that you don't want to be in the study anymore, that is okay and any information collected about you will be destroyed.

Rachel will not use your name on any papers that she will write. The notes that Rachel will make will be kept locked up at the university for five years after the study is done. After five years, they will be destroyed.

At the end of the study, Rachel will look at all the information she has collected to see patterns in it. She will write a paper about the information, and she might also write papers for journals or make presentations about the study. She will also make a presentation to all the people who took part in the study to tell you what she learned.

If you ever feel that you need to talk to Rachel about what she is doing you can call her at 966-6346. If you have any problems with the study you can also call her supervisor, Dr. S. Berenbaum at 966-5836. Also, if you want more information about your rights as a participant in this study, you can call the Office of Research Services at 966-4053. If any changes are made in the study that might make you change your mind about whether or not you want to take part in it, you will be told of this.

I, _____, have read this form and understand what my role is in this research study. I understand that I can take part or not as I choose, and that if I decide that I no longer want to take part in this study, I can back out at any time. I have been given a copy of this form to keep.

_____ _____

Participant Date

Researcher Date

COLLECTIVE KITCHENS IN THREE CANADIAN CITIES: IMPACTS ON THE LIVES OF PARTICIPANTS

Interview Consent Form

A student in nutrition at the University of Saskatchewan would like to find out how collective kitchen planning and cooking sessions happen. She would also like to find out how being involved in a collective kitchen has an effect on a participant's life. Taking part in this study might help nutritionists, health, and other community workers better understand how collective kitchens work.

There are no risks to taking part in this study. You can choose whether or not you want to take part. If you choose not to be involved it will not affect you being part of any collective kitchen group or your access to any other services. If you decide at any time that you don't want to be involved anymore, the information collected in your personal interviews will not be used and will be destroyed.

If you decide to take part in this study, a nutrition student, Rachel Engler-Stringer, will interview you two times about being in a collective kitchen. Each interview will last between one hour and an hour-and-a-half, and you can do the interviews at a time and in a place that both you and Rachel agree to. Rachel will tape record all the interviews if that is okay with you, and she will take a few notes during the interviews to help her understand what you mean. If you don't like being taped then you don't have to, but Rachel will still need to take notes.

During the study, all the tapes will be kept locked-up, so that no one can hear them except Rachel. This consent form will also be kept locked-up so no one can see it except Rachel. If you decide at any time that you don't want to be interviewed anymore, that is okay and your interview tapes will be erased.

At the end of each interview Rachel will review your answers with you. If you want to change any answer at that time you can do that. You will be asked at that time to fill out another form to say that Rachel got your answers right. This form is called a Data Release Form.

Rachel will not use your name in any papers that people other than her will see. The notes and tapes that Rachel will make will be kept locked up at the university for five years after the study is done. After five years, the notes will be destroyed and the interview tapes will be erased.

At the end of the study, Rachel will look at all the information she has collected to see patterns in it. She will write a paper about the information, and she might also write papers for journals or make presentations about the study. She will also make a presentation to all the people who took part in the study to tell you what she learned.

If you ever feel that you need to talk to the nutrition student about what she is doing you can call her (Rachel Engler-Stringer) at 306-966-6346. If you have any problems with the study you can also call her supervisor, Dr. S. Berenbaum at 306-966-5836. Also, if you want more information about your rights as a participant in this study, you can call the Office of Research Services at 306-966-4053. If any changes are made in the study that might make you change your mind about whether or not you want to take part in it, you will be told of this.

I, _____, have read this form and understand what my role is in this research study. I understand that I can take part or not as I choose, and that if I decide that I no longer want to take part in this study, I can back out at any time. I have been given a copy of this form to keep.

_____	_____
Participant	Date
_____	_____
Researcher	Date

COLLECTIVE KITCHENS IN THREE CANADIAN CITIES: IMPACTS ON THE LIVES OF PARTICIPANTS

Data Release Form

I, _____, reviewed the answers I gave during my interviews with Rachel Engler-Stringer, and I believe that they say what I said. I give Rachel Engler-Stringer the go-ahead to use this information in the way that was described in the consent form. I have been given a copy of this Data Release Form to keep.

_____	_____
Participant	Date
_____	_____
Researcher	Date

LES CUISINES COLLECTIVES À SASKATOON, TORONTO ET MONTRÉAL

Formulaire d'assentiment pour observation

Une étudiante de l Université de la Saskatchewan veut savoir comment les réunions de groupes de cuisines collectives marchent. Elle veut aussi savoir comment la participation dans une cuisine collective a un effet sur la vie d'un(e) participant(e). Votre participation dans ce projet de recherche pourra aider celles et ceux qui travaillent avec les cuisines collectives et dans d'autres initiatives de santé et d'organisation communautaire mieux comprendre comment les cuisines collectives marchent.

Il ny a pas de risques associées avec participation dans ce projet. Vous pouvez choisir ou non si vous voulez participer. Si vous décider de ne pas participer, ceci n'aura aucun effet sur votre participation dans une cuisine collective ou sur votre accès à aucun service. Vous pouvez décider à n'importe quel moment de ne plus participer, et toute information recueillit sur vous sera détruite.

Si vous décidez de participer dans ce projet de recherche, une étudiante en nutrition, Rachel Engler-Stringer, viendra à toutes vos réunions de cuisine collective entre la fin d'avril et mi-juin 2002. Elle observera comment votre groupe travaille ensemble, et elle prendra des notes sur cette information. Elle n'écrira pas si votre groupe est bonne ou pas bonne, elle est plutôt intéressée à savoir comment votre groupe travaille ensemble.

Pendant le projet de recherche, toutes les notes que Rachel écrit seront gardées sous clef, et elle sera la seule personne qui pourra les lire. Ce formulaire d'assentiment sera gardé sous clef aussi. Si vous décider à n'importe quel moment que vous ne voulez plus participer dans ce projet, toute information sur vous sera détruite.

Rachel n'utilisera jamais votre nom sure les documents qu'elle va écrire sur sa recherche. Les notes que Rachel va prendre seront gardées sous clef à l'université pendant cinq ans après la fin du projet de recherche. Après cinq ans les notes seront détruites.

A la fin du projet, Rachel va étudier toutes les notes qu'elle va prendre, pour trouver des patrons. Elle va écrire des documents avec cette information et elle fera des présentations aussi. Elle va aussi donner des copies des documents au Regroupement des cuisines collectives du Québec.

Si vous avez des questions sur le projet de recherche, vous pouvez appeler Rachel au 306-966-6346. Si vous avez des problèmes avec le projet de recherche, vous pouvez appeler sa superviseure, Dr. S. Berenbaum, au 306-966-5836. Si vous avez des questions concernant vos droits comme participant(e) dans ce projet, vous pouvez appeler le « Office of Research Services » de l'Université de la Saskatchewan au 306-966-4053. Si il y a des changements dans ce projet de recherche qui auront la possibilité d'impacter sur votre décision de participer, vous serez informé de ces changements.

Je, _____, a lu ce formulaire et je comprends mon r rôle dans ce projet de recherche. Je comprends que je peut participer ou non , comme je choisi, et je peux arrêter de participer n'importe quand. J'ai une copie de ce formulaire.

_____ _____

Participant Date

_____ _____

Chercheuse Date

LES CUISINES COLLECTIVES À SASKATOON, TORONTO ET MONTRÉAL

Formulaire d'assentiment pour entrevue

Une étudiante de l'Université de la Saskatchewan veut savoir comment les réunions de groupes de cuisines collectives marchent. Elle veut aussi savoir comment la participation dans une cuisine collective a un effet sur la vie d'un(e) participant(e). Votre participation dans ce projet de recherche pourra aider celles et ceux qui travaillent avec les cuisines collectives et dans d'autres initiatives de santé et d'organisation communautaire mieux comprendre comment les cuisines collectives marchent.

Il n'y a pas de risques associées avec participation dans ce projet. Vous pouvez choisir ou non si vous voulez participer. Si vous décider de ne pas participer, ceci n'aura aucun effet sur votre participation dans une cuisine collective ou sur votre accès à aucun service. Vous pouvez décider à n'importe quel moment de ne plus participer, et toute information recueillit dans vos entrevues sera détruite.

Si vous décidez de participer dans ce projet de recherche, une étudiante en nutrition, Rachel Engler-Stringer va faire deux entrevues avec vous à un temps et dans une place que vous pouvez choisir ensembles. Chaque entrevue va durer environ une heure et elle va enregistrer chaque entrevue sur cassette. Elle va aussi prendre quelques notes. Si vous ne voulez pas que Rachel enregistre vos entrevues, ça va, mais elle doit quand même prendre des notes.

Pendant le projet de recherche, toutes les cassettes seront gardées sous clef, et elle sera la seule personne qui pourra les écouter. Ce formulaire d'assentiment sera gardé sous clef aussi. Si vous décider à n'importe quel moment que vous ne voulez plus participer dans ce projet, vos cassettes seront effacées.

Rachel n'utilisera jamais votre nom sure les documents qu'elle va écrire sur sa recherche. Les notes que Rachel va prendre et les cassettes seront gardées sous clef à l'université pendant cinq ans après la fin du projet de recherche. Après cinq ans les notes et les cassettes seront détruites.

A la fin de chaque entrevue, Rachel va revoir vos réponses avec vous. Si vous voulez changer vos réponses a ce moment, vous pouvez le faire. Rachel va vous demander de remplir un autre formulaire pour libérer l'information recueillit dans vos entrevues.

A la fin du projet, Rachel va étudier toute l'information quelle va accueillir , pour trouver des patrons. Elle va écrire des documents avec cette information et elle fera des présentations aussi. Elle va aussi donner des copies des documents au Regroupement des cuisines collectives du Québec.

Si vous avez des questions sur le projet de recherche, vous pouvez appeler Rachel au 306-966-6346. Si vous avez des problèmes avec le projet de recherche, vous pouvez appeler sa superviseure, Dr. S. Berenbaum, au 306-966-5836. Si vous avez des questions concernant vos droits comme participant(e) dans ce projet, vous pouvez appeler le « Office of Research Services » de l'Université de la Saskatchewan au 306-966-4053. Si il y a des changements dans ce projet de recherche qui auront la possibilité d'impacter sur votre décision de participer, vous serez informé de ces changements.

Je, _____, a lu ce formulaire et je comprends mon r rôle dans ce projet de recherche. Je comprends que je peut participer ou non , comme je choisi, et je peux arrêter de participer n'importe quand. J'ai une copie de ce formulaire.

_____ _____

Participant Date

_____ _____

Chercheuse Date

LES CUISINES COLLECTIVES À SASKATOON, TORONTO ET MONTRÉAL

Formulaire de libération d'information

Je, _____, a vérifié les réponses que j'ai donné pendant mes entrevues avec Rachel Engler-Stringer, et je crois qu'elles sont correctes. Rachel Engler-Stringer peut maintenant utiliser cette information dans la manière décrite dans le formulaire d'assentiment. J'ai une copie de ce formulaire.

_____ _____

Participant Date

_____ _____

Researcher Date

Appendix B

Interview Guides

PARTICIPANT INTERVIEW GUIDE BASED ON RESEARCH QUESTIONS

Interview 1: Before involvement, current involvement

Today I want to ask you some questions about how you came to be involved in a collective kitchen, what being in the collective kitchen is like, and the things that you think that your collective kitchen could do differently. I will be taking a few notes during this interview so that I can remember new questions that I need to ask you. At any time if there is a question that you do not want to answer, please tell me and we will skip to the next question.

Family:

- How many children do you have?
- Does anyone live in your home with you other than your children?
- Is there anything else that you'd like to tell me about your family?

How were you involved in your community before you joined a collective kitchen?

- Were you part of any other programs or community groups (PTA, tenant association, etc)
- How were you involved in these groups?

Tell me how you became a collective kitchen member?

- How long ago did you become involved?
- How did you learn about collective kitchens?
- What benefits did you think that the CK would bring you?

How does your collective kitchen group make decisions about what to cook, when to cook, etc?

Please describe your role during a typical collective kitchen planning or cooking session?

What does your group talk about during your meetings?

What have you learned from the collective kitchen?

- About cooking?
- About nutrition?
- Other things that you have learned?
- How have you used what you have learned in your everyday life?

Are there any ways in which you'd like your CK to be different?

- Different in the way the group is run?
- Different in terms of the food that's prepared?
- Are there other activities that you'd like your group to get involved with?
- What else would you like to learn about in your CK?

What have you liked about being in a CK? Disliked?

Do you have any specific experiences from your collective kitchen that you would like to share?

Interview 2: Changes stemming from CK

Last time we talked about how you became involved with a collective kitchen and what your collective kitchen group is like. This time I'd like to ask you some questions about the things you see changing in your life that you think maybe because of being in the CK. Again I will be taking a few notes, and remember that you can ask me to skip over any question that you do not feel comfortable answering.

How has being involved in a CK affected you and your family's lives?

Has your involvement affected you or your family's actions in any way?

SHOPPING, FOOD PREPARATION AND FOOD BEHAVIOURS

Have there been changes in the kinds of foods you (and your children) eat? (fruit and vegetables, meat, beans, etc)

Have there been any changes in the amounts of food you (and your children) eat compared to before you joined a CK?

Have there been any changes in your grocery shopping habits (where, how often, how you get there)?

Have there been any changes in your use of food programs? (ex. Food bank, GFB)

Have there been any changes in your cooking habits at home? (habits: ex. preparation methods)

Do you have more, less or the same concerns about food, nutrition, cooking and shopping after having been involved in the CK?

COMMUNITY ACTIVITIES

Is your involvement in your community more or less than it was before you became involved? (involvement: ex. membership on committees/boards, volunteering, sports and leisure)

What influenced your involvement?

Please describe your involvement in the community.

What do you like best about being involved in your community?

How do you see your involvement changing in the future?

RESOURCES

Which resources have you looked for, if any, in your community since being in a CK? (resources: ex. Good food box)

Where or how did you find out about these resources?

What were your reasons for finding these resources?

Are you using more or less community resources since being in a CK?

DEALING WITH DIFFICULTIES

How has how you manage difficult events in your life changed, if at all, since being in a CK? (difficult events: ex. Stress, problems with children, financial problems etc)

MAKING PLANS

Has being in a CK helped you plan for the future?

Has your involvement affected you or your family's feelings in any way?

- About yourself/themselves?
- Towards others?

WRAP-UP QUESTION

Is there anything else that you'd like to tell me?

SASKATOON KEY INFORMANT INTERVIEW GUIDE

Please tell me how you became involved with CKs?

What other types of community-based work did you do before becoming involved?

Describe in your words what your organization is?

Please describe you role within the organization?

Is there anything else about your organization that you think that I should know?

What impacts do you believe the CKs have had on the Saskatoon community?

- Health impacts?
- Social impacts?
- Nutritional impacts?
- Community development impacts?

What constraints do you see on the impact of CK?

- Financial
- Human resources
- Community limitations

What do you think the CKs could do more or less of?

What does it mean to you to be involved with the CK?

Is there anything else that you think that I should know?

TORONTO KEY INFORMANT INTERVIEW GUIDE

Where do you believe the energy for community development is being focused in this city?

Could you please tell me a bit about the types of initiatives that you know of that are going on in this community to organize communities?

- What types of food initiatives seem to be active in Toronto?
- What other types of initiatives are building energy in communities?

Could you tell me a bit about how you have seen community organizing change over the last few years in the city?

Do you have any ideas as to why organizing has changed?

What kind of role do you see community kitchens having in community organizing in Toronto, now compared to in the past?

Do you see any changes in the future?

GUIDE D'ENTREVUE INDIVIDUEL

Bonjour, je veux demander quelques questions sur comment tu es devenu membre dune cuisine collective, sur tes expériences dans ta cuisine collective, et sur les types de changements tu aimerais voir dans ton groupe de CC. Je vais prendre quelques notes pendant cet entrevue, pour que je me souvienne de nouvelles questions qui me vienne à l'esprit. Si je demande une question à laquelle tu ne veux pas répondre, dis-moi le et je vais passer à la prochaine question.

Famille:

- Combien d'enfants as tu?
- Il y a t'il d'autres personnes a part toi et tes enfants qui vivent chez toi?

Comment étais-tu impliqué dans ta communauté avant de joindre la CC?

- Etais-tu membre d'autres groupes communautaires avant de joindre la CC
- Comment étais-tu impliqué dans ces groupes?

Comment es tu devenu membre d'une CC?

- Ca fait combien de temps?
- Où as-tu entendu parler des CC?
- Quels avantages pensais-tu recevoir comme membre d'une CC?

Comment est-ce que ta CC arrive a des décisions sur quoi cuisiner, quand cuisiner, etc.?

Décrit pour moi ton rôle pendant une réunion typique de ta CC?

Quelles sortes de discussions avez vous dans la CC?

Qu'est-ce que tu as appris dans ta CC?

- Au sujet de cuisiner?
- Sur la nutrition?
- Autres choses que tu as appris?
- Comment est-ce que tu utilises ce que tu as appris dans ta vie quotidienne?

Quelles types de changements aimerais-tu voir dans ta CC?

- Différences dans la manière que le groupe est organisé?
- Différences dans le type de plats cuisinés?
- Autres activités dans lesquels tu aimerais voir ton groupe impliqué?
- Autres choses que tu aimerais apprendre dans la CC?

Qu'est ce que tu apprécies de tes expériences dans ta CC? Pas apprécié?

Il y a t-il des expériences spécifiques de ta CC que tu aimerais partager avec moi? Comment est-ce que ta participation dans une CC à impacté sur ta vie et la vie de ta famille?

Est-ce que vos actions ont changés?

MAGASINAGE, PREPARATION DE REPAS

Il y a t'il eu des changements dans le nourriture que vous mangez? (fruits et légumes, viande, fèves, etc.)

Il y a t'il eu des changements dans le montant de nourriture que vous mangez comparé à avant?

Il y a t'il eu des changements dans vos habitudes de magasinage (où, plus souvent ou moins souvent, transport)?

Changements dans les types ou nombre de programmes de nutrition que tu fréquentes? (ex. Deuxième moisson, programmes de ressources alimentaires, coopératives)

Changements dans la manière que tu cuisines à la maison? (méthodes de préparation)

As tu plus, moins, ou le même nombre de soucis au sujet de la nourriture, la nutrition, cuisiner et magasiner depuis ta participation dans la?

ACTIVITES COMMUNAUTAIRES

Est-tu impliqué plus ou moins dans ta communauté depuis que tu es devenu membre dune CC? (membre de comités, bénévolat, activités sportifs etc.)

Qu'est ce qui a impacté ton implication dans les activités de ta communauté?

Décrit pour les activités dans lesquelles tu es impliqués.

Décrit pour moi pourquoi tu es impliqué dans ta communauté?

Comment est-ce que tu vois ton niveau d'implication dans les activités communautaires changer dans le futur?

RESSOURCES

Quels types de ressources a tu trouvé dans ta communauté, s'il y en a, depuis ta participation dans la CC?

Comment a tu trouvé ces ressources?

Quelles sont tes raisons pour avoir cherché ces ressources?

Est-ce que tu utilises plus ou moins de ressources depuis ta participation dans la CC?

LES DIFFICULTÉS

Quand il y a des évènements difficiles dans ta vie, est-ce que la manière que tu t'occupes de ces évènements a changé depuis ta participation dans une CC? (stresse, problèmes avec enfants, problèmes de finances etc.)

PLANIFIER POUR LE FUTUR

Est-ce que ta participation dans la CC tas aidé à faire des plans pour le futur?

Est-ce que ta participation dans la CC a affecté tes sentiments?

- Envers toi (ta famille envers eux-mêmes)?
- Envers les autres?

DERNIERE QUESTION

Il y a t'il d'autres choses que tu aimerais me dire au sujet de toi et ta CC?

GUIDE D'ENTREVUE TRAVAILLEUR

Comment es tu devenu impliqué dans les CC?

Quelles autres types de travaille communautaire faisais-tu avant?

Décrit dans tes mots le RCCQ?

Quel est ton rôle dans le RCCQ?

Il y t'il autre chose au sujet du RCCQ que je devrais savoir?

Quelles sortes d'effets ou d'impactes penses tu que le RCCQ a eu sur la communauté?

- Sur la santé?
- Sur la vie sociale?
- Sur la nutrition?
- Sur le développement communautaire?

Quelles sortes de choses limites l'impacte des CC?

- finances
- ressources humaines
- limites communautaires

Qu'est ce que le RCCQ peut faire de plus ou de moins?

Qu'est ce que ça veut dire pour toi d'être impliqué dans le RCCQ?

Il y a t'il autre chose que je devrais savoir?

Appendix D

Confirmation of Ethical Approval

UNIVERSITY ADVISORY COMMITTEE
ON ETHICS IN BEHAVIOURAL SCIENCE RESEARCH

NAME: **S. Berenbaum (R. Engler-Stringer)** **BSC#:** 2000-91
College of Pharmacy & Nutrition

DATE: August 21, 2000

The University Advisory Committee on Ethics in Behavioural Science Research has reviewed the revisions to the Application for Ethics Approval for your study "Collective Kitchens in Saskatoon: A Case Study" (00-91).

1. Your study has been APPROVED.

2. Any significant changes to your proposed study should be reported to the Chair for Committee consideration in advance of its implementation.

3. The term of this approval is for 5 years.

I wish you a successful and informative study.

Valerie Thompson, Chair
University Advisory Committee
on Ethics in Behavioural Science Research

VT/bjk

Office of Research Services, Ethics Committees, University of Saskatchewan
Kirk Hall Room 207, 117 Science Place, Saskatoon SK S7N 5C8 CANADA
Telephone: (306) 966-4053 Facsimile: (306) 966-8597 http://www.usask.ca/research/

UNIVERSITY ADVISORY COMMITTEE
ON ETHICS IN BEHAVIOURAL SCIENCE RESEARCH

NAME: S. Berenbaum (R. Engler-Stringer) **BSC#:** 2000-91
College of Pharmacy and Nutrition

DATE: June 15, 2001

The University Advisory Committee on Ethics in Behavioural Science Research has reviewed the modifications to the Application for Ethics Approval for your study "Collective Kitchens in Saskatoon: A Case Study" (00-91)

1. The modification(s) to your study has been APPROVED.

2. Any significant changes to your study should be reported to the Chair for Committee consideration in advance of its implementation.

3. The term of this approval remains five years from the original approval date.

I wish you a successful and informative study.

Valerie Thompson, Chair
University Advisory Committee
on Ethics in Behavioural Science Research

VT/bk

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