Engaging homeless individuals in discussion about their food experiences to optimise wellbeing: a pilot study

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Abstract
Objective: High levels of social and economic deprivation are apparent in many UK cities. There is evidence of certain 'marginalised' communities suffering disproportionately from poor nutrition, threatening health. Finding ways to engage with these communities is essential to identify strategies to optimise wellbeing and life skills. The Food as a Lifestyle Motivator project aimed to pilot creative methods in homeless adults for the examination of food related experiences, in order to facilitate their engagement in wellbeing discourse.
Design: Creative Participatory Action Research methods including Photo-Elicitation.
Setting: A homeless service provider in Plymouth, UK
Method: A sample of homeless service users took photographs of their food activities over a ten-day period, then volunteered to share their photos in focus group discussions to elicit meaning related to their food experiences.
Results: Five themes were generated from nine service user narratives, demonstrating that food holds meaning, elicits emotion, and exerts power. The food environment can be a critical social meeting place and food preparation can provide companionship and occupation.
Conclusions: As well as being central to many health concerns, food may also be a powerful way to motivate people to change their lifestyle. The participatory methods used in this pilot hold potential to engage effectively with harder-to-reach service users. Discussions about their wellbeing indicate food as a powerful 'catalyst' for inclusion with the potential to empower individuals. This research serves to inform health education practice, design of services, and address (nutritional) health inequalities.

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Introduction

Economically and socially marginalised groups have been shown to make poor 'food choices' (Pettinger and Whitelaw, 2012), which are often affected by 'externally imposed limitations' (Attree, 2005), making this a complex and nuanced subject area. 'Food poverty' hits the poorest of society hardest (Goode, 2012), with food insecurity involving a cluster of problems, with clear divergence apparent in understanding its characteristics and realities for those at risk (Hamelin et al 2009). The food experiences of harder-to-reach adults vary widely with individual circumstance (Burnett et al, 2016). The homeless population is an example of such a group, offering opportunities to explore methods to engage marginalised communities, who are more susceptible to a range of health problems and represent one of the biggest, most intractable public health issues (PHE, 2013). Such methods are required to understand the issues involved and address health and social inequalities.

There are a range of factors cause and sustain homelessness (Fitzpatrick et al 2015). For example, the availability of healthier food may be compromised by reliance on community groups and the voluntary sector (Evans and Dowler 1999), impacting on nutritional quality (Ross et al, 2013). Much recent discussion of food and poverty has revolved around the rise of charitable food provision (Fabian Commission, 2015). More recent analysis portrays shifts in food provisioning and subsequent management of individuals' food experiences under austerity (Dowler and Lambie-Mumford, 2015). Yet, there remain gaps in the evidence base. Dowler (2008) confirmed a lack of UK research on the food and nutritional experience of individuals whose circumstances fall outside official surveys. At a time of severe UK government welfare cuts, research is needed to monitor and document the extent and nature of food poverty (Goode 2012) and its social determinants.

There is evidence of the resourcefulness of people in food crisis (Douglas et al 2015). Community engagement interventions have been shown to influence health behaviours and self-efficacy (O'Mara Eves et al, 2015), with specific attention paid to social inequalities: social capital, cohesion and empowerment (Popay et al 2007). The particular causal pathway(s) are only minimally considered, however, so the precise mode of influence on health inequalities remains unclear, and there has been little research on engagement approaches involving homeless populations (Olivet et al, 2010).

Background and context

Food practices amongst the homeless

Like many UK cities, Plymouth has pockets of serious social and economic deprivation, with 11 years life expectancy difference between certain neighbourhoods. Local evidence shows those with lowest incomes suffer disproportionately from poor nutrition (Fairness Commission, 2014). Homelessness is known to be on the rise nationally due to the impact of recent economic and welfare reforms (Fitzpatrick, 2015) and Plymouth has seen increases in levels of homelessness relating to mental illness and disability. The homeless community is one with diverse experiences of multiple vulnerabilities, often including histories of abuse, substance misuse and mental illness (Radley, Hodgetts and Cullen, 2005). This often leads to marginalisation (Laurenson and Collins, 2006), disempowerment (Norman and Pauly, 2013) and low motivation. Finding remedies is particularly challenging with people who are

withdrawn and alienated from society. Understanding the factors driving this group's eating habits is crucial (Sprake et al, 2013) to improving food practices and dietary intake, and informing health education and wellbeing, because homeless groups tend to have more food-related health problems than the general population (Evans and Dowler, 1999).

Creative methods for engagement

Creative and arts-based approaches have been used for decades within participatory methods in developing countries, for both research and practice purposes. Yet, in the UK their use is only just emerging in food research. Participatory Action Research is defined as a "systematic investigation, with the collaboration of those affected by the issue being studied, for the purposes of education and taking action or effecting social change" (Minkler, 2010). Participatory visual methods specifically are considered to be "modes of inquiry that can engage participants and communities, eliciting evidence about their own health and well-being" (Mitchell and Sommer, 2016: p521). Rooted in ethnographic observation, Photo-Elicitation is one such method used successfully to build skills in disadvantaged communities, including the homeless (Wang et al 2000). It involves using photographs within data collection to maximise possibilities for empirical and ethnographic enquiry (Harper, 2002). By generating their own images, participants can express their 'voice' – their perspective on an issue. The purpose of this paper is to outline a pilot of Participatory Action Research methods (specifically Photo-Elicitation) in homeless adults for the exploration of food related experiences, in order to facilitate their engagement in wellbeing discourse. Such engagement is crucial to understanding the underlying mechanisms at play which compromise nutritional health, and explore how empowerment through food might enhance health education practice and service design, thus improving wellbeing and social capital.

Methodology

The aim of this project was to pilot Participatory Action Research methods (specifically Photo-Elicitation) with homeless adults for the exploration of food related experiences, in order to facilitate their engagement in wellbeing discourse.

Participants

One residential homeless centre in Plymouth that already had a relationship with the University was conveniently selected. It accommodates 60 men and 10 women in single rooms plus an emergency dormitory space. Meals are provided but some residents opt for a bed and breakfast arrangement. The age range is 18 years to 65 years; the majority are 35-45 years, most are local white British, but otherwise from diverse social backgrounds. Residents are normally unemployed and in receipt of welfare benefits. With an allocated support worker, they develop a personalised support plan, which might include accessing health services, involvements with the criminal justice system or counselling. Training and recreational opportunities include English and Maths classes, cooking and craft activities, and sports.

Convenience and purposive sampling were adopted, using posters and a gatekeeper (volunteer support worker) (Namageyo-Funa et al, 2014), to assist with selecting

participants to engage with the study. Exclusion criteria were those 'visibly unable to communicate'. Twelve people were recruited, all of whom were male with a mean age of 47.2 years (range 37-62 years) and already had an interest in the centre's food activities.

Procedures

Photo-Elicitation was introduced through a Photo-Dialogue exercise with nine of the 12 participants who turned up on the day. Images of various foods were placed in front of them and they chose images that they 'liked' and 'disliked'. Discussions followed around their image choices, to get them thinking about their own food experiences. Consent was gained, then participants were issued with disposable cameras, given brief instructions on use, then asked to take photos of their food activities over a ten-day period.

Minimal guidance was given on composition or aesthetic considerations to allow authentic portrayal of relationships with food and food-related practices. Photos were then developed and focus groups established to enable six returning participants to discuss their images.

Two focus groups (n=3 each) were led by the research assistant (GD'A) with the principal investigator (CP) and gatekeeper (LW) present as observers. Lasting approximately 50 minutes, the participants' food experiences and reflections on the Photo-Elicitation process were explored. Discussions addressed each participant's set of images with some loosely-formed questions to standardise between the two groups. Discussions were recorded and transcribed for analysis, with pseudonyms agreed by participants.

Analysis

Data were analysed using the constant comparative method (Hancock et al, 2009). Initially each member of the multi-disciplinary research team (dietitian (CP), social worker (AW), occupational therapist (MC), sociologists (JP, CS) and general practitioner (RA)) individually considered each transcript. Then, once individual coding and categorisation was complete, the team got together as a group and agreed cross-cutting themes. Transcripts were then analysed by an independent qualitative researcher (GL).

Ethics

Due to the vulnerability of the participants and photographic method used, careful consideration was given to ethical concerns, the study meeting the requirements of two committees: i. Plymouth University Faculty of Health and Human Sciences Research Ethics Committee (ref 13/14-262) and ii. Territorial Health, Ethics Advisory Committee. Photographs used in this paper are published with written informed (and model) consent.

Results

The Participatory Action Research approach with Photo-Elicitation appeared to be well accepted by this sample of homeless people, with 9 out of 12 participants fully engaging with the process (n=9 attending Photo-Dialogue and n=6 returning cameras for Photo-Elicitation focus groups), emphasising the method's utility. Findings suggested the existence

of five key themes concerning the significance of food and its impact on participants' lives. These themes are presented below together with images to support the narratives.

Power and empowerment

Power dynamics were apparent in the centre, for example tensions in the canteen:

"…you see people kicking off and moaning about the food and the simple comment when I stood beside someone and I said 'You're getting a meal. You've got nothing. You're out on the streets and you're getting a meal and you're still going to kick off about that because it's not what you particularly want?'" (Ross)

Paul and Ross felt empowered by participating in food activities in the centre. Paul had been involved in a local food festival, staffing the stall and making over 124 transactions, mainly selling freshly baked bread. He enjoyed this experience: "It were something different. I've never done anything like that before. I were happy with that…" The use of food to engage and its potential as a 'motivator' (and rehabilitator) was consolidated in a statement by Ross:

"Food has become a major part of my life. I really enjoy cooking, actually it beat the

demons in my head…Look how far I've come…"

Image 1. Ross's 'triumphant chip' (photo taken by Jim)

Occupation

Paul described the importance of cooking for him; he was engaged actively in cooking classes, "You know, it's just something to do. Besides I've always enjoyed cooking. ... Well, since I were younger. Always enjoyed it".

Ross's positive developmental journey with cooking seemed to define his identity now:

"Yeah, most of my time is in the kitchen and it's good because now even on the days when I don't have to go in I can still go in and keep myself busy, keeps me occupied, instead of going away with the lads and having a drink, you know what I mean?"

He also stated how empowered the 'younger lads' can be when engaging in kitchen duties, emphasising the importance of training:

"I done my training ... and then the next course I was helping training them…. It gives them a buzz as well. As soon as the guys go and do anything in the kitchen, they're like 'Yeah!' You know? In catering there's always options. There is options out there if they could get the training…"

Emotion and meaning of food

Participants spoke of their earlier family lives. Recalling his mother's cooking with respect and fondness, Ray said "… I'm fussy. I like me mum's cooking or me own cooking." Similarly, Jim said:

"I love home-made soup… only because of the way my mother used to make her home-made soup. It was really… I looked forward to it basically because it was all nice fresh vegetables, meat, everything really… dumplings and it was really nice."

In the Photo-Dialogue activity, both Josh and Hassan demonstrated emotional and visceral reactions to food for different reasons:

"The thing I don't like is kebabs. I can't… they're just greasy, disgusting, full of crap… [I've tried one] and I was sick afterwards." (Josh)

"I don't like bacon because I'm a Muslim...When I go round the hostel and get the English breakfast, and you say you don't like bacon but they still use the knife… [When I accidentally eat bacon] I don't know, there was something, a taste in my body that I do not like." (Hassan)

Space and Place

The participants showed resistance towards institutional regulations. Jim criticised the mealtime routine commenting, "I go upstairs... I take food up from the kitchen and go upstairs. I don't like eating [at] certain times. But in the kitchen tea is at half past four. That's too early to eat."

Dining room tensions affected Nemo in a more extreme way: his mental health problem led him to isolation and separateness:

"I can't eat in the dining room because I'm scared of crowds and large groups of

people. I have problems with my head, PTSD, epilepsy and people basically – well,

manners, elbows out and passing wind and shouting at each other."

Image 2. "I can't eat in the dining room" (Nemo)

The range of ages in the centre created friction, yet also some opportunities for formation of identity groups was evident at meal times. Jeffrey noted the sense of affinity present among some of the older residents:

"They would sit on the far side, 'Old Codgers Corner',.… It was good to see the way they communicated with each other. You'd see them get their coffees and they sit for virtually the whole hour of service just chatting having their lunch. It was really good to see."

On the other hand, Ross highlighted the struggle many men experience with institutionalisation:

"Well, a lot of the guys when they leave they struggle. You know, they've been used to everything being done for them…. 'Wait until you get into the real world and defend [fend] for yourself and cook for yourself. You moan about your food or whatever here' I say 'you can't go and make a meal for yourself' And they're like 'Woah, woah woah!'"

Discussion

This project piloted the use of innovative Participatory Action Research methods among homeless adults with a focus on food related experiences, to facilitate their engagement in wellbeing discourse. Men's individuality is highlighted through an understanding of socio-cultural values about food, yet compliance and resistance were also expressed. Themes

generated from their narratives reveal the significance of food and its impact on men's lives: food can hold meaning; it elicits emotion and it highlights power/lessness. The food environment can be a critical social place for homeless men, and food preparation can provide companionship and occupation. Food preparation has the added benefit of potentially improving mental health and wellbeing (Jepson et al 2014). Thus the use of Participatory Action Research of the kind used here can point to more meaningful health education strategies with which to motivate participants, and provide a new tool to explore health issues among marginalised groups with the potential to improve service provision.

The roots of social exclusion associated with homelessness have been linked to unequal power relations (Norman and Pauly, 2013). Power dynamics were obvious in our study location, from anecdotal observations by staff and service users, and in the discourses of study participants themselves. We cannot remove these power dynamics but can consider ways of working more productively with them. Thus, the age-related tensions identified in this study suggest the need to pay closer attention to age-group differences in homeless institutions (Tompsett et al, 2009). Further research with younger age groups is recommended, with the particular needs of younger homeless men potentially being better met by more specifically-designed services.

"Where there is power there is resistance" (Foucault, 1990: 95) and our participants showed many levels of resistance. Ross' and Paul's accounts suggest that an 'empowerment approach' to health and wellbeing, with food as part of delivery process, might be appropriate, as it fosters respect for individual autonomy (Tengland 2012). Participatory Action Research is well documented strategy to improve the situations of vulnerable people (Crane and O-Regan, 2010) and service user involvement is crucial to creating social inclusive practices (Norman and Pauly, 2013 through the use of participatory visual methodologies (Mitchell and Sommer, 2016). By emphasising social action, individual justice and active participation, it is possible to 'give voice' to participants, allowing them some control over their involvement within the research process (Helfrich and Fogg, 2007).

Having given voice to a small number of homeless participants through this pilot study, it is interesting to note how, with food as the focus, a dialogue has begun which might lead to progress in other ways. Further research however is need to develop this idea by extending the methodological approach used: for example, through more creative arts practices (Stuckey and Nobel, 2010) to explore the inherently social dimensions of engagement with food. Creative expression can involve individuals in personal and community-level change through reflection, empowerment and connectedness (Gray et al, 2010).

Our data suggest that cooking and food skills development were seen as a meaningful occupation by most of our participants, providing the opportunity to offset some of the damaging consequences of homelessness. Engagement in an occupation is important to the development of the self-concept, self-identity, wellbeing and health (Chard et al, 2009). Occupation is also a potent source of meaning in our lives, with social exclusion and 'occupational deprivation' (Whiteford, 2000) being common experiences in homelessness, leading to negative effects on subjective wellbeing (Thomas et al, 2011). The data suggest that acquiring new food skills can empower participants towards becoming more 'functionally competent' (Helfrich and Fogg, 2007) thereby promoting employability and independence (Chard et al, 2009).

Despite all that men have lost through homelessness, participants demonstrated an awareness of contemporary socio-cultural values of 'good' and 'bad', 'proper' and

'improper' food (Parsons 2015a). Hassan, as a Muslim, frustrated by a lack of understanding of his dietary requirements, displayed a visceral reaction to potential contamination by culturally prohibited food. This again highlights awareness of wider socio-cultural values taking food out of bounds and/or adhering to strict religious food values as a form of resistance (Parsons and Pettinger, 2017).

Resistance was displayed by participants towards the institution. Strict guidelines regarding curfews, mealtimes and check-in times leave little room for natural routines (Whiteford, 2000). Structured mealtime regulations, theoretically embodying the more ritualistic aspects of eating, can be seen to epitomise the institutional environment. They do not reflect recent shifts in society's eating patterns, with altered mealtimes and the restructuring of domestic meals (Marshall and Pettinger, 2009). Hence within a context of increased regimentation, participants' voices assert their individuality and understanding of wider socio-cultural norms concerning 'appropriate' times to eat. Although we did not hear the voices of younger residents, we did gain insights that corroborate previous work on the importance of interaction at meal times for older people (Paquet et al 2008). This too supports the need for age specific interventions in institutions.

Our pilot study adds to the nuanced food choice literature and confirms that the 'poor' can and do have similar aspirations to much of the rest of society (Dowler, 1997). Food holds strong meanings for participants, evoking positive memories for some and revealing the highly individualised perspectives of those who are doing the best they can in the face of multiple deprivations (Parsons and Pettinger, 2017). Acknowledgement of these experiential and contextual elements provides scope to build on an understanding of and interest in food, to strengthen individuals' existing resources and skills and thus influence their engagement with health promotion. As Coles et al (2012) suggest, to achieve behaviour change in this excluded client group, there is a need to integrate what is known about the homeless person, their specific and complex needs, and their life history, together with their current life experiences as a first step to assist in adherence to health education. Therefore, our pilot study holds the potential to inform future research regarding the use of creative methodologies to assess how engagement in creative food activities relates to health outcomes associated with improved resilience, independence and wellbeing (Hopkins and Rippon, 2015).

Although food is central to many health concerns, it is also a powerful 'lifestyle motivator'. Creative food activities may therefore have a role to play when designing and commissioning services for individuals with multiple and complex needs. Recent evidence supports the strengthening of local alliances in line with inter-agency collaboration and more innovative commissioning practices (Addicott, 2014). More progressive solutions to social exclusion are now being sought through, for example, the 'social cooperative model' described by Villotti et al (2014). This not only addresses individual level determinants of food security and poverty (e.g. improved social abilities) but also considers wider (infra)structural factors, by offering job opportunities and skills development. Such a model fosters a 'co-production' philosophy (Slay and Robinson, 2011), seeing people as assets and tackling issues of power and transparency, which may help mitigate experiences of food insecurity (Douglas et al 2015). This is an important area of benefit, using food-based community development to enhance social and human capital (Hancock, 2001) and to facilitate a shift from a deficit to an asset-based approach (Hopkins and Rippon, 2015).

Limitations

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We acknowledge a number of limitations in this pilot study: our sample was small and consisted of men who already have an interest in food. As representatives of 'already engaged' participants, this creates obvious bias, and calls for further investigation into how to engage other service users, including younger men and women, to avoid the risk of widening health inequalities between groups.

There may also be disadvantages in using (loosely structured) focus groups alongside Photo-Elicitation. Flicker et al (2008) suggest the use of focus groups to guide critical discussion on the imagery elicited. However, since we chose to utilise Photo-Elicitation to uncover the food experiences of participants, it seemed important to allow participants to respond according to their own constellations of memories, associations and feelings, rather than through a more static questioning regime.

Despite these limitations, we are confident that our simple yet systematic approach to procedure, design and ethics optimises rigour and trustworthiness. We believe the narrative strength of participants' voices facilitates a food/wellbeing dialogue that is worthy of consideration in health education practices. Participants have valuable stories to tell and experiences to share about the emotional importance of occupational practices and meanings around food, coupled with the harsh actualities of institutional life.

We could have extended the Participatory Action Research by engaging participants with their support workers following Photo-Elicitation. Action planning and the sharing of dialogue with decision-makers is an important next step to contribute to policy discourse. Minkler (2010) argues that health inequalities should be addressed via processes that allow low-income communities and other marginalised groups 'a seat at the table' – and to have a real voice in decisions affecting their lives. These issues will be addressed in ongoing and future research with a greater focus on advocacy to support networks within this community (Crawford et al 2015).

Conclusions

Everybody has a story to tell about food, and relating one's own personal food journey is highly meaningful. With hunger being a topic of national debate (Fabian Commission, 2015), there is an urgent need to consider how best to engage socially excluded individuals and communities. Understanding their diversity, giving them a 'seat at the table' and listening to their voices is crucial to engagement and enhancing community cohesion and the building of social capital. Creative food activities can offer men a meaningful occupation, thus generating a virtuous circle in which food promotes engagement and engagement promotes interest in self-care. Food, therefore, may become an expression of empowerment, with the potential to enhance health, wellbeing and social justice.

This pilot project successfully fostered a multi-disciplinary team ethos, an essential feature of Participatory Action Research (Greenwood, 1993), permitting diverse interpretation of project findings and providing insight into the individual experiences and wider structural determinants of food poverty. People with multiple and complex needs often suffer exclusion from access to a range of services (Fitzpatrick et al, 2015). This study suggests a possible approach to engaging disadvantaged communities and harder-to-reach individuals. Food provides a powerful 'catalyst' to empower individuals in discussions about their wellbeing, with the potential to inform health education practices, design more socially driven services and ultimately influence nutritional health inequalities.

Acknowledgements

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Image 1. Ross's 'triumphant chip' (photo taken by Jim)

Image 2. "I can't eat in the dining room" (Nemo)