

FOOD INSECURITY AND THE FOOD BANK
INDUSTRY: A GEOGRAPHICAL ANALYSIS OF
FOOD BANK USE IN CHRISTCHURCH

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List of abbreviations

CAFB	Canadian Association of Food Banks
CCC	Christchurch City Council
HNZ	Housing New Zealand
NCNS	National Children's Nutrition Survey
NFA	No Fixed Abode
NNS	National Nutrition Survey
NZCCSS	New Zealand Council of Christian Social Services
NZNAFP	New Zealand Network against Food Poverty
NZPMP	New Zealand Poverty Measurement Project
PIP	Poverty Indicator Project
OECD	Organisation for Economic Co-operation and Development
USDA	United States Department of Agriculture
WINZ	Department of Work and Income

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Abstract

Food banks are potent symbols of the prevalence of poverty and food insecurity in affluent countries, yet they have received very little academic attention in New Zealand. Previous food bank research in this country has mainly been instigated by the voluntary welfare sector and has focused on client characteristics and patterns of use. This study expands on these concepts in the local context from a socio-spatial perspective, and examines food banks from both a service provision and service user perspective.

This study aims to: document the growth of the food bank industry and determine its role within the broader voluntary welfare sector; determine patterns and trends in usage; examine client characteristics, neighbourhoods and reasons for use; and discuss the implications of food bank use and how dependency on food banks may be reduced.

This study examines non-identifiable socio-demographic and address data obtained for food bank clients (n=1695) from a large Christchurch social service agency for 2005. Data from a second large Christchurch social service agency is used to illustrate certain spatial and temporal trends. Additional interviews and questionnaires are conducted with staff and volunteers in the local food bank industry, and with the clients themselves.

Results show that food bank use appears not to have decreased in recent years. Maori, sole parents/sole caregivers and beneficiaries are over-represented amongst food bank clients, while there is an apparent under-use of the food bank by other key groups. Poverty and food insecurity appears to be dispersed in Christchurch and is not confined to the most deprived neighbourhoods. A range of factors contributes to food insecurity and food bank use, with the main reasons relating to lack of income, household bills and unaffordable housing. Changes in macro social and economic policy, rather than increased client education, will contribute to a decrease in the need for food banks.

Chapter 1: Introduction

1.1 Foreword

Increasingly, household food insecurity is being recognised as a major public health problem in many affluent countries (Tarasuk, 2005). This is despite countries such as the United States, Canada, the United Kingdom, Australia and New Zealand possessing sufficient quantities of nutritious food at the national level to adequately feed all of their citizens. These countries are so rich in food resources that food is an important export commodity, and food and drink are in fact New Zealand's prime exports (Statistics New Zealand, 2005). Therefore, rather than being a problem relating to food supply and distribution systems, the problem of food insecurity is primarily one of individual and household *access* to adequate food resources (Riches, 2002).

Food insecurity re-emerged as an important issue in many OECD countries during the late 1980s and particularly the 1990s. The prevalence of food insecurity has increased internationally, and around 14% of New Zealand households are now thought to experience food insecurity (Russell et al., 1999). This is a high figure in itself, but particularly so when compared to the United States, Canada, and Australia. The increase in food insecurity is inextricably linked with the increase in poverty experienced by the many countries that were subject to considerable economic and social restructuring in the 1980s and 1990s. The neo-liberal philosophies that underpinned this restructuring have contributed to widening income inequalities in societies, as well as new and more entrenched forms of poverty. Such poverty has meant that in many affluent countries, large numbers of people on low incomes are struggling to cover their basic living expenses. As household expenditure becomes prioritised, food quantity and/or quality are often sacrificed, as food is usually the only flexible component of the weekly household budget (Cheer et al., 2002).

Differences in dietary intake and nutritional status according to socio-economic status have repeatedly been identified by researchers. For instance, multiple studies have found that individuals and households with higher socio-economic status consume

healthier and more nutritious foods (see Ricciuto and Tarasuk, 2007). Similarly, household food purchasing patterns have been linked to household food expenditure, and disparities have been identified according to socio-economic status (ibid). Therefore, access to, and consumption of, a healthy and nutritious diet is compromised for many low-income households. Just as income inequalities have increased in the last two decades, so too have health inequalities within many OECD countries (Davey Smith et al., 2002; Mackenbach et al., 2003). These trends have also been apparent in New Zealand, and evidence shows that geographical health inequalities have reached historically high levels (Pearce and Dorling, 2006). Food insecurity is a reflection of these inequalities. In order to gain an understanding of these inequalities, it is necessary to examine the individual, societal, and environmental factors operating which *may* have an impact on poverty and health status.

Food insecurity can lead to adverse effects on individual and community health. It is widely acknowledged that nutrition is a key determinant of health, and certain groups in the community are deprived of the nutrients needed for a healthy diet (McIntyre, 2003). Poor nutrition is a preventable risk factor for many major chronic conditions, including high cholesterol, high blood pressure, cancer, diabetes and obesity (Ministry of Health, 2003b). Vozoris and Tarasuk (2003) found that individuals in food-insecure households had significantly higher odds of reporting poor/fair health, of having multiple conditions, and of suffering from major depression and distress. However, the potential for improved health through improved diet is huge (James et al., 1997). Such health outcomes related to food insecurity should be of enough interest and concern to health geographers to prompt research into issues surrounding household and community food insecurity and health inequalities. Yet food is a relatively under-researched topic in health geography, despite it being an inherently geographic topic which “can only be understood in the context of a range of wider social, political and economic relations” (Johnston, 2000:272-273). Research into food insecurity and health inequalities by geographers has largely been lacking, despite the growing interest in other aspects of health inequalities, such as disparities in mortality rates (Davey Smith et al., 2002; Pearce and Dorling, 2006).

One of the major outcomes of the unprecedented economic and welfare restructuring that took place in the 1980s and 1990s was that the nature of state involvement in welfare issues was significantly modified (Le Heron and Pawson, 1996). No longer was the 'cradle to grave' philosophy of the Keynesian welfare state economically, politically or ideologically viable. As a number of governments have progressively relinquished many of their previous welfare responsibilities, the voluntary welfare sector has had to evolve considerably to keep pace with the increasingly diverse and growing welfare demands from the most marginalised members of society. The voluntary welfare sector now plays a key role in meeting the welfare needs of vulnerable food-insecure people. The voluntary welfare sector has been the focus of much geographical enquiry (Wolch, 1990; Milligan, 1998; Bryson et al., 2002; Milligan and Fyfe, 2004; Barnett and Barnett, 2006), yet the study of food banks has been surprisingly neglected. Food banks have rapidly emerged as a significant community response to hunger and food insecurity in many OECD countries, and they play a primary role in meeting the food needs of those in poverty, albeit somewhat controversially (Riches, 2002). New Zealand is no exception to this international trend, and this thesis is primarily concerned with the role that the voluntary welfare sector plays in providing assistance to the food insecure and the issues surrounding this assistance. Food bank use indicates that household food insecurity is prevalent, and the people who use food banks represent an opportunity to better understand geographical issues of urban poverty, inequalities and food insecurity in the community. Such information can be used to help identify groups and communities that are at particular risk of insufficient access to nutrients, and/or nutrition related problems (Ministry of Health, 2003b).

1.2 Thesis aims and objectives

The aim of this thesis is to explore the various linkages between poverty, food insecurity, and food bank provision and usage (and non-usage) from a socio-spatial perspective. This has been a vastly under-researched area locally, nationally and internationally. Previous research has focused on client characteristics and the food banks themselves, and the ways in which the food banks operate and respond to need

(Whale, 1993; McGurk and Clark, 1993; Leslie, 1996; Milner, 2004). Crack (2001:28) argues, in a New Zealand context, that more research and focus is needed on critically examining “the intricate relationship that exists between foodbanks (sic) and the needy”, and the wider processes leading to and contributing to food bank usage. This research will examine the relationship between the food bank industry and its clients by focusing on such processes and examining both the demand and supply side of food bank organisations. Supplying a food bank service can provide particular advantages to the organisations which offer a range of other social services, particularly those in receipt of state funding, and this will be examined in this research. In addition to the wider processes contributing to the food bank industry, there is also a lack of research that seeks to explain why those who are ‘needy’ (i.e. those who are food insecure and would benefit from the food offered by food banks) do not access food banks. This research will thus explore some of the reasons and explanations as to why people who are in need of additional sources of food do not access food banks.

In order to explore the food bank phenomenon in so-called wealthy countries and to determine the groups affected, this thesis will examine food bank use in Christchurch in relation to the wider national and international context. This research arose out of concerns that Community and Public Health (a division of the Canterbury District Health Board) had regarding poverty and food insecurity in the city. Very little poverty research has been conducted in Christchurch, particularly research relating to food insecurity and food bank use, despite these being critical and topical issues. This thesis will contribute towards a greater understanding of poverty in Christchurch and the extent to which it is prevalent, and should be of interest to academics, policy makers and the general public. Using Christchurch as a case study, this thesis has five key objectives:

1. To outline the socio-political context in which the food bank industry has emerged and ‘prospered’.
2. To determine patterns of food bank use over time at the international, national and sub-national level.

3. To identify the socio-demographic characteristics of food bank users and examine the neighbourhoods in which they live.
4. To examine the factors contributing to food bank use.
5. To determine the implications of food insecurity and food bank use in the community, and also how dependency on food banks can be reduced.

Additionally, this thesis aims to provide an overview of the local food bank industry in Christchurch, and provide a space in which food bank clients' experiences and inequalities are able to be reported and recorded.

1.3 Thesis structure

In order to accomplish these aims and objectives, the thesis is structured as follows. Chapter two outlines the two dominant theories of poverty, and explains how these have been influential in policy and research since the 1960s. Social exclusion theories are also examined. This chapter also provides a background into the growth of urban poverty and inequalities in the neo-liberal and post-neo-liberal eras, and highlights how the poverty experience has intensified and become more entrenched for an increasing number of people in society. Chapter three examines the growing issue of food insecurity in affluent countries and considers the various ways in which food insecurity has been researched. This chapter also outlines some of the risk factors leading to food insecurity and considers the various government and voluntary welfare sector responses to food insecurity in the community. Chapter four provides an overview of food bank usage and trends internationally and nationally, and outlines the main groups using food banks and reasons for this use. The reasons why people may not access a food bank are also provided. Additionally, this chapter highlights who the key food bank providers are, and key issues facing such organisations. The data collection and processing methods used in this study are outlined in chapter five.

The second half of this thesis focuses on the research findings and discusses how and why they are important in the broader context of poverty and social exclusion.

Chapter six provides an overview of the local food bank industry in terms of how the food bank service providers operate and who they assist. This chapter also examines the role of food banks within voluntary welfare organisations and some of the key issues facing these organisations. The findings pertaining to food bank client visits are presented in chapter seven, where socio-demographic characteristics are examined at the individual and neighbourhood level. This chapter also looks at the various reasons as to why clients are using food banks, in addition to patterns of use over time. Chapter eight presents the findings from the interviews conducted with the food bank clients and explores issues such as grocery shopping practices, access to healthy food, coping strategies used, government assistance, reasons for use, and the broader role of the voluntary welfare sector. Chapter nine relates the findings back to the theoretical concepts outlined in the first half of this research, and health and policy implications of food bank insecurity and food bank use are discussed. Suggestions are given for how food bank use may possibly be decreased. Finally, the conclusions of this research are presented in chapter nine, and future research avenues are proposed.

Chapter 2: Theories of poverty and social exclusion

2.1 Introduction

Geography and poverty has been a relatively under-researched area in recent years, despite the geographically uneven growth and occurrence of poverty since the 1980s and particularly the 1990s. Instead, poverty research has tended to be dominated by other disciplines within the social sciences. This chapter will initially outline why poverty should be of interest to geographers, and will highlight some of the key poverty research by geographers and other social scientists over the last few decades. The focus will then shift to the two dominant discourses of poverty, and will explain how these have been influential in shaping public policy. It has been argued that the process of poverty can perhaps be better understood in terms of social exclusion, and this chapter will consider some of the reasons for this. The second part of this chapter will outline the growth of urban poverty in advanced capitalist societies since the 1980s, with a particular focus on New Zealand, and the role that the state has played in contributing to, and sustaining, this growth. It will be argued that a ‘new poverty’ has emerged, whereby the nature and severity of poverty has changed and now affects a larger section of society. Finally, this chapter will describe how, despite substantial anti-reduction policies introduced in the late 1990s by a number of countries, poverty has continued to intensify.

2.2 Overview of the geography of poverty

Poverty is an inherently geographical topic, in that it is present in some places while absent from others (McCormick and Philo, 1995). Philo et al. (1995) note that it is precisely because poverty *has* a geography that it remains hidden and distorted to much of comfortable society, who may have no or little exposure to it. Variations in the incidence, severity and experience of poverty exist at a range of scales: from country to country, city to city, and neighbourhood to neighbourhood; as well as within neighbourhoods. Such geographical variations have implications for not only those living in places affected by poverty, but also for policy makers who attempt to

understand why variations exist and how to best create poverty-reducing measures (McCormick and Philo, 1995).

It is this interest in the spatial dimensions of poverty and human welfare that originally attracted geographers to the study of poverty and inequality at the end of the 1960s, a period of significant social, economic, and political upheaval. It was during this time that 'radical geography' was born, largely out of a socio-spatial concern to document, explain and reduce social problems (Leyshon, 1995). Studies such as *The geography of poverty in the United States* (Morrill and Wohlenberg, 1971), *Social justice and the city* (Harvey, 1973), *Radical geography: alternative viewpoints on contemporary social issues* (Peet, 1977), *Human geography: a welfare approach* (Smith, 1977), and *Geography and inequality* (Coates et al., 1977) are key examples which reflect growing geographical interest in the spatial components of poverty and inequality at this time. During the 1970s, geographical research into poverty and inequalities became "distinctly more critical and politically orientated, even radically prescriptive" (Martin, 2001). Thus, public policy was central to these studies and was expected to be an area of continued geographical interest.

During the 1980s and early 1990s there was an apparent disengagement in 'radical geography' and poverty research by geographers. Although significant works were still being produced (see Leyshon, 1995, for examples), geographers were largely disinterested in issues of poverty and inequality (Dorling and Shaw, 2002). Poverty and public policy focused research were superseded by a variety of other research currents, many also starting with 'p': post-modernism, post-marxism, post-fordism, and post-structuralism (Leyshon, 1995). This 'cultural turn' in human geography, with its new philosophical and theoretical focus, replaced the eagerly awaited 'policy turn' within the discipline.

Since the mid-1990s there has remained limited geographical interest in poverty issues, although in the United Kingdom there appears to have been some revival in interest. McCormick and Philo (1995:2) note that "poverty appears to undergo periodic phases of rediscovery" although despite this rekindled interest, the impact of such research on public policy has been minimal (Martin, 2001). In order for geographers to meaningfully contribute to public policy debates, public policy

research, particularly related to poverty and inequality, needs to develop and gain prominence within the discipline (Dorling and Shaw, 2002). As Powell et al. (2001: 246) comment, “many geographies of poverty and social exclusion are descriptive mapping exercises involving incomes and outcomes which are not clearly linked to welfare processes and policies”. This thesis will highlight how the food bank industry has been one outcome of the changes in welfare processes and policies since the 1980s.

2.3 Theories of poverty

Before considering the two dominant theories of poverty, it is necessary to give a brief description of what actually constitutes poverty. Poverty is a contested concept and is subject to multiple definitions and understandings. It is beyond the scope of this thesis to highlight the difficulties involved in defining and measuring it, however, Townsend (1979:31) has been influential with his explanation of poverty, as he reconceptualised it as a condition of relative deprivation:

Individuals, families and groups in the population can be said to be in poverty when they lack the resources to obtain the type of diet, participate in the activities and have the living conditions and amenities which are customary, or at least widely encouraged or approved, in the societies to which they belong. Their resources are so seriously below those commanded by the average individual or family that they are, in effect, excluded from ordinary living patterns, customs and activities.

This definition is place-specific and recognises that poverty is a relative state. It is also a definition more commonly applied to developed countries than developing countries. In addition to the definition of poverty, the *causes* and *understandings* of poverty have also been subject to constant and critical debate. Auletta (1983) notes that too often, and without empirical evidence or first hand experience, generalisations are made about those in poverty, or what has been termed the ‘underclass’¹. He maintains that there is often an ideological or political reason for this:

¹ Again, a contested term and one that has been particularly embraced by Conservatives due to its negative connotations and focus on individual traits (Wilson, 1987).

Liberals have a stake in blaming society for creating an underclass, and therefore urge government intervention. Conservatives have a stake in blaming individuals for their poverty, and therefore strive to keep government small. The gap between the two is wide, for each usually starts with very different assumptions about human nature (1983:xvi).

This leads into the heart of poverty theories and debates, and highlights that there are two dominant and competing discourses which attempt to explain the causes and perpetuation of poverty (Nolan and Whelan, 1996). On the one hand, there are those who insist on *structural* explanations of poverty, whereby poverty is an *effect* of state mechanisms, macro-economic policy, and employment regimes (Mingione, 1993). On the other hand, there are those who insist on *cultural* explanations of poverty, where individuals are ultimately to be blamed for being in poverty through their behaviour and supposed personal inadequacies (Nolan and Whelan, 1996). At various times in the political sphere, each ideology has been influential and dominant in forming social policy and responses to the problem of poverty. These ideologies will be considered in the next two sections.

2.3.1 Cultural theories of poverty

According to Macnicol (1987:296), cultural theories of poverty, underclass theories, and stereotypes "...have always been a part of the discourse on poverty in advanced industrial societies". Cultural perspectives rose to dominance in the United Kingdom and particularly the United States during the 1970s and 1980s, a time when many liberal scholars were shying away from researching the cultural or behavioural aspects of poverty for fear of portraying the underclass in a negative light (Wilson, 1987). Oscar Lewis (1968) and Charles Murray (1984) were key advocates of the 'culture of poverty' theory, whereby ingrained cultural characteristics and behavioural disorders are said to prevent people from triumphing over poverty (Auletta, 1983). Murray's influential book *Losing ground*, which asserted that generous welfare schemes were harmful to the underclass and actually increased poverty, was said to have provided the inspiration for the Reagan Administration's major welfare reforms in the United States (Wilson, 1987). Such neo-liberal discourse has resulted in the dismantling of the welfare state in many countries, while the role of the private and voluntary welfare sectors as key welfare providers has actively been encouraged by neo-liberal regimes. Thus, neo-liberalism ushered in the rise of volunteerism on an unprecedented scale.

Wolch (1990) has labelled the private sector and particularly the voluntary welfare sector as constituting the *shadow state*, as they perform welfare state functions yet are not formally part of the state. The voluntary welfare sector has thus grown exponentially due to increased levels of state funding, however, on the whole the sector is underfunded and is said to not be capable of taking on the role that the state has intended it to (Pinch, 1997). This will be explored in later chapters.

A key example of cultural understandings being applied to poverty can be found in the study of homelessness. Lyon-Callo (2004) notes that in the United States (and indeed beyond the United States), homelessness is largely perceived as the result of individual deviancy or inadequacies. This hypothesis, he argues, has affected past and contemporary responses to the problem, and is central to the 'normalization' of homelessness. People come to understand the homeless as deviants and as having chosen to live in such a way, and are therefore more accepting of the vast social inequalities that exist in society (Lyon-Callo, 2004; Pleace, 1998). Cultural theories can therefore be convenient and used as a justification for not adequately addressing the problem.

2.3.2 Structural theories of poverty

In the 1950s and 1960s, structural discourses of poverty by liberal scholars were dominating research into poverty and the underclass. Society was being blamed for the plight of the poor, and progressive social reform was seen as the key to improving their economic and social situation (Wilson, 1987). As noted in the above section, there was a retreat by liberal researchers into the causes of poverty in the 1970s and 1980s, and the debate over the causes of poverty shifted towards cultural theories. By the 1980s, liberal theorists returned to these studies as the poverty problem in inner cities had reached a critical point. Murray's 1984 book had the effect of instigating a collective return of refocused poverty research amongst liberal scholars (Wilson, 1987; Auletta, 1983), who again emphasised the importance of structural factors, while recognising that cultural characteristics needed to be considered. As George and Howards (1991:130) note:

A structuralist explanation does not seek to ignore or to minimise the individuality of people... Rather it argues that this is shaped by outside forces and though some people are able to prevail against all odds the vast majority are inevitably unable to do this.

Thus, when the example of homelessness is considered within a structuralist discourse, the causes are viewed as very different to that of a cultural discourse. While cultural understandings of poverty view homelessness as the outcome of personal inadequacies and deviant behaviour, liberals view homelessness as a *process* involving economic and social forces at the macro and micro scale (Wolch and Dear, 1993). Homelessness is increasingly being understood in relation to the wider social, economic and political processes that contribute to, and result in, social exclusion (see Pleace, 1998; Somerville, 1998).

A key liberalist was sociologist William Julius Wilson, who tried to provide a link between structural and cultural theories (1987, 1996). Wilson argued that inner city poverty cannot be explained by cultural theories, particularly racism, alone but rather, is related to the broader problems of economic organisation and restructuring, and the subsequent neighbourhood change that has occurred within this restructuring. Limited labour force attachment and social isolation was a key theme of Wilson's work. Wacquant and Wilson's (1989:8) central argument was that poverty and the crisis of the underclass was caused by "the dramatic growth in joblessness and economic exclusion associated with the ongoing spatial and industrial restructuring of American capitalism", which they noted, had instigated a process of 'hyperghettoization'. Such a theory was also embraced in the United Kingdom and in other post-industrial nations.

Advocates of a structural discourse argue that the state has a leading role to play in the alleviation of poverty, which can be achieved through comprehensive public policy which combines social welfare policies with employment policies (Wilson, 1987). Thus, welfare schemes which enable and ensure an adequate standard of living are seen as essential to providing a solution to poverty. Similarly, under this discourse, macroeconomic policy which encourages economic growth in the local and international context resulting in improved employment opportunities is also proposed as a key solution. In the United States, United Kingdom, New Zealand and many

other OECD countries, such policies are yet to be fully implemented and delivered, as evidenced by the high numbers the population in these countries experiencing job insecurity and struggling to maintain a minimal standard of living on state welfare (Levitas, 1998; Stewart and Griffiths, 1998).

2.4 Social exclusion theories

In the last 15 years or so, academic and political attention has increasingly shifted from discussions of 'poverty' towards understandings of 'social exclusion' (Pleace, 1998). A concept that has its roots in French political discourse, social exclusion has been more significant in Europe than it has been in the United States. Social exclusion is a contested and at times ambiguous concept, and it has been criticised for being vague and confusing (Marsh and Mullins, 1998). However, it represents a useful departure from previous notions of poverty, which have largely focused on material deprivations at the individual and household level (Thorns, 2002). Additionally, there has been a reluctance by some, particularly politicians, to accept that poverty even exists. Social exclusion theories recognise that some sections of society are systematically excluded from mainstream social, economic and political life (Pleace, 1998). This point of difference is highlighted by Levitas (1998:13) who notes that social exclusion is a more "...dynamic process, and multi-faceted one, than poverty had generally been, and questions of gender and ethnicity had much higher profile... the whole gamut of social inequalities were brought into the frame".

Thus, multi-dimensional approaches are needed in order to understand concepts of poverty and social exclusion. Levitas (1998) has been an influential theorist on issues of social exclusion and she argues that it is a concept best understood in terms of three competing discourses. Each discourse can be manipulated by political processes and agendas, and is subject to various forms of criticism. The first is a redistributionist discourse (RED), whereby social exclusion is understood in *structural* terms and is situated in critical social policy. According to advocates of this discourse, the state can intervene in a variety of ways to assist those in poverty, therefore addressing macro-economic conditions. The second is a moral underclass discourse (MUD), which focuses on *cultural* and *individual* explanations of poverty. Thus, distinctions

between the deserving and undeserving poor are implicitly made, leading to programmes that target certain groups and the withdrawal of certain forms of provision. The third discourse is a social integrationist (SID) one, which sees inclusion and exclusion in terms of labour market attachment. However, there is often a failure to acknowledge that even those in paid employment can be socially excluded, due to contemporary employment conditions. For example, temporary labourers employed by 'bottom-end' agencies are often subject to minimum wage, poor work conditions, exploitation, racism, and/or job insecurity (Peck and Theodore, 2001).

There are many outcomes of social exclusion, and one of the most visible forms is homelessness. Stewart and Griffiths (1998) argue that exclusion is locally experienced because of the geographic variation in the national and local allocation of resources, and that there are significant spatial concentrations of deprivation at different scales. Additionally, because exclusion is multi-faceted, it is experienced differently by different people and there are multiple pathways into it. In the case of homelessness, these combined factors can help explain why only a minority of those who are at risk of homelessness (also known as the protohomeless, see Wolch and Dear, 1993) actually *do* become street homeless at some stage in their lives. Stewart and Griffiths (1998) point out that exclusion has temporal characteristics, not only through the duration of the experienced exclusion, but also through the incidence and frequency in which it occurs.

There are obvious parallels between homelessness and food insecurity as outcomes of social exclusion, which will emerge in later chapters. Although issues of homelessness have received much academic and policy attention, issues of food insecurity have received considerably less attention in Anglo-Saxon countries. It is likely that the less visible nature of food insecurity is the reason for this lack of attention. For instance, in large cities the homeless are highly visible and are likely to be encountered by the public on a regular basis. In affluent countries food insecurity is largely an invisible problem, and the outcomes of hunger and malnutrition are less evident than that seen in Eastern African countries experiencing prolonged famines and political unrest.

2.5 Contested theories

The above sections have illustrated that understandings of poverty and social exclusion vary radically, which has had and continues to have important implications on social and economic policy. Understandings and discourses of poverty and social exclusion can be manipulated according to political agenda, which can help explain why vastly different approaches to reducing poverty have been taken in the past. Of course, none have been successful in the last few decades. The theories are very much contested, and these debates have parallels elsewhere in human geography, for example, homelessness and gentrification. Multiple approaches and understandings need to be taken, rather than viewing these theories as dichotomous and incompatible, which is what Wilson (1996) attempted to do. Wilson was particularly influential because he offered a broader vision to reduce poverty centred on education and employment opportunities, family policies, and neighbourhood integration.

2.6 The growth of urban poverty

Poverty intensified in countries such as Canada, the United States, the United Kingdom, Australia and New Zealand from the late 1980s and early 1990s, when neo-liberal policies were rigorously applied (Levitas, 1998; Boston et al., 1999; Jamieson, 1998). Such increases in poverty occurred in a climate of economic, political, social and ideological reform taking place in response to changing global conditions. From the late 1980s many states were feeling the effects of the global economic recession, particularly the decline of the manufacturing sector. The Keynesian welfare state, which had been characterised by citizens' rights, universal benefits, and increasing standards of provision by the state (Pinch, 1997; Le Heron and Pawson, 1996), was no longer compatible with the new political and economic agenda, and a shift in economic and social priorities resulted in a more market-oriented economy.

With the rise of neo-liberalism from the mid 1980s and in the face of fiscal crisis, the nineteenth century notion of the 'deserving' and 'undeserving' poor was re-introduced into welfare policy, reflecting cultural discourses of poverty (Macnicol, 1987). State

spending and provision was reassessed and the focus shifted from the social democratic provision inherent in the post-war years, towards a more discriminatory, residual service direct from the state (Milligan, 1998). To compensate for this withdrawal of state provision, the voluntary welfare sector was provided with state funding to deliver a number of health and welfare services previously provided direct from the state. In the New Zealand context, this relationship with the state has at times being fraught, and tensions have arisen due to the state's wavering support for, and recognition of, key voluntary bodies (Barnett and Barnett, 2006). While this transformation of the welfare state was taking place, changes were also occurring in the economic sector as market-oriented policies were put in place to deliver a stronger economy. Unemployment rose and wage levels decreased for many as the economy was deregulated, while those working in the growing 'knowledge' economy experienced an increased level of prosperity (Mowbray, 2001; Levitas, 1998). It is argued that the economic reforms benefited only a small minority (Chatterjee, 1999). In New Zealand, the impacts of neo-liberalism have been similar to that of other countries experiencing such economic and political upheaval. Income inequalities have widened between the rich and the poor and New Zealand is widely believed to have experienced the greatest increase in income inequality than any other OECD country during the neo-liberal era (O'Dea and Howden-Chapman, 2000). This can partially be attributed to the dramatic and sudden introduction of the policy reform, particularly at a time of global economic recession.

These structural and economic reforms impacted severely on those already poor and disadvantaged, and resulted in the intensification of poverty, hardship, and social exclusion (Pinch, 1997; Stephens 1999; Boston et al., 1999). There has been a global rise in the so-called 'new urban poverty' in Western cities, where relatively large parts of the population from most social classes are struggling on low incomes and face new forms of social inequalities and exclusion (Pinch, 1997; Wilson, 1996; Badcock, 1997). The 'old' poverty is primarily related to lack of income, whereas the 'new' poverty is deemed to be multidimensional and encompassing of many deprivations (Silver, 1996). Furthermore, in the 'old' poverty there was little evidence of poverty being intergenerational and cyclical (Boggess and Corcoran, 1999). This was because economic mobility across generations was considerable, yet recent evidence suggests that background disadvantage and income status play a strong role in the persistence

of poverty across generations (Boggess and Corcoran, 1999). Jenkins (1999) argues that the role of family background and disadvantage in contributing to future poverty in New Zealand has been more similar to that of the United States than the United Kingdom. In the United Kingdom, with its entrenched class structure, overall social mobility was less likely. However, the importance of family background in poverty was still a contested concept prior to the neo-liberal era (Heath, 1981). It is now accepted that family disadvantage is a key contributor to the future incidence of poverty. Wacquant (1996:123) writes that with the 'new' poverty:

...new forms of exclusionary social closure and peripheralization have arisen, or intensified, in the post-Fordist metropolis as a result... of the uneven, disarticulating, mutations of the *most advanced sectors* of Western societies and economies, as these bear on the lowest fractions of the working class and on dominated ethnoracial categories, as well as on the territories they occupy in the divided city.

Thus, new patterns of poverty have emerged and the incidence and nature of poverty has been modified. The hardship(s) experienced by many has been amplified and increasingly people are unable to meet even their most basic living expenses without the help of outside agencies. This has been cited as evidence of the breakdown of the social safety net in many countries, whereby governments have devolved their welfare responsibilities.

In New Zealand, the incidence of absolute poverty more than doubled between 1984 and 1993, rising from 4.3% (159,000 people) to 10.8% of households (393,000 people) (Stephens, 1999). In particular, sole parent families experienced a huge increase in the incidence of poverty, from 11.8% to 46.2%, during the same period. The New Zealand Poverty Measurement Project found that between 1993 and 1998, the proportion of households and individuals in poverty² changed very little. By 1998 there were around 19% of households, comprising 20.5% of the population, living below the poverty line (Waldegrave et al., 2003).

Poverty is unevenly distributed across the population, and there are key groups who disproportionately fall below the poverty line. The highest prevalence is seen amongst ethnic minorities, females, sole parents and large families. For example, in New

² Based on 60% of median equivalent household disposable income (after adjusting for housing costs)

Zealand, Pacific people are more than three times as likely, and Maori are twice as likely as Europeans to be in poverty, although European households still consist of over 60% of those in poverty (Waldegrave et al., 2003). There are also disturbing social and economic inequalities persisting between Maori and non-Maori (Harris and Eichbaum, 1999).

Poverty incidence is generally lowest for those without dependent children (Stephens et al., 1995). Sole parents (who are more often than not female) have the highest poverty incidence out of the different family types, and between 1993 and 1998 over 70% of single-parent households fell below the poverty line (Waldegrave et al., 2003). This in part reflects the changing demographic structures that have occurred throughout many western capitalist countries, mainly the rise of female headed households (Law and Wolch, 1993). Children are adversely affected, with around one third of children between 1993 and 1998 living in poverty (Waldegrave et al., 2003). The incidence of child poverty was still greater at the end of the 1990s than at the beginning (Krishnan et al., 2002), which is of concern as there is increasing evidence that disadvantage and poverty in childhood can be detrimental to health throughout the life course (Lynch et al., 1997; Davey Smith, 2003). A recent UNICEF report (2005) found that out of 24 OECD countries, New Zealand had the fourth highest child poverty rate (after Mexico, the United States and Italy).

2.7 Structural reform in New Zealand, 1984-1999

Since the mid-1980s, many OECD countries have experienced substantial social and economic reform in response to changing global economic, social and political conditions. Although the neo-liberal reforms of the mid-1980s and early 1990s promised to deliver economic growth, reduce poverty, and reduce unemployment, by 1999 New Zealand fared much worse on all three accounts than it had 15 years earlier (Dalziel, 1999). Neo-liberal policies were actively pursued by governments from 1984-1999, although it was not until 1991 that social policy reform was most rigorously and aggressively implemented. In that year, the National government continued with the Fourth Labour government's economic reforms and cut social welfare benefit payments by \$1.2 billion, which resulted in reductions to nearly all of the welfare benefits for adults (McGurk and Clark, 1993; Easton, 1997). It was argued

by Treasury that reduced benefit levels and tightened eligibility criteria were “central to addressing the negative social consequences and high fiscal costs of welfare dependency” (cited in Le Heron and Pawson, 1996:240). It was also argued that such measures would decrease long-term welfare dependency on the state by encouraging beneficiaries into the labour market, reflecting Murray’s views (1984) that welfare acted as a hindrance to improving one’s economic and social circumstances. Thus, cultural discourses of poverty were influential in the New Zealand economic reform process.

The immediate impact of the benefit cuts was a significant increase in the incidence and severity of poverty among beneficiaries (Stephens, 1999) and the cuts “seriously eroded the relative position of all beneficiaries and particularly sole parents and young unemployed people” (Uttley, 1997:102). A sole parent on the Domestic Purposes Benefit (DPB) with two children experienced an income reduction from \$293 to \$267 per week, while a single, childless individual under the age of 25 had their Unemployment Benefit (UB) reduced from \$144 to \$108 per week (Le Heron and Pawson, 1996). For many on state welfare, benefit levels were simply insufficient to cover basic living costs and needs such as food, shelter and other essentials. Prior to the cuts, state welfare was considered adequate to cover all of beneficiaries’ needs, including food and shelter (Parnell, 1997). By 1993 New Zealand ranked sixteenth out of eighteen OECD countries in terms of the average generosity of its family assistance programme (Boston et al., 1999).

Furthermore, the government department in charge of income support, Work and Income New Zealand (WINZ), has become a major money lender (Gunby et al., 1996). This is because much of the supplementary assistance offered for general living costs is offered in the form of a recoverable loan instead of a grant. Thousands of New Zealanders are having more than \$40 automatically deducted from their weekly benefit to pay back this WINZ debt, further increasing their hardship and need for further assistance (Simmers and McGurk, 1999). Coupled with a rapidly increasing unemployment rate which peaked at 10.6% in 1992 (Mowbray, 2001), many beneficiaries struggled to find employment, particularly in low skilled, menial jobs. In 1992 and 1993 unemployment beneficiary numbers peaked at over 170,000,

before dropping to below 140,000 in 1995/96 as the economy started to recover (Mowbray, 2001).

It is not only beneficiaries who experienced a decline in income during this period. Since the early 1980s, real disposable income for wage and salary earners has declined for those at the bottom end of the scale, while those at the top end have seen an increase in wages. Between March 1981 and March 1994, the lowest 20 percent of wage and salary earners saw their real disposable income decline by 7.5 percent, while the top 20 percent of wage and salary earners' real disposable income increased by 8.6 percent (Department of Statistics 1981-1994, cited in National Advisory Committee on Health and Disability, 1998). Within New Zealand, sole parents, Maori, and Pacific people households experienced the greatest income reductions during the 1980s and 1990s and were most affected by the policy changes (National Advisory Committee on Health and Disability, 1998).

Shortly after the announcement of the benefit cuts, the government introduced market rentals for state house tenants (which had previously been set at 25% of income), passed the Employment Contracts Act, deregulated the electricity industry, and introduced a variety of user charges for services which were previously free (Milner, 2004). For example, between 1992 and 1999, Housing New Zealand (HNZ) rents increased by 106%, whereas in the private rental sector the increase was 23% (Gosche 2000 cited in Cheer et al., 2002). Thus, throughout the 1990s, housing prices escalated rapidly which had the effect of reducing the amount of household expenditure available for other essential living expenses. These later policy reforms had the effect of exacerbating the impacts of the benefit cuts (Stephens, 1999) and pushed more people even further into poverty.

2.8 To what extent have such trends continued beyond the 1990s?

In many countries, the late 1990s ushered in a shift away from neo-liberalism towards a style of governance often referred to as the 'Third Way' (Giddens, 1998). Both Tony Blair and Bill Clinton were key promoters of this ideology. The 'Third Way' recognised the failings of neo-liberalism and attempted to place an emphasis on social inclusion and social growth, while still pursuing economic expansion. In New

Zealand the 1999 election of the centre-left Labour/Alliance coalition government marked a turning point in social policy. Prime Minister Helen Clark explained this was "... a third way government striving to achieve a better balance between a dynamic market economy and a fair society which offers opportunity and security to all" (cited in Kelsey, 2002:50).

The Coalition Government re-introduced some substantial poverty reduction policies and strategies, the first such social policies in New Zealand since the early 1970s (Waldegrave et al., 2003). Among other changes, income related rents for state housing were restored, the minimum wage was increased, and recent cuts to superannuation rates were reversed. However, Kelsey (2002) notes that such anti-poverty policies were ad hoc, and that they were more about putting band aids on existing problems rather than addressing the structural causes of poverty. Furthermore, Labour still placed a priority on fiscal austerity, and "there would be no significant compensation for the decade of cuts to welfare and deferred investment in the social infrastructure" (Kelsey, 2002:70). Thus, the actual investment needed to close the poverty gap has not been forthcoming, and certain economic policies continue to perpetuate problems of poverty, inequality and alienation (Kelsey, 2002). For instance, New Zealand's expenditure on social benefits, which includes health and welfare, is only 21.7% of GDP, compared to the OECD average of 25.9% (OECD 2004). As a result, health inequalities have continued to grow (Pearce and Dorling, 2006; Blakely et al., 2005).

Income inequalities have also continued to persist and widen beyond the 1990s in a number of countries that have experienced a change in economic and social policy direction since the late 1990s; most notably the United States and the United Kingdom. Davey Smith et al. (2002) note that while trends in income inequalities in the United Kingdom were relatively stable from the early 1990s to 1997, income inequalities accelerated after Tony Blair's New Labour came into power. Despite policy direction shifting towards reducing inequalities, Davey Smith et al. (2002: 435) argue that this increase "demonstrates that the underlying economic tendency to widening disparities in income... has a greater influence than the minor attempts at re-distribution through fiscal policy that have been implemented". Moreover, Shaw et

al. (2005) suggest that such trends in income and wealth inequalities do not bode well for future generations and such inequalities are likely to be magnified in the future.

Thus, despite the introduction of policies attempting to alleviate poverty, poverty has still persisted globally as fiscal growth has remained the number one priority for even centre-left governments in the late 1990s and early 2000s. It appears that neo-liberal principles never really disappeared from 'Third Way' government strategies despite there being a stronger social focus and emphasis in government policy. Socio-economic inequalities have continued to increase in a number of OECD countries, including New Zealand. Harris and Eichbaum (1999:223) note that poverty and disadvantage is becoming entrenched in neighbourhoods, "where cycles of unemployment, poor housing, low educational achievement and bad health are passing from one generation to the next". Poverty, as mentioned earlier, is thus becoming intergenerational and the chances of avoiding or escaping the 'poverty trap' are reduced for a large part of the population. So despite some changes to social and economic policy in the latter part of the 1990s, the damage from the neo-liberal reform era appears to be so deep-rooted that it could take generations to reverse itself.

2.9 Chapter summary

This chapter has provided an overview of the two key theories of poverty and has shown that the competing discourses, based on cultural and structural understandings of poverty, have been influential in the political arena at various times since the 1950s. In recent years, explanations of poverty and inequality have increasingly been re-framed within social exclusion theories and debates. Although contentious, such theories recognise that sections of society are systematically excluded from mainstream economic, social and political life. Social exclusion is seen as being more multidimensional and insightful than older theories of poverty, and recognises that each individual's pathway to, and experience of, poverty and social exclusion is unique.

This chapter has also provided a contextual overview of the growth of poverty in the 1980s and 1990s, and its persistence into the new millennium. Although not a new

phenomenon in Western societies, the re-emergence of poverty on such a large scale appears to have been prompted by a u-turn in social provision and spending from states that had previously been characterised by Keynesian welfare ideals. As states moved towards market-based economies, social spending was reduced which, along with other measures both within and outside of the states' control, had the effect of increasing economic hardship for an increasingly diverse sector of society. One major consequence of this increased hardship has been the inability to adequately cover all household expenses, with food often being the first item to be sacrificed.

The rapid growth of poverty in recent decades has not been confined to New Zealand; it has also occurred in countries which have experienced similar reforms to New Zealand. However, income inequality has been found to be greater in New Zealand than any other OECD country. Similarly, increasing health inequalities have been another consequence of economic and health restructuring towards the end of the twentieth century. In New Zealand, there are social and geographical components to such inequalities, as is the case with the incidence and experience of poverty. There is also a geographical element to the phenomena of social exclusion and poverty, and geographers need to focus more explicitly on public policy aspects. The following chapter will link the experience of poverty and social exclusion to a key health issue that is preventable in western society: food insecurity.

Chapter 3: Poverty and food insecurity

3.1 Introduction

Food insecurity has been a significant yet largely invisible outcome of poverty and social exclusion processes in many affluent countries. This chapter will begin by defining the problem of food insecurity, and will outline some of the ways that food and geography have been researched by social scientists. The concept of food deserts has been very influential and this will also be discussed. This chapter will then address the extent of food insecurity in New Zealand, along with some international comparisons. The people who are at risk of food insecurity will be identified, along with some of the key reasons as to why people experience food insecurity. Of particular interest is why some people will preserve food security while others will not, despite sharing similar circumstances. The final parts of this chapter will explore the different ways that governments and the voluntary welfare sector have responded to the problem of food insecurity in the community, and some of the reasons for these different approaches.

3.2 The definition of food insecurity

In the last two decades there has been mounting concern over growing health and nutritional inequalities in many OECD countries. Worldwide, the Food and Agriculture Organization of the United Nations (FAO) estimates that 842 million people were undernourished in 1999-2001, of which 10 million were from industrialised countries (FAO, 2003). Increasing levels of food insecurity in recent decades has been one manifestation of growing poverty and inequity (McIntyre, 2003). Food scarcity and food deprivation are problems that the poor face in many affluent nations, despite the availability of food at the national level, and contributes to growing health inequalities (McIntyre, 2003).

As poverty increased throughout the 1990s, increasing numbers of people in developed countries struggled to feed themselves adequately. Hunger and food insecurity can thus be analysed within a social exclusion framework. Dreze and Sen (1989) argue that hunger can be seen as a reflection of inequality in developed countries, and that neo-liberal policies result in an increase in the level of vulnerability for certain members of society (cited in Uttley, 1997). In New Zealand, Uttley (1997) notes that it is only since the 1990s that issues of poverty, hunger, and lack of access to food have become widely discussed in the public arena, as hunger has become more visible in society through the emergence of community-based charitable food assistance.

In New Zealand the food supply is more than sufficient to meet the dietary needs of the country as a whole (Public Health Commission, 1993), yet many individuals and households are prevented from obtaining sufficient nutritional intake. Various referred to as hunger, food insufficiency, food poverty and household food insecurity, the problem has been recognised by researchers in the United States, Canada, the United Kingdom, Australia and New Zealand (Tarasuk, 2001). The term 'food security' has been widely adopted when referring to issues of poverty, hunger and nutrition and is now listed among the social determinants of health (McIntyre, 2003).

As defined in the 1996 Rome Declaration on World Food Security,

Food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life (FAO, 1996).

A key component of food security is the ready and constant access to affordable and nutritious food. Other definitions acknowledge that the food supply must be culturally appropriate, and that food must be accessed in an acceptable manner (McIntyre, 2003; Parnell et al., 2001). Conversely, food insecurity exists when access to adequate food is compromised or threatened through a variety of factors. Inadequate income and financial insecurity are the key factors that affect an individual's or household's ability to obtain or preserve food security (Tarasuk, 2005). It is important to note that it is not necessary to experience frequent hunger in order to be considered food

insecure: it is possible to consume a regular, filling diet (albeit one that would be considered unhealthy) and be deemed food insecure (Radimer, 1996). Thus, food insecurity also relates to *food choices* and the ability to purchase and consume foods essential for a healthy diet.

3.3 A new geography of food

It is only since the mid-1990s that a new ‘geography of food’ has emerged and that geographers have become interested in patterns and causes of food insecurity, and health outcomes. Studies looking at food consumption have become increasingly important as the dietary behaviour of individuals can be understood in social, economic, cultural, educational, and geographical contexts (Curtis, 2004; Diez-Roux et al., 1999). It is widely acknowledged that dietary patterns of food consumption vary significantly by age, gender, and socio-economic status. Studies examining why socio-economic dietary differences exist have in the past mainly focused on the individual level, and indeed in New Zealand this is still largely the case.

Since the mid-1990s researchers have increasingly focused on the environmental determinants of dietary difference (Egger and Swinburn, 1997). Geographers have studied poverty and food insecurity mainly in terms of area-level effects, and have examined the relationships between neighbourhood deprivation, poverty and poor nutritional outcomes (Table 3.1). In the United States, Zenk et al. (2005) argue that socio-economically disadvantaged neighbourhoods have inadequate access to healthy, nutritious food which can result in unhealthy outcomes. For example, numerous studies have examined area-level effects in relation to obesity, and it has consistently been found that there are strong correlations between income inequality, neighbourhood deprivation, and obesity, even after individual factors such as age, gender and income have been accounted for (Khan et al., 1998; Ellaway et al., 1997). Hill and Peters (1998) write of ‘obesogenic environments’, whereby certain environments are seen to promote excessive food consumption and to discourage physical activity, resulting in the increased risk of obesity. For example, Reidpath et al. (2002) studied the prevalence of fast-food outlets in Melbourne, Australia, and found that social and environmental determinants interacted to create obesity

promoting environments. It was found that the poor had increased exposure to energy-dense foods, while those living in the very richest areas had little exposure to fast food outlets.

Table 3.1: Key studies looking at food and deprivation

Author	Location and study	Findings
Diez-Roux et al. (1999)	4 neighbourhoods in 4 US states. Demographic data, dietary intake and income were analysed for 13,095 adults aged 45-64 years.	Living in a low income neighbourhood was generally associated with a poorer diet. However, individual income was a more consistent predictor of diet than neighbourhood income.
Hill and Peters, (1998)	Research review.	Obesity is largely caused by an environment which encourages excessive food consumption and which discourages physical activity. To combat the obesity epidemic the environment must be 'cured'.
Ellaway et al. (1997)	Glasgow, UK. 691 male and female subjects aged 40 and 60, and who were also long-term neighbourhood residents, had their physical measurements taken.	There was a strong relationship between neighbourhood and body size/shape. Individuals in the most deprived neighbourhoods were significantly shorter, had larger waist circumferences, waist-hip ratios and BMIs, even after controlling for individual characteristics.
Reidpath et al. (2002)	Melbourne, Australia. 269 postal districts were examined by socio-economic status and the density of fast-food outlets in each.	There was a strong relationship between neighbourhood and exposure to fast-food outlets. Environmental and social determinants interacted to create an obesogenic environment, whereby the poor experienced increased exposure to energy-dense foods.
Wrigley et al. (2002)	Leeds, UK. A so-called 'food desert' underwent a 'before and after' study to examine the impact of the opening of a large superstore. 1009 respondents were involved in the 'before' study, and 615 in the 'after' study.	Individuals who had the poorest diets prior to the opening of the supermarket in the neighbourhood experienced a significant increase in fruit and vegetable consumption afterwards. There was also a shift away from the smaller-scale food outlets in favour of the larger supermarket.

Cummins et al. (2005)	Glasgow, UK. Fruit and vegetable consumption patterns were examined for 412 men and women before and after the opening of large scale food retailing in the area, and compared with a similar control community.	After adjusting for various socio-economic factors, there was no evidence of improved fruit and vegetable consumption in the study area after the introduction of large scale food locally. There was evidence for an improvement in psychological health for those who directly engaged with the intervention.
Winkler et al. (2006)	Brisbane, Australia. 50 census collection districts were randomly sampled, and physical access to the local food retail environment was examined.	It was unlikely that living in a socio-economically disadvantaged area equated to fewer (physical) opportunities to purchase fruit and vegetables. The shopping infrastructure was found to be relatively equal throughout the study area.
Maher et al. (2005)	Wellington and Wairarapa, New Zealand. 10 secondary schools from the least and most deprived socioeconomic status environments were randomly selected. A 1km radius around the school was examined for food outlets and shops, and advertising.	The obesogenic environment around schools was examined in terms of retail location and advertising. It was found that fewer food outlets in the more deprived areas were likely to advertise a salad option than those in higher socioeconomic status areas.

The major body of research looking at poverty, social exclusion and issues of access to healthy food emerged from the United Kingdom in the mid-1990s, and is concerned with the existence of so-called ‘food deserts’ (Wrigley, 2002; Wrigley et al., 2002; Clarke et al., 2002; Whelan et al., 2002). These studies have highlighted that healthy food choices can be restricted and shaped by the neighbourhoods in which individuals live. A food desert is a term used to describe an inner city area with poor physical and economic access to healthy food, and which is characterised by deprivation and social exclusion. The basic premise of a food desert is that in a deprived area, healthy food choices are seen to be determined largely by food retail providers, and less-mobile residents are dependent on the local, small-scale food retailers where prices are high and fresh fruit and vegetables are in short supply. This

is due to the growing trend for supermarkets, which because of economies of scale are able to offer a wider range of food at lower prices than smaller high street retailers, to be located in the more peripheral, affluent neighbourhoods.

Food deserts became an important research area in the mid-1990s in the United Kingdom as there was a perceived worsening of access to affordable quality food in a number of areas. In his long-awaited report of the *Independent Inquiry into Inequalities in Health*, Acheson (1998:65) noted that in the United Kingdom “there is a paradox in that a ‘healthy’ basket of food has been found to cost more in disadvantaged areas than in affluent areas”. There is some evidence in the United Kingdom and particularly in the United States that retail location, provision and costing can affect accessibility to healthy food (Zenk et al., 2005; Alwitt and Donley, 1997; Eisenhauer, 2001). Government policy in the United Kingdom embraced the idea of disadvantaged areas and food deserts and it was believed that in order to improve public health and reduce health inequalities, large scale food retailers could be used as an important social intervention (Cummins et al., 2005). There was some evidence that this could occur. Wrigley et al. (2002) found that when a large superstore did open in a food desert in Leeds there was indeed a significant increase in the consumption of fruit and vegetables amongst those who had previously had the poorest diets. Although the reasons for this increase are not explored, it is likely that improved physical and economic access to these foods was behind the increase.

However, the importance of food deserts and their impact on population health has been contested. Cummins and Macintyre (2006:102) argue that food deserts are essentially a North American phenomenon, and the most consistent evidence for “neighbourhood level environmental influences on diet and obesity” has come from studies conducted in the United States. Elsewhere, the evidence has been mixed. It has also been argued that the very concept of food deserts appears to be somewhat misleading and over-hyped by academics and policy makers, and the assumption that there are poor neighbourhoods where residents cannot afford healthy food is a ‘factoid’, or ecological fallacy (Cummins and Macintyre, 2002a). Although some studies have confirmed Acheson’s statement relating to the cost of a healthy food basket, others found that in some deprived areas, both a healthy food basket and an unhealthy food basket were actually less expensive than the cost of their equivalent in

an affluent area (Mooney, 1990 cited in Cummins and Macintyre, 2002a; Cummins and Macintyre, 2002b). Furthermore, in contrast to earlier findings, which suggested that retail intervention could improve health and diet in poor neighbourhoods, Cummins et al. (2005) found that there was no evidence that the introduction of large scale food retailing in a deprived area in Glasgow resulted in an increase in fruit and vegetable consumption among residents. Similarly, Winkler et al. (2006) studied food retail outlets in Brisbane in terms of area status and the locality of food retail outlets, and found that there were relatively equal opportunities to purchase fresh fruit and vegetables across areas of varying socio-economic status. Such studies challenge the notion of retailers contributing to food poverty.

Little research has been conducted in New Zealand looking at issues of environmental factors and access to healthy food, despite growing concern about inequalities in diet and nutritional outcomes. Pearce et al. (2007a) have found that there is no evidence of food deserts in New Zealand. They have found that the opposite appears to be true, and that physical access to food outlets stocking fresh fruit and vegetables, particularly supermarkets, is in fact better in the more deprived neighbourhoods. However, Pearce et al. (2007b) have also found that fast food outlets are concentrated in the more deprived neighbourhoods, which was similar to Reidpath et al.'s (2002) findings in Melbourne, meaning that people in the more deprived neighbourhoods have increased exposure to these less-healthy foods. Similarly, Maher et al. (2005) examined the advertising and availability of 'obesogenic' foods around secondary schools in the least and most deprived areas in the Wellington and Wairarapa regions. They found that food outlets located in lower socio-economic neighbourhoods were less likely to advertise a salad option than those located in higher socio-economic neighbourhoods. Ling's study (2005) of supermarket prices in Christchurch compared the prices of a 'healthy' and 'less healthy' food basket in a 'most' deprived neighbourhood with a 'least' deprived neighbourhood. In line with Acheson's findings, it was found that not only were healthier foods more expensive in the most deprived neighbourhood, but the price differential between a healthy and less healthy food basket was greater in the most deprived neighbourhood. This potentially acts as a barrier and disincentive to purchasing healthier foods. Lastly, Carter and Swinburn (2004) studied the obesogenic environment of primary school cafeterias and found

that the food environment was not conducive to healthy food choices. There were no significant effects of socio-economic status on cafeteria sales and food types.

3.3.1 Critique of research

There is a lack of consensus over whether food deserts actually exist, and findings into the effects of food retail intervention have been somewhat mixed and ambiguous. Food deserts represent an example of government implementing policies based on inconsistent and contentious research, and highlight the importance of basing policy on sound research. The tendency for 'food desert' research to emphasise the role of retailers means that researchers tend to neglect the social and individual determinants of unhealthy food decisions, such as individual income. Thus, structural discourses of poverty have been emphasised while cultural discourses appear to have been largely ignored. Additionally, most of the food desert studies have used different methodologies and have been conducted in different geographical areas, where local factors besides retail provision and cost (such as traditional dietary patterns) may influence fruit and vegetable consumption. Also, these studies have largely failed to recognise the broader incidence and significance of household food insecurity in the community.

3.4 Trends in hidden hunger and food insecurity

Since the 1990s household food insecurity appears to have increased internationally. The most recent United States Department of Agriculture (USDA) figures show that in 2004, household food insecurity increased in the United States for the fifth straight year. Prevalence is now estimated to be 11.9%, which represents a 43% increase since 1999 (Nord et al., 2005). Canada has also shown a similar increase, with a 2000/2001 survey estimating household food insecurity prevalence to be 14.7% (Tarasuk, 2005). With the prevalence of food insecurity appearing to increase internationally in countries that have experienced similar economic and welfare policies, it would be reasonable to expect that New Zealand too has experienced an increase in the level of household food insecurity.

Wynd (2005) estimates that 100,000 households in New Zealand currently experience low food security. This equates to 7.1% of all private households, as defined by Statistics New Zealand (2006). Food insecurity is a difficult concept to measure, and the most comprehensive studies measuring food insecurity in New Zealand have been the 1997 National Nutrition Survey (NNS) (Russell et al., 1999) and the 2002 National Children's Nutrition Survey (NCNS) (Parnell et al., 2003). The 1997 NNS was the first survey to collect national data on household food security, and it examined the frequency in which household food security was compromised due to restricted economic access. Participants were given eight indicator statements based on the five key themes of food insecurity, food inadequacy, coping strategies, alternative sources, and social issues. It was found that there were clear relationships between income, foods purchased and nutrient deficiencies for the most socio-economically disadvantaged.

The 2002 NCNS followed a similar design to that of the 1997 NNS, and looked at the prevalence of food insecurity for children aged 5-14 years and their household. The results of the two surveys are not directly comparable due to different recruiting methods, sample sizes, and the restriction to only households containing a dependent child in the 2002 survey. Nonetheless, the 2002 survey showed an increase in the prevalence of household food insecurity in all eight categories (Table 3.2), indicating that either food insecurity had increased nationally, or, that households containing children experienced higher levels of food insecurity than the general population. It is likely that both of these explanations underlie the apparent increase.

Table 3.2: Household food security over the last year (%)

	The household:	Because of lack of money, the household:					The household:	
		Can afford to eat properly	Food runs out	Eat less	Variety of foods limited	Rely on others	Use food grants/banks	Stressed about lack of money for food
	Sometimes	Sometimes or Often	Sometimes or Often	Sometimes or Often	Sometimes or Often	Sometimes	Sometimes	Sometimes
1997	13	14	13.5	27	7	4	10	10.5
2002	20.1	22.1	18.1	34.6	11.8	8.6	18.1	16.9

Sources: Russell et al., 1999; Parnell et al., 2003.

Key findings of the 1997 National Nutrition Survey (2002 figures in brackets):

- 13 percent of New Zealanders reported that their household can only *sometimes* afford to eat properly. (20.1%)
- 14 percent reported food runs out in their household because of lack of money either *sometimes* or *often*. (22.1%)
- Between 12 and 14 percent of households eat less because of lack of money either *sometimes* or *often*. (18.1%)
- 27 percent reported that lack of money affected the variety of foods consumed either *sometimes* or *often*. (34.6%)
- 7 percent stated that their household either *sometimes* or *often* has to rely on others to provide food and/or money for food when they do not have enough money. (11.8%)
- 4 percent reported that their household *sometimes* uses food grants/food banks when there is not enough money for food. (8.6%)
- 10 percent of respondents *sometimes* felt stressed about lacking money for food. (18%)
- 10.5 percent reported *sometimes* feeling stressed when there was no food for social occasions. (16.9%)

The data from the two surveys indicates that food insecurity is widespread throughout New Zealand, and that many households are struggling to obtain adequate and sufficient food. However, apart from the 2002 survey, no recent national survey has been undertaken in recent years to confirm this. More investigation is required to understand the reasons for the apparently increasing levels of food insecurity in affluent nations, and why New Zealand appears to have a relatively high level of household food insecurity when compared with other similar countries.

If the response rate relating to the statement 'food runs out in the household due to lack of income' is taken to be the main measure of food insecurity, then 14% of New Zealand households could be classed as being food insecure in 1997. Parnell et al. (2001) compared certain findings of the New Zealand 1997 NNS study to similar studies carried out in the United States and Australia in the mid-1990s and found that household food insecurity appeared to be most prevalent in New Zealand. Data taken from 1995 national surveys for the United States and Australia estimated the prevalence of food insecurity to be 7.8% and 5% respectively (Parnell et al., 2001). New Zealand also appears to have had a higher prevalence of food insecurity than Canada during this period. The 1996/1997 National Population Health Survey in Canada estimated the prevalence of food insecurity to be 4% (Tarasuk, 2005). New Zealand's relatively high prevalence is interesting and a matter for concern, as the other three countries have experienced similar welfare reforms to New Zealand, yet the incidence of household food insecurity appeared to be lower for these countries.

The cost of feeding a household has generally become more expensive in recent years, which may partially explain the increase in household food insecurity. For example, in New Zealand the cost has risen from an average of \$126 per week in the 2000/01 period to \$143 in the 2003/04 period, representing a 13% increase (Statistics New Zealand, 2004). Incomes have not increased at the same rate. Table 3.3 indicates the weekly estimated cost of purchasing a healthy diet for men, women and children in different New Zealand cities in 2005 and 2006. If less than the estimated amount per person is spent, then the risk of consuming a diet which does not meet the New Zealand recommendations for good health increases. In 2005 there was very little geographical variation in the figures, although a basic healthy diet tended to be

slightly more expensive in Auckland. By 2006, the costs in Dunedin and Christchurch had increased for nearly every single age/sex category, while the Northern cities generally experienced cost reductions. As a result, it now costs more to obtain a healthy diet for a household in the South Island than in the North. The estimated weekly food costs for a Christchurch household consisting of a man, woman, adolescent boy and girl would now be at least \$232. For a Christchurch household consisting of a woman, an adolescent boy and a 10 year old, the food costs would now be at least \$167. These prices are unrealistic for many households struggling on low incomes, particularly as the money spent on food is usually 'left over' from other household expenditure.

Table 3.3: Weekly estimated food costs needed for a healthy diet³ (\$), 2005-2006

	Auckland		Hamilton		Wellington		Christchurch		Dunedin	
	05	06	05	06	05	06	05	06	05	06
Man	53	50	51	49	51	51	52	54	51	54
Woman	50	48	48	47	49	49	49	52	49	51
Adolescent boy	67	64	64	63	64	65	66	69	65	69
Adolescent girl	56	53	53	52	54	54	55	57	54	57
10 year old	44	42	42	41	42	43	45	46	44	45
5 year old	30	29	28	28	28	29	29	31	29	30
4 year old	28	27	26	26	27	27	28	29	27	28
1 year old	24	23	23	22	23	23	24	25	25	24

Source: Department of Human Nutrition, University of Otago, 2005; 2006

3.5 Who is at risk of food insecurity?

Hunger is a symptom of poverty, and certain groups are at particular risk of disadvantage, food insecurity, and ultimately compromised health (Ministry of

³ This is a basic estimate, as opposed to moderate and liberal estimates which include a greater variety of fruit and vegetables, and higher quality meats. The cost does not include non-food items such as toilet paper, soap and cleaning products that would normally be purchased.

Health, 2003a). The ‘traditional’ food insecure person has long been represented by the single homeless male. While this is still the case to some extent, the spectrum of the food insecure has broadened. Socio-economic dietary differences exist, and those on limited incomes face the highest risk of being food insecure, as living costs often exceed income and obtaining food becomes a struggle. Food has been identified as one of the key areas of spending that low income households relinquish for the sake of other prioritised expenses (Cheer et al., 2002). According to Radimer (1996) some of the risk factors associated with food insufficiency and insecurity include:

- lower income;
- younger age;
- being female;
- being a single parent;
- being unmarried;
- having dependent children in the household;
- being in receipt of a benefit; and
- renting or sharing accommodation

The 1997 and 2002 national nutrition surveys showed that certain groups in New Zealand experienced relatively high levels of food insecurity. Although food insecurity is a household issue, hunger and food insecurity may be experienced differently at the individual and household level (McIntyre, 2003). Some of the key groups most affected by food insecurity are listed below:

Females and children

Females are generally more likely to experience food insecurity than males, and often bear the brunt of food insecurity issues in the household. This is because females often protect other members of the household from hunger. For example, children often experience less food insecurity than their mothers, who may sacrifice their own food share in order to shield their children from hunger and under-nutrition (Bland, 2004). Parnell (1997:145) concluded that “women are... the most nutritionally disadvantaged when there are limits on food resources”. The 1997 NNS showed that in all 8 of the indicator statements, females were more likely to experience food

poverty than males. For instance, due to lack of money, 16% of females reported that food runs out, compared with 11% of males; while 14% of females reported eating less due to lack of money, compared with 12% of males. This may indicate that male respondents were unaware of the issue of food security as it was presented to them and/or that they are perhaps being protected from food insecurity by their female partners (Parnell et al., 2001).

Even if children are protected to a certain extent, they are still at a high risk of food insecurity, and there is a high prevalence of food insecurity in households with children. In 1995 it was estimated that over 22,000 children at school were hungry on a regular basis; 60,000 had not had breakfast, and 21,000 had no lunch available (Food and Nutrition Consultancy Service, 1995 cited in NZNAFP, 1999). In the 2002 NCNS, Maori and Pacific households with children reported higher levels of food insecurity than New Zealand European and Others (NZEO) households (Parnell et al., 2003). However, households with five or more children were the most likely to be food insecure than households with fewer children, regardless of ethnicity. Sole-parent families are at a much higher risk of being food insecure than the rest of the population.

Ethnicity

There are also ethnic variations in household food insecurity, and indigenous peoples and ethnic minorities in Australia, New Zealand, Canada and the United States are over-represented in national hunger statistics (Riches, 1997). These groups are also amongst the most marginalised and disadvantaged in their communities, although it is unclear if it is socio-economic or ethnic factors that are more important in explaining this ethnic over-representation. In New Zealand, the 1997 NNS (Russell et al., 1999) indicated that Pacific people and Maori experienced a greater level of food insecurity than NZEO. For instance, Pacific people and Maori were more likely to experience food running out in their household (about half and a third respectively) compared with one tenth of NZEO. A relatively large proportion of Maori and Pacific people also reported that their household eats less compared to NZEO households. A Christchurch study (Jamieson, 1998) of social service agency users also found that Pacific people and Maori were more likely to go without a meal than Europeans were,

confirming these variations in ethnicity. The 1997 NNS study found that, once again, differences in gender and ethnicity exist. More Maori and NZEO females reported food running out in their household compared with males respectively. Interestingly, amongst Pacific households this gender difference was not evident.

Young people

Young people also experience disproportionate levels of food insecurity. For instance in the 1997 NNS, prevalence for food insecurity and insufficiency peaked most often for the 19-24 age group. There was a significant decrease in prevalence with age for all 8 indicator statements, after adjusting for gender (Parnell et al., 2001). A Christchurch study found that over half of people going without meals due to lack of money were aged below 37 years (Jamieson, 1998).

Other measures of socio-economic status

People living in deprived neighbourhoods are also at a high risk of experiencing food insecurity, as they are more likely to be on lower incomes and face financial hardship. In New Zealand, a key finding geographically from both the 1997 NNS (Russell et al., 1999) and the 2002 NCNS (Parnell et al., 2003) was that concern about food security was most frequently reported by individuals living in the most socio-economically deprived areas. In the 1997 NNS, 25% of females and 16% of males in the most deprived NZDep96 quartile reported that food runs out in the household *sometimes*, compared with 7% and 8% respectively in the least deprived quartile. Similarly, the 2002 NCNS found that 36.3% of households in the most deprived NZDep2001 quintile reported that food runs out in the household *sometimes*, compared with just 5.6% in the least deprived quintile. However, more research is needed to determine whether this increased risk of food insecurity for those in deprived neighbourhoods is mainly due to compositional (i.e. individual) or contextual (i.e. area) factors. Pickett and Pearl (2001) reviewed twenty five key neighbourhood and health studies and found the evidence for modest neighbourhood effects on health was fairly consistent, which highlights the importance of place effects on health. However, they did not specifically examine food insecurity.

3.6 Pathways to food insecurity

Just as the pathways to homelessness are diverse, so are the pathways to food insecurity. As Wolch and Dear (1993:34) note, “The probability of a drift, a gradual slide, or a precipitous descent into homelessness is linked to personal factors beyond economic status and housing availability”. Thus, although structural factors commonly play a key role in producing outcomes of homelessness and food insecurity, individual experiences, coping strategies, and access to resources can also determine the severity of the experience. For instance, support from a family member may result in food security being re-established. Therefore the chances of experiencing food insecurity, and escaping it, are not necessarily equal for those at risk. Wolch and Dear (1993) identify three different states of homelessness which again, can be applied to the experience of food insecurity: short-term homelessness; chronic, or long-term homelessness; and cyclical, or episodic homelessness. This was one of the key parts of their analysis and indicates that once again, the experience of poverty and social exclusion varies in incidence, frequency, and duration. Pathways *from* food insecurity will once again differ, according to unique individual circumstances.

3.7 Government responses to food insecurity

Nutritional policy differs in form, extent and content both within and between countries according to a range of dimensions (Fine, 1998). There is also a temporal element to the importance that governments place on policies relating to food. For example, when the Poor Law in England and Wales was reformed in the 1830s, the Poor Law Commission addressed issues of diet in a brusque, discriminatory manner:

The diet of paupers shall be so regulated as in no case to exceed, in quantity and quality of food, the ordinary diet of any class of able-bodied labourers living within the same district...on no account must the dietary of the workhouse be superior or equal to the ordinary mode of subsistence of the labouring class of the neighbourhood (1835 Commission Reports cited in Coveney, 2000:81).

The purpose of such a regulatory measure (along with other measures) was to make the workhouses an unattractive prospect for all but the truly impoverished (Coveney, 2000). Conversely, state concern with food poverty was a key feature of the Keynesian welfare state, whereby political and ideological conditions ensured that the well-being of citizens was the responsibility of the state (Fine, 1998). Governments in countries such as the United States, Canada, the United Kingdom, Australia and New Zealand sought to tackle issues of poverty, hunger and nutrition through a variety of direct and indirect policies. These included community health programmes, agricultural and fisheries policies, food and nutrition standards, as well as general social welfare policies and public safety nets to protect the most vulnerable members of society from going hungry (Riches, 1997).

For example, in the United States the USDA offers 14 food assistance programs to address aspects of hunger and food insecurity. The food stamp programme (FSP), established in 1939, is the largest and best known of the government nutrition programmes. It was introduced more as a means of reducing agricultural surpluses than aiming to improve the diets of low-income groups (Kodras and Jones, 1990). Initially lasting only 4 years and reintroduced in 1964, the current goal of the FSP is to alleviate hunger and malnutrition by assisting low income households in obtaining food through benefits and subsidies (Biggerstaff et al., 2002). Other measures include the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and the school lunch and breakfast programmes (Biggerstaff et al., 2002). In England and Wales, local education authorities are obliged to provide free school meals if a child's parents or caregivers are receiving income support.

In New Zealand, school children were protected from malnutrition through a variety of measures which have long since been abolished. In 1937 the school milk scheme was introduced, initially to help children who had been undernourished during the Depression. The scheme lasted for 30 years and children received half a pint of milk each school day. Additionally, surplus apples were provided to school children in the early 1940s, and in the late 1940s medical examinations were introduced for new entrants. Children deemed to be malnourished were sent to state supported children's health camps.

Riches (1997:165) notes that over the past few decades the situation for Canada, the United States, the United Kingdom, Australia and New Zealand has been:

...a story of increasing hunger and unacceptable hardships, inadequate benefits and punitive welfare policies, government denial and uncoordinated public policy and valiant but inadequate charitable community responses.

In recent years, government responses to food insecurity have largely been insufficient, despite having certain obligations in regards to international laws and declarations (Uttley, 1997). Most OECD countries (with the notable exception of the United States) have ratified the United Nations' *International Covenant on Economic, Social and Cultural Rights* (1966) and the *Convention on the Rights of the Child* (1989). Both of these articles recognise the right of people:

[to] an adequate standard of living for himself and his family, including adequate food, clothing and housing, and to continuous improvements of his living conditions. The States Parties will take appropriate steps to ensure the realization of this right, (UN, 1966 cited in Riches, 1997:13).

More recently, at the 2002 *World Food Summit: Five Years Later*, the draft declaration reaffirmed the major objective of the 1996 World Food Summit for “the right of everyone to have access to safe and nutritious food”. This was rejected by a number of powerful states (led by the USA, but included the EU, Canada, Australia and New Zealand) and eventually in the Summit Declaration this reference was watered down to the establishment of “voluntary guidelines to achieve the progressive realisation of the right to adequate food” (cited in Hussein, 2002). This does not ensure state action, and suggests that the political will to eliminate food insecurity is lacking in certain countries (Hussein, 2002).

Certain efforts have been made by various governments to address issues of hunger and poverty in society through a range of benefits and support schemes. In New Zealand, the main form of government assistance for people experiencing food insecurity is the Special Needs Grants (SNG) for food, as administered by WINZ. This is a one-off payment and conditions stipulate that there must be an urgent need

and that there are no other ways to meet the cost. There are numerous restrictions and criteria for this grant, such as the applicant having to prove they have no cash assets, being able to produce receipts to prove spending, and only being able to receive one grant in a certain time period.

In response to the growing number of people using food banks nationwide, the government relaxed certain criteria for this grant in late 1994 and increased the maximum amounts available. Consequently, between January and April 1994 and the same period for 1995, there was a 142.2% increase in the number of SNGs for food awarded (MacKay, 1995). This equated to almost 75,000 SNGs for food being awarded in the four month period in 1995, representing 51.9% of all SNG applications (Mackay, 1995). In recent years, food has remained the number one reason why people apply for SNGs and/or benefit advances, accounting for around 40% of all applications. Table 3.4 shows that from 2000/2001 to 2003/2004 there was a gradual increase in the number of grants and benefit advances for food purposes (in bold), but from 2003/2004 to 2004/2005 there was a slight decrease in the number awarded. This reflects the decrease in the total number of SNGs and benefit advances awarded since 2003/2004.

Table 3.4 Trends in the purpose of Special Needs Grants and benefit advances

Purpose of Special Needs Grant or benefit advance	Number of Special Needs Grants and benefit advances				
	2000/2001	2001/2002	2002/2003	2003/2004	2004/2005
Advances	8,124	8,669	9,403	9,883	9,398
Disabled Civilian Amputee*	128	140	118	104	59
Food	274,601	287,167	295,243	302,260	299,739
Funeral Grants	13	31	21	23	27
Health-related assistance	8,935	10,070	12,577	14,955	15,752
Home help payments*	4	9	8	13	16
Lump sum payment on death*	0	0	0	0	0
Live organ donors (income assistance)	0	0	0	0	13
Medical and associated costs	83,196	86,721	89,254	94,390	89,518
Other emergency situations	237,371	247,961	259,765	274,081	270,154
Payments for goods or services	2,186	1,503	1,127	904	583
People affected by benefit stand downs	6,967	2,921	2,297	2,808	2,651
Re-establishment accommodation element	649	588	659	612	637
Re-establishment grants	11,440	11,350	11,365	11,077	11,073
Rural sector (including Civil Defence Emergencies)	18	31	20	267	289
Sickness Benefit/Invalid's Benefit assessment travel	182	184	205	220	192
School education costs	35,480	36,437	38,735	36,835	34,287
Special Education Service*	5,910	5,102	2,711	16	0
Terminal benefit arrears*	0	0	0	2,565	2,139
Transfer to New Zealand Superannuation	513	684	723	626	592
Urgent house repairs and maintenance	3,613	3,544	3,926	3,978	3,704
Youth transition	0	0	0	7	31
Total	679,330	703,112	728,157	755,624	740,854

*These items were later transferred to other payment codes.

Source: Adapted from the Ministry of Social Development, 2006

In addition to the SNG for food, WINZ also offers the Special Benefit, which is a weekly payment designed for people finding it hard to manage financially, and (recoverable) advance benefit payments. However, these supplementary measures have proven insufficient in eliminating poverty and hunger from the community, as shown by the continuing demand for food from the voluntary welfare sector. There is a concern that many people are still failing to receive extra financial assistance from

the government, even when they are legally entitled or in need of it (McGurk and Clark, 1993). It has been suggested that some clients find WINZ to be overly bureaucratic and difficult to deal with, and such institutional barriers may deter some marginalised people from approaching this agency.

3.8 Local voluntary welfare sector responses to food insecurity

Voluntary organisations have long been offering assistance to people enduring poverty and hardship. For instance, soup kitchens were commonplace throughout cities in the United States during the 1930s Depression, and were operated by a diverse range of groups including missions, church ladies' guilds, and even Al Capone's gangster organisation in Chicago (Daly, 1996). It has mainly been church organisations and missions that have historically provided food assistance to the needy, which is in line with "a long tradition of the church of helping the disadvantaged and oppressed within the community" (Olds et al., 1991:23). During the prosperous post-war period, demand for voluntary welfare assistance was low as the state was committed to full welfare provision. One noticeable exception was during the 1951 Waterfront Strike in New Zealand, when citizens were prohibited from assisting the strikers and their families, and police were even instructed to ensure that food parcels were not distributed. The church responded by collecting and distributing food and money to the strikers and their families. Voluntary organisations still played an active role within communities and society in the post-war period, albeit at a more marginal and less significant level than in previous years (Conradson, 2002:1). The main focus of the voluntary welfare sector during this time was the provision of services that were secondary or complementary to those offered by the state (Black, 2000).

As a result of welfare state restructuring in the 1980s and 1990s, the voluntary welfare sector has re-emerged as an important means of community welfare provision, and internationally the number of voluntary welfare organisations has substantially increased. Ideological changes and financial pressures during the neo-liberal era prompted most governments in Western industrialised countries to retreat from their previous welfare commitments, and instead offer a reduced, residual welfare service.

The growth of the voluntary welfare sector was actively promoted and encouraged by the state, which wanted the sector to take on an enlarged role as a key welfare provider (Conradson, 2006). This particularly applied to faith-based organisations. It was argued that the sector was more responsive to the needs of the community and better positioned to offer individualised services, as well as being more cost effective than government agencies (Barretta-Herman, 1994). The voluntary welfare sector has expanded mainly due to a reliance on state sources of finance, and has largely resulted in what Wolch (1990) terms the *shadow state apparatus*. Thus although the voluntary welfare sector is independent of the state, an inter-dependent and complex relationship exists between the two for a number of reasons, including state sources of funding, local contextual factors, and accountability to the state.

The voluntary welfare sector has had to expand and diversify its services in response to the changing needs of its client base, as well as its changing commitments to the state. As the level of poverty has worsened in society, the level of food insecurity has also increased through government action (and inaction), and food insecure people have turned to charitable sources for additional food supplies in growing numbers (Riches, 2002). In response to such demand, the provision of emergency food support and assistance has become an increasingly important service for welfare organisations, in order to fulfil a need that would otherwise remain unserved. For some agencies, this has been undertaken reluctantly as it has been felt that it should not be the voluntary welfare sector's responsibility to provide such assistance; rather, it should be the state's. Interestingly, the transaction of food resources can be beneficial to not only the clients who receive them, but also to the organisations involved. Offering food assistance to the community can bring added benefits to the organisations involved, particularly those receiving state funding, and the reasons for this will be discussed in detail in later chapters.

The voluntary welfare sector has responded to increasing poverty and hunger in the community in a variety of ways. Firstly, soup kitchens have re-emerged in the urban landscape in a significant fashion, providing prepared meals for individuals and families to be consumed on-site. Soup kitchens tend to be most prolific in the United States and do not particularly feature in New Zealand, apart from perhaps the Christmas dinners provided by various missions and at night shelters where meals are

often provided. To a lesser extent they may also operate from caravans or mobile vans in public places, such as public squares. Secondly, community gardens have been established, which are local co-operative gardens that encourage social integration and distribute locally grown food. Thirdly, community cafes have appeared which offer meals or snacks for a small fee (often a gold coin) to members of the community. Fourthly, community programmes have been established which aim to educate and up-skill low income households on how to acquire and prepare nutritious, low cost meals (Tarasuk, 2005). Fifthly, breakfast clubs have been established at certain schools containing a large number of students from low socio-economic households, in conjunction with the wider school community. The purpose of these clubs is to provide school children with a nutritious, filling meal before the start of the school day (see Bloy, 2005, for an in-depth study on breakfast clubs in New Zealand). In Christchurch this scheme has even been introduced to a number of kindergartens. Lastly, the voluntary welfare sector has responded to food insecurity through the provision of food banks⁴. Although food banks differ in size and form, they can generally be described as “organisations which collect and distribute groceries in the form of food parcels” (Leslie, 1996).

Food banks have constituted the primary voluntary welfare sector response to household food insecurity in many OECD countries, including the United States, Canada and New Zealand. Food banks differ from soup kitchens in the sense that groceries, rather than prepared meals, are distributed to clients in the form of a food parcel which is to be prepared and consumed in the recipient’s own home (Leslie, 1996). While soup kitchens are often sites of social interaction for those in poverty where they have their food prepared and served to them, food parcels may be seen as providing a sense of ‘normality’ for clients by allowing them to take their groceries home, like mainstream society does, and prepare their meal. There is of course an inherent assumption that the recipients of a food parcel will possess the skills and facilities to prepare and consume the contents of the parcel (Whale, 1993). Typically a food parcel will provide emergency food designed to last a household 3-4 days,

⁴ Also referred to as ‘food pantries’, particularly in the USA and Australia. The term ‘food bank’ in the United States and Australia (and in the past, Canada) usually refers to warehouses which solicit, collect, store and distribute food items to locally operated food-relief sites, which then distribute food directly to individuals or households. In this report it is the local food assistance and distribution sites that will be referred to as food banks, as they have contact and interaction with the clients.

although this differs according to organisational policy and will depend on the food resources of the food bank. The food is generally of a non-perishable nature, although meat, vegetables and/or fruit may be offered. Table 3.5 shows the contents of the various food parcels and extras offered by the Christchurch Methodist Mission. A client may receive a combination of the below items and any extras according to need. As the issue docket shows, food banks may additionally offer non-food items in their parcels, such as toilet paper, soap and washing powder.

Table 3.5: Food parcel issue docket for the Methodist Mission

Other Extras	Parcel 1	Parcel 2	Parcel 3	For Families Only
Bread	Sugar	Spaghetti	Toilet Paper	Sausages
Eggs	Rice	Baked Beans	Soap	Child's snack pack
Margarine	Cereal	Tin of Fruit	Washing Powder	
Potatoes	Tea Bags	Tin of Tomatoes		
Apples	Milk Powder			
	Extras	Extras	Extras	Frozen Extras
No. of bags given:				Total items given:

3.9 Chapter summary

This chapter has examined the problem of food insecurity in affluent countries, and has shown that although difficult to measure, the prevalence of food insecurity appears to have increased internationally and in New Zealand since the 1990s. This has mirrored the growth in poverty since the early 1990s in affluent countries. New Zealand appears to have high rates of food insecurity compared to other countries that have experienced similar social and political change. This chapter has identified some of the key geographic studies relating to access to healthy food. These studies have generally examined food inequalities and access to food in terms of socio-economic factors *or* environmental factors, while failing to consider the relative value of each.

The key risk factors for experiencing food insecurity relate to income, age, gender, ethnicity, marital and family status, housing tenure, and neighbourhood deprivation. Thus, the people who are most likely to experience poverty are also the people most

likely to experience food insecurity. There are many diverse pathways to and from food insecurity, and each person's experience will be different according to the coping resources available. Thus, along with structural factors that may be outside the control of the individual, individual factors are also important. There are three main states of food insecurity; short-term, long-term and episodic.

Governments' attitudes to food poverty and food insecurity have fluctuated throughout the nineteenth and twentieth centuries, in terms of the level of state provision, involvement and commitment. The Keynesian welfare period was marked by a variety of measures and policies to ensure that citizens were adequately fed. If this was not the case, there were adequate safety nets in place to rectify this. Under neo-liberalism, the state has sought to have diminished responsibility for its citizens, including the most deprived, and therefore although there are certain measures in place to assist with food emergencies and other special needs, they have on the whole proved to be inadequate, and at times difficult to access. The state has actively encouraged the voluntary welfare sector to play a greater role in assisting those in poverty, and the voluntary welfare sector has responded to the increased need in a variety of ways: soup kitchens, community gardens, community cafes, education programmes, breakfast clubs, and food banks. Some of these represent older forms of assistance, while others are relatively new initiatives. The following chapters will focus almost exclusively on the last of these forms of assistance: food banks.

Chapter 4: Food insecurity and food bank use

4.1 Introduction

Chapter three outlined some of the key components of food insecurity and how its increase has paralleled the growth of poverty in affluent countries. It also looked at how the problem of food insecurity has been addressed in recent years by governments and the voluntary welfare sector. This chapter aims to explore the links between food insecurity and food bank usage (and non-usage). The first part of this chapter will discuss the different ways that people cope with food insecurity, one of which is through making use of food banks. This chapter will then examine some of the key food bank research that has been undertaken by social scientists internationally and nationally. Trends in food bank use will be highlighted, as will the difficulties in measuring use and comparing results. This chapter will also provide an overview of the main types of food bank clients and the reasons why people use food banks. Reasons why people may not use food banks despite being in need are also outlined. The second part of this chapter centres focuses on the food bank providers: firstly by looking at who operates them and why, and secondly, by examining some of the key issues facing food banks and their providers.

4.2 How do people respond to food insecurity?

Tarasuk (2005:303) notes that those experiencing food insecurity are “forced to adopt food consumption patterns and employ a variety of strategies to acquire food or money that fall outside social norms”. For the food insecure, decisions about how much of the household expenditure can be spent on food, and what types of foods should be purchased, are made on a daily basis. In a wider sense, such decisions can affect health outcomes. Cheer et al. (2002) devised a model (Figure 4.1) to illustrate some of the key factors linking low income to particular health outcomes for Pacific Island households. This model can be applied to all low income households and illustrates that when faced with expenses, such households must ultimately prioritise their spending, which will result in the sacrificing of goods and services. The fear of

eviction, disconnected electricity and/or repossessed goods generally means that shelter and household bills take precedence over other household concerns. Tactics may be employed to delay paying bills for as long as possible, but as noted earlier, food is often the first item to be relinquished. Combined with other factors, such as socio-demographic status and health behaviours, this can result in particular health outcomes.

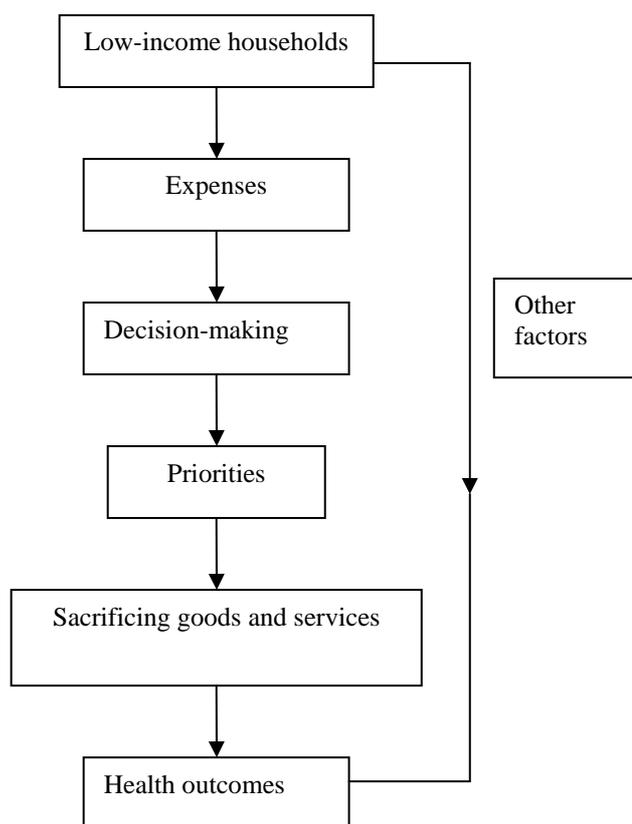


Figure 4.1: The decision making chain of events

Source: Cheer et al., 2002: 507

People living in poverty have learnt to be inventive and use a number of strategies to survive (Whale, 1993). Some of these strategies may be more conscious than others, while others may be more ad hoc in response to changing circumstances (Barnett, 2001). Furthermore, these strategies are not necessarily permanent coping mechanisms and may vary geographically over space and time. Evason and Woods (1995:84) outline five key ways that households may “bridge the gap” between

insufficient income and various needs: by simply doing without items or cutting down expenditure on items such as clothing and food; by seeking/receiving financial assistance from family or friends; by making use of credit facilities for certain areas of expenditure (and thus being vulnerable to debt and high interest rates); by accessing charities and community organisations; and lastly, by obtaining additional income through undeclared earnings. Michalski (2003) found that many of the coping strategies employed by those on low incomes tended toward social exclusion and marginalisation, such as the sacrificing of a telephone, foregoing entertainment and socialising, postponing bill payment, and/or the selling of personal possessions.

A variety of coping strategies are used by people experiencing food insecurity in order to obtain and conserve food. Such coping strategies in response to food insecurity range from altering dietary behaviour to finding alternative sources of and/or resources for food. Dietary behaviour may be altered by changing the usual diet, rationing food or skipping meals. Food insecurity has serious implications on health, as diet quality is affected and food quality and quantity is compromised. People on low incomes generally have a higher consumption of energy dense, high fat foods such as pies and chips which, although filling and available at a low cost, are nutritionally deficient (Dowler et al., 1997). In many cases fruit, vegetables and/or meat are reduced or eliminated from the diet due to the higher cost of such food, and specific nutritional problems may arise out of a prolonged absence of these foods (Weber, 1990). Although food insecure people are generally aware that the food they are consuming is inadequate and/or unhealthy (NZNAFP, 1999), they face a constrained economic choice in that they must spend whatever money is left over from prioritised household spending on food that will satisfy hunger: usually the cheaper, less healthy foods (Dowler et al., 1997).

Alternative means of accessing food employed by the food insecure may include borrowing food (or money for food) from friends or family, seeking emergency government assistance, stealing food, or approaching charity for food assistance. These strategies can be demeaning and humiliating for the individual and/or household involved as dependency on others is required to fulfil basic food needs. Poppendieck (1998) argues that in our culture, with its emphasis on independence, dependency is tantamount to failure and immaturity. Furthermore, not every

household can rely on friends and family for informal assistance, and pride may prevent others from seeking this form of assistance. Clearly, these dependency-based consumption patterns fall outside the socially accepted norms of accessing food.

4.3 Trends in food bank use

4.3.1 International trends

Riches (2002:661) argues food banks are “confirmation of the re-emergence of the residual welfare state” and of government neglect of hunger and nutritional health. This can be seen through people becoming dependent on food aid through repeated visits to food banks. Food bank demand and use is an indirect measure of the prevalence of food insecurity in the community, and food bank growth increased dramatically in the early 1990s in North America. For instance, in Canada food bank use has increased 118% since 1989 and 24% since 1997 (CAFB, 2005). Food bank use seems to have stabilised since 1998, when around 2.4% of the population was served by a food bank in any given month, compared with just over 2.5% in 2005 (Riches 2002; CAFB, 2005).

The United States has experienced a similar pattern of growth although food bank use appears to have grown rapidly in the 1980s, slightly earlier than in Canada. The Second Harvest Network is the United States’ largest supplier of food to poor people (Daly, 1996) and feeds more than 23 million Americans each year (Second Harvest, 2006) via 50,000 local social service agencies. Over 70% of their local programmes started after 1981, and nearly 50% after 1986. Recent data from the USDA indicates that the number of households in America experiencing hunger has increased 43% between 1999 and 2004 (cited in Hall, 2005) and one study showed that 2.4% of all households in the United States had accessed emergency food from a food bank at least once during the year (Nord et al. 2002, cited in Berner and O’Brien, 2004).

In Europe the European Federation of Food Banks was established in 1986, and food banks and food assistance programmes continue to grow. In 2005 this food redistribution scheme distributed 215,000 tons of food, worth 444 million euros, via 22,000 charities to nearly 4 million recipients (European Federation of Food Banks,

2006). The federation now boasts 17 member countries, with the noticeable exception of the United Kingdom. In the United Kingdom surplus food redistribution schemes are also the main form of food assistance, whereby larger agencies such as Crisis Fareshare distribute food to smaller charities and agencies. In comparison with Europe and North America, the relative number of these schemes is low, although the major schemes are expanding (Hawkes and Webster, 2000).

The fact that food bank growth and demand was so exponential throughout the 1990s indicates that far from being temporary structures to deal with the woeful inadequacies of the welfare state, they have become 'institutionalised' as part of the welfare landscape (Whale, 1993). Ironically, this institutionalisation highlights the inability of the food bank industry to alleviate hunger in the community, despite initially being an emergency, temporary response to the problem. Despite economic recovery in the countries where they are prevalent, demand for food banks has not abated, which highlights the persistence of poverty. It also highlights the fact that food bank activities have become increasingly well known in the community, and as a result, the services have attracted more clients. The advantages of using a food bank are spread via word-of-mouth, which again maintains demand. The continuing demand for food banks is contrary to what might be expected, particularly given the current low levels of unemployment. However, such employment statistics are somewhat deceiving as the official decrease in unemployment has coincided with the expansion of the low-wage economy. As a result of contemporary employment conditions, the working poor are increasingly presenting for charitable food assistance.

4.3.2 New Zealand trends

Currently, there are approximately 380 food banks in New Zealand (NZCCSS, 2005b), although there are definite data on this, and it is unclear what is said to constitute a food bank. According to NZCCSS 1994 data (cited in Le Heron and Pawson, 1996), in that year there were more than 350 food banks in New Zealand. These food banks were heavily concentrated in the upper North Island, and one third of all food banks were in the Auckland region alone. Most other urban centres

contained food banks (for example, Wellington had 30, Christchurch had 22, and Dunedin had 8), and many rural and semi-rural areas also had at least one food bank. There were very few food banks in existence in the 1980s, although they were still a “distinct feature on the welfare landscape in New Zealand” (Mackay, 1995:129). They tended to be small scale operations catering for the needs of a small section of the community, particularly single homeless men. It was not until the early 1990s that food banks became a distinct and significant welfare service provider in the community and started to assist a diverse range of people. It was also around this time that term ‘industry’ started to be used in conjunction with food banks. The development and growth of food bank activities was likened to that of a successful business or enterprise (Whale, 1993), which was in stark contrast to the economic climate of the time. This point is emphasised in Figure 4.2 which shows a cartoon by political cartoonist David Fletcher (1992) that reinforces the ‘industry’ analogy. A decade later the term ‘industry’ was even being used in government rhetoric. In 2001 the Minister of Social Development, in referring to food banks, claimed that it was “an industry created by the National Party in government” (Maharey, 2001).



Figure 4.2: Food bank industry cartoon

Source: Whale, 1993: 116

There are no national food bank statistics or data quantifying the level of assistance food banks provide, so food bank data in New Zealand tends to be highly fragmented and localised. An example highlighting the rapid growth in food bank demand comes from the Salvation Army food banks (Table 4.1). In the first quarter of 1991 about 2,100 people received food assistance, soaring to over 10,200 in 1992 and more than

14,300 in 1993 for the same period. By the first quarter of 1994 demand for food parcels had slowed to nearly 15,000 people receiving food assistance.

Table 4.1: Growth in demand for food parcels in Salvation Army food banks. First quarter figures for 1990-1994

Year	Number of people receiving food assistance	Percentage growth
1990	1,226	
1991	2,124	73%
1992	10,261	383%
1993	14,347	40%
1994	14,906	4%

Source: Mackay, 1995

Other food banks around the country reported similar increases, and the pattern of growth was comparable to that of the United States and Canada (Mackay, 1995). In 1994 there were an estimated 365 food banks operating nationally, and of these, 20% had been set up in the previous year (Else and NZNAFP, 2000). These food banks distributed approximately 40,000 food parcels that year, worth around \$25 million (Mackay, 1995).

The number of food banks in New Zealand's major urban centres increased rapidly. For example, Auckland had 16 food banks in 1989, increasing to 31 in 1990, 63 in 1991 and over 130 in 1994 (Mackay, 1994; Mackay, 1995). Rural areas also experienced the introduction of food banks, particularly in supposedly wealthy parts of the country (such as Taranaki) indicating that food poverty had permeated throughout the whole of New Zealand. The demand for food bank services continued to grow throughout the late 1990s, albeit at a much slower rate than the explosion of the early 1990s. For example, between 1994 and 2001 Presbyterian Support Otago reported an increase in parcels delivered from 2,500 to more than 5,000 (cited in Crack, 2001). The fact that the number of food banks increased so rapidly in the 1990s coincided with the increase in poverty and prevalence of food insecurity in the community. As mentioned earlier, it has been widely asserted that the rapid explosion in the number of food banks and the number of people using them was directly linked

to the 1991 benefit cuts and the introduction of market rentals for state housing (Le Heron and Pawson, 1996; Boston et al., 1999; Mackay 1995).

By the late 1990s it was estimated that around 10% of all New Zealand households were seeking assistance from food banks at least once during the year (Hackwell, 1998 cited in Else and NZNAFP, 2000). The 1997 NNS (Russell et al., 1999) found that 4% of the population reported that their household *sometimes* used a food bank or special food grants when there was not enough money for food, and with 0% reporting this occurred *often*. The 2002 NCNS found that 8.6% of New Zealanders (with at least one child in the household) reported that their household *sometimes* used a food bank or food grant, and 1% reported that this occurred *often* in their households (Parnell et al., 2003). This could be seen to indicate that not only has demand for food grants and food banks increased, but also the frequency in which they are accessed has also increased. It is important to note that demand for food banks varies throughout the year, as food must compete with other household spending which also varies throughout the year. Food banks generally report increased demand during the winter months as heating costs increase; before and particularly after Christmas as extra household spending takes place; and at the start of the school year when there are extra school related costs (Wynd, 2005; Uttley, 1997).

In 2001 the Minister of Social Development stated that the government wished to put food banks “out of business” through its commitment to poverty alleviation via economic growth, and social and community development (Maharey, 2001). Five years later food banks are very much ‘in business’ and are still assisting tens of thousands of households per year with their food needs. However, the last five years have seen some inconsistent trends in food bank usage patterns in New Zealand, with some food banks reporting an increase in demand for their services while others have reported a decrease in demand (Thomas, 2006a). The PIP (NZCCSS, 2005a) found that between 2001 and 2004 the number of applicants seeking food bank services decreased at 6 of the 7 study food banks. This decline in demand should be interpreted with caution as some of the food banks had reported an increase in demand towards the end of the study. Additionally, Wynd (2005) suggests that many factors can contribute to the apparent decline in use, and that there is possibly something about

the food banks themselves influencing the data, rather than an actual decline in demand for food banks.

Food banks have differing policies, recording methods, restrictions and eligibility criteria, and many of the PIP food banks changed their policies and requirements throughout the project. For instance, in the first quarter of 2001 the Christchurch City Mission recorded an average of 315 applicants per month, and by the final quarter of 2004 this figure had dropped to 48 per month. However, NZCCSS (2005a) warns that changes in sampling procedure over time may have affected these figures, therefore comparisons may be misleading. Wynd (2005) also compares the monthly average number of parcels issued by the PIP food banks (excluding the Christchurch City Mission) with the Auckland City Mission for the period January 2001- December 2004 and notes that it appears the NZCCSS and Auckland City Mission (ACM) figures are telling different stories (Figure 4.3). It appears the PIP food banks have generally shown a decrease, while the ACM has shown an increase, particularly for 2004. Furthermore, statistics collated by month and quarter may mask trends and differences occurring on a daily and/or weekly basis. Once again, this highlights the fact that food bank data may not always be statistically robust or comparable.

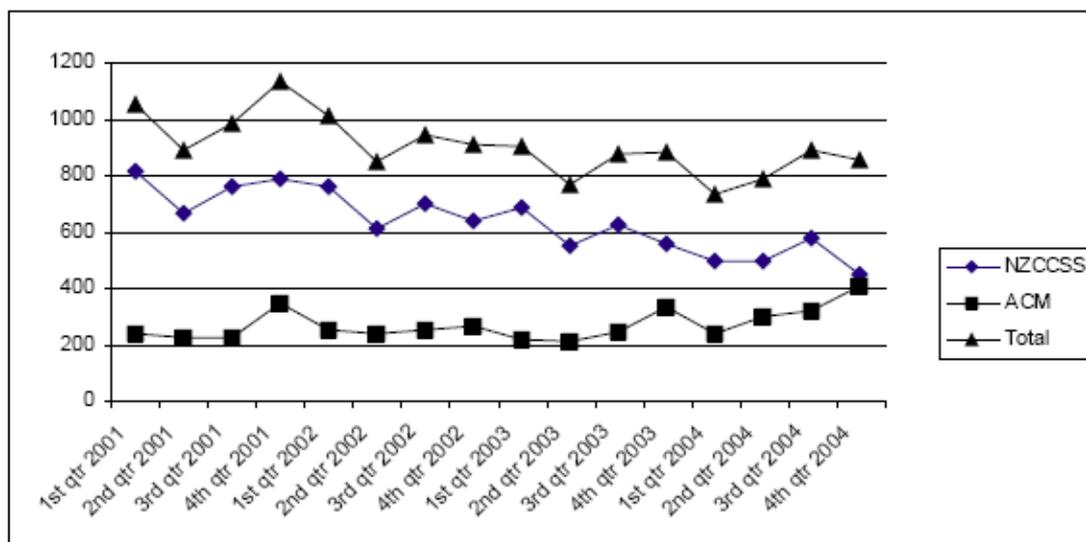


Figure 4.3: Average number of food parcels issued by NZCCSS food banks⁵, Auckland City Mission and overall total, Jan 2001-Dec 2004

Source: Wynd, 2005

⁵ Excluding the Christchurch City Mission

4.4 Key food bank studies

4.4.1 International food bank studies

Much of the research carried out on food banks at the international level has been undertaken by nutritionists and social workers in North America. Nearly all of the studies have been local and small scale, although the research has been wide ranging and has covered multiple themes and issues. Studies have been concerned with the rise of food banks and have highlighted the broader social, economic and political contexts in which growth has occurred (Riches, 2002; Thériault and Yadlowski, 2000; Poppendieck, 1995 cited in Poppendieck, 1997). The shortfalls of state welfare policy and assistance have been key themes in the literature, particularly in the United States in relation to the inadequacies of the food stamp programme (FSP). Studies there have concluded that the major reason eligible people do not apply for the programme is because of the difficulty in accessing information about it (Biggerstaff et al., 2002; Berner & O'Brien, 2004). Other barriers to using the Food Stamp Program include homelessness (i.e. lack of permanent address for bureaucratic purposes), limited English language abilities (Algert et al., 2006b) and the fact that some states require fingerprinting, which can make applicants feel like criminals. Those who face such "brutal and abusive" (Poppendieck, 1998:254) barriers ultimately turn to charitable food providers in lieu of government provision, even when they are eligible for it.

The differing roles and purposes of food banks have been extensively studied in relation to how they assist clients and their needs, and what it is exactly that food banks should be doing to help the food insecure (Riches, 2002). Perhaps the major area of interest in food bank literature has been the examination of food bank clients and their patterns of use. The socio-demographic characteristics of food bank users have been studied to establish exactly which groups are using food banks, and to identify the particular circumstances which lead to food bank usage (Tarasuk and Beaton, 1999a; Jacobs Starkey et al., 1998; Thériault and Yadlowski, 2000; Clancy et al., 1991). Several studies have taken this one step further, and having identified key food bank users, have monitored and measured the nutritional characteristics of these key groups (Jacobs Starkey et al., 1998; Jacobs Starkey et al., 1999).

There has been scant international food bank literature examining the location of food banks, particularly in relation to clients' home addresses. This highlights the need for geographers internationally to undertake some substantial research in this field. Location is an important factor in accessing food sources, whether from a retail or charitable source, as the effects of distance can affect levels of use. This is because those with limited mobility may face restricted access to such sources, although if use of the food bank is infrequent, then this may not be such a big issue. Algert et al. (2006a) examined the location of nearly 4,000 food bank clients in Los Angeles in relation to the local food bank and to stores providing fresh produce, and found that i) there were clustered areas of food bank clients; and ii) these clustered areas accounted for a large percentage of clients with no access to stores supplying fresh produce. Additionally, few studies have conducted national patterns of food bank use, which tends to be difficult due to the local nature of the organisations offering food banks and the lack of organised national food bank bodies. One noticeable exception is in Canada, which has a well organised national body of food banks and other voluntary food charities, The Canadian Association of Food Banks (CAFB). This umbrella organisation produces *Hunger Count* each year, which is Canada's "only annual survey of food banks and emergency food programs" (CAFB, 2005). The CAFB is thus able to access consistent and reliable data to track and compare regional and national trends annually and longitudinally. The majority of the literature on food banks has emerged from Canada and the United States where food banks have a high profile and food insecurity is widely documented. Food banks have been a neglected area by social researchers in Australia and the United Kingdom, where despite their existence, they are still in their infancy and do not appear to have become as institutionalised in the welfare system as is the case in the United States, Canada and New Zealand.

4.4.2 New Zealand food bank studies

Despite playing such an important role in alleviating hunger in New Zealand, food banks have received surprisingly little academic attention. This may be because hunger has become depoliticised as a human rights issue (Riches, 1997), in addition to

the general public denial that hunger exists in New Zealand due to a lack of agreement over what constitutes hunger (Parnell et al., 2001). Research into food bank clients was most prolific in the early and mid-1990s, when food bank usage was becoming increasingly visible in society. Interestingly, most of the research into food banks in New Zealand has been commissioned or undertaken by voluntary welfare organisations. Table 4.2 outlines some of the key New Zealand research into food bank use.

Table 4.2: Key New Zealand food bank studies

Author	Location and study	Findings
Olds et al. (1991)	603 client questionnaires completed by food bank clients at Methodist Churches nationwide. Additionally, staff at 36 Methodist food banks completed a questionnaire. Socio-demographic data were collected.	Difficulty in paying bills was the single most important reason for food bank use (47%). Only 4% cited rent. 86% respondents were in receipt of a benefit, and 5% were in full time or part time employment.
Whale (1993)	Telephone and postal questionnaires conducted with 67 food banks in Auckland.	Food banks were studied in the context of the welfare system and voluntary welfare provision and it was found that food banks are institutionalised in the welfare system. Users were predominantly female single parents, and an average of 60% of users came from within 5km of the food bank.
Gunby et al. (1996)	1110 questionnaires completed by food bank clients at 17 Salvation Army food banks nationwide. Socio-economic data were collected.	Rent was the single most important reason for food bank use (46%) followed closely by household bills (43%). Maori and Pacific people, women and people under 40 were over-represented. Nearly 40% were sole parent families. 62% clients had previously visited the food bank in last 12 months
NZCCSS (2005a)	4 year research project tracking trends in food bank clients in 7 food banks nationwide. Focused on housing, income, employment and debt circumstances.	Affordable housing and the incidence of debt was a major factor contributing to food bank use. The average after-tax income for food bank clients was over \$500 less than the national average. Women and Maori were over-represented at the food banks studied. Sole parents and children also featured heavily.
Crack (2001)	34 questionnaires completed by food bank clients at Presbyterian Support Otago. Food bank locations were mapped and client mobility and access were examined.	The centralised nature of Dunedin's food banks meant that they could be difficult to access for those living in peripheral areas who had limited means of personal mobility. Transport costs and/or being dependent on others for transport were two major barriers to accessing food banks in the city.

Whale (1993) and Crack (2001) are two geographers who have researched food banks in a New Zealand context. Whale's research into Auckland food banks was an in-depth examination of the food bank phenomenon in the Auckland context, and was the first to look at the ability of food banks to respond to economic change and welfare state restructuring. He found that food banks have become an entrenched part of New Zealand's welfare system through state mechanisms, and are now part of the social geography in both Auckland and New Zealand. He also noted the locations of Auckland's food banks and found that an average of 40% of food bank clients lived more than 5 kilometres away from a food bank. Crack (2001) provided an overview of the food bank industry in Dunedin, and examined the location of food banks in relation to the wider parts of the city that clients were coming from. He explored some of the difficulties experienced by clients in accessing food banks, particularly the barriers faced by the 'immobile poor'.

Of the research that has been undertaken, most have been small scale local studies and have focused on the demographic profile of food bank clients and/or the number of food parcels distributed by a food bank (Olds et al., 1991; Gunby et al., 1996; NZCCSS, 2005a). Furthermore, many have been based on random samples or subject to client willingness to participate, and therefore may not reflect true client traits and characteristics. The NZCCSS (2005a) Poverty Indicator Project (PIP) was the first study to attempt to track food bank trends longitudinally at different food banks across the country. This study observed trends in people accessing food banks and the level of demand for the selected food banks. Additionally, New Zealand studies have looked at the financial status of food bank clients and the reasons people give for using food banks. It has consistently been found that inadequate benefit levels, the cost of housing, and household bills are key factors contributing to food bank use (Olds et al., 1991; MacKay, 1995; NZCCSS, 2005a). Despite popular misconceptions, it is rarely due to poor household budgeting or poor decision making (NZNAFP, 1999).

4.5 Who uses food banks?

Most food banks indicate that their clientele consists of a diverse range of people with a diverse range of problems, although a common factor is that food bank users are people who experience food insecurity and who are financially insecure. Because of the perceived social stigma attached to using a food bank and the associated feelings of shame, embarrassment and humiliation (Tarasuk and Beaton, 1999a), and the effort involved in accessing a food parcel, it is likely that the majority of clients are experiencing genuine hardship. Often, food bank users will experience multiple problems and deprivations, of which financial insecurity is just one. Extensive studies conducted both internationally and in New Zealand have identified some of the main characteristics of food bank users. The following characteristics are by no means mutually exclusive of one another:

Beneficiaries

Research on food bank clients both overseas and in New Zealand has consistently shown that food bank users are predominantly in receipt of state benefits (Thériault and Yadlowski, 2000; CAFB, 2005; Mackay, 1995; NZCCSS, 2005a). Tarasuk and Beaton (1999a) found that 84.3% of food bank clients at one food bank in Toronto, Canada, were receiving social assistance. Similarly, Jacobs Starkey et al. (1998) found that 83.5% of food bank clients in Montreal, Canada, were also in receipt of social assistance. In New Zealand, Olds et al. (1991) showed that 85.9% of food bank clients' main income was a state benefit, and around 90% of the Wellington Downtown Community Ministry's clients were income support beneficiaries (Crack, 2001). However, there appears to be an international and national trend for a decreased proportion of beneficiaries presenting at food banks. For instance, the NZCCSS (2005a) longitudinal study showed that around 70% of food bank clients received a benefit as their only source of income.

Low income workers

One explanation accounting for the decrease in the proportion of beneficiaries accessing food banks is the increasing trend for low income workers to present at food

banks (Poppendieck, 1998; NZCCSS, 2005a). Low income workers are at economic risk as they are either likely to be earning the minimum wage, are not working full time, are not guaranteed a certain number of hours per week and/or are often not entitled to sick leave and holiday pay. Thus, low wage earners experience 'job' insecurity and are increasingly living in poverty, despite the common perception that poverty is largely restricted to beneficiaries (Stephens et al., 2000).

This trend has increasingly occurred in the United States, Canada and New Zealand, although the percentage of food bank clients in paid employment appears to be highest in the United States. For instance, in 1991 a study of clients in New York City and New York State found that 20% and 24% of clients respectively were in waged work (Clancy et al., 1991). A national study conducted eight years later showed that 20.7% of clients were employed (Second Harvest, 1998). By 2002 an in-depth study in Virginia found that around 25% of clients were employed at the time of the study (Biggerstaff et al., 2002).

In Canada and New Zealand, the percentage of low income workers presenting at food banks has increased since the 1990s. An extensive 1998 national study by the Canadian Association of Food Banks found that 10% of all food bank clients' main source of income was through employment (CAFB, 1998). The same study conducted five years later found that this figure had increased to 13.1% (CAFB, 2005). Similarly, a New Zealand-wide study in 1991 by Olds et al. found that only 3.3% of food bank clients were in full employment, and 2.3% were in part-time employment. Over a decade later NZCCSS (2005a) found that around 10% of food bank clients' only source of income was through employment.

Females and sole parents and children

Studies have consistently shown that females, and in particular sole mothers, are significant users of food banks (Riches, 2002; Gunby et al., 1996; Uttley, 1997), which suggests that food insecurity is an important gender and family issue. Females have found to be over-represented in food bank statistics in international and local studies. For instance, Clancy et al. (1991) found that around two thirds of clients in New York City and New York upstate were females. Other studies in the United

States have had similar findings (Biggerstaff et al., 1998; Second Harvest, 1998).

The New Zealand 1997 NNS (Russell et al., 1999) found that although 4% of the population was using food grants/food banks sometimes or often, there were some important differences in who was accessing them. More females at every NZDep96 quartile were accessing food assistance than males. It was found that 6% of females used food grants/food banks *sometimes* or *often*, compared with just 2% of males, again highlighting this gender disparity. The NZCCSS (2005) PIP found that at six of the seven food banks surveyed, between 60-75% of clients were females, which is consistent with international and national findings. Additionally, at the same six food banks, around a third or more of food bank clients were sole parents, compared with the New Zealand average of 19% sole parent families (NZCCSS, 2005a).

Dependent children are also over-represented in food bank statistics (Thériault and Yadlowski, 2000; NZCCSS 2005a). For instance, in a national Canadian study it was found that 40% of all food parcel recipients were children (CAFB, 2005). Similarly in New Zealand, Olds et al. (1991) found that 55% of food parcel recipients were aged 18 years or under. It appears that families with larger numbers of children are over-represented amongst food bank users (Mackay, 1995; Uttley, 1997), which is not surprising as household food security also appears to be affected by the number of children in a household.

Ethnicity

Ethnic minorities and non-white populations have consistently been found to be over-represented amongst food bank clients. In the United States, African-American and Hispanic users appear to be over-represented (Clancy et al., 1991; Second Harvest, 1998) while in Canada Hispanics, Black Canadians and people with First Nations ancestry are over-represented among food bank users (Kennedy, 1995 cited in Riches, 1997). Additionally, studies in Montreal and Toronto have found that nearly half of all food bank clients are immigrants, mainly coming from Eastern Europe, South America and the Caribbean (Jacobs Starkey et al., 1999; Daily Bread Food Bank, 2005).

In New Zealand Maori and Pacific people have been found to be over-represented amongst food bank users (Gunby et al., 1996; NZCCSS 2005a), which again is not surprising given their higher levels of deprivation and over-representation in employment, income, and social assistance statistics (Mackay, 1995). The 1997 NNS (Russell et al., 1999) found that those from Maori households (males 8%, females 16%) and Pacific households (males 12%, females 14%) sometimes use food grants/food banks, compared to NZEO households (males 1%, females 3%). Maori females aged 15-24 years were the group most often reporting using food grants/food banks sometimes (19%).

People living in deprived areas

There has been very little research conducted into where food bank clients are living, although food bank use appears to be area-related, at least in New Zealand. People living in poor areas tend to be the poorest people, suffer from the most financial hardship, and have only restricted opportunities (Harvey, 1973). Therefore it is no surprise that the NNS 1997 (Russell et al., 1999) found a very clear deprivation trend showing people from poor areas were making the most use of food grants/food banks. For instance, those living in NZDep96 quartile IV areas (most deprived) reported that their households used food grants/food banks *sometimes* (males 6%, females 12%), which was more frequently than those living in the less deprived quartile I and II areas (males 0% and 1% respectively; females 1% and 2% respectively). Additionally, the 2002 NCNS (Parnell et al., 2003) showed that 17.6% of people living in the most deprived areas (NZDep2001 quintile V) *sometimes* used food grants/food banks. This was much higher than the 1.1% and 3.6% of those living in quintile I and II areas. McGurk and Clark (1993) argue that food banks are often located closer to where clients live than the nearest Social Welfare office, so it is easier for people in financial hardship to go to wherever is most accessible: the food bank.

Young adults

Adults aged 40 years and younger have been found to be over-represented amongst food bank users (Thériault and Yadlowski, 2000; Whale, 1993; Gunby et al., 1996;

NZCCSS, 2005a). The 1997 NNS (Russell et al., 1999) found that young females in the 19-24 age group (11%) and 25-44 age group (7%) most frequently reported using food grants/food banks *sometimes*. The hardship faced by these groups is reflected in poverty statistics, which show that these are the age groups most likely to be experiencing financial hardship. Conversely, those aged over 65 years are the least likely to be using food banks, and this is not necessarily because this age group is more financially secure at this stage in their lives and/or they receive assistance from their families. It may be due to reasons of pride, which will be discussed later in this chapter.

Single people

Single people are also prominent food bank users (Le Heron and Pawson, 1996), yet their circumstances and experiences of poverty are often overlooked or ignored (NZCCSS, 2005a). Many of the PIP food banks client base consisted of a large proportion of single adults. For instance, around 70% of Wellington Downtown Community Ministry's clients were single people (NZCCSS, 2005a).

Thus, previous research has found the key groups using food banks tend to be beneficiaries, low income workers, females and sole parent families, ethnic minorities (in the New Zealand context, particularly Maori and Pacific people), people living in deprived neighbourhoods, younger adults, and/or single people. The diversity of these groups represents a change from the 'typical' food bank client of the late 1980s, who was likely to be a single, homeless male (Whale, 1993), to the inclusion of women and children. This can be attributed to the feminisation of poverty (Pearce, 1978) which has been an outcome of contemporary work and welfare conditions. What is also of key importance is the presence of increasing numbers of low income workers who are increasingly appearing at food banks, despite being a part of the labour force.

4.6 Why do people use food banks?

Not everyone in poverty will use a food bank, and using a food bank is just one of the many coping strategies that the food insecure may employ. As Michalski (2003:277)

notes:

...while clearly not all low-income households rely upon food banks for supplemental support, the obverse does indeed apply: the vast majority of food bank users fall below the low income cutoffs for families of their respective sizes and geographic locales.

Thus, financial disadvantage appears to be a common factor underpinning food bank use. Food bank use tends to be episodic, and Parnell (1997:145) notes that for the socially disadvantaged, “there are times of feast and famine”. This is because food intake fluctuates with financial resources, and Dowler and Calvert (1995, cited in Parnell, 1997:145) found that for women on welfare, their energy intake was lower further away from ‘pay day’. Thus the need for using a food bank may be cyclical, and may vary from a weekly basis, to a monthly basis, to a more sporadic temporal basis. There are a several key reasons as to why people use food banks, including insufficient income, unaffordable housing, high utility bills and being in debt, however, individual patterns of use reflect a variety of factors. Mackay (1995) assigns those who use food banks into five broad categories:

- Those who are (barely) coping, for whom just one unanticipated cost or event may induce a financial crisis. Such unanticipated expenditure may include: health care related costs, extra people in the house, or the breakdown of a car or appliance. A relationship break-up may also cause new forms of hardship;
- Those with a negative cash flow, whereby daily subsistence can only be managed by accumulating further arrears and debt;
- Those with a complex set of problems, which might include drug, alcohol and gambling abuse, domestic violence issues, debt arrears and/or poor money management skills;
- Those who fall through the cracks in the system and who are missing out on assistance to which they are entitled; and
- Those who opt out of the income support system. This is the small residual pool of people who, for a variety of reasons, do not engage with government agencies. This may be out of ignorance, misunderstanding, fear or mistrust of the system, while others may simply not wish to receive support.

Thus, these people are living at subsistence level (apart from those whose rent and other basic living expenses regularly exceeds income) and it appears that often it is a financial crisis that pushes the household over the edge financially. Food becomes a key problem once such a crisis or emergency has occurred.

As already mentioned, insufficient income, household bills and particularly housing costs have been shown to be increasingly key indicators of food bank use. In a 1991 study (Olds et al.), only 4% of food bank clients cited rental costs as the main reason for using the food bank. By 1996 rent was cited as being the most important reason for food bank use (Gunby et al., 1996) which suggests that the introduction of market rentals had a substantial effect on household expenditure. The PIP (2005) found that over 60% of food bank clients spent more than 30% of their net income on housing. In the 2003/2004 period, housing accounted for 24 cents of every dollar spent (Statistics New Zealand, 2004). Of course this varies significantly, and in Cheer et al.'s 2002 study of Pacific communities in Auckland, it was found that the mean proportion of household income spent on housing costs was 51.8%, or in other words, 51.8 cents of every dollar spent. The 2004 Household Economic Survey (Statistics New Zealand, 2004) showed that the average weekly expenditure on housing was \$217 in 2003/04, up 19.1% from \$182 in 2000/01, and for those renting, the average weekly expenditure on rent increased 10% to \$185 in 2003/04. Thus, the increases in housing costs, along with increases in utility bills, have placed further pressure on already tight budgets, and priorities and sacrifices need to be made (Cheer et al., 2002). When food is sacrificed, food banks become a crucial coping strategy for the food insecure.

4.7 What barriers prevent food bank use?

Not everyone who is food insecure will utilise the services of a food bank, and Riches (2002) argues that it is reasonable to expect that food banks are under-utilised. This under-use by some groups can mask true food needs, and food bank demand is therefore a reflection of expressed need rather than felt need (Whale, 1993). Food bank users represent the 'tip of the iceberg' of the food insecure, just as the street-

homeless signify those experiencing the most severe and visible state of homelessness.

There may be many reasons why people choose not to use a food bank. As Burns (2004) points out, although the use of food banks may be an indicator of food insecurity in a community, failure to utilise such sources does not necessarily indicate an absence of food insecurity. Rather, the apparent under use could suggest a lack of *accessible* emergency food sources in the community. Crack (2001) found that the centralisation process of Dunedin's food banks from peripheral locations to the inner city resulted in many clients either having to absorb extra transport costs (both financially and in terms of time) or be dependent on others for transport to access a food parcel. Thus, the location of the food bank may act as a deterrent for those who have limited mobility.

Even if physical access to the food bank is not a significant issue, the actual operations and policies of the food bank may prevent people from accessing food assistance (Leslie, 1996; Tarasuk and Eakin, 2003). The allocation process used by a food bank to distribute its food parcels can impact on how accessible the food bank is perceived to be. Because demand for food banks usually exceeds supply (Crack, 2001), many food banks impose quota systems to protect their limited resource(s). For instance, food banks may cap the number of food parcels handed out per day, and once these have been accessed, any additional people seeking assistance are turned away (Wynd, 2005). Furthermore, most food banks limit the number of parcels that an individual or household may access within a certain time period to discourage dependency and to preserve food resources (Leslie, 1996). Once this limit has been reached the client is warned that they are not entitled to further assistance until a certain date. To prevent the problem of 'double dipping', whereby multiple food banks are patronised by the same client, food banks may share client information to track the person and ensure that he/she is only receiving assistance from one food bank. Once again this has been a necessary step for food banks to undertake to avoid duplication and abuse of the system, and to ensure that they can assist as many people as possible. In the Canadian context, some clients have even been banned from receiving future assistance for 'abusing' the policies of the food bank by providing false information or for accessing multiple food banks (Tarasuk and Eakin, 2003).

Food banks may also have some form of eligibility criteria, whereby in order to gain a food parcel, certain conditions must be met. For instance, many New Zealand food banks require a letter from WINZ indicating that the client has been refused food assistance from the state (McGurk and Clark, 1993). This is to ensure that i) the client is aware that the state offers various forms of assistance, and ii) the client has applied for state assistance and was deemed to be not eligible. Other food banks require evidence of personal identification and/or evidence of hardship in the form of bank statements or household bills (Wynd, 2005; Jensen and Wickens, 1990, cited in Thériault and Yadlowski, 2000). These measures may act as a deterrent for people who may not wish to disclose this personal information. Another barrier to accessing a food bank may be its hours of operation (Whale, 1993). Generally food banks are only open during week days and in normal office hours⁶. This can restrict accessibility for the working poor, which further compounds their hardship as it is unlikely that they are able to take (unpaid) time off work to access a food parcel.

Cultural and social factors may prevent food bank use, and people may choose not to access a food bank despite their level of need because of a perceived stigma attached to such assistance (Thériault and Yadlowski, 2000; Mackay, 1994). They may feel embarrassed and humiliated at the thought of having to 'beg' for food from charity (Tarasuk and Beaton, 1999a). This may particularly be the case in smaller communities, where people may choose to keep their difficulties and financial struggles to themselves to preserve anonymity. Parents may wish to shield their children from the food bank environment and the knowledge that the food bank is providing the household with groceries (Tarasuk and Beaton, 1999a), and thus may only choose to access the food bank when and if alternative childcare arrangements have been made.

Thériault and Yadlowski (2000) note in the Canadian context that ethnicity appears to be another cultural factor affecting food bank use, as recent immigrants and people from ethnic minorities rarely utilise them. They suggest that ethnic minorities must contend with certain language and cultural barriers at the agencies making social

⁶ Additionally, many food banks are only open on certain days of the working week and/or have certain opening hours.

interaction difficult. It may be that the food supplies offered by food banks are not a usual part of the traditional diet for such groups, and it may also be deemed culturally inappropriate to access food via such means. Such groups may also be wary of being perceived as reliant on charity and thus avoid food banks to prevent negative public perceptions (Thériault and Yadlowski, 2000).

4.8 Who are the food bank providers?

Voluntary welfare organisations in New Zealand tend to be locally-based or affiliated with a wider religious organisation, and carry out their roles often with very little financial support from either local or central government (Fitzgerald and Cameron, 1989:23). Food banks are organisations which fall under the voluntary welfare sector's umbrella (Crack, 2001) and they vary in their objectives, size, roles and functions. In the United States, Canada and Australia there are several large organisations whose sole purpose is community hunger relief, such as Toronto's Daily Bread Food Bank (2006), the Second Harvest Network in the United States (2006), and Foodbank Australia (2006). In New Zealand hunger relief tends to be just one aspect of a broader social service offered by churches and other voluntary welfare organisations (Whale, 1993). Food banks in New Zealand tend to be of a much smaller scale and in contrast to countries such as Canada, the United States and Australia, there are no formal national/regional bodies that collect bulk food on behalf of the food banks which are then distributed to the food banks themselves. Thus, food banks in New Zealand appear to operate at a more independent and grass-root level and are involved in all aspects of the food collection, storage, and distribution processes.

Generally food banks will encourage clients to access other services offered by their organisation, such as advocacy and budgeting services or general life-skills courses (Whale, 1993; Milner, 2004). After a certain number of visits to the food bank it may be a requirement that the client seeks budgeting advice (Whale, 1993). The food bank service may even be used as the key means of generating demand for other services through the initial client contact, particularly for services which are supported by state contractual agreements. This benefits the organisations as the more clients there are

that are involved with additional services receiving government contracts, the likelihood of retaining and receiving additional state funding increases. This also benefits the food bank client who may not have realised that such services existed and who is then encouraged to use them to improve their situation. Thus the role of the food bank can be crucial in terms of enticing clients to use other services, which benefits both the client and the organisation. If no such service exists then advice may be given on how to access such a service elsewhere.

Food banks internationally have been established principally by missions, churches and to a lesser extent, volunteer groups, in response to growing food insecurity in the community (Daly, 1996). This has also been the case in New Zealand. For instance, Whale (1993) found that 95% of Auckland's food banks were initiated by a church organisation and indeed in New Zealand most food banks are closely tied in with (Christian) church-based welfare services. He argues that the churches' 'Good Samaritan' position in society allows them to be highly aware of the impact that welfare state restructuring has had on the lives of the poor and to be in a position to respond to such need through the delivery of a service. In a similar vein, Pacione (1990; 1991) notes that since the mid-1980s, church-based groups throughout the developed world have become increasingly involved with issues of urban poverty and deprivation.

Faced with government inaction, the opening of food bank services was deemed necessary by church groups to prevent people from going hungry in the community. The type and scale of church affiliation varies (Whale, 1993). For instance, the food bank may be run by a single church organisation, in which case it is likely to be small scale and quite informal. Alternatively, the food bank may be a part of a wider local, national or international religious welfare structure and/or mission, such as the Salvation Army or the St Vincent de Paul Society. The food bank in such organisations will exist in conjunction with other services offered, and is likely to be of a larger and more formal scale. Community organisations and non-religious entities have also responded to hunger by establishing food banks in addition to other services. For example, many tertiary providers now provide a food bank service, reflecting the increased hardship of many students in the era of increased tuition costs

and student loans. It is important to note that no two food banks will operate in exactly the same way.

4.9 Key issues facing such organisations

Whale (1993) notes that food banks exemplify how welfare state restructuring influences other major institutions in society. Initially food bank activities were rather small-scale, ad hoc services, usually an adjunct to other welfare services offered by church groups and voluntary welfare organisations (Olds et al., 1991). They were intended to be only temporary emergency relief measures to help alleviate some of the hardships caused by the economic recession of the 1980s, which continued until the mid-1990s. By becoming a key part of the welfare system, the role and function of food banks has shifted beyond merely dispensing food (Whale, 1993).

Many food banks and multi-service providers are aware that they need to address the underlying causes of poverty, and not just the symptoms of poverty. They still remain an important safety net for those in need but they now see themselves as having multiple roles and functions working within various social, economic, political, cultural and religious contexts. The emphasis within these agencies has generally shifted from meeting the immediate food needs of food insecure people (although obviously still a key component of their work) to working towards empowering clients and changing the system which is allowing individuals and families to go hungry (Thériault and Yadlowski, 2000; Leslie, 1996). For example, liaising with social services to ensure that people are receiving their full and correct entitlements is an important role that many food banks now perform. It is important that agencies strike the right balance between food provision, advocacy and other services (Crack, 2001). The closure of a Dunedin food bank in 2001 highlights some of the difficulties faced by the voluntary welfare sector in New Zealand in achieving this balance. As the agency responded to changing client demands, a drop-in centre was introduced in addition to its initial advocacy service and additional food bank and soup kitchen services. As resources were shifted away from the existing services to operate the drop-in centre, the whole organisation became unfeasible and financially unviable and eventually closed down (Crack, 2001). The role of the organisation had shifted from

its initial advocacy role to that of service provision and it was unable to cope with the increased pressures.

In recent years there have been concerns that a number of food banks are only offering food for emergency relief with no support or advocacy, raising concerns that this is fostering dependency (Sixth National Food Bank Conference, 2002). This relief mode of welfare provision is said to be ineffective for long term poverty alleviation, as the client has a passive role in the development process and the food bank is unconcerned with challenging the system that causes such poverty and disempowerment (Leslie, 1996). This can contribute to a cycle of client dependency, which is a key problem facing the food bank 'industry'. Food banks have become a long-term food source for many households, and many food insecure households are now incorporating food parcels and their financial value into their regular household budgeting (Uttley, 1997).

In a similar vein, governments too have become dependent on the provision of food parcels from food banks. As is the case in Canada, hunger has been depoliticised as a public policy issue in New Zealand (Riches, 1997). Governments have factored food banks into their welfare policies, allowing them to continue to under-fund and under-provide essential welfare services. According to Wynd (2005), shortfalls in benefit and wage levels can be overlooked and ignored with the knowledge that food banks will step in and 'fill the gap'. In fact, they allow the public to believe that the problem of hunger in our communities is being answered. In 2002 the Ministry of Social Development even launched a food bank strategy, which as pointed out by Wynd (2005), is an internal document and is not posted on its website. This strategy outlines the process of accepting or declining an application for emergency food assistance, and one aim of the strategy is to improve relationships between WINZ staff and food banks through regular meetings. This represents the state endorsing and legitimising the need for the voluntary welfare sector to act as sites of last resort for people experiencing extreme food insecurity (Riches, 2002).

There has been significant controversy over whether food banks should even exist in affluent countries, as questions arise over who should be responsible for dealing with the problems of poverty and hunger in society. It is argued that food banks perform

functions that should be assumed by the state, and that they take the pressure off the government for not making universal food security a priority for its citizens (Thériault and Yadowski, 2000; Daly, 1996; Riches, 2002). Poppendieck (1998) argues that such charity can actually *contribute* to society's failure to attend to issues of poverty in a meaningful way. Furthermore, government agencies such as WINZ will regularly refer clients on to food banks, despite New Zealand food banks receiving no direct state funding. Olds et al. (1991:27) note that "it adds insult to injury for the Government to off-load its welfare responsibilities to the community while inadequately resourcing the voluntary sector who are picking up this work".

As the burden of assisting the poor and food insecure has been placed on the voluntary welfare sector, the funding and resourcing of the sector has become an increasingly important issue. Although the state does not directly fund food banks, it does financially contribute towards many of the community organisations in which they operate in the form of various grants and contracts. In order to obtain and retain this government funding the voluntary welfare sector has had to become more formalised and professionalised in its approach to welfare (Owen, 2005). This only applies to state funded service provision, and with the operations of the food bank therefore not being subject to external auditing and scrutiny, there is the danger that the same rigorous data control and recording methods that are applied to state funded services will not necessarily be applied to the food bank.

Even though a voluntary welfare organisation may receive government funding, this does not necessarily mean that the food bank service will benefit from it. This is because such funding must be assigned for the service(s) that the state initially provided the contract/grant for and the organisations must account for how the money has been spent. Although food bank services may receive an allocated budget from the organisation in which they operate, they generally must look externally for the resources needed to operate their services. Food banks are heavily reliant on donations from the public through individual, community and parish donations. In recent years there has been a shift from these informal sources to more formal sources of food supply, particularly amongst the larger food banks (Crack, 2001). For instance, increasingly organisations are liaising with the food manufacturing and distribution sectors and obtaining surplus food and grocery items that cannot be

retailed. Often this food is close to its expiry date, the packaging has been damaged, or a large order has been cancelled (Tarasuk and Eakin, 2003). Additionally, larger organisations may obtain food and grocery items from the sector at wholesale prices. Smaller organisations usually lack the resources needed to establish such relationships with the food industry (Crack, 2001). For example, they often cannot afford the initial outlay required for the bulk purchasing of food. One problem facing food banks is the competition from other food banks in accessing and attracting food resources from potential donors. Again, smaller food banks are often disadvantaged as they do not have the public profile that larger ones have. Another problem is the issue of ‘donor fatigue’, which can affect the quantity and quality of donations received by organisations.

A further key issue facing food banks is the desire to distribute healthy food to their clients. Tarasuk and Eakin (2003) found that food bank workers understood their food assistance in one of two ways: either as a supplement to the client’s existing resources, or, as providing emergency and immediate relief from the physical feelings of hunger. Thus they may provide relief in the short-term but not in the long-term (Thériault and Yadlowski, 2000). Although food banks cannot compensate for lack of a healthy diet for those who experience food insecurity, food banks are increasingly aware of their role to promote healthy eating and living practices (Else and NZNAFP, 2000). Food banks therefore not only have an important role in feeding those in poverty, but they can also play a preventive role, as they aim to improve the mental and physical health of their clients. Such actions can reduce future occurrences of ill-health and even prevent costly, chronic problems in later years (Thériault and Yadlowski, 2000). However, many food bank workers are aware that the food they supply may be nutritionally insufficient and themselves acknowledge that “they are not the appropriate vehicle” (CAFB, 2005:7) for ensuring that people have sufficient and adequate food for themselves and their families. For example, food parcels analysed at the Christchurch City Mission were found to be insufficient in meeting the nutritional requirements of most recipients as they were generally low in energy and lacking in fresh produce (Bland, 2004). As a result of the study small changes were made to the food parcels when possible (such as exchanging vegemite for marmite). However, food banks are generally running on shoe-string budgets and are at the

mercy of whatever food is donated. Regardless of the nutrient content, parcels from food banks are still a valuable food source for those who lack alternatives.

4.10 Chapter summary

This chapter has highlighted that food bank use is only one of many possible coping strategies used by the food insecure. It has also established that there has been a lack of geographical interest in food insecurity and food banks, in particular, the socio-spatial and locational aspects of food bank use. This is despite spatial factors being important determinants of food bank accessibility. This thesis will address these issues in the remaining chapters. Much of the food bank literature focuses on how many people use food banks, who the clients are, and why they are using food banks. The number of people using food banks increased rapidly in the early 1990s in many affluent countries, and such growth has been closely linked with changes in welfare policy. As a result of increased demand, the number of food banks also increased rapidly, giving rise to what has been coined the 'food bank industry'. This growth has not been without controversy, and debates centre around why food banks should even exist at all in a modern welfare society. In the New Zealand context, food banks have been welcomed by government agencies, despite receiving no state funding.

The research that has centred around the socio-demographic characteristics of food bank clients has found that the key users tend to have one or more of the following characteristics: being a beneficiary; being a low income worker; belonging to an ethnic minority; being single; being a young adult; being female; being a single parent; and having many dependent children in the household. The reasons for using a food bank vary, as does the frequency of need. The main reasons are lack of income, housing costs, and household bills. A number of coping strategies are used by the food insecure, and food banks are often used reluctantly and as a last resort. This is because there is a range of potential barriers to their use; the main reasons for non-use being physical access, the operational policies of food banks, and the various social and cultural obstacles.

This chapter has highlighted that in New Zealand, food bank providers tend to be attached to a (church based) social service provider, where food collection and provision is only one aspect of what the agency offers. Overseas, it is more common to find agencies whose sole purpose is food collection and/or provision. Some of the key issues faced by food banks and the organisations that they are attached to revolve around shortages in funding, competing with other food banks for donations, struggling to meet demand when faced with a lack of resources, striking the right balance between food assistance and other forms of assistance, and reducing client (and government) dependency. The remainder of this thesis will expand on the ideas introduced in this chapter. The following chapter will explain the research methods used in order to address the aims and objectives of this study in the local context.

Chapter 5: Methodology

5.1 Introduction

The aim of this chapter is to describe the research approaches used in order to address the following five objectives of this research, which are; to outline the socio-political context in which the food bank industry has emerged and ‘prospered’; to determine patterns of food bank use over time in Christchurch; to identify the socio-demographic characteristics of food bank users and examine the neighbourhoods in which they live; to examine the factors contributing to food bank use; and to determine the implications of food insecurity and food bank use in the community, and also how dependency on food banks can be reduced.

In order to achieve these objectives, both quantitative and qualitative methods were used. The first part of this chapter sets the context for the local study by briefly outlining the development and growth of the food bank industry in Christchurch. It also notes how the food banks were identified, before providing a brief background to the two main food banks focused on in this thesis. The next part of this chapter will outline the various methods and techniques used to address the aims and objectives of this research, and the reasons why these approaches were taken. The last part of this chapter will highlight some of the difficulties and limitations with the data, and how these issues were addressed.

5.2 Background to food banks in Christchurch

Voluntary welfare organisations have become increasingly significant providers of social care and services in Christchurch in the last twenty years. This has been supported not only by reports of increased client loads from well-established agencies such as the city missions and emergency relief facilities, but also by the number of new agencies that have formed since the mid-1980s (Conradson, 2002). Conradson (2002) notes that as a collective response to social deprivation and isolation in parts of the city, some of these new initiatives have included budget and debt advice centres,

interest free loan services, community drop-in centres, and food banks. In 1997 Christchurch's community social service agencies experienced unprecedented proportions of people experiencing hardship and poverty, and usage of the city's existing food banks was at an all time high (Jamieson, 1998). For instance, one large food bank reported a 25% increase in demand for food parcels between August and September that year (Jamieson, 1998). Many food banks struggled to cope with this increased demand, and since 1997 the food bank industry has continued to grow, despite an improved economy and falling unemployment rates. The food bank industry in Christchurch has a high profile, largely due to the role of the local media and businesses in highlighting the problem of food insecurity. For instance, local cinemas, schools, supermarkets and even the local rugby team assist with fundraising and donation campaigns for various food banks. It is estimated that each year 12,000 Christchurch children receive assistance from the city's food banks (Thomas, 2006a).

The initial phase of this study was to identify the food banks in Christchurch in order to set the context for this research. Although there is uncertainty over the actual number of food banks in Christchurch, the Christchurch City Council's *No fixed abode directory* (2005) identifies seventeen in the city. Of these, one was not deemed to be a food bank for the purposes of this study⁷. A further three food banks were ascertained after enquiries with several food bank staff and volunteers. In total, nineteen food banks have been identified in this study, according to the definition outlined in section 3.8, whereby a food bank is defined as an organisation or service that collects and distributes food in the form of a food parcel. Although many other agencies in Christchurch offer cheap or free food support, these were not included in the study as they were not deemed to be food banks. For example, out of 51 Christchurch community agencies included in Jamieson's 1998 study, most reported that they 'unofficially' assisted clients with their food needs through a variety of ways, including providing one off-assistance, ad hoc food parcels, cooked meals, and/or regular snacks (such as soup and bread).

⁷ One of the food banks listed, Community Chaplaincy Services (attached to the Cross Over Trust), receives requests for food from community agencies and distributes collected food via these agencies. The service has no contact with the recipients of its food parcels. For this reason, it was not deemed appropriate to compare its characteristics with other food banks in Christchurch. However, it is still an important food provider in the city.

Two of Christchurch's largest food banks were selected; the Christchurch Methodist Mission and the Christchurch City Mission. Both of these agencies offer a wide range of social and welfare services in addition to emergency food assistance. Agencies such as these hold valuable information about social needs and trends, which can be important in determining policy needs and action. The Methodist Mission is located in the western part of the city centre. The food bank itself has an annual budget of approximately \$30,000 to pay for food packages and other grocery items. It receives no government funding, and relies heavily on both public and corporate donations. The Food Bank service is open four days per week. The City Mission is located in the eastern part of the city centre. The food bank at the City Mission also receives no government funding, and has an \$80,000 annual budget from the Mission to purchase food and other groceries. It too relies heavily on donations from both the public and the corporate sector. The food bank service operates every week day and the number of parcels handed out each day is capped at twenty.

5.3 The local food bank industry

Once the food banks in Christchurch were identified, the next step was to conduct telephone interviews with each of the food bank co-ordinators or the person in charge of the food bank. These interviews took place in March. The purpose of this questionnaire was to establish an overview of the food bank industry in Christchurch and to address the first two objectives of this thesis, which were to examine the context in which food banks have 'prospered' and to determine patterns of use over time. Questions concerning the food bank related to its origin and establishment, its location, the nature of its clientele, its organisational structure, the level of demand over a twelve month period, its funding and resourcing, and its criteria for providing assistance (Appendix 1). The results of this questionnaire are summarised in Table 6.1 and the location of the food banks are mapped in Figure 6.1.

This researcher was invited to attend the June Food Bank Forum hosted by Delta Community Support Trust. Approximately ten food banks from the Christchurch area were represented. Food bank staff members and/or volunteers meet every two months at this forum to discuss pertinent issues and share information. Important and

interesting comments were recorded in the researcher's notebook, and findings are recorded in section 6.2.7.

In-depth interviews were conducted with the managers at five social service agencies in late May/early June in order to gain an in-depth understanding of the organisational environment in which their food banks operate. The agencies were selected on the basis of the size of their food bank, in addition to the range of services that they offered; the spectrum ranged from food banks assisting a relatively large number of clients to those assisting a relatively small number of people. The managers in the following organisations were interviewed:

- **Christchurch Methodist Mission:** This agency largely caters for children and families but is engaged in a wide sphere of social services including Aged care. The 'Te Kete Oranga' service offers advocacy and budgeting assistance, life skills education, support-to-work programmes and work brokerage.
- **Christchurch City Mission:** One of Christchurch's largest social service agencies and perhaps the most well-known. It caters mainly for people who have fallen through the gaps of other services at other organisations and services include alcohol and drug assistance, a detoxification service, medical support, a night shelter, and social work.
- **Salvation Army Hope Centre:** The central branch and largest of nine Salvation Army branches in Christchurch. Services include family support, advocacy and budgeting, and counselling.
- **Delta Community Support Trust:** A community-focused agency incorporated in 1995 whose services include advocacy and budgeting support, counselling services and empowerment courses.
- **Catholic Social Services:** A smaller, family oriented agency whose services include advocacy and budgeting services, social work support, counselling, and post-adoption services.

The purpose of these interviews was to address the first and last research objectives: to outline the socio-political context in which the food bank industry has emerged and 'prospered', and to determine the implications of food bank use in the community and

how dependency on food banks can be reduced. Questions related to both the wider role of the agency in assisting those who present at their agency, and the role of the food bank within the agency (Appendix 2).

5.4 The food bank clients

In order to address the last three research objectives, which included examining the food bank clients themselves and their local neighbourhoods, the factors contributing to food bank use, and the implications of their food insecurity and how dependency on food banks may be reduced, face-to-face interviews were conducted with 22 food bank clients at the Methodist Mission (Appendix 3). These interviews were conducted over eight mornings in September and October 2006. These interviews allowed the clients themselves to have a voice in this research, and enabled the researcher to gain a greater insight of individual and collective issues. It is recognised that individuals and/or groups affected by poverty are not always able or willing research subjects (Parnell, 1996). Poverty by its very nature is stressful, and recounting such issues to a researcher may be problematic and upsetting. Others, however, may appreciate having the opportunity to tell their story to a researcher who is interested in their circumstances. Furthermore, this may be information that they are not prepared to divulge to a food bank staff member, as they may perceive that this could affect their chances of obtaining food assistance.

These interviews aimed to examine grocery shopping practices, how people cope with not having enough money for food, why people use food banks and how often they use them, and examine views on how social service agencies can improve the health and well-being of clients. The interview questions related to access to healthy food access, coping with a lack of food, WINZ assistance, food bank use, and voluntary welfare agencies in Christchurch. Although it would have been desirable to have tape recorded the interviews, it was apparent early on that participants were not willing to be recorded. Therefore, notes were taken by hand and as comments could not always be recorded word-for-word, any quotes assigned to participants are approximate representations of their views.

Notices informing clients of this research were placed in the food bank waiting room so that while they were waiting for their food parcel interview, they could consider whether they wished to participate. Towards the end of their food parcel interview, the advocate would ask the client if they were interested in participating in this research. If the client agreed to be interviewed, interviews were conducted in the church's vestry and lasted between 10-40 minutes. Because the food bank was open for only two hours each morning, usually only two or three interviews could be conducted each day. On average, there were between seven and eight clients accessing the food bank per day. Furthermore, the food bank staff indicated that some clients had wished to participate in this research but an interview was already taking place, and they did not wish to wait around until this interview had finished. Nonetheless, a diverse range of clients was interviewed, each with different backgrounds and circumstances. The participants included 12 males and 10 females, and two of the interviews were conducted with couples (that is, there were 20 interviews in total). Participants were given a pseudonym. A five dollar supermarket voucher was given to the client at the end of the interview as a token of gratitude (the clients were not aware that they would receive this voucher prior to being interviewed).

5.5 Individual client data

The main part of this study consisted of secondary data analysis of a variety of socio-demographic measures, based on client interview data obtained for the 2005 period from the Methodist Mission⁸. This information was necessary in terms of addressing the third research objective, which was to identify the socio-demographic characteristics of food bank users and to examine the neighbourhoods in which they live. Broad data collected from the mission included age, gender, address, ethnicity, housing type, income type and family details. The socio-demographic data were recorded on the client interview form used by the Methodist Mission at the time of the client presenting for food assistance (Appendix 4). Additionally, the reasons for the client needing to access the food bank were recorded in a blank space, and this information was important in addressing the fourth objective of this study, which was to examine the factors contributing to food bank use.

Every client presenting for food is interviewed, regardless of how many times they have visited in the past, and the forms are completed by the staff member or volunteer interviewing the client. These forms are then signed by the client, who acknowledges that the information is true and accurate. A key benefit of this system is that socio-demographic details are obtained for each person for every single visit, and changes in circumstances pertaining to family, income and housing can be monitored. The Methodist Mission changed the format of its interview form and several of its questions during 2005, but the key socio-demographic data questions remained the same. Information was collected for 1695 Methodist Mission client visits⁹ for the 2005 period, although it must be noted that some clients are duplicated due to multiple visits.

Non-identifiable client address data were also obtained electronically from the Christchurch City Mission for the years 2000-2005. This was used to compare spatial patterns of residential distribution to that of the Methodist Mission and to test for temporal trends over a longer period of time. This information was useful in

⁸ The food bank was closed for Christmas break during the first and last weeks of the year.

⁹ This does not include the clients involved with other Methodist Mission services who received a Christmas hamper during December. Nor does it include people who acquired filled rolls or expired goods from the free-food table in the food bank's hallway, but did not ask for a food parcel.

addressing the second research objective, which was to determine patterns of use over time.

Once the socio-demographic data from the Methodist Mission had been collected, analysis of socio-demographic data could take place at the individual level. The percentage of the total number of client visits was calculated for each socio-economic measure (for example, the percentage of male and female visits for the gender variable). Such data identified patterns of use and ensured that results were then readily comparable with findings from other studies.

5.6 Neighbourhood trends

Individual client socio-demographic data was analysed according to neighbourhood deprivation in order to examine the residential spatial distribution of clients and to determine patterns of use according to neighbourhood deprivation. Address results for those residing within the Christchurch Territorial Local Authority (TLA) were originally geocoded on the Christchurch road network using geographical information systems (GIS) software (ESRI® Arcmap™ 9.1). GIS techniques make it possible to view residential distribution and the different social and demographic characteristics of a community in greater detail (Cromley and McLafferty, 2002). In total, 93.3% of all client addresses were geocoded for the Christchurch TLA, which was the study location. Of the 113 unmatched addresses, 56 clients (3.3%) were of no fixed abode (NFA), four addresses were either refuges or confidential, thirteen were unable to be matched against the database, and 40 were identified as being outside the Christchurch TLA.

Once the geocoding had been completed, a spatial join was created to associate each address with its meshblock and Census Area Unit (CAU). A meshblock is the smallest geographical unit used by Statistics New Zealand and contains a median of approximately 90 people (Salmond and Crampton, 2002). CAUs are aggregations of meshblocks, and at the urban level normally contain between 3,000 and 5,000 people (Statistics New Zealand, 2001). Individual client data by meshblock were then analysed according to the deprivation index for the Christchurch TLA, using

NZDep2001. NZDep2001 is an index of socio-economic deprivation, calculated using nine variables from the 2001 census (Salmond and Crampton, 2002). A deprivation score is provided for each meshblock in New Zealand, ranging from decile 1 to decile 10. Decile 1 comprises the *least* deprived 10% of meshblock areas in New Zealand, while decile 10 comprises the *most* deprived 10% of meshblock areas. CAUS are also scaled accordingly. It is important to point out that the deprivation index relates to *areas* and not people (Salmond and Crampton, 2002), in order to avoid the ecological fallacy that all people within a certain area experience the same or similar levels of deprivation.

Neighbourhood deprivation analysis only applied to the 93.3% of clients living within the Christchurch TLA whose addresses were able to be geocoded. To consider whether food bank use varied between neighbourhoods of differing levels of social deprivation, an arbitrary cut off point was used to distinguish 'least deprived' and 'most deprived' neighbourhoods. Meshblock deciles 1-7 were classified as 'least deprived' neighbourhoods, while deciles 8-10 were classified as 'most deprived' neighbourhoods. The 'least deprived areas' contained 30% of clients within the Christchurch TLA, while the 'most deprived' areas contained 70% of these clients. Results from the no fixed abode (NFA) clients were also compared to the neighbourhood deprivation data when appropriate, to see if there were any noticeable characteristics particular to this group.

In order to determine whether particular clients were accessing the food bank in proportion to socio-demographic status and neighbourhood deprivation, rates of use by NZDep2001 were first calculated using 2001 New Zealand census population data for the usually resident population of the Christchurch TLA. Some analysis also took place at the CAU level. Then, in order to test for socio-demographic patterns by deprivation, SPSS processing was used (version 14.0 for Windows) to create cross-tabulations, and Pearson's chi-square analysis was used to test for the significance of the relationship between neighbourhood deprivation, and age, gender, and ethnicity. A 'p' value of <.001 was deemed to indicate a significant relationship between the variables, in accordance with De Vaus (2002), who suggested that a value of <.001 is more useful than a value of <.05 when dealing with larger samples.

Network analysis functionality in GIS that measured distance from the client's residential address to the Methodist Mission's food bank was used in order to test for accessibility to the food bank. Accessibility to the food bank may be a determining factor of food bank use, and this relates to the fourth research objective. Distance was measured by following the road network rather than a Euclidean/'as the crow flies' approach, as a network approach can provide a more accurate representation of potential accessibility (Witten et al., 2003). A distance of 800 metres (0.5 miles) or less indicated that a client had walking distance accessibility to the food bank, in line with other findings which have found that 800 metres is the maximum distance that people are prepared to walk in order to obtain groceries (Algert et al., 2006a; Sooman and MacIntrye, 1995).

In order to test for accessibility to food sources besides the food bank, an 800 metre buffer zone was used, from place of residence to three main types of food retail outlets: supermarket, other convenience, and fast food¹⁰. The aim of this exercise was to establish whether there were environmental constraints on access to food outlets, and if there was something about the neighbourhoods themselves that influenced food bank use, such as the existence of food deserts. This related to the third and fourth research objectives concerning neighbourhood location and factors contributing to food bank use. The 800 metre buffer zone was applied from the client's place of residence (again using a network analysis) and the number and type of food retailers within the zone was recorded. Access was then considered according to levels of neighbourhood deprivation. Data pertaining to the precise location of food retail outlets in Christchurch were obtained from Pearce et al.'s (2006) study. Client results were then analysed according to neighbourhood deprivation, using NZDep2001 meshblock deciles.

¹⁰ Other convenience stores include corner shops, dairies, delicatessens, green grocers, petrol stations selling food and small scale grocers, while fast food outlets include both local and multi-national owned outlets.

5.7 Research challenges

One problem encountered with the Methodist Mission's interview form was that there were no ethnic categories for clients to assign themselves to; rather, a blank space was left on the interview form for self-reported ethnicity to be recorded in. For the purposes of this study, when multiple ethnicities were given, a prioritisation system was used in accordance with the Ministry of Health's ethnicity data protocol (2004). For example, if both Maori and Samoan were given, then the respondent would be classed as Maori. It is acknowledged that some ethnicities may be slightly under-recorded due to this system. When 'Kiwi' or 'New Zealander' was reported, as occurred 8 and 10 times respectively, it was categorised as 'NZ European' in accordance with the ethnicity data protocol. This was then incorporated with 'Other European' to comprise the 'European' ethnic category. In total, 4 ethnic categories were created (European, Maori, Pacific Person, and Other/Unknown) in order to be able to compare the findings with other New Zealand studies.

A second problem related to the data provided by the City Mission. This was due to acknowledged problems and inaccuracies with the food bank's electronic client database, and the data were unable to be verified by the researcher against paper records due to reasons of confidentiality. Direct comparisons of clients' characteristics and traits with the Methodist Mission were therefore unable to be made. However, the data provided pertaining to the clients' date of visit and residential location were deemed to be useful, even if not 100% accurate, because of the temporal and spatial trends evident from one of the largest food banks in Christchurch, and were used for comparative purposes only. The problems with incomplete and inaccurate data are by no means unique to the City Mission and reflects the general lack of resources (both monetary and human) available for accurately recording and collating food bank client statistics, which may not always be a priority when faced with the other demands of service provision.

5.8 Chapter summary

A variety of research approaches were necessary in order to provide a complete picture of the local food bank industry and the clients who rely on this type of food assistance. Verbal questionnaires and interviews were used to elicit both factual and empirical data from those at the frontline of service provision, as well as from those accessing the service. This information was used to outline the socio-political context in which food banks have developed, to examine factors contributing to food bank use, and to determine the implications of food bank use and how such use may be reduced. Data collected for almost 1700 clients for the year 2005 from the Methodist Mission were used to establish the socio-demographic characteristics of clients, patterns of use, and factors contributing to food bank use, while GIS technology was used to establish the residential location and to enable analysis of the neighbourhood characteristics of these clients. This was used in conjunction with data from the 2001 Census of Population and Dwellings. SPSS processing was used to test for significant relationships between key variables. Limited data were obtained from the Christchurch City Mission and was used for comparative purposes only.

The following three chapters will present the findings from the fieldwork and data analysis in relation to the five research objectives. Chapter six will focus on the local food bank industry, particularly its origins and different operational styles, using information obtained from the interviews and questionnaires conducted with those providing food bank services. This chapter will specifically address the socio-political context in which the food bank industry has emerged and ‘prospered’, the patterns of usage over time, the factors contributing to food bank use, and how food bank use may be reduced. Chapter seven will focus on the clients of food banks, examining who they are, why they are using the food bank, patterns of use over a five year period, and the neighbourhoods that they are coming from. Chapter seven will draw from the quantitative methods as well as the specific qualitative methods outlined in this chapter. Chapter eight will focus on the perspectives and experiences of the food bank clients, using the information obtained from the interviews conducted at the Methodist Mission’s food bank. Micro and macro factors contributing to food bank use will specifically be examined in this chapter.

Chapter 6: The local food bank industry

6.1 Introduction

This chapter has two aims: to provide a broad overview of Christchurch's food banks and highlight the similarities and differences in which they operate, and secondly, to provide an in-depth account of some of the key views, issues and concerns expressed by the five social service managers in relation to the food bank and the wider organisation in which it operates.

In order to address the first objective of this research, which is to outline the socio-political context in which the food bank industry has emerged and 'prospered', the first part of this chapter describes the context in which food banks in Christchurch operate in terms of their location, establishment, affiliation, clientele type, restricting demand, sources of funding, and operating policies. Patterns of use over time were also considered, as stated in the second research objective. This information was collected from the telephone administered questionnaires with the food bank coordinators. This section also looks at the ways in which food banks work collaboratively with, and in some cases independently of, one another. Again, this is related to the first research objective and the broader role of the local voluntary welfare sector.

The second part of this chapter is analytical and addresses the fifth research objective, regarding the implications of food bank use in the community and how food bank use may be decreased. This section is based on the interviews with the social service managers and describes their thoughts on the role of their organisation and that of the government in assisting the poor, and the difficulties that they face in providing support, especially because of shortfalls in funding. The focus then shifts to the food banks themselves and considers the role that the food bank plays within the organisation, the challenges faced by the managers in restricting food bank growth and decreasing client dependency, and the perceived future of food banks, as outlined in the fifth research objective.

6.2 Christchurch's food banks

Table 6.1 shows key information obtained from the telephone interviews with the nineteen food bank co-ordinators in Christchurch. The information in this table will be referred to in the following sections.

6.2.1 Location

Figure 6.1 shows the location of Christchurch's food banks¹¹. There are five food banks located in the central city, which is an area of generally high deprivation. Three out of the five food banks in the inner city have a relatively high profile and they receive clients from all parts of the city, including the outer ring and beyond. The remaining fourteen food banks are generally located in the more deprived areas of the city, with the notable exceptions of the university food bank and one based in St Albans. The food banks located outside of the central city indicated that they are mainly serving their own communities, with some only serving clients who live within a certain mapped boundary.

¹¹ 0800 Hungry Ministries Trust was unable to be mapped as it operates from a warehouse in the Eastern part of the city which is not intended to be directly accessed by clients.

Table 6.1: Table of food banks in Christchurch and their characteristics

Food Bank Name	Location	Established	Approx. no. of clients/ week	Main client type	Affiliation	Main source(s) of funding/ resourcing	Restrictions	Level of demand over last 12 months
0800 Hungry Ministries Trust*	Wainoni	2001	115	No particular group	Christian charitable trust	Corporate sector, gaming trusts	Yes	Static
Ambrosia Empowerment Trust	Aranui	c1986-90	45	Beneficiaries, low income workers	Charitable trust, based at church	Parish donations	Yes	Increase
Beluah Christian Fellowship	St Albans	c2002	20-30	Families	Church, but run separately by volunteers	Other food banks, corporate sector	Yes	Increase
Catholic Social Services	City	c1970s/80s	12	Beneficiaries, low income workers	Wider religious organisation	Public donations	Yes	Decrease
Christchurch City Mission	City	c1991	100	Beneficiaries, low income workers, single males	Wider religious organisation	Community Trusts, public and corporate donations, fundraising	Yes	Increase
Delta Community Trust	Richmond	1995/96	23	Beneficiaries, low income workers	Charitable trust, based at church	Other food banks, community organisations	Yes	Decrease
Linwood Ave Community Corner Trust	Linwood	c1995	9	Sole parents	Charitable trust, based at church	Local parishes, public donations, other food banks	Yes	Decrease
Methodist Mission	City	c1991	32	Beneficiaries, low income workers	Wider religious organisation	Parish donations, organisation budget	Yes	Increase
Opawa Community Church	Opawa	c1986	4	Beneficiaries	Single church	Parish donations	No	Increase
Salvation Army-	Sydenham	2001	3	Beneficiaries, low income	Wider religious	Parish donations, public and	Yes	Increase

Number 17 House				workers	organisation	corporate sector		
Salvation Army- Aranui	Aranui	2000	8	Beneficiaries, Maori, sole parents	Wider religious organisation	Other food bank, agency budget, corporate sector	Yes	Static
Salvation Army- Belfast	Belfast	c2000	1†	Beneficiaries, European	Wider religious organisation	Public donations	Yes	Decrease
Salvation Army- Hope Centre	City	2000	50	Beneficiaries, European	Wider religious organisation	National body, charity store, corporate sector	Yes	Increase
Salvation Army- Hornby	Hornby	unknown	15-20	Beneficiaries, sole parents, low income workers	Wider religious organisation	Other food bank	No	Static
Salvation Army- Linwood	Linwood	1994	50	Beneficiaries, people in 20s and 30s, people with children	Wider religious organisation	Corporate sector	Yes	Increase
St Albans Baptist Neighbourhood Trust	St Albans	1999	3	Lower socio-economic group	Neighbourhood Trust, based at church	Parish donations	Yes	Static
St Luke's Community Trust	City	c2001	1	Beneficiaries, people with mental health problems	Wider religious organisation	Parish donations	Yes	Not sure
St Vincent de Paul	Richmond	unknown	70-80	No particular group	Wider religious organisation	Charity store, parish donations	Yes	Increase
University of Canterbury Students' Association	Ilam	c2001	c12††	Students	Students' Association	Public, community organisations	Yes	Increase

† per fortnight, †† per year

*0800Hungry Ministries Trust is similar to the large food collection, storage and distribution warehouses which are more frequently seen outside of New Zealand. It is unique in Christchurch, and provides over 12,000 food parcels per year. It does not distribute food directly to the public, but rather facilitates contact between the people who ring the toll-free telephone number and the agencies and churches involved. However, for the purposes of this study it is still considered a food bank due to the initial client contact and high level of food provision.

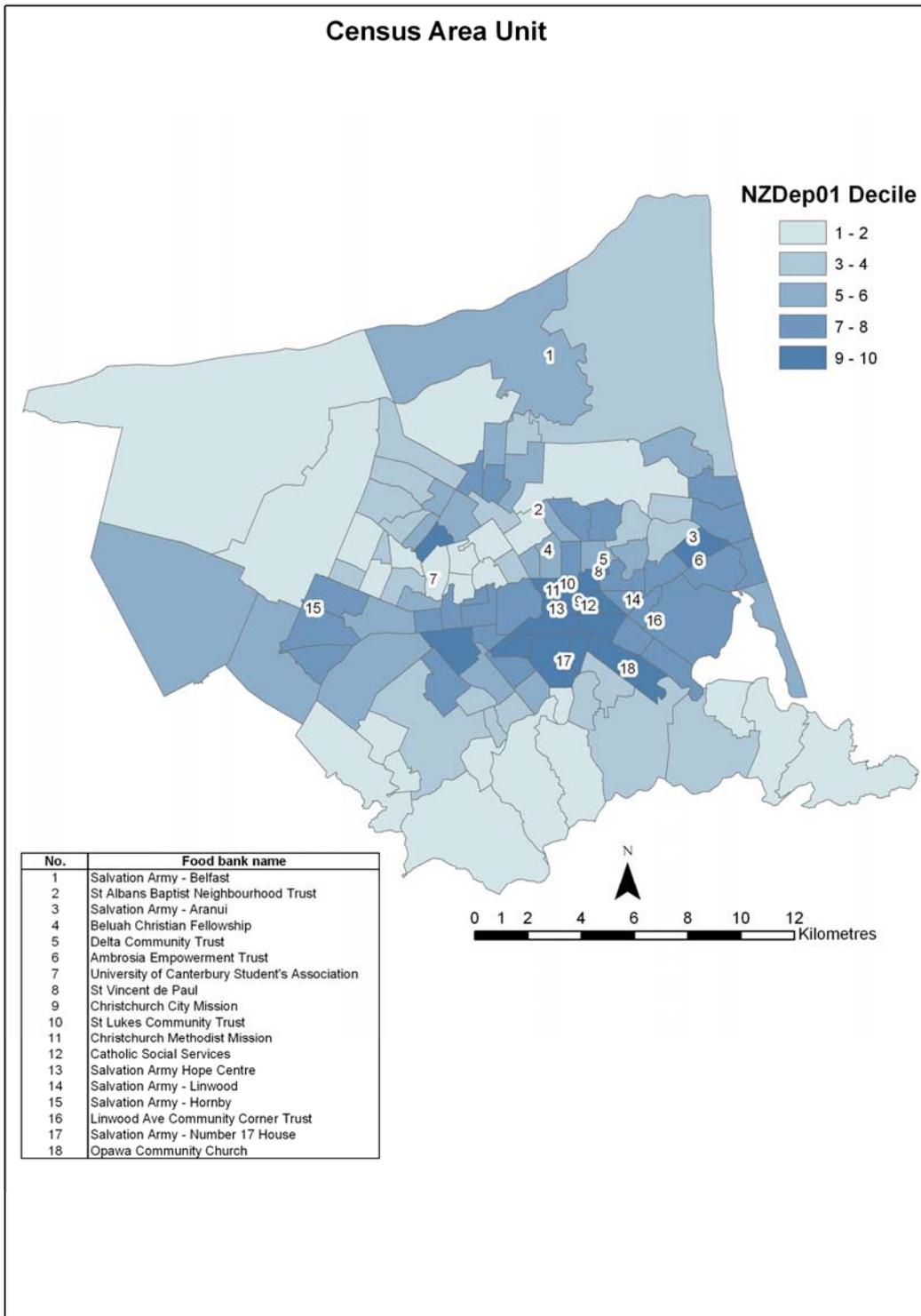


Figure 6.1: Map of food bank locations in Christchurch

6.2.2 When were the food banks established and why?

Christchurch is thought to have had only three food banks prior to 1991 (Christchurch Methodist Mission, 2001). Most of the existing food banks were established in the mid 1990s and early 2000s. Three food bank co-ordinators reported that their food bank had existed prior to 1990 and two were unsure of the time frame that they opened (possibly indicating that they had been open for a long period of time). The main reason cited for being established was that there was a need for a food bank in the community and that the food bank was filling a gap that otherwise would remain unfilled.

6.2.3 Clients per week

There is considerable variation in the number of clients assisted per week by the food banks. One food bank assisted approximately twelve clients for the whole year¹², while another food bank averaged 115 clients per week. Eight food banks assisted less than ten clients per week, four assisted 11-30 clients per week, and seven food banks assisted more than 30 clients per week. These figures were approximations and most food banks acknowledged that demand fluctuated at different times of the year.

6.2.4 Who are the clients?

Most agencies reported that their clients came from all sorts of backgrounds and were a very diverse group. Eleven food bank co-ordinators mentioned that beneficiaries were the main group of people coming in. Six co-ordinators indicated that low income workers were also a significant group presenting at food banks. Five food bank workers specifically mentioned that there was no particular ethnic group that appeared to be over-represented, while one food bank co-ordinator mentioned that Maori particularly were the main ethnic group and two co-ordinators specifically mentioned Europeans. Sole parents were specifically cited as being a significant group by three

¹² This may be partially attributed to a mid-year change of the student association welfare officer and a lack of student awareness of the food bank.

food bank co-ordinators, particularly when there were multiple children in the household.

6.2.5 Who runs the food bank?

Only one food bank was completely independent of any church influence, and was operated at a secular location (a university). Six food banks were charitable trusts and were operated either independently or semi-independently of the church, although these food banks were either based on church premises and/or still had strong ties with the church. The remaining food banks were operated by either a single church organisation or a wider scale religious organisation. There was only one agency whose sole purpose was to be a food provider and was established for that reason. Otherwise, the remaining food banks were just one service that the churches or agencies offered.

6.2.6 Main funding and resourcing

Christchurch food banks are resourced in a variety of ways. Donations from churches and parishes are the most common source of financial and food assistance for food banks in Christchurch. Donations from the corporate sector, such as the giving of surplus or un-retailable food, are another important source. This is a mutually beneficial arrangement as the manufacturers and distributors avoid hefty dumping fees and wastage while the food bank obtains valuable donations. It should be noted that several food bank co-ordinators believed that one particular food bank had an effective monopoly on the corporate sector which made it more difficult for other food banks to obtain donations from this source.

Donations from the public, either through supermarket charity bins, food donated on site, or money donated (which is then used to purchase food), also featured significantly. However, it was noted by several food banks that they sometimes received inappropriate donations (such as alcohol, chocolates and fizzy drinks) which could not always be included in food parcels as it went against their policy of

providing quality food. It was only during the Christmas period that some of these rules were slightly relaxed. Family store profits¹³ and community organisation donations were other important forms of funding for several of the food banks. Donations from school mufti-days were also mentioned, where children bring a can of food in exchange for wearing casual clothes instead of their regular school uniform.

Several food banks indicated that other food banks were an important source of funding and resourcing, particularly as surplus supplies were often exchanged or passed on to other food banks. For instance, the Christchurch City Mission received a donation of 100 pallets of cereal in early 2006, which it then shared with other Christchurch agencies¹⁴. Several of the Salvation Army food banks also share food resources with one another.

Three food banks reported major issues with funding and resourcing the food bank; one food bank co-ordinator considered this to be an ongoing issue, while two reported that it was unpredictable when this would be an issue. Two mentioned it was seasonal and varied at different times in the year, particularly over the Christmas period, the start of the school year and during winter time. Other food banks noted that there had been times in the past year when the food bank had been under-stocked, with one food bank even having to refer clients elsewhere. Several noted that it was unpredictable when shortages could occur, although once again there were certain times of the year when increased demand placed pressure on supplies, such as at Christmas time. However, it was noted that increased demand at Christmas time was usually accompanied by increased donations due to donors being more generous at this time of the year. For some food banks, this increase in donations during this period could mitigate the effects of the increased demand for resources. On the whole though, financing and resourcing the food bank did not appear to be a major problem for the majority of the food banks, which was surprising given that anecdotal evidence indicated this would be a significant problem for the Christchurch food bank industry.

¹³ Retail stores operated by charitable organisations, which sell items such as clothing, appliances, furniture and bric-a-brac.

¹⁴ Interestingly, the Royal New Zealand Air Force flew the donated cereal to Christchurch from Auckland. The Air Force commonly transports emergency supplies to countries ravaged by poverty and disaster, but it is rare to see this happening within New Zealand.

6.2.7 Food bank networks and collaborative approaches

There appears to be a high level of co-operation between many of the food banks in Christchurch. In addition to the sharing of food, a food bank forum has been established which meets every two months to discuss relevant issues, including the issue of food supplies and how to minimise use of food banks. This food bank forum arose out of the now defunct Food Bank Association, which dissolved in 2004 due to administrative problems beyond the association's control. Participating food banks take turns hosting meetings and the 'host' food bank is responsible for providing the venue and taking minutes. The forum is held once every two months and is self-run. It consists of both large and smaller food banks, usually numbering around twelve, and any food bank is welcome to send a representative. Guest speakers may be invited to talk about issues such as food preparation and hygiene. One social service manager interviewed believes that the food bank forum can offer more consistent, long-term help to clients, and the forum tries to avoid doubling up on food. Although there is an awareness that some clients are 'double dipping' or are 'frequent fliers' of food banks, at present this is difficult to monitor. One social service manager noted that they preferred that people didn't just go from food bank to food bank, but admitted:

We expect that in our line of work. That's what you do to survive.

Ideally, the food bank forum would like to introduce a client database, which would be accessible to all food banks and would show which food banks are assisting which clients. Once patterns of use were established, then each individual client would be contained to just one food bank where more intensive assistance could be offered. One manager admitted that such a database had been put in the "too hard basket" due to financial and operational constraints. Privacy issues and client confidentiality would also be problematic. Despite these difficulties, eventually the forum would like to share its food resources and make sure that it was distributed in a fair manner. Additionally, the forum would like to ensure that clients are only accessing a food bank in their local area and some of the food banks have established their own geographical boundaries.

One particular food bank has been criticised by several food bank co-ordinators and managers for its operating techniques and philosophies. It is alleged by one social service manager that:

They are working at a totally different philosophy to other food banks. He (the manager) wants to build an empire. For example, they approached the city council for two million dollars to build a drive-through food bank. They operate on a “no questions asked policy”...it works against the empowerment/community development model.

Furthermore, this food bank is alleged to not be interested in working with other food banks and not sharing its food resources, even when its food is close to its expiry date. It is feared that existing clients could switch to this food bank and potentially withdraw from the more holistic-based services offered by other food banks and their organisations.

6.2.8 The level of demand over the past twelve months

The head of the Methodist Mission, Michael Greer, is reported as saying that Christchurch had bucked a nationwide trend over the past year for decreasing demand for food bank services (Thomas, 2006a). Interestingly, there were variations in the reported level of demand over the past 12 months for the Christchurch food banks. Ten co-ordinators reported an increase in demand for the food bank and four food bank co-ordinators reported a decrease in demand for their service. Four co-ordinators reported that demand had remained relatively static, while one was unsure as this information was not recorded. As outlined in section 4.3.2, the data available for PIP food banks between 2001 and 2004 showed that demand had decreased at 6 out of 7 food banks during this period, although towards the end of the project many had started to show an increase in demand. The PIP found that the Christchurch City Mission experienced a decrease in average number of parcels for the period January 2001-December 2004, although this does not necessarily indicate a decrease in demand, for reasons outlined earlier (such as changes in food bank policies, sampling

methods, etc). It appears that for many food banks, demand is unpredictable and fluctuates from year to year. Even one of the larger food banks noted that:

We've had periods of huge demand where we have struggled to cope... that's been a change that occurs from time to time. It's a bit of a peak and a trough and a peak and a trough... it's not predictable... You can see periods of demand in the year, but... there will be a peak that you can't predict.

6.2.9 Restrictions and pathways to the service

Nearly all of the food banks surveyed had formal restrictions regarding access to the food bank. The food banks that did place restrictions (most required ID and around half required a letter from WINZ indicating that they were not entitled to food assistance) generally acknowledged that they used their discretion and that each individual was treated on a case-by-case basis. One food bank co-ordinator stated that they broke their own rules “all the time”. Twelve of the food banks indicated that they placed restrictions on the number of parcels that could be obtained in a certain period, although again a certain level of flexibility was mentioned by most of the food banks. If the quota was exceeded then most food banks required the individual to have either a formal or an informal discussion regarding their budgeting and finances. Others, while interviewing the client presenting for food assistance, would encourage or insist that the client partake in other services. This implies that there may be “strings attached” to receiving assistance from the agencies, and ultimately food banks are under no legal requirement to assist those who are unwilling to assist themselves. Some have a policy of not turning anyone away, mainly due to their Christian values, although the quality and quantity of food offered may differ to the contents of the usual parcels. One food bank operates on a ‘first in, first served basis’ whereby up to 20 food parcels per day are catered for, although personal quotas still apply. It regularly turns away nearly as many people each day due to demand exceeding supply.

One food bank attached to a provider of community support and services would only offer food assistance to people already involved in one of their other services, such as

a budgeting or parenting course. This poses the broader question of how clients come to be involved with voluntary welfare organisations and what it is they actually come for. People are accessing services from these organisations for reasons other than food, and important questions need to be asked as to why people are already involved in the organisation. These issues will be discussed in the following paragraphs.

6.3 Perspectives from five social service managers

The interviews with the five social service managers, whose food banks were considered in section 6.2, were conducted in order to address the first objective of this research, specifically, to determine how the general organisational context of their voluntary welfare organisations has influenced their food bank and food bank policies. The following comments from the managers interviewed (in italics) have not been attributed to the interviewee due to some of the sensitive data mentioned about their agencies.

6.3.1 Role of the organisation

The five organisations all had similar yet distinct roles in assisting and supporting those requiring their services. One social service manager noted that:

...agencies in Christchurch have sort of developed niche roles in a way.

indicating that agencies offer and target their services to a range of different groups, ranging from children and families, to single people, to the youth and elderly, to refugees and migrants. This is partly to avoid unnecessary duplication of services, but it also reflects the diverse and changing needs in the community. Over the past two decades there has been a concerted effort by the agencies to shift from a more charitable model towards a holistic one that empowers their clients to make positive changes in their lives through a variety of means. The three main frameworks that the agencies operated within were crisis, interventionist and preventive and a combination of these frameworks was important for the organisations. Firstly, by working within a

crisis framework, the pressing issue (the crisis or emergency) could be dealt with, before shifting the focus to the wider issue of why this was occurring and what could be done about it. As one manager noted:

We try to be both working in the crisis way, so that we can do the immediate quick fix, which isn't a real fix in terms of things in general, but... also to look at preventative ways so that it's not just about creating dependency, it's about realising that there are some people at this point in time who are dependent, it's not keeping them there, but it's realising that they are there and then catering for their immediate need and then moving on...

Several managers spoke of the need to break the cycle of poverty which could be achieved through both interventionist and preventive work. The importance of preventive work was emphasised by another manager who estimated that as a 'rule of thumb':

...that for every dollar that you don't spend on preventative work, you will spend \$20 on getting it right after you've got it wrong, so, so the costs of putting it right when you don't do preventative work is twenty times the original investment.

For instance, one manager noted that the social costs of allowing child poverty to continue are enormous, as highlighted by the youth problems seen in his agency's neighbourhood. Another referred to the 2005 French riots by a marginalised section of that society as an example of structural causes of poverty:

...we're really lucky that that hasn't happened to us, and it really is luck. I mean, if you've got nothing, you can afford to lose it and... we are creating a class of people who have nothing. So of course they're angry, they're resentful. I would be.

An area of key concern amongst the managers was that people were not getting all of the WINZ assistance that they were entitled to, and a key advocacy role that they played was making people aware of this entitlement and helping them to obtain it.

Liaising with WINZ was an important role that the agencies played, and some even had quite cordial relationships with the agency while acknowledging the difficulties that staff there faced:

...we have a really good working relationship with WINZ where we challenge them a bit but we find they're pretty good really... quite often the WINZ workers don't really know themselves so we sometimes have to tell them (laughs)... and they've got a high staff turnover anyway so it's just so much for them to learn...

6.3.2 Funding

All of the social service managers interviewed mentioned funding as a key area of concern for their organisations. Interestingly, this was different to the views of the food bank co-ordinators. One manager even drew comparisons between the problems facing his organisation and the problems that their clients faced:

...the same issues that are happening for people in poverty like rents going up and that sort of thing, our rent in this building's gone up and power's gone up and all this sort of thing, so we're... trying to cope with increased costs associated with running a service like this.

Despite having regular sources of funding, it was acknowledged that there was a certain degree of fragility about it. However, it was recognised that limited funding generally results in maximum efficiency of spending. Furthermore, one manager noted that:

I think that social service agencies have got to be very careful that they do not... cultivate a victim mentality about funding. There is a finite funding resource, and therefore given the reality of that we have to be...more clever about the way in which we design and deliver services to ensure that we are delivering the maximum service for the minimum dollar.

Contracting and funding from the state was important for most of the agencies, although food bank services do not qualify for such funding. However, food bank services can lead to increased and sustained levels of state funding for organisations, which will be discussed shortly. State contracting is beneficial for organisations as it enables better resourcing of existing services and the opportunity to create new services and programmes. With state contracting comes certain responsibilities. Compliance costs associated with state sources of funding was a big issue, and while the agencies that did receive contracts acknowledged that compliance and accountability is necessary and even helpful to the organisation, it could be problematic in terms of cost and time. For instance, one manager estimated that compliance costs were in excess of \$200,000 per year. It was noted that:

...the move towards contracting has... been a helpful shift because it defines more clearly the outputs that are expected... the negative in it is that it has exponentially risen the bar on compliance costs... we have horrendous compliance costs.

Another manager commented in a similar vein that although compliance is necessary, it can be crippling and even punitive:

...we've certainly had to become more professionalised and the compliance is exhausting...I'm not saying that we shouldn't be accountable, I think we should be, but a lot of it is just pin pricking but I think it's also to protect the government really. I think we're so risk adverse that all this compliance and auditing stuff just immobilises, or could immobilise us. It doesn't because we carry on with what we do anyway...

One agency did not perceive that they had been affected by state contracting in a negative way, while another received very little government funding and was quite happy with it that way, due to the perceived negative aspects that could accompany such funding:

The little bit that we've had has just been really small, which we're quite relieved about because we don't want to get into an enormous amount of

paperwork. Most of our funders don't put heavy expectations on us... we imagine that with government contracting, there could be subtle changes...

One agency that did not receive any state funding or contracts echoed the concerns about having to change existing services to meet the criteria for funding:

...generally they come with strings attached... for instance they have a strategy that they want to implement, one particular form of intervention, then you have to completely change your service... just to get the funding, so that's the downside of it. The upside is that you get ongoing funding...

6.3.3 Role of the government in assisting the poor

Nearly all of the managers mentioned that social welfare rates were inadequate and contributed to poverty in this country. There was much ambivalence from the social service managers towards the government's new Working for Families package, in terms of how much benefit it would really be. There are many reports that as soon as people receive this extra money, landlords increase their rent, which effectively means that people are no better off. All five managers expressed concern that only those with families and in workforce are eligible for the package:

...Working for Families is a good example... surely the people who aren't in employment who are on benefits have a great need- and who's going to assist them- who's going to improve their lot?

Additionally, one manager noted that:

The government has a real obligation to put systems in place that don't marginalise...

thus placing the onus on the state to ensure equality. However, in terms of social provision, one manager argued that the government's role was secondary one:

...it's unrealistic and it's quite inaccurate and it's naïve to imagine therefore that Central Government are the principal provider of social service. The community and voluntary sector is in fact the principal provider of social services. It always has been... the shift that I think you're seeing in government at the moment is that you are seeing a helpful mindset shift, that government themselves are recognising that the community and voluntary sector are in fact that substantial provider of service, and they are moving more and more to ensure that a reasonable share of funding is available to enable agencies like this to operate. Is that funding adequate? No.

Another manager emphasised the need for collaborative approaches between the voluntary welfare sector, local and central government, and the community.

...so I think we're well placed to do this with them but clearly we need support. Now whether that support comes from the government, or local government or the community- that's a moot point- it probably should come from a combination of all.

6.3.4 Beyond food assistance

It has been noted by many agencies that clients are usually not presenting solely for food, but have a multitude of problems of which the need for food is just one manifestation. In any case, household food needs cannot be met by solely by the food bank:

...providing the food parcels isn't meant to support families... we're not claiming that we are going to look after all their needs... it is meeting the immediate crisis that's tiding people over.

The social service managers emphasised that the food bank was *not* the prime aspect of their organisation, but did acknowledge the importance of it in connecting with those in need, particularly in crisis. For instance, many agencies acknowledge that the

food bank is often a way of enticing or 'hooking' people in to use other services that they offer:

...it is important but we don't say that it is our big thing. It is the initial step into the organisation... that's a way of saying I know you're struggling on the amount you get but we'd also love to help you in a more empowering way...

One social service agency manager noted in a similar vein that in their food bank:

The vast majority of people who come for food parcels could use something else in terms of some other service that we provide, either budgeting and advocacy, or counselling, or skills you know. So there's a good way of trying to net some people that otherwise we wouldn't really hear about...

Thus once the food need has been satisfied, clients are then able to concentrate on political needs as well as empowerment and advocacy (Leslie, 1996; Milner, 2004). Therefore, food assistance is essentially used as a tool not only to provide hunger relief but also to empower people to take control of their situation. This highlights the wider role that the voluntary welfare sector assumes, in that it has a focus on wider issues of poverty and hardship and offers assistance in a variety of ways. Organisations are increasingly making co-ordinated efforts to ensure that food bank clients are considered to be clients of the whole service rather than just of the food bank.

This form of enticement to the service via food may be an intentional tactic by the voluntary welfare sector in order to generate business for other services, as already mentioned. Thus food banks may actually benefit the organisations they are attached to through the resulting increase in demand for additional services. Therefore, it is important to consider not only the demand side of the food bank industry (from clients), but also the supply side (from organisations) when analysing the growth of the industry and patterns of use. The importance of food banks for both the food insecure and the voluntary welfare sector may partially explain how food banks came to be institutionalised when they were originally intended to be a temporary measure to respond to the re-emergence of widespread hunger.

6.3.5 Development of food banks

One manager noted that in the early 1990s there was a real threat that food banks could self perpetuate and expand:

It was at that point that we began to say, that while (the) food bank was a key component of what we offered, it was actually not the primary service. Now that's probably the biggest change that we've seen... that shift from what is it we're delivering; are we delivering a service that is about food bank, or are we delivering a service that is about advocacy, and support, and change, and life skill education, and work brokerage?

The organisations have therefore faced the challenge of consciously restricting the growth of the food bank, while still being able to meet community demand for such services. As one manager said:

My intention is not to expand, neither to restrict it. My intention is to follow the trend in the community...all of our services and programmes are based on community need.

One social service manager also noted that the type of client in the general organisation, including the food bank, has changed which has had an impact on staff:

...it used to be the much less threatening... like the happy drunk. Now, they are the person with drug and alcohol addictions mixed and... various drugs so you're never sure what you're dealing with, and they also bring with them a collection of health problems, Hep C, HIV. The level of skill needed by staff to deal with an increasingly volatile population has had to rise and be sharper.

6.3.6 Decreasing dependency?

All of the organisations saw themselves as having strategies to reduce dependency on the food bank. While some of these strategies centred on their general aim of reducing poverty in the community, some were more deliberate and intentional. For instance, one agency developed a strategy a few years ago to reduce food provision annually until the food bank's doors could be closed. However, this was deemed to be unrealistic:

We said to ourselves we will reduce food bank consumption by 10% per annum, until we'd closed the food bank... that's socially naïve and we don't have it in our strategic plan anymore (laughs)... it is a worthy principle but... we can only close the food bank when we can look across the length and breadth of society and say the need for that type of support no longer exists.

The general consensus among the social service managers was that client empowerment was the key to reducing dependency on the food bank:

...if they can control their lives more, discover what they want, it gives them the motivation perhaps to find interests or work or whatever... that's a way of helping to overcome poverty for sure, and there's poverty of spirit and poverty of everything as well as just food and money...

However, there was the awareness that independency was not always attainable or realistic:

I think you shouldn't underestimate the immediate critical response, like sure, you don't want to create dependency but... there are some people who are not managing, who can't manage. What do you do? Do you say, 'oh well, we're just creating dependency so no more food for you'? Not I... some of them are so damaged that there is very little chance of them making big steps. I hope that we are sincerely looking at each individual and thinking, how can we maximise this person to the hilt?

6.3.7 The future of food banks

All of the managers spoke of the unlikelihood of food banks going out of business any time in the near future, despite their desire for that to happen. Most visions of this centred on an increase in state provision and income levels:

We're hoping that we're going to go out of business really. That's basically our calling really (laughs)... It doesn't really look like it's going to happen very soon, and unless income, be it benefit or wages, were to drastically and positively change in terms of an increase, or food prices to drop which is probably even more unrealistic, there is a huge chance that things will improve very slowly...

If food banks were to go out of business and eventually close their doors, this could potentially result in less 'business' or demand for other services offered, and consequently less funding from the state. Thus, it is probable that food banks will only go out of business when the need for other social services offered by the voluntary welfare sector is diminished. It was also pointed out that broader poverty alleviation is a matter of social justice and social education, and for food banks to close, a radical change in society's attitude to the marginalised and impoverished is needed:

...we would as a society need to move to a kind of understanding of... each for all and all for each... it's society, individually and collectively, having such concern for the other person that... 'I am not prepared to allow that other person to be without, when I have resources in excess of what I need'.

6.4 Chapter summary

This chapter has found that Christchurch's food banks were mainly established in the mid-1990s to early 2000s by church welfare organisations in response to a perceived growing need in the community. They tend to be located in the more deprived neighbourhoods, although this is not always the case. They range in size and the level

of assistance that they offer ranges from fewer than ten clients per week to over 100 clients in one week. The food banks assist a diverse range of clients and they are resourced in a variety of ways, with the main donations coming from church and parish offerings, the corporate sector, and the general public. Interestingly, funding of the food bank was not considered to be a major issue by the food bank co-ordinators, despite the social service managers reporting that funding was a key issue for the whole organisation. Nearly all of the food banks placed restrictions on use. The main restrictions include requiring identification, placing limits on the number of visits within a certain time frame, and requiring a letter from WINZ indicating that they are not eligible for assistance. Food banks in Christchurch tend to operate within a highly co-operative and supportive environment, although there is one food bank perceived by some to operate independently and in a different manner to the rest.

Social service agencies in Christchurch operate within crisis, interventionist, and preventive frameworks. Thus food bank demand from a client (i.e. the crisis) is responded to by providing emergency food assistance, which then provides the organisation the opportunity to intervene and offer holistic assistance, with the aim of improving the client's long-term prospects. Such an opportunity may not have arisen if it were not for the food bank, which is seen as an entry-point into the organisation and the range of services that can be offered to the client. There was ambiguity towards the role of the government in assisting the poor, although the managers were unanimous with their ambivalence towards the WFF package. The managers had a shared desire to reduce dependency and restrict the growth of the food bank while continuing to meet current demand. This is a shared dilemma and they all had strategies to reduce dependency; some explicit, some implicit. The chances of food banks being made obsolete were perceived to be bleak unless major changes were to take place at both a structural and a societal level.

Chapter 7: The food bank clients

7.1 Introduction

This chapter identifies who is using the food bank by analysing the socio-demographic characteristics of the clients at the Methodist Mission, in accordance with the third research objective. It also establishes which groups appear to be under-represented and over-represented in comparison to their relative population size. Reasons for these apparent over and under-representations will be discussed in chapter 9. A second major aim of this chapter is to determine the level of neighbourhood deprivation, as this information is important for an analysis of place based characteristics. Reasons for using the food bank are also considered, as stated in the fourth research objective, as are the pathways to and from the food bank. The second part of this chapter aims to identify temporal patterns of food bank use at both the Methodist Mission and the City Missions, in line with the second research objective. It also looks at the residential distribution of clients and how this may affect access to the food bank, as well as to other sources of food, again this is in accordance with the third and fourth research objectives.

7.2 Client characteristics

The following results relate to individual client visits to the Methodist Mission food bank and help determine patterns of use as well as the socio-demographic characteristics of food bank clients. Reference is also made to these characteristics in regards to the level of neighbourhood deprivation, when appropriate.

7.2.1 Gender

There were more males than females visiting the food bank, which was surprising given that most research suggests females are more likely to visit food banks. In total

54% of clients were male and 46% were female, despite males only constituting 48.2% of the city's population (Statistics New Zealand, 2006a).

Figure 7.1 shows the rate of food bank visits per 10,000 people by gender according to neighbourhood deprivation. Generally, as the level of neighbourhood deprivation increased, the rate of visits did also. There was an exponential relationship between the rate of visits and the level of neighbourhood deprivation for males; food bank use was lowest in the least deprived neighbourhoods and highest in the most deprived neighbourhoods (Figure 7.1). For females, the relationship between the rate of visits and the level of neighbourhood deprivation was very similar to that of males. Females were accessing the food bank at a higher rate in the lowest decile areas (deciles 1-3) while males were accessing the food bank at a higher rate in decile 4-10 areas, with the noticeable exception of decile 9. In decile 10 areas, males were accessing the food bank at a rate of 263 per 10,000 males, while females were accessing the food bank at a rate of 227 per 10,000 females.

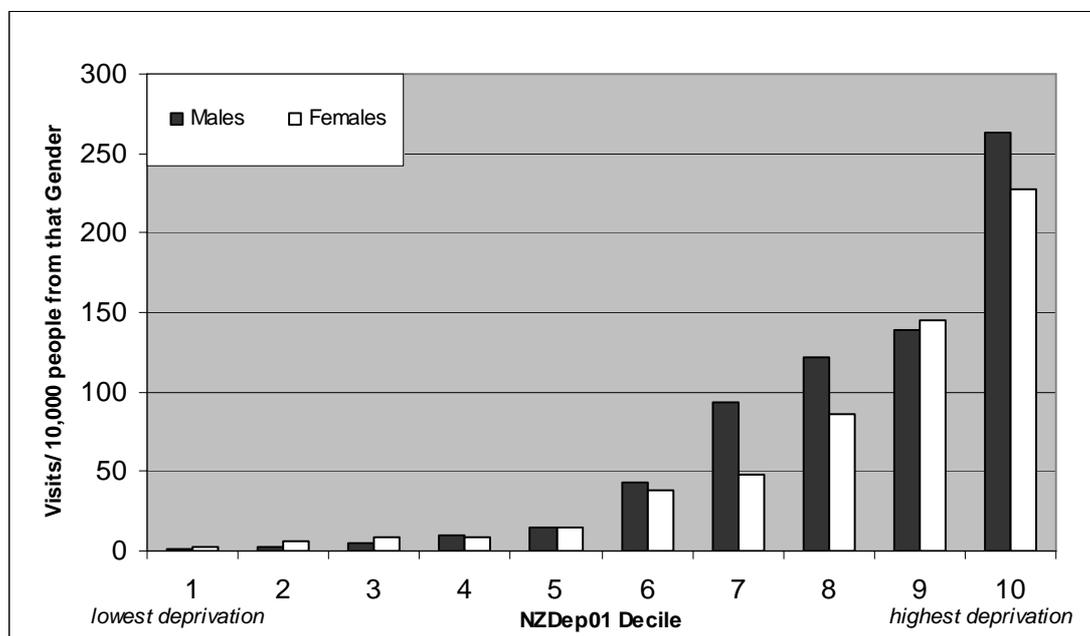


Figure 7.1: Food Bank visits by gender and NZDep2001

There was no difference in the distribution of male and female clients in the least and most deprived areas ($p=.288$) (Table 7.1). For clients of no fixed abode, the overwhelming majority (96.4%) were male.

Table 7.1: Distribution of clients according to gender and neighbourhood deprivation

	Least deprived	Most deprived
Male	54.3%	52.6%
Female	45.7%	47.4%
Total	100%	100%

7.2.2 Age and gender

The average age for all clients was 38 years and almost 60% of clients were under 40 years old. The average age of male clients was 39 years, while for females it was slightly lower at 36 years. Figure 7.2 shows the majority of clients were in the 35-39 age cohort (19.5%), the 40-44 age cohort (16.7%), and the 30-34 age cohort (15.1%). Thus, just over half of all clients were aged between 30 and 44 years. According to 2001 census figures for Christchurch TLA, only 22.7% of all residents fall within these three age cohorts (Statistics New Zealand, 2006b). There was a relatively even gender distribution within the 30-39 age cohorts, while in the 40-44 age cohort the majority of clients were male (57.9%).

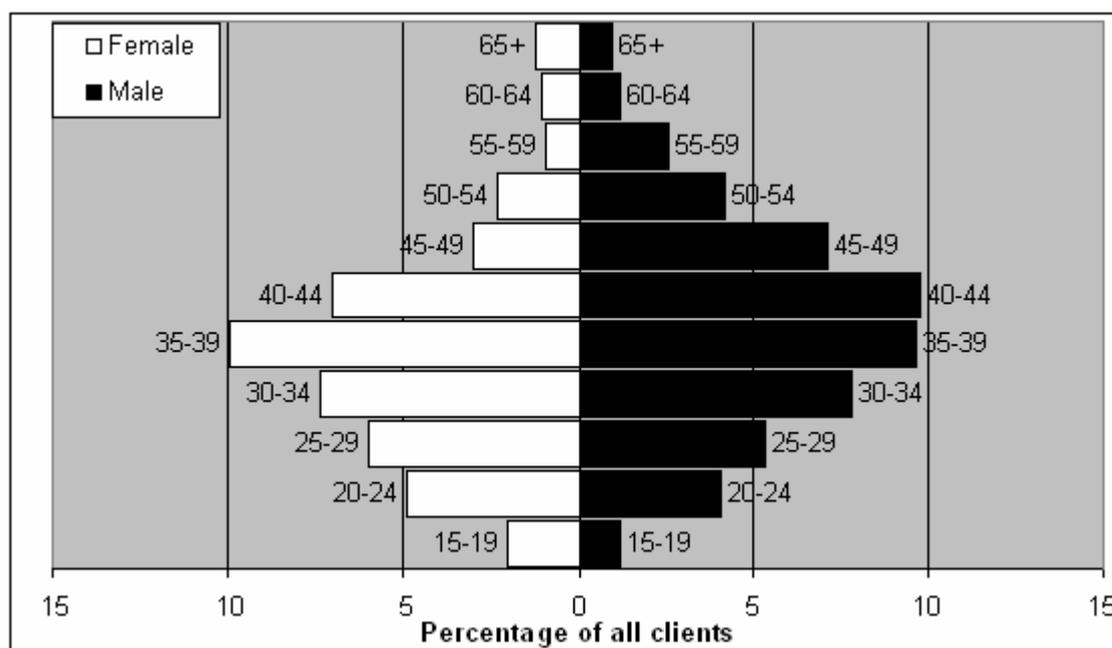


Figure 7.2: Population pyramid of clients' age and gender

Just over 3% of clients were in the 15-19 age cohort, and the youngest recorded age was 16 years ($n=6$). The majority of clients in this cohort were female (63%). Likewise, in the 20-24 age cohort, which consisted of nearly 9% of all clients, the majority were also female (54%). Thus, a greater percentage of young adult females were accessing the food bank than young adult males were. Young adults aged 20-24 consisted of 8.9% of clients, while according to census figures this age cohort makes up 7.7% of the city's population (Statistics New Zealand, 2006b).

Older adults in the 45-64 age cohorts consisted of 22.3% of all clients. According to census figures for Christchurch, these age cohorts consist of 21.9% of the city's population. Additionally, clients in these four age cohorts were overwhelmingly male. For example, over 70% of clients in the 45-49 age cohort were male. In the 50-54 age cohort, around two thirds of clients were male, while in the 55-59 age cohort, 73% of clients were male. It was only in the 65+ age cohort that females outnumbered males. Of the 2.2% of clients who fell into this age cohort, nearly 57% were female. According to census figures, 13.7% of the city's population is aged 65 or over (Statistics New Zealand, 2006b). There was a significant difference in the distribution of male and female clients according to age categories ($p<.001$). Table 7.2 confirms that, when broken down into ten-year age categories (excepting <20 years), a greater

percentage of male clients were in the 40-59 year categories, while a higher percentage of female clients were in the under 40 age categories and the 60+ age category.

Table 7.2: Distribution of clients according to age and gender (%)

	15-19 yrs	20-29 yrs	30-39 yrs	40-49 yrs	50-59 yrs	60+ yrs	Total
Male	1.8	17.1	31.9	31.7	13.3	4.2	100
Female	4.6	24.0	37.7	21.7	6.9	5	100

It is difficult to ascertain which age groups are over or under represented according to census figures, as the Mission generally only caters for adults, and children under 18 years do not present seeking food parcels unless in exceptional circumstances. Considering that 19.3% of the city's population is aged under 15 years (Statistics New Zealand, 2006b), this age group cannot be considered when attempting to determine use by age. However, it appears that those aged 65+ years are vastly under-represented, while adults aged between 30 and 44 are vastly over-represented.

In terms of deprivation, there was no significant difference in the distribution of clients by age and deprivation ($p=.100$), although Table 7.3 shows that the most deprived areas contained a noticeably higher percentage of clients aged over 60 than the least deprived neighbourhoods. Meanwhile, the areas of least deprivation contained a higher percentage of clients aged 20-29 years than the most deprived neighbourhoods.

Table 7.3: Age distributing of clients by deprivation

	15-19	20-29	30-39	40-49	50-59	60+	Total
Least deprived	3	23.6	35.2	25.1	10.3	2.8	100
Most deprived	3.2	18.9	34.3	27.9	10.3	5.3	100

7.2.3 Ethnicity

As expected, people of Maori ethnicity were over-represented amongst the food bank clients. Figure 7.3 shows Maori comprised 30% of all clients, despite only consisting of 7.2% of Christchurch's population (Statistics New Zealand, 2003). Pacific people, who comprise 2.4% of Christchurch's population (Statistics New Zealand, 2003), were only marginally over-represented amongst food bank clients at 3.5%. Although the majority of food bank clients were of European descent (64.1%), this group was well under-represented compared to its Christchurch population of 89.8% (Statistics New Zealand, 2003).

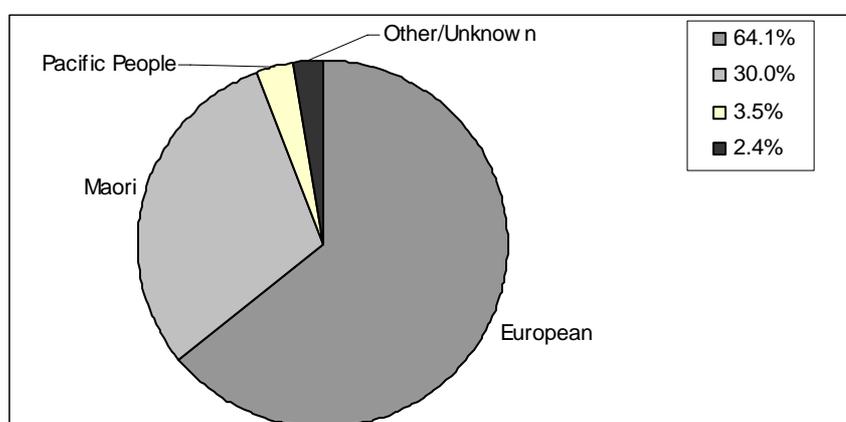


Figure 7.3: Client ethnicity

There were no significant differences in the distribution of male and female clients by ethnicity ($p=0.278$). Table 7.4 shows that a slightly higher percentage of male clients were European (65.9% compared with 62.1% of females), while a slightly higher percentage of female clients were Maori (32.2% compared with 32.2% of males).

Table 7.4: Distribution of clients according to ethnicity and gender (%)

	European	Maori	Pacific people	other/unknown	Total
Male	65.9	28.1	3.5	2.5	100
Female	62.1	32.2	3.8	1.9	100

Figure 7.4 shows that in general, as deprivation level increases, so too do the utilisation rates by each ethnicity. This is not quite true for Pacific people, who accessed the food bank at the highest rate in decile 2 areas, before decreasing to a rate of 0 in decile 4 and 5 areas. Pacific people had the lowest rate of use for decile 6 and 7 areas and the rate of use steadily increased to peak at 14.1 visits per 1,000 Pacific people in decile 9 areas, before actually decreasing to 13.7 visits per 1,000 Pacific people. From decile 3 areas to decile 10 areas Maori consistently had the highest rate of use. Between decile 3 and 5 areas the rate actually slightly decreased before steadily increasing to a peak of 51.6 visits per 1,000 Maori in decile 10 areas. European rates of use consistently increased according to the level of neighbourhood deprivation, and between decile 9 and 10 areas the rate almost doubled from 10.8 to 20 visits per 1,000 Europeans. Thus, there are different deprivation gradients for each ethnic group.

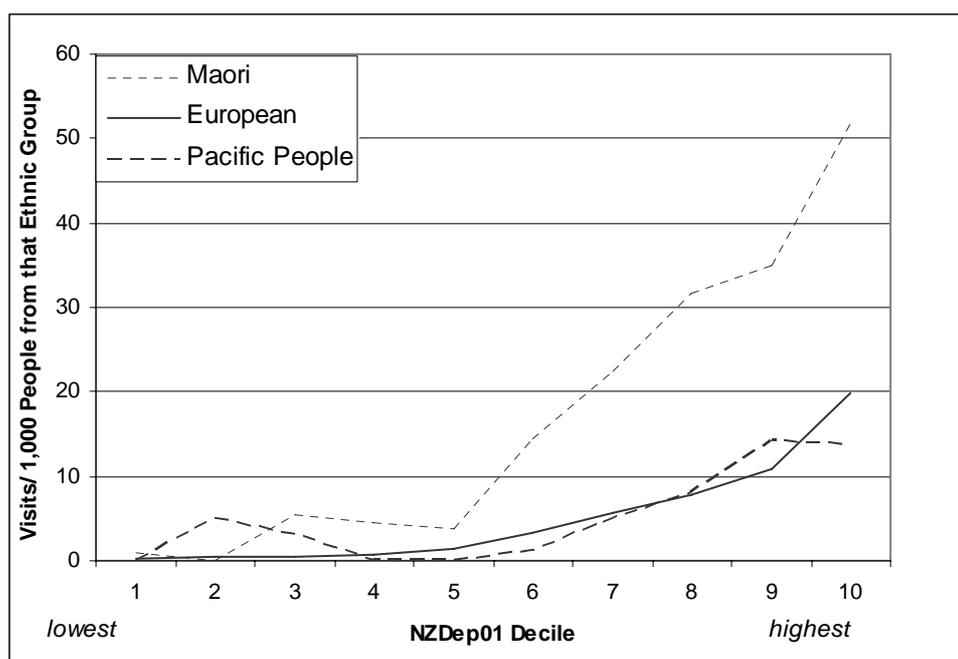


Figure 7.4: Food bank visits by ethnicity and NZDep2001

There was a significant relationship between ethnicity and neighbourhood deprivation ($p < .001$). Table 7.5 shows there was a higher percentage of European clients in the least deprived neighbourhoods (71.7%) than there were in the most deprived neighbourhoods (60.9%). Conversely, there was a higher percentage of Maori clients (32.3%) in the most compared to the least deprived neighbourhoods (24.7%).

Likewise, the percentage of Pacific people clients in the most deprived neighbourhoods was three times higher than in the least deprived neighbourhoods (4.6% and 1.5% respectively).

Table 7.5: Distribution of clients according to ethnicity and neighbourhood deprivation (%)

	European	Maori	Pacific people	other/unknown	Total
Least deprived	71.7	24.7	1.5	2.1	100
Most deprived	60.9	32.3	4.6	2.2	100

7.2.4 Marital status

Single people were the most prolific users of the food bank, comprising 42.2% of all clients. Sole parents were the next most common users, consisting of 29.4% of all clients. However, there were some important gender differences within these groups. Single people were overwhelmingly male (80.4%) while sole parents were overwhelmingly female (80.9%). Nearly 25% of clients were either married, de facto, or had a partner, while the remainder were recorded as divorced, separated or widowed¹⁵. There were no major differences between the least deprived and most deprived neighbourhoods in marital status, although the overwhelming majority of NFA clients were either single people or separated (98.2%).

7.2.5 Dependent children

Half of all food bank clients reported that they had at least one dependent child (<18 years) in the household, although it was not specified if the child/children lived in the household full or part-time. Nationally, only one third of New Zealand's households include children (Statistics New Zealand, 2002) meaning that in this study households with children were over-represented. A total of 2043 children were recorded as living

¹⁵ These people could also be considered to be 'single people' although this cannot be assumed, therefore these categories were kept separate to that of 'single people'.

in households that received a food parcel, however the number of children who benefited from the food parcels is likely to be much higher. This is because many of those who had part-time custody of their child/children, or who were looking after somebody else's child, did not record them as living in the household, yet later in the interview form indicated that one reason that they needed a food parcel was due to extra children visiting the household (this will be discussed in further detail when reasons for using the food bank are examined). Additionally, 16 individual clients¹⁶ were recorded as being pregnant at the time of visit, while three clients were recorded as supporting a pregnant woman.

The majority of married and de facto couples (70.1%) had at least one dependent child in the household. The ages were recorded for 91.7% of recorded dependent children. One quarter of these children were aged 5 years or younger, and just under two thirds of all recorded dependent children were aged 10 years or under. Nearly 9% of all clients with dependent children recorded in the household had five or more recorded in the household. These figures relating to dependent children indicate that children are adversely affected by and exposed to the poverty experienced in their household.

Figure 7.5 shows that sole parents comprised 57.9% of households with at least one dependent child, despite the New Zealand average being 31% (Statistics New Zealand, 2002). Additionally, 7.7% of clients classified themselves as being a single person yet indicated that there was at least one dependent child in their household. A small number of clients also indicated that they were divorced, separated and/or widowed yet *also* had at least one recorded dependent child in the household¹⁷. Thus sole parents and sole care givers comprised just over two thirds of households with at least one dependent child. Married, de facto and partnered couples comprised just under one third of these households, compared with the national average of 69% (Statistics New Zealand, 2002).

¹⁶ Assumed to be different women, as they had different addresses and different dates of birth.

¹⁷ It is possible that these people were wrongly categorised and should have in fact been categorised as sole parents; or, they may in fact have been the child's/children's caregiver but not parent.

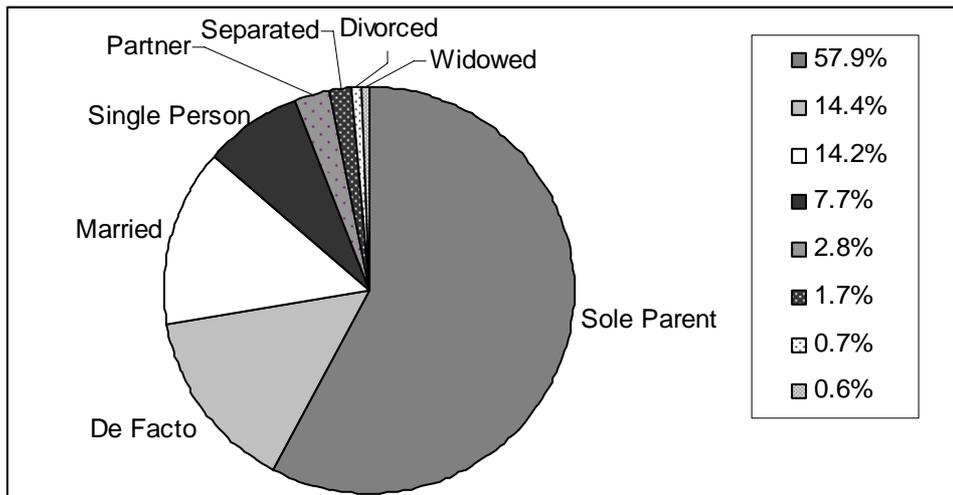


Figure 7.5: Households with dependent children

There was very little difference between the least and most deprived neighbourhoods in terms of the percentage of clients who had at least one dependent child in the household. None of the NFA clients had dependent children in their care. Of the clients who did have dependents, clients in the most deprived neighbourhoods were more likely to have five or more dependent children in the household (9.9%) compared to those in the least deprived neighbourhoods (5.4%).

7.2.6 Housing

The most common form of housing was the private rental market with 45.4% of clients living in this tenure, as seen in Table 7.6. Around one quarter of clients were living in government housing provided by Housing New Zealand (HNZ), and 7.4% of clients were living in local government housing provided by the Christchurch City Council (CCC). HNZ housing caters more for families, while CCC local authority social housing caters more for single adults. Just over 12% of clients were living in a boarding situation, although it was not specified whether this included utilities and/or food. Of the clients who were living in their own homes, all were paying off mortgages. The remaining clients were of No Fixed Abode (NFA), staying with a friend or relative, living in a motor camp, or living in any other type of accommodation.

Table 7.6: Housing tenure of clients

Housing Tenure	All Clients (%)
Rental	45.4
Housing New Zealand	26.2
Board	12.2
Christchurch City Council	7.4
No Fixed Abode	3.3
Friend/Relative	1.2
Motor camp	1.2
Owned	2.1
Other/ Unknown	1.0

Just over 6% of clients were not paying rent/board at the time of presenting for food and these clients were likely to be either of NFA or staying with a friend or relative. The average cost of housing for those paying rent/board was \$136 per week¹⁸, compared with the Christchurch average of \$164 (Statistics New Zealand, 2003). However, there were huge variations in rent and the cheapest rent was \$34 per week for a single person living in a HNZ dwelling a decile 10 (most deprived) meshblock. The most expensive rent was \$440 per week for a de facto couple with no dependent children living in a private rental property in a decile 2 meshblock. It was recorded on in the interview form that many clients had less than \$100 for *all* of their other expenses for the week, after housing costs had been paid.

Just over half of all clients in the least deprived neighbourhoods were in the private rental market, compared to 44.4% of clients in the most deprived neighbourhoods. There was a higher percentage of clients in the most deprived neighbourhoods living in HNZ properties than in the least deprived neighbourhoods (31.4% and 18.7% respectively), which was to be expected as areas with a high concentration of state houses tend to be deprived neighbourhoods. Interestingly, a higher percentage of clients in the least deprived neighbourhoods were living in CCC properties (10.4%) compared with the most deprived neighbourhoods (6.7%). In total, 3.3% of clients were of NFA.

¹⁸ The cost of housing for 1.2% of clients was not recorded

7.2.7 Income

The majority of clients (82%) were receiving some form of government benefit as their main source of income, as seen in Figure 7.6. This group is over-represented when compared with census figures showing only 29.4% of the city's population receive a government benefit (CCC, 2002). The four main client benefit types were the Invalids Benefit (33.7% of those clients on a benefit), the Domestic Purposes Benefit (25.7%), the Sickness Benefit (22.2%) and the Unemployment Benefit (11.9%). Just over 1% of all clients were receiving the Student Allowance as their main form of income.

Low income workers consisted of 9.4% of all food bank clients, while 8.6% of clients had no income at the time of presenting at the food bank. According to Christchurch census figures, only 3.3% of the population has no source of income, indicating that this group is also over-represented (CCC, 2002). Many of those who had no income were in the perilous position of being on benefit stand-down (non-entitlement) after their employment had ended; this period of stand-down varied from 1 week to 26 weeks.

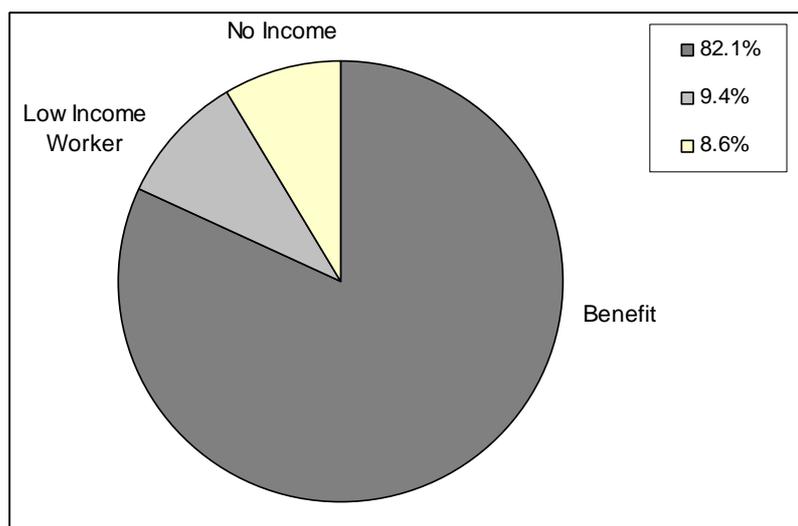


Figure 7.6: Main source of client income

Just over 82% of clients in both the most deprived and least deprived neighbourhoods were receiving a government benefit as their main form of income. This figure was slightly lower for the NFA clients. There was very little difference in the percentage of low income workers between the most deprived and least deprived neighbourhoods. However, only 3.6% of NFA clients were low income workers. There were slightly more people who had no income in the most deprived neighbourhoods (8.5%) compared to clients in the least deprived neighbourhoods (7.6%). For NFA clients, this figure was much higher at 14.3%.

For those clients receiving a benefit, the Invalids Benefit was the most common type for those in the least deprived neighbourhoods (34%), the most deprived neighbourhoods (32.4%) and for NFA clients (62.2%). The Domestic Purposes Benefit was the second most common type of benefit for those in the least deprived neighbourhoods (28.6%) and the most deprived neighbourhoods (25.2%) but did not feature amongst the NFA clients. The Sickness Benefit and Unemployment Benefit were the third and fourth most common types of benefit respectively for both the least deprived and most deprived neighbourhoods.

7.3 Reasons for using the food bank

The reasons given for using the food bank were wide ranging, and while 56% of all clients gave only one reason, 39% reported two or more¹⁹. The five main reasons reported by clients for requiring food relief were: household bills; housing; family; WINZ issues; and debt²⁰, as seen in Figure 7.7. The most common reason recorded was related to household bills, with almost one third of clients citing this as a reason. This category mainly consisted of utility bills, but also included car, school and Christmas bills. Interestingly, not one of the 56 NFA clients cited this as a reason for using the food bank.

The second most common reason given for using the food bank related to housing difficulties and circumstances, which was reported by nearly one fifth of all clients.

¹⁹ Multiple reasons could be given, and reasons were not recorded for 5% of clients.

²⁰ Excluding WINZ debt

One client reported that 50% of their income was spent on housing while another only had \$20 left for the week for all other expenses after their rent was paid. Family circumstances was the third most common reason, cited by nearly 18% of clients, and this mainly related to having extra or unexpected family coming to stay, but also included relationship break-ups and financially assisting other family members. Nearly 16% of clients cited difficulties relating to WINZ as a reason for using the food bank, and these difficulties mainly related to either not being eligible for the Special Needs Grant for food or being placed on benefit stand-down for a certain period of time. Other problems with WINZ included being in debt to the agency, and administration errors affecting payments. Interestingly, difficulties relating to WINZ was the most common reason recorded for all of the NFA clients (25.6%). Just over 12% of all clients reported that being in debt was one reason for using the food bank, although the type of debt was not usually specified. Specified debts included personal debts, owing the bank money (mainly due to credit cards and overdrafts) and debt to finance companies and recovery agencies such as Baycorp Advantage.

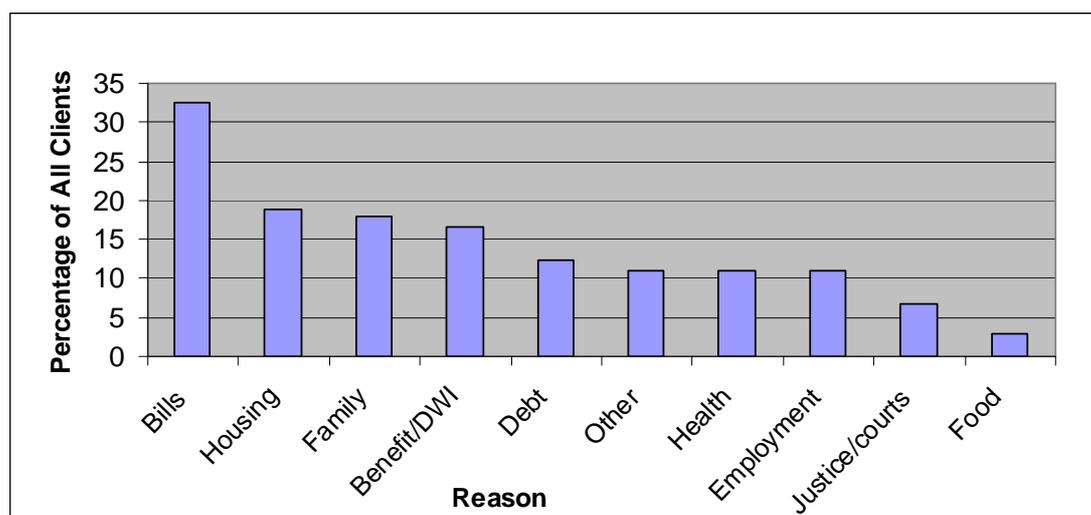


Figure 7.7: Reasons cited for using the food bank

Health reasons were cited by 11.1% of clients as one reason for using the food bank, and this was mainly in connection to doctor's fees and medications costs. Interestingly, this was the second most reported reason for the NFA clients (20.5%) after WINZ issues. Employment issues were reported by 10.9% of clients and primarily related to having to take unpaid time off work due to not being entitled to paid sick leave or holiday pay. Other employment reasons included the work being of

a temporary or seasonal nature which meant that income was insufficient to cover household expenses, or being owed money by the employer. Nearly 7% of clients reported that being involved in the justice system was a reason for using the food bank, and this was mainly due to court fines and/or the recent release from prison with limited financial means. The immediate need for food was reported as a reason by 3% of all clients, with some indicating that they had gone days without substantial food supplies. Just over 11% of clients had a reason that was classed as 'other' and these reasons were extremely diverse. They included clients losing wallets, having money stolen, having a gambling addiction, being owed money, poor financial planning, and being pregnant.

The major differences between the less and most deprived clients were that a higher percentage of clients from the least deprived neighbourhoods reported bills (38.5% compared with 31.4%) and housing (21.5% compared with 18.2%) as reasons for using the food banks than clients from the most deprived neighbourhoods. A higher percentage of clients from the most deprived neighbourhoods reported family reasons (20.5% compared with 13%) than clients from the least deprived neighbourhoods, possibly indicating that clients in the least deprived neighbourhoods had better familial support systems.

7.4 Pathways to and beyond the food bank

Referral details *to* the food bank were recorded for 43% of clients. Of these clients, the majority (70.5%) consisted of self-referrals. The second most frequent mode of referral was via a relative or friend, which accounted for 13.4% of referrals. WINZ and other government agencies accounted for 8.6% and 0.5% respectively, while other community and social service agencies accounted for 5.6% of referrals.

Referral details *from* the food bank were recorded for only 12.7% of clients. Of these clients, nearly 60% were either referred to or put on the waiting list for the Advocacy Service at the Mission, which assists with advocacy and budgeting issues. Just over 11% were referred to another service within the Mission, and nearly one quarter were

referred to an outside agency. Nearly 5% of the clients with a recorded referral were referred to WINZ.

In addition to the clients who were referred to a service or a different agency, the Mission also recorded advice details given to 6.1% of clients. Of these clients who received advice but no referral, 82.5% received advice on advocacy and/or budgeting services, 13.6% received advice on other Mission services, and 3.9% received advice on WINZ.

7.5 Temporal trends

So far this thesis has analysed the socio-demographic characteristics and reasons for use for the Methodist Mission food bank clients. The remainder of this chapter will focus on temporal and spatial trends of these clients. The majority of clients had previously accessed a food parcel from the Methodist Mission, although the date of the last visit was not always recorded. Just under one quarter of all clients were using the food bank for the first time. Figure 7.8 shows that using a 31-day moving average of the 195 operating days, food bank use appeared to be highest in the build up to Christmas. There was a sustained high level of use from early March to mid-April, when in late April the average number of clients per day began to decline until reaching a low in early July. Then client use appears to gradually increase until reaching a peak before Christmas, with usage remaining high after Christmas. Additionally, Figure 7.8 also shows that despite apparent seasonal trends, there is also significant variation within months and even weeks. For instance, although food bank use appeared to be lowest during June and July, the daily count showed that on one day in mid-June over 20 clients presented at the food bank, while the previous day only 4 clients had. Winter is generally a period of high demand for food banks in New Zealand, as electricity bills tend to be higher due to increased heating needs. Therefore, one would have expected general use to have been higher during this period.

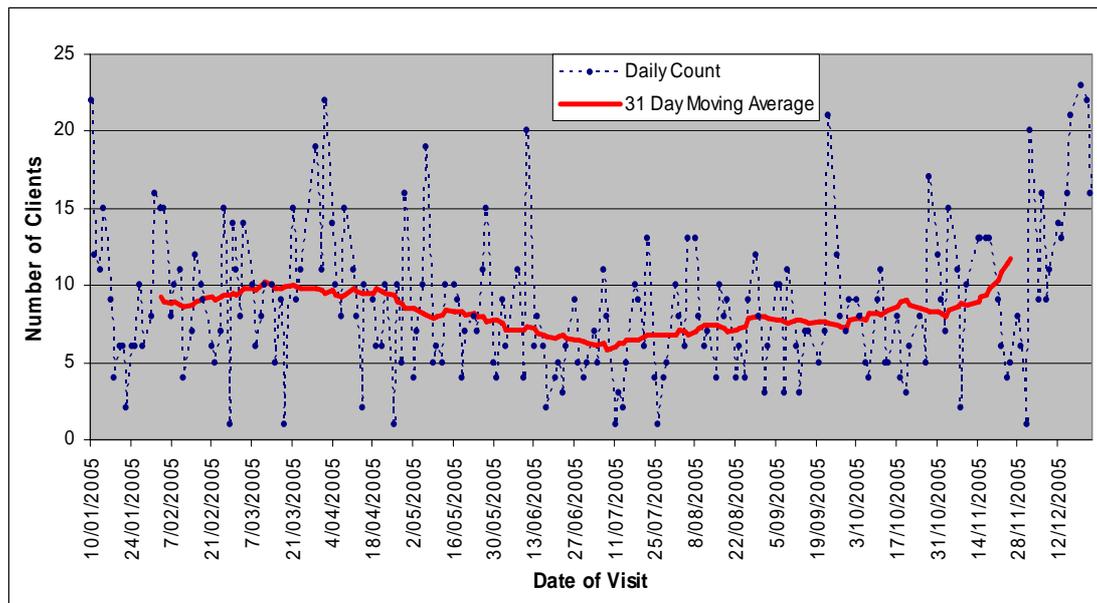


Figure 7.8: Daily client visits, Methodist Mission, 2005

Monthly figures from the Christchurch City Mission show that for the 5 year period from 2000-2004 (Figure 7.9), there were two interesting trends. Firstly, it appears from the data that client numbers have been steadily decreasing since 2000. However, this is consistent with findings from the 2005 PIP (NZCCSS, 2005a) and probably reflects the changes in sampling procedure over time rather than an actual decrease in demand (as discussed in chapter 4.4). Secondly, in contrast to the findings from the Methodist Mission, there tend to be clear peaks in usage during the winter months (June and/or July), which is in line with what was to be expected. However, these monthly figures mask the daily and weekly fluctuations of use within the months. As with the Methodist Mission, the City Mission also experienced higher levels of demand during and particularly after Christmas.

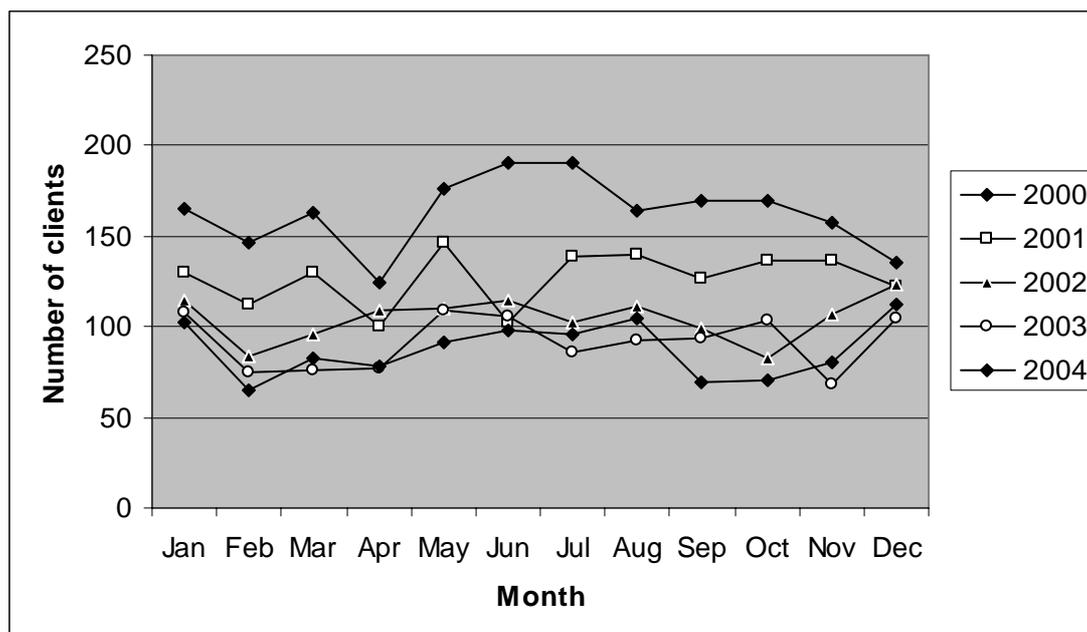


Figure 7.9: Monthly client visits, City Mission, 2000-2004

7.6 Neighbourhood deprivation

7.6.1 Geographical trends

Figure 7.10 shows the spatial distribution of the Mission's food bank clients in the Christchurch TLA²¹ according to deprivation. Just over 70% of all clients recorded within the Christchurch TLA were residing in the most deprived neighbourhoods in Christchurch (meshblock deciles 8-10), while just under 30% lived in the least deprived neighbourhoods (meshblock deciles 1-7). Heavily concentrated areas included the central, southern and eastern parts of the city. Results from the Christchurch City Mission for 2005 show an almost identical pattern of client spatial distribution to that of the Methodist Mission.

Although a small percentage of clients were recorded as having come from as far away as Culverden, Dunsandal, Cheviot and Timaru, it is unlikely that they came to Christchurch for the sole purpose of accessing a food bank and were probably visiting the city for multiple reasons. As mentioned earlier, this analysis only includes those

²¹ 93.3% of all clients. It does not include the clients who reside outside of the 2005 Christchurch TLA in areas such as Banks Peninsula, Kaiapoi, Amberley, Oxford and Timaru.

clients residing within the Christchurch TLA. For the 90 CAUs in the Christchurch TLA that contained food bank clients, the average rate of use was 63 people per 10,000 people, while the median was 33. Several decile 1 CAUs contained no food bank clients at all, including Holmwood, Deans Bush, and Mt Pleasant. The deprived inner city areas of Cathedral Square, Avon Loop, and South Richmond had high rates of use (between 214 and 289 people per 10,000 people). Aranui, a highly deprived CAU, also had a rate of over 200 people per 10,000 people, and clients from this CAU were travelling distances of over six kilometres to access the food bank. However, the highest rates of use came from the CAUs of Riccarton South and Waltham (449 and 334 people per 10,000 people respectively), two highly deprived areas on the opposite side of the city from one another, where clients were travelling distances of over three kilometres to access the food bank. This again illustrates that the Methodist Mission food bank does not just cater for people coming from the deprived inner city neighbourhoods, as one may have expected due to the shorter distances needed to travel to access the food bank, but that large numbers of clients were coming from suburban neighbourhoods. Interestingly, Waltham and Riccarton South are two areas that are poorly served in terms of having local food bank services, which may explain the comparatively high rates of use from these neighbourhoods.

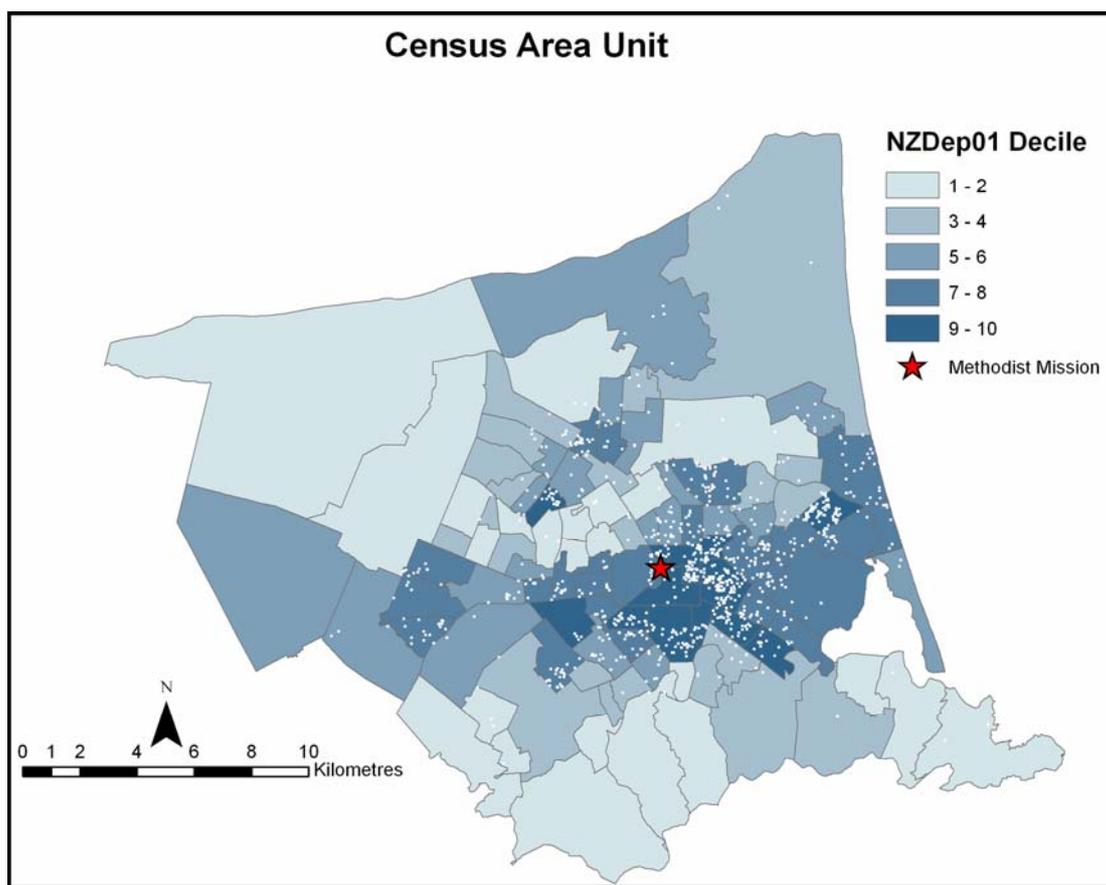


Figure 7.10: Map of Christchurch showing the addresses of clients

7.6.2 Did food bank users live in neighbourhoods poorly served by food retail outlets?

The farthest distance that a client residing within the Christchurch TLA lived from the food bank was 21 kilometres while the closest was 400 metres. The average distance from the food bank was 4.4 kilometres. Nearly all clients (97%) lived within 10 kilometres of the food bank. Two thirds lived within 5 kilometres of the food bank, while only 3.8% of clients lived within 800 metres of the food bank. As outlined in the methodology, 800 metres is deemed to be the average or maximum distance that people are prepared to walk in order to obtain groceries. This means that access to the community resource (the food bank) was varied and the majority of clients would have been reliant on public or private modes of motorised transport to access the food bank. Of course, this differs according to a variety of factors, including age, health status, accompanying children, and even weather.

Total outlets

Using the 800 metre buffer zone as a measure of walking distance accessibility to food outlets other than the food bank, it appears that client access was varied. Generally, as deprivation increased, access to food outlets also increased. Overall, only 7.4% of clients lacked walking distance access to any kind of food retail outlet, although there were some important differences according to neighbourhood deprivation. Figure 7.11 shows that a higher percentage of clients in the least deprived neighbourhoods lacked walking distance access to any kind of food outlet, compared with clients coming from the more deprived neighbourhoods. Conversely, a greater percentage of clients in the most deprived neighbourhoods had walking distance access to three or more food outlets than clients in the least deprived neighbourhoods.

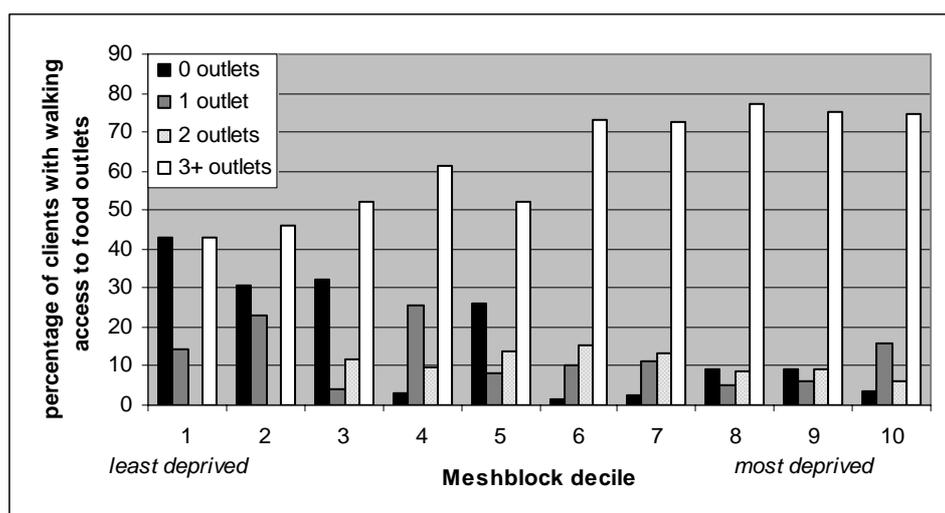


Figure 7.11: Food outlet accessibility for clients, according to neighbourhood deprivation

Supermarkets

Overall walking distance access to supermarkets was poor. This is of concern because supermarkets are generally the cheapest places to buy healthy foods such as fruit and vegetables, and they usually have a wider range of healthy food available than other types of food retail outlets. Three quarters of clients lacked walking distance access to

a supermarket, and only 2% of clients had walking distance access to two or more supermarkets. Clients in the most deprived neighbourhoods appeared to have better walking distance access to a supermarket than clients in the less deprived neighbourhoods. Figure 7.12 shows that 80.9% of clients in the least deprived neighbourhoods lacked walking distance access to a supermarket, compared with 71.6% of clients in the most deprived neighbourhoods.

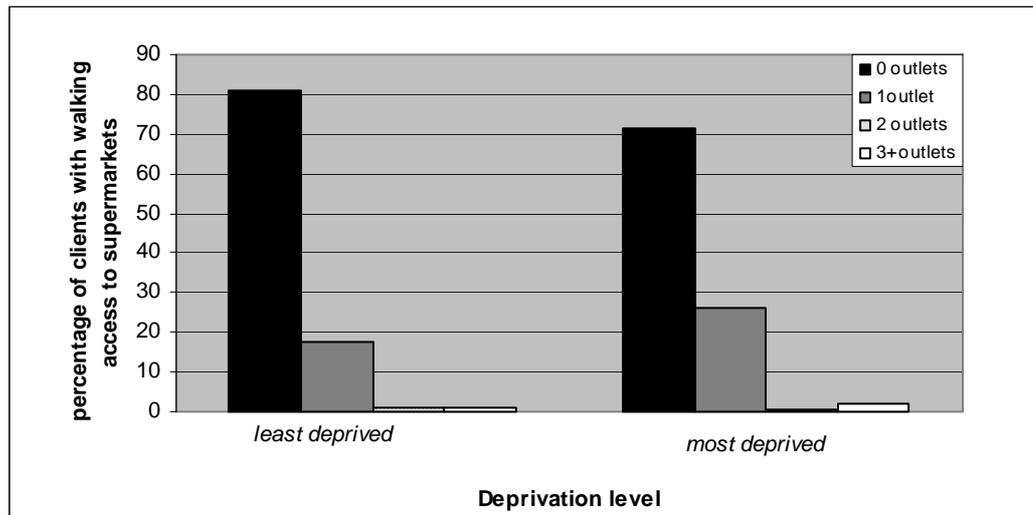


Figure 7.12: Supermarket accessibility for clients, according to neighbourhood deprivation

Other convenience

Just over 10% of clients lacked walking distance access to a convenience store, and this type of outlet was the most accessible for all clients. Overall, 53.7% of clients had walking distance access to three or more convenience stores. Again, accessibility appeared to be more restricted in the least deprived neighbourhoods, where 16.2% of clients lacked walking distance access to any convenience store, compared with 9.4% of clients in the most deprived neighbourhoods. A much higher percentage of clients in the most deprived neighbourhoods had walking distance access to three or more convenience stores than clients in the least deprived neighbourhoods, as shown in figure 7.13.

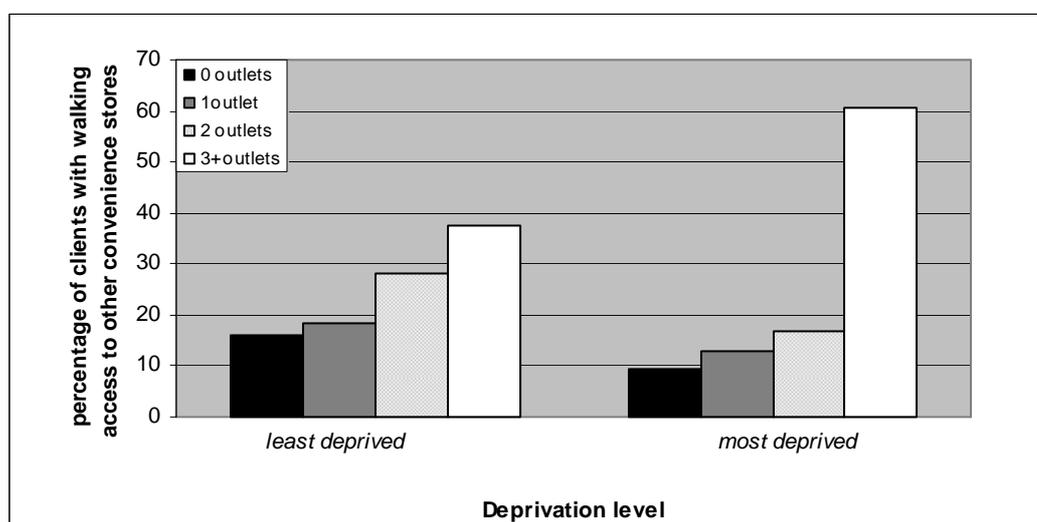


Figure 7.13: Other convenience store accessibility for clients, according to neighbourhood deprivation

Fast food outlets

Around a quarter of all clients lacked walking distance access to a fast food outlet. Figure 7.14 shows that there was little difference between the percentage of clients from the least and most deprived neighbourhoods who lacked walking distance access to a fast food outlet. However, this figure masks the general trend that as deprivation increased, the percentage of clients lacking walking distance access to a fast food outlet decreased. Furthermore, a higher percentage of clients living in the most

deprived neighbourhoods had walking distance access to two or more outlets than clients living in the least deprived neighbourhoods. Thus, clients living in the most deprived neighbourhoods appeared to have better access to fast food outlets than clients living in the least deprived neighbourhoods, which is consistent with other recent research findings Reidpath et al., 2002; Pearce et al., 2007b).

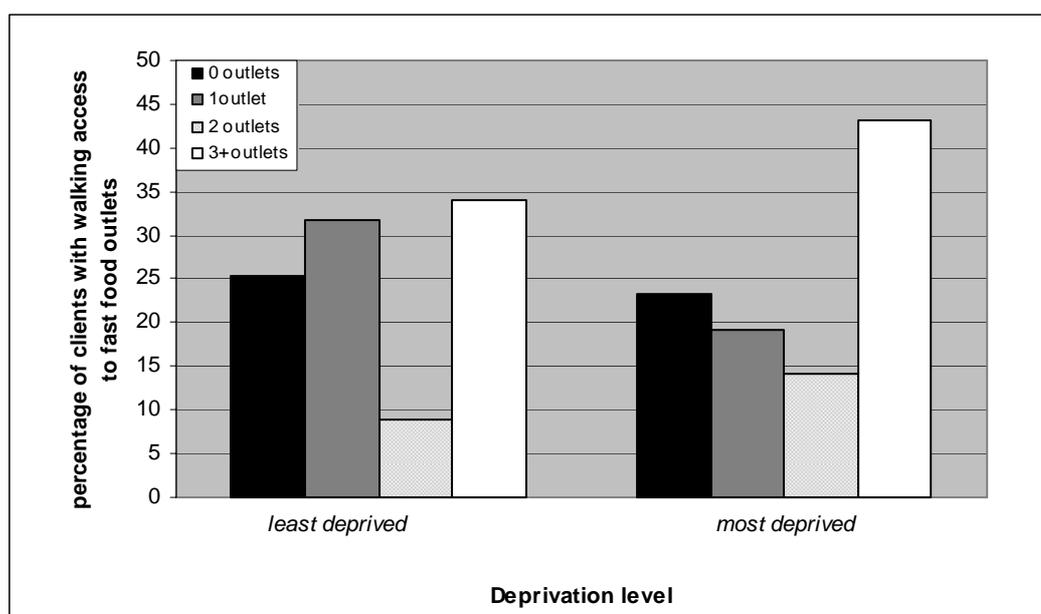


Figure 7.14: Fast food accessibility for clients, according to neighbourhood deprivation

7.7 Chapter summary

Despite the diversity of food bank clients, this chapter has identified some of the key socio-demographic characteristics of clients using the Methodist Mission's food bank service. For many of the key characteristics, there were some important differences according to the level of neighbourhood deprivation. Maori clients were vastly over-represented and had by far the higher rates of use in the most deprived neighbourhoods. European clients were under-represented overall, but were over-represented in the least deprived neighbourhoods, while Maori and Pacific people were over-represented in the most deprived neighbourhoods. More males than females were visiting the food bank, and these males were disproportionately single. Conversely, sole parents/caregivers were disproportionately female. Clients with dependent children in the household again appeared to be over-represented, and large

family size particularly applied to clients from the most deprived neighbourhoods. The majority of clients were beneficiaries, yet a considerable number were low income workers or had no income.

The reasons recorded for using the food bank were vast, and the main ones related to housing costs and household bills. Almost half of all clients were in the private rental market, although a sizeable number were in central or local government housing. Less than 4% were of no fixed abode which represents a significant change since the 1980s. Clients of NFA had a particular set of characteristics that was distinct from the remainder of the food bank clients. The majority of clients with recorded referrals referred themselves to the food bank, although government agencies accounted for nearly 10% of recorded referrals. When a referral was made from the food bank, around 70% of the time this was to a different service within the Methodist Mission, and only 5% of recorded referrals were to WINZ.

Clients tended to be, but by no means exclusively, coming from the most deprived neighbourhoods in the city. Over 70% of clients were coming from decile 8-10 areas, but the spatial pattern of distribution of clients showed that clients were still coming from decile 1 and 2 neighbourhoods, indicating that poverty is not confined to certain parts of the city. In terms of walking distance access to food sources, it was found that clients living in the more deprived neighbourhoods had better access to supermarkets, other convenience stores, and fast food outlets than clients in the least deprived neighbourhoods. This is an important finding in terms of locational accessibility to food sources and suggests that compositional rather than contextual factors are important determinants of food insecurity in the Christchurch setting. The next chapter will provide the results from the face-to-face surveys conducted with 22 clients from the Methodist Mission.

Chapter 8: Client perspectives

8.1 Introduction

Chapter seven identified who the key users of food banks were, reasons for and patterns of use, and the types of neighbourhoods that they were coming from. A comprehensive study on food banks must involve the people who use them, and this chapter brings together the themes of food insecurity, access to healthy food, location, coping strategies, and experiences of assistance, as expressed by the clients themselves. This chapter aims to address the last three objectives of this research; specifically, by examining the factors contributing to food bank use, the implications of food bank use and how dependency can be reduced, and examining the neighbourhoods in which clients live. Client views on the different forms of assistance available to them were also sought.

This chapter begins by describing the grocery shopping practices of the clients, in terms of the frequency in which they shopped, and factors affecting how they shopped. Then issues surrounding access to healthy food are described, particularly the level of ease of such access, and some of the financial barriers to obtaining this food in Christchurch are discussed. The chapter then examines some of the key coping strategies used by food bank clients when they experience food insecurity. Clients' experiences with WINZ are also recorded. The chapter then focuses on the clients' experiences with food banks and social service agencies, both positive and negative, and the types of assistance that clients would like to receive from such agencies in the future. The chapter concludes by relating some of these findings to popular stereotypes of the poor, particularly their food purchasing and consumption habits.

8.2 Shopping practices

Most clients indicated that they shopped for groceries on a weekly basis, or at least aimed to, and this was generally on benefit or "pay" day. Lack of money affected the

ability of some clients to shop weekly on a regular basis, and the prioritising of expenditure was noted:

We usually shop weekly, but only when we've got the money to do so. We pay our rent first, then bills, then buy bus tickets, and then we see what's left over for food. (Jack and Grace)

Several other clients reported routinely doing one main shop, and then “topping up” during the week for “bits and pieces”. Often the main shop would be at a supermarket, and the top-up would be at a smaller convenience store. Dave, of no fixed abode, said that at times he had gone a month without doing a main shop, partially because storage of food supplies would be difficult. Rebecca, whose stomach was rumbling during the interview, reported that she simply did not go grocery shopping, and when she did it was for the bare essentials:

I don't do it because I don't have the money- I have to pay bills. If I have money to spend on Tuesday (pay day) then I will. I might have \$20 for things like milk, bread, and washing powder. (Rebecca)

Another noted that she also bought items according to her available financial resources:

I buy odds and ends every three days since it's only me, depending on how much money I have. (Liz)

The majority of clients were living in highly deprived neighbourhoods (deciles 8-10), although one was living in a decile 1 neighbourhood. Clients were asked about their main mode of transport when grocery shopping, and how this affected where and how they shopped. Half of the clients usually used a car when they went shopping. Two clients even noted that they would specially go to the Moorhouse (city centre) branch of Pak'nSave for the fuel savings that could be obtained by buying their groceries there. One client lived around the corner from a Countdown supermarket and walked there everyday to check out the daily specials.

Additionally, clients did not necessarily shop at the nearest supermarket to their house, as certain supermarkets were noted for being too expensive. The Pak'nSave supermarket chain was overwhelmingly identified as the preferred place to shop for clients, and was frequently cited as the cheapest supermarket. For some, the visit to this supermarket was worth the effort in terms of time and cost to the client, due to its cheaper prices. For others, Pak'nSave was simply the nearest supermarket, which was the reason they shopped there. Not everyone preferred Pak'nSave though, and for some the visit there was not financially viable:

I can't stand Pak'nSave. It's not cheaper by the time I've driven there and back. (Fran)

The clients who did not use a car reported that they were restricted by how much they were able to carry home on the bus, by foot, or on their bike. They were also often constricted to shopping locally at the higher priced food outlets, reinforcing the notion that physical access to a food source does not necessarily equate to financial access. The local dairy²² was generally only used by clients for items that had run out, such as bread and milk, and was consistently cited as having prices two to three times higher than the supermarket. One client noted that at some dairies, bread and milk are among the few items that are often cheaper than at a supermarket.

8.3 Access to healthy food

Nearly all of the clients wished that they were able to purchase healthier food than what currently featured in their diet. Lack of money was stated as the major barrier to obtaining healthy food in Christchurch, as the following quotes attest:

I buy two loaves of white bread for 88 cents each, that's what we can afford, but if I had the money I would be buying different sorts of food. (Georgia)

²² A locally owned convenience store generally stocking non-perishable food items at higher than supermarket prices.

If I had my way I'd probably go to Pikos²³ if I wanted healthy food. (Thomas)

I'm pretty good at picking up fruit and veg. I won't buy any fruit or veg over two dollars. I looked at a lettuce for \$2.99 and I nearly fell over. (Rebecca)

The cheap food is usually not that good for you. Good foods are usually a lot dearer. Fruit and vegies all add up, they're dear. (Ben and Rachel)

It was pointed out by many that unhealthier foods were usually cheaper than healthier foods. Two clients commented that fizzy drink was cheaper than milk and fresh juice and considered this to be inherently wrong. On a low income, health is always not a high priority, and the following quote reflects this:

Our income level's too low to think of a healthy diet. It's more about survival. (Lucy)

Takeaways, such as fish and chips and McDonalds, were seen as a cheap, filling source of food by only a few clients. However, the idea that takeaways can be cheaper was slated by others who avoided takeaways, for instance:

I wouldn't buy that rubbish, I can't afford that. Why pay someone else's wages? (Fran)

Some clients had special dietary needs, such as diabetes and food allergies, which required them to purchase food that was often expensive. Clients were generally very knowledgeable about healthy food and healthy eating, which discredits certain arguments often associated with the food insecure. Most clients prided themselves on being careful shoppers, and for having the ability to maximise every food dollar. Clients reported that they shopped around, and knew where affordable, healthy food could be obtained. Clients mentioned a variety of affordable grocers, butchers, and markets that they shopped at. Several clients noted that they read all of the supermarket circulars that arrived in their letter box (“junk mail”) and based their

²³ A local co-operative that sells a range of healthy and organic grocery items.

weekly grocery shopping around the best deals. Many clients noted that they did not find it difficult to access healthy food locally, for instance:

I'm really good at budgeting. I have a \$70 grocery budget and I write a list and stick to it. I'm good at getting the five plus fruit and vegetables. There's no reason why everyone else can't do it as well. (Clare)

As Clare points out, she is able to purchase healthy food for her family on a low income, and does not understand why others cannot. This draws attention to the fact that food bank clients possess a broad range of nutritional knowledge, budgeting skills and coping strategies, as is also the case for the rest of mainstream society.

8.4 Coping strategies

What was apparent early on in the interviews was the resourcefulness and creativity of the food insecure, in terms of what meals and snacks they could prepare with the few ingredients that they had in the household. A typical comment was:

If you have potatoes, onion and cheese, then you have a meal in the house. (Fran)

Several clients reported that they tried to have at least one cooked meal a day, although this was not always possible. A variety of coping strategies and behaviours were used by the clients in order to manage. Most clients restricted their intake by varying degrees when faced with food shortages, and for some this meant cutting back on fruit, vegetables or meat. For others it meant having cereal such as weetbix or porridge for dinner; for some it meant living on toasted sandwiches for a week; while for others it meant simply not eating.

The following examples were some of the more notable strategies used by clients. Jack and Grace, a married couple in their 50s and 60s, commented that they were currently under so much stress that they had actually lost their appetites. They also reported that at other times, they drank large quantities of water to suppress their

appetites. Three clients admitted to cigarette smoking as a means of suppressing the appetite, as well as being a form of stress relief. Dave, of no fixed abode, revealed that he would forage through vacant lots and eat weeds such as dandelions, which he claimed were a rich source of minerals and nutrients, and he cited Ben Harris's 1968 book *Eat the Weeds* as proof of this. Dave also commented that there had been times when he had fasted for several days, and during this time he would drink lots of water and get as much rest as possible. Georgia, a single mother, sometimes used prayer as a coping strategy, and said that although it might sound a bit silly, there had been days when she had prayed that her son wouldn't ask for any food. Lucy, a single woman in her twenties, commented that in the past she had even pretended to be a prostitute, as there is a Salvation Army street van that goes down Manchester Street²⁴ at night offering soup and snacks, as well as a bakery in town that offers food to "the working girls". These are all examples of people being pushed to the limit, and having to adapt to some desperate situations.

When faced with food shortages, around half of the clients received assistance from family, friends, or neighbours. Many of the clients who received no such assistance appeared to be socially isolated, and had either fallen out with their friends/families, or did not know anyone in Christchurch that could help them. Others simply did not wish to burden others with their problems and preferred to keep their problems to themselves for various reasons, including: embarrassment; being "too proud" and "too pigheaded"; and knowing that their friends or families were not in a financial position to help them.

For those who did receive assistance, there was generally a reluctance to approach others for help, although in some instances the assistance received was unsolicited. The main forms of assistance received from friends, families or neighbours were the loaning of money or food, the gifting of food, and looking after and feeding children. In Georgia's case, she notes that she has learned to approach people for help, and that they are usually happy to do so:

²⁴ Manchester Street is the heart of the city's red light district.

I do everything in my power not to ask for help but when I need it, I will. I've learnt not to be proud and not to suffer in silence. I will ring friends and actually ask for help or invite ourselves round for dinner. I have rung my son's friends' parents and asked them to make an extra school lunch for him. A few mothers have even baked cakes. I don't ever ask for anything for myself, just for him. I know that when I'm in a better position I will do the same.

Georgia's comments raise an interesting point about prioritising her child's needs. The eight clients who had dependent children in their household all noted that they put their children's food needs above their own, and tried to make sure that their children did not go hungry:

Sometimes I run out of food. I make sure daughter's got food though. It doesn't bother me as long as my daughter's got something to eat. (Mark)

Rachel was seven months pregnant, and when asked if she was worried about the unborn baby's health, she replied that she didn't think she was getting enough "good" food for the baby. This highlights the intergenerational effects of poverty and the potential health implications of under-nourishment in the womb. Additionally, Rachel experienced cravings for certain types of foods, particularly sweet foods, which her budget could not allow for. Her partner Ben noted that she sometimes got irritable as a result of this.

8.5 Work and Income New Zealand

Although several clients were grateful for the assistance provided by WINZ, the agency was generally not perceived in a favourable light by the majority of clients. All of the clients, except one, were aware of the Special Needs Grant for food offered by WINZ. One client believed that he did not qualify as he was working, even though his income level may have been low enough. Most clients had used up their entitlement, and those who had not reported difficulties with WINZ relating to getting appointments and the general WINZ bureaucratic environment. Two clients reported that they were saving the last of their entitlement for Christmas, when they said they

would really need it. Two clients reported that they were in debt to WINZ and as a result, were told that they were unable to receive further assistance. The application process for the SNG for food was criticised for being too intrusive and harsh, as well as confusing, despite clients recognising that some form of questioning was necessary. For instance:

They make you go through your shopping list in front of a queue of people... I find it extremely demeaning. (Thomas)

I hate dealing with them anymore than I have to... with all entitlements, they try to hide everything from you unless you ask. (Simon)

These comments illustrate the further marginalisation of an already marginalised group, as well as the feeling of mistrust towards the government agency. One key problem that emerged was that a special appointment was needed with WINZ simply to get a letter stating that the client was not entitled to any food assistance; this letter could not be requested over the phone, which placed additional demands on the client. This was a problem because many food banks require clients to bring in this letter as proof of need, and it was suggested by one client that food banks and WINZ need to better liaise with one another to make the process easier.

8.6 Food bank use

As expected, the main reason for using the food bank was the lack of income on a benefit. All except one of the clients were on a benefit, and when a client volunteered additional information, it emerged that this was nearly almost the Sickness Benefit or the Invalids Benefit. Considering that nearly all of the clients appeared to have careful spending practices (in regards to food), it appears that clients are not using the food bank because they have unwise spending habits, but rather, because their income level is not enough for their basic living expenses. The main reasons cited for using the food bank included rent, household bills, problems with WINZ, and debt.

The majority of clients had used a food bank before, and only two were using a food bank for the first time. The frequency of use varied considerably; only four clients were using food banks on a weekly or monthly basis, with the majority using a food bank every 3-6 months or longer. Contrary to some public opinion that food bank clients are 'bludgers'²⁵, many of the clients expressed feelings of shame, embarrassment and even guilt that they were using the food bank, and several reported that there were other people out there who were worse off than them. For instance:

I don't like using them- there are people out there ten times worse than me, and I think of them before I think of myself. (Rebecca)

Personal sentiments appeared to be the biggest barrier to using food banks, and for many clients this was the reason that they had waited until they were really desperate before approaching one for the first time. For most, using the food bank was a last resort, although the experience of using a food bank was not as dreadful as they had expected. Many commented on the friendly environment and supportive staff, particularly at the Christchurch City and Methodist Missions. Georgia noted that it was a much better experience going to a food bank than to WINZ, where she felt "horrible". Other barriers to using food banks were related to the food banks themselves. The requirement by some food banks for clients to produce a letter from WINZ stating that they were not entitled to food assistance had acted as a deterrent for at least two clients, particularly because of the difficulties associated with obtaining this letter from WINZ. It was also commented that the physical location of food banks could act as a barrier, as some in Christchurch were perceived as more difficult to access than others. Additionally, one couple had been sent away from a food bank for not living in that area.

Around a third of clients reported that they were currently using other food banks besides the Methodist Mission, despite this often being frowned upon by the food banks. However, some clients noted that food bank staff encouraged them to access

²⁵ Journalist Bruce Ansley (1992:33) volunteered in a food bank and noted "Jenny Shipley, the Social Welfare minister, seems to believe that they're a bunch of wasters, ripping off the foodbanks (sic) on their way to the beach. Otago MP Trevor Rogers calls them ratbags. Both politicians would be surprised by the real thing".

other food banks, especially if the food bank in question was not open. One couple had just come from a food bank, and commented that the contents of a food parcel were inadequate in terms of quantity. Several clients commented that using multiple food banks was one of the survival strategies that they used, for instance:

I use all of them and I have a genuinely high need. I don't advertise the fact that I use them all. (Dave)

Several clients spoke harshly of people who 'did the rounds' and who were perceived as abusing the system. These were generally the people who used food banks as a last resort and who felt embarrassed or ashamed of using a food bank:

I wouldn't leave Christchurch because of the food banks, they're a blessing. I don't go using them for the hell of it though, going from place to place. I have a friend who goes through all the churches, and goes out of her way collecting from them all. I reckon that's just wrong. (Fran, single caregiver)

The diverse attitudes towards using a food bank from the clients reflect both the different levels of need, as well as the different outlooks that people have. There will always be a small minority in society who will abuse any advantageous situation regardless of need, and the same is true of food bank clients. However, the majority appear to be very reluctant to use food banks, and generally find it to be a humbling experience.

8.7 The broader role of voluntary welfare agencies

Nearly all of the feedback from clients about the Methodist Mission and its food bank was positive. Most clients reported that they found the staff to be friendly, helpful and supportive, and some reported that they returned largely because of the staff. The value of the social contact that the food bank provided was evident for some clients, including one socially isolated client who visited the food bank several times while the research was being conducted just to chat to the staff and the researcher. The waiting room was often a site of social interaction between clients, where sympathy

and even laughter and humour was apparent. As one client commented jokingly about the food bank, “they’ve been skimping on the prawns lately”.

Around a quarter of the clients reported that they were only visiting the food bank for their food needs and nothing else. Other reasons for visiting the food bank (along with the need for food) included advice or contact details for budgeting and/or advocacy services, counselling services, and legal matters. Some clients also noted that the presence of a free clothing box in the food bank’s waiting room was one reason for visiting the Methodist Mission’s food bank.

When asked how the Methodist Mission could help them so that they would not need to use the food bank again, the most common response given was that the Methodist Mission could not do so. This was due to two main reasons: firstly, several clients suggested that it was up to them to help themselves and it was not the Mission’s job to do this; secondly, many clients commented that their financial situation was a matter of inadequate income, and this was not something that the Mission could assist with. Rather, this was seen as a government matter. For instance, several clients insisted that they knew how to budget and that budgeting advice offered by the Mission would not or had not been useful:

I tried budgeting advice, but they said on what you're on, I don't know how you live. (Alice)

A number of clients stated that they hoped that they would not need to come in again. For those who believed that the Methodist Mission could help them, this was mainly centred around their budgeting and financial matters. In particular, getting out of debt and “sorting out my finances”. Others hoped that the Mission could liaise with government agencies such as WINZ and IRD, and some clients noted that the Mission had done this in the past, with successful results:

The budgeter was pretty good... very helpful and when she came into WINZ with me they seemed to have some respect for her. (Thomas)

The pamphlets that some clients were given were well received, and these clients indicated that they would eagerly read them later.

In terms of what voluntary welfare agencies in Christchurch could do to help improve clients' overall health, again there was a range of responses. Some clients believed that it was not the role of the agencies to achieve this, but rather, something that clients must again achieve themselves. Several clients believed that the food parcels given out were not particularly healthy, and would like to see more fresh produce in them, such as fruit and vegetables. As Thomas noted:

They could offer different types of foods in parcels. I'm not trying to be nasty but church food often makes me sick. It's different to what I would normally buy. The type of food they give me doesn't suit me, and when in the past I've said I'm allergic to eggs and cereal, they have thought I've been silly.

Additionally there were several complaints about the white flour, white rice and white sugar in the parcels, with clients preferring these to be brown and unprocessed. Despite these minor grievances, people still demonstrated gratitude for the food bank services, and as Georgia stated:

Using the old cliché, beggars can't be choosers and I'm just grateful to have anything.

Of course, providing healthier food in food parcels is something that agencies ideally would like to achieve (M Gorman, 2006, pers. comm., 25 May), however, because they are totally reliant on donations and donated goods, their main priority is providing people with the very basics. They do try to cater for people as best they can (for example, people with allergies, pregnant women, families with small children) but due to resource and time constraints, this is not always feasible or achievable.

Around half of the clients expressed an interest in potentially attending a class centred around healthy lifestyles and healthy eating, as is already offered by several agencies in Christchurch including the Methodist Mission. Many of these courses are aimed at reducing dependency on the food bank. The skills that clients would potentially like to

gain included getting help with their diet and healthy foods, how to cook basic foods, how to manage their diabetes, and learning self-defence skills. Other clients did not feel that they would benefit from a healthy lifestyles class, as they felt that they possessed the knowledge and skills to buy, prepare, and consume healthy foods:

I could, but I do know how to cook from basic scratch. I just don't always have to stuff to do it with! (Nicola).

I could teach the bloody thing. I can see the merit of it though. Many people are in poverty because they are completely idiotic... no social skills and unhealthy eating. (Dave)

Dave's comments reinforce the idea that those in poverty are not a homogenous group who lack the knowledge or skills to eat healthily. Other clients also acknowledged that many people in poverty did indeed lack basic cooking skills and would benefit from these classes. Interestingly, Dave implied that there is a distinction between the deserving and non-deserving poor, and was careful to point out that he belonged in the former category.

8.8 Chapter Summary

These interviews have revealed information that is consistent with Else and NZNAFP's findings (2002:2), where they debunked myths relating to people on low incomes who do not get enough healthy food to eat; in particular, myths that purport these people must be to blame for:

- Poor budgeting
- Bad planning
- Foolish buying habits
- Ignorance about healthy food
- Not knowing how to cook or garden
- Sheer carelessness

The clients did not conform to stereotypes of having foolish budgeting, planning and shopping practices; being ignorant about healthy food; and being ‘bludgers’. Such views are based on cultural discourses of poverty, as outlined in section 2.3.1, whereby the individual is to be blamed for being, and remaining, in poverty. On the contrary, the majority of clients interviewed appeared to be very knowledgeable about healthy food, and used a diverse range of tactics to access it. The barriers to obtaining healthy food were generally of a financial rather than locational nature. This indicates that structural factors, particularly the factors resulting healthy food generally being more expensive than less healthy food, are key contributors towards community food insecurity. Clients were very creative with the little resources they had, and used a variety of coping strategies to cope with food shortages. Many of these strategies were harmful to their health, such as restricting the quantity, quality and variety of their food, and using cigarettes and/or drinking water to suppress their appetites. Parents and caregivers prioritised the food needs of their children, again to the detriment of their own health. Around half of the clients relied on the help of friends, family and/or neighbours to assist with their food shortages, although for others this was not possible for a variety of reasons.

Assistance from WINZ was important for nearly all of the clients, and many reported problems with dealing with this agency. Again, this indicates that structural and institutional factors contribute towards food insecurity and food bank use. The application process was noted as being difficult and intrusive, and there were problems associated with obtaining a letter from the agency indicating that the client had no food entitlement left. This could potentially act as a barrier to utilising food banks in Christchurch, as around half of the food banks require this letter as proof of need. On the whole though, the major barriers to using food banks were the clients themselves; clients were usually very reluctant to use them due to reasons of pride, embarrassment and guilt. The staff members at the Methodist Mission food bank were widely reported to be friendly and helpful, which made the process a lot easier for many clients. It appears that agencies in Christchurch have an important role to play in terms of offering clients the opportunity to help themselves, even if the only help wanted by the client is the provision of a food parcel. Agencies such as the Methodist mission are starting to offer health and nutrition courses (in addition to their existing budgeting, advocacy and counselling courses), although it is clearly evident that not

all clients need or would benefit from these courses as their problem is not one of ignorance; rather, it is one of lack of financial resources. Thus, such courses which target personal inadequacies may not be the answer to reducing dependency on food banks.

Chapter 9: Discussion

9.1 Introduction

This section draws together the main findings and themes from the previous three chapters and places them within the theoretical and conceptual insights outlined in earlier chapters. The five research objectives are revisited and comparisons with previous research findings are made. These objectives are:

1. To outline the socio-political context in which the food bank industry has emerged and ‘prospered’
2. To determine patterns of food bank use over time at the international, national and sub-national level
3. To identify the socio-demographic characteristics of food bank users and examine the neighbourhoods in which they live
4. To examine the factors contributing to food bank use
5. To determine the implications of food insecurity and food bank use in the community, and also how dependency on food banks can be reduced.

This chapter begins by addressing the ways in which the voluntary welfare sector has responded to food insecurity through the provision of food banks, and the ways in which they operate and have responded to growing demand. Next, the chapter examines patterns of use of food bank services, at both the individual and institutional level. Comparisons are made at the local, national and international level. This chapter then re-examines the key traits and characteristics of food bank clients, and places these findings within the broader context of poverty and deprivation in Christchurch and New Zealand. Apparent gaps in the findings, particularly in relation to key groups who appear to be under-utilising the food bank, are highlighted and possible reasons for this under-use are suggested. This chapter also considers the effects of residential location, as neighbourhood influences and socio-spatial components were evident in food bank usage. The chapter then examines the individual and institutional reasons for food bank use in relation to the broader macro and micro theories of poverty and its various causes.

There is substantial international and national evidence that poverty and food insecurity is detrimental to both short-term and long-term health, and health implications are examined in light of some of the findings from this research. This chapter then outlines the broader implications of food bank use, particularly in relation to current policy, and suggestions are given on how food bank use may be decreased in the future. Lastly, the limitations of this study are provided at the end of this chapter.

9.2 The socio-political context of food banks

As a result of neo-liberal policies in the 1980s and 1990s that justified the dismantling of the welfare state and weakening of the social safety net (Riches, 2002) through cultural explanations of poverty, the voluntary welfare sector has responded to growing levels of poverty in the community through new forms of welfare provision. The voluntary welfare sector has expanded, largely due to state sources of funding, and one new form of service provision that has emerged in response to increased levels of food security in the community has been food banks. Food banks have flourished in New Zealand, mirroring the food bank phenomenon in other OECD countries and particularly that of Canada (Mackay, 1995; Riches, 2002). As is the case in the United States and Canada, food banks have become institutionalised in the local welfare landscape (Whale, 1993), and it would be difficult to imagine how the food insecure would manage if they were to suddenly cease providing food assistance. Although food banks are only one coping strategy of many used by the food insecure, they have become essential for thousands of New Zealanders (Wynd, 2005). Food banks have ‘prospered’, in the sense that they can be compared to a successful business due to their levels of demand and growth and the fact they have a loyal client base (Whale, 1993), to the point that policies have needed to be put in place to restrict demand and protect the finite resources that they have. Such policies in the Christchurch context include providing personal ID, producing a letter from WINZ indicating that supplementary food assistance has been rejected, only being eligible for a certain number of parcels in a specified time frame, and the requirement for budgeting after a certain number of visits. This is consistent with other forms of

restriction in New Zealand (Leslie, 1996) and represents how food banks have evolved to meet the growing demand in the community despite their limited resources and funding.

Although in New Zealand food banks have tended to remain services attached to broader voluntary welfare providers, in Christchurch the emergence of a 'super' food bank, whose organisation's sole purpose is to collect and distribute food, indicates that New Zealand is starting to follow in the path of the United States, Canada, the United Kingdom, and even Australia, where large surplus food redistribution schemes exist at the local and national level. This would signal a new turn in the local food provision landscape, although it must be noted that the 'super' food bank is not well perceived in Christchurch by the local food bank industry, and there were concerns that such an organisation does not promote client empowerment or provide advocacy. Leslie (1996) argues that this type of assistance operates within a relief mode of development, which has its theoretical base in neo-liberalism, and such a mode is ineffectual for long-term poverty relief as the client has a passive role in the development process. She notes that in the Palmerston North food bank industry, two out of three food banks studied mainly operated within such a relief mode of development, which Leslie argues, effectively lends support to the notion of public begging. In Christchurch it was found that the food banks generally operated within a more holistic manner and one that aimed to support and encourage clients to improve their situation. There were fears expressed by those in the Christchurch food bank industry that such a 'super' organisation could have the potential to take existing business away from food banks due to the passive role of the client, which could have implications on future sources of state funding. It was also alleged that this organisation had a monopoly on donations from the corporate sector, which also highlights the difficulties and competition that food banks face when trying to source donations from various sources.

As McGurk and Clark (1993:25) note, "it is very important that food banks recognise their role as intermediaries and advocates". On the whole they have moved beyond merely dispensing food towards acting as advocates, budget advisors and counsellors. These are roles that they have effectively gained by default through government inaction and an inadequate state response to social exclusion (Riches, 2002). As such,

all of the organisations in Christchurch that offer food bank services also offer other welfare services such as advocacy and budgeting services, counselling, and general life skills courses (with the exception of the example outlined above). Food banks are useful avenues for attracting potential clients to the organisation, and the key role that the food bank service played in attracting new clients for these services was confirmed by the social service managers. This is related to the broader issue of the voluntary welfare sector and the funding issues that it faces, and combined with the contracting process inherent in the New Zealand context (Barnett and Barnett, 2006), results in the food bank service being quite 'profitable' for the wider organisation. This appears to be a win-win situation for both the organisations and the clients, as the clients receive assistance both in the short-term (the immediate food crisis) and in the long-term (the support to gain new skills and knowledge), while for the organisation the food bank can generate clients for other services which are subject to state contracts. However, for some, advocacy and budgeting is neither needed nor wanted. As some of the food bank clients noted, their problems were directly related to inadequate incomes and commented that even the food bank staff themselves stated that they were unable to offer personal assistance to the client. For these clients, their problems appeared to relate purely to structural causes, rather than being a combination of structural and cultural factors. This will be further commented on in section 9.6.

9.3 Patterns of use at the institutional and individual level

A key finding of this thesis was that despite substantial anti-poverty policies being introduced in the late 1990s in a number of liberal regimes (the Clinton and Blair administrations in the United States and United Kingdom, and the Labour-led Coalition Government in New Zealand), demand for food bank services has not subsided in these countries (CAFB, 2005; NZCCSS, 2005). This represents a disinterest at the structural level to alleviate poverty and the subsequent food insecurity that accompanies poverty. The majority of food bank co-ordinators spoken to in March 2006 indicated that at their food bank, demand had increased in the past twelve months. Although it is difficult to make comparisons between different food banks and suggest trends in usage due to the varying methods of data collecting and

monitoring, it appears that demand is increasing throughout the rest of New Zealand too. Many of the PIP food banks reported an increase in demand towards the end of the study (NZCCSS, 2005a) in 2004, despite these food banks having reported a decrease in demand earlier on in the study. This also highlights the fluctuating nature of food bank demand and use at a temporal scale.

At the Methodist Mission, food bank use was highest before, during and after Christmas which implies that extra household bills and costs associated with this 'festive' season causes increased poverty. Interestingly, food bank use appeared to be lowest during the winter months when one would expect it to be high due to increased heating costs (Wynd, 2005). When compared with the 2000-2004 findings from the City Mission that showed food demand was consistently high during the winter months, the findings from the Methodist Mission were surprising. This low rate of use could be because the average winter temperature for Christchurch for 2005 was about half a degree warmer than the average Winter temperature for the city (National Institute of Water and Atmospheric Research Ltd, 2005), which may have contributed to reduced power bills and thus lessened demand for the food bank. Conversely, June 2006 was particularly cold and increased power bills meant that social service agencies had more people than usual asking for food, clothing and blankets. One large Christchurch food bank distributed over three times as many food parcels as usual during one fortnight in June (Thomas and Hayman, 2006). Thus climatic factors may also contribute towards food insecurity and food bank use, which has been hinted at in other New Zealand studies (Wynd, 2005; NZCCSS, 2005a), but has not been explicitly examined. Similarly, there is scant international literature suggesting that climatic factors can contribute towards food bank use, although Bhattacharya et al. (2003) found in their *Heat or eat* article that low income households spent less on food and ate less during cold weather shocks. Likewise, Nord and Kantor (2006) found that in high-heating states in the United States, households that were officially below the poverty line were substantially more vulnerable to food insecurity during the winter. Such findings support the notion of structural factors, in this case electricity charges, being important in explaining food insecurity and poverty.

At the individual level, Mackay (1994) suggests that food bank users fall into three broad categories: one-off users, occasional users, and regular users. It has been argued

that it is a popular misconception that food banks are serving the same members of society over and over (Thériault and Yadlowski, 2000; Olds et al., 1991), although at the Methodist Mission this certainly appears to be the case. The majority of clients appeared to be enduring longer-term food insecurity, as evidenced by the more than three quarters of clients who were making return visits to the food bank. These findings appear to contradict Whale (1993) who found that only 30% of clients returned for assistance. In Christchurch, it even appears that multiple food banks are assisting the same individual client over and over. This is an important issue facing food banks as they try to assist as many people as possible with their limited resources, while ensuring a sense of fairness. The issue of multiple food bank use could be reduced through improved collaboration and data sharing between the food banks, although Wynd (2005) notes that it seems that there is a lack of collective will to do so. More importantly, given the current 'contracting culture' whereby clients for welfare services equate to increased government funding for many services, this may not necessarily be in the food banks' best interest (or more specifically, in the best interest of the broader organisation). The sustained use by clients reflects the institutionalised nature of food banks in recent years as well as continuing client dependency (Whale, 1993; Riches, 2002). These issues raise the interesting question of whether food banks compound clients' issues and problems, or, do they offer pathways out of poverty? Without having data relating to clients who no longer have the need to use a food bank, this is difficult to answer and of course, for some clients the problem is purely structural, while for others it is a combination of cultural and structural factors. Another cause for concern is the number of clients who are using the food bank for the first time, which implies that the problem of food insecurity in the community is continuing to grow.

9.4 Socio-demographic characteristics of food bank clients and neighbourhood characteristics

The key groups who were over-represented amongst food bank clients at the Methodist Mission were Maori, sole parents/caregivers (predominantly female), and beneficiaries. Other important food bank users were single males and low income workers. All of these groups mentioned so far are listed amongst those most likely to

be living in poverty and hardship in Jamieson's 1998 Christchurch study. These are generally the groups most affected by poverty and these findings are consistent with other studies conducted both internationally and in New Zealand (NZCCSS, 2005a; Riches, 2002; Thériault and Yadlowski, 2000; Olds et al, 1991).

Sang (1997) identifies age, ethnicity, gender, family type, income and income source, housing tenure, health and education as being key components of poverty in Christchurch. This research examined all but the last two of these factors in detail and found that such socio-demographic determinants are also important contributors to food insecurity and food bank use. These factors are connected in a variety of ways to produce certain outcomes of disadvantage, poverty and food insecurity. They will be considered accordingly:

The first of Sang's poverty components was age. The mean age of all clients was 38 years, which was consistent with findings from earlier studies where the average age of clients was around 40 years (Jacobs Starkey et al., 1998; Biggerstaff et al., 2002; Michalski, 2003). However, other studies (Tarasuk and Beaton, 1999a; NZCCSS, 2005a) suggest that the majority of clients are aged well under 40 years. The higher mean age may suggest that poverty and food insecurity is now affecting people, and continuing to affect people, at a later stage in their lives and that such poverty is no longer confined to younger adults. This has important health implications. Food insecurity and poverty have been found to be predictive of poor nutrition among adults and the elderly (Rose, 1999) which highlights the vulnerability of these age groups.

Ethnicity was found to have an effect independent of deprivation, whereby Maori, who are over-represented in poverty statistics, were also over-represented amongst food bank clients in nearly every NZDep2001 decile. Other Christchurch food bank studies have also found that Maori use food banks at a disproportionate rate (Sang, 1997) which can be seen as evidence of the widening health and socio-economic inequalities in New Zealand between Maori and non-Maori (Blakely et al., 2005). The NZCCSS (2005a) PIP noted that in each of the seven cities examined, there was a higher percentage of Maori using the food bank than the percentage of recorded Maori in each city. Perhaps more importantly, there were significant ethnic

differences in use. Pacific people, along with Maori, were over-represented in the most deprived neighbourhoods, whereas Europeans were over-represented in the least deprived neighbourhoods. This partially reflects the over-representation of Maori and Pacific people in deprived neighbourhoods in the broader New Zealand context (Wilson et al., 2004). As Pearce and Dorling (2006) point out, it has been argued that in New Zealand, socio-economic position is determined by ethnicity to some degree, therefore socio-economic factors can explain only some of the ethnic gradient in health. This means that both ethnicity and socio-economic position are important for health (Ministry of Health and University of Otago, 2006) and this study confirms the importance of both of these factors.

In terms of gender, male clients were surprisingly found to have outnumbered females quite significantly (54% compared to 46%), which was contrary to findings from other international and national studies (Michalski, 2003; NZCCSS, 2005a; Gunby et al., 1996). For example, in the United States it was found that over 60% of clients are females (Biggerstaff et al., 2002; Second Harvest, 1998). The PIP by NZCCSS (2005s) did find that men outnumbered women at the Wellington Downtown Community Mission Foodbank (sic), but this was the only food bank out of seven where this occurred. There was no relationship found between gender and food bank use, however, in the most deprived neighbourhoods a higher percentage of females were accessing the food bank than males, although generally at a much lower rate than males. This suggests that far from food insecurity being mainly a female problem, it also affects a high percentage of males. Gender was also significantly related to family type; single people, who were the most prolific users of the food bank, were primarily males. This finding supports international (Michalski, 2003) and national findings (NZCCSS, 2005a).

It was rather surprising that single people, without dependent children, were the most frequent users of the food bank in terms of marital status, in light of findings from other food bank studies (Young et al., 1995; CAFB, 2005; NZCCSS, 2005a). For example, Young et al. (1995) found that the majority of clients lived in households of three or more people. However, Le Heron and Pawson (1996) did note that some small scale studies in New Zealand had included single adults as being over-represented. It has been noted that single people without dependents may actually be

more likely than some other groups to experience poverty and hardship in Christchurch (Mayoral Taskforce on Poverty, 2000). Internationally, this is strongly evidenced by the concentration of single homelessness in large urban centres (Pleace, 1998; Lyon-Callo, 2004). Single adults are vulnerable to being overlooked by state and welfare agencies, and may 'slip' through the system in terms of receiving less financial support and social assistance due to their marital and family status (NZCCSS, 2005; Mayoral Taskforce on Poverty, 2000). Cultural understandings that centre on this group's supposed individual pathology have been influential (Pleace, 1998). Additionally, mental health problems are common for this group (Mayoral Taskforce on Poverty, 2000), but as one of the social service managers interviewed noted, if there is no formal mental health diagnosis then support systems from the state are rarely in place:

they're just not quite bad enough where the state can step in and just look after them like... if you had a mental health diagnosis or something, you might have to go somewhere like Stepping Stones ... and these people are almost there, almost that bad, but there is none of that available to them

In contrast to the majority of single people being male, the overwhelming majority of single parents and single caregivers were female. This was in line with findings from previous studies both nationally and internationally (Gunby et al., 1996; Uttley, 1997; Sang, 1997; Riches, 2002) and reflects the relative position of sole parents and sole caregivers in poverty statistics. Half of all clients had at least one dependent child in the household. This is consistent with other studies that have found that households containing children are significant beneficiaries of food parcels (Michalski, 2003; NZCCSS, 2005; CAFB, 2005). The findings that the parents of dependent children placed their child's food needs above their own and would sacrifice their own food intake support other research findings that parents in low income households put their children's needs above their own (Tarasuk and Beaton, 1999a; Barnett, 2001; Bland, 2004). Additionally, close to 10% of the households with dependent children contained five or more children. This was most evident in the most deprived neighbourhoods. This is a concern because large family size has been linked to higher levels of food insecurity in the community, particularly households containing five or more dependent children (Parnell et al., 2003). Uttley (1997) notes that in New

Zealand, the more children there are in a beneficiary family, the more likely the family is to need food aid.

Sang (1997) suggests that income and income source are important components of poverty in Christchurch. Food insecurity and poverty is primarily linked with income, and although weekly income was not ascertained, the source of income was. Considering the high percentage of clients receiving state welfare (over 80%), in addition to the significant number of people not receiving any income at the time of presenting for food assistance (nearly 9%), it is reasonable to assume that the majority of people were surviving on relatively low incomes. The high percentage of clients receiving a benefit was consistent with other New Zealand research (Gunby et al., 1996; Sang, 1997; NZCCSS, 2005) and international findings (Michalski, 2003; Thériault and Yadlowski, 2000; CAFB, 2005) and is of concern because it implies that benefit rates are not consistent with the minimum cost of living.

Also consistent with other studies, both internationally (Poppendieck, 1998; Clancy et al., 1991; Biggerstaff et al., 2002) and in New Zealand (Wynd, 2005; NZCCSS, 2005a), was the presence of the 'working poor' utilising the food bank. This was an important finding and this group consisted of nearly 10% of all clients. However, this proportion is still far less than that seen in the United States, where low income workers can account for up to 25% of all clients (Biggerstaff et al., 2002). The percentage of clients in paid employment was higher than Olds et al.'s 1991 findings of 3.3% of clients, and Sang's 1997 findings of 6% of clients. This represents a key change in the income source of the food bank clientele. The growing tendency for low income workers to access food banks is of increasing concern to staff at social service agencies, and is particularly worrying because traditionally, employment has been the key means to escaping poverty. As Michalski (2003) notes, the low-wage work available to those in poverty is insufficient to allow them to escape from the cycle of poverty. This suggests that Levitas' (1998) social integrationist discourse (SID) is invalid here, as advocates of this discourse propose labour market attachment as a means of avoiding social exclusion and poverty. The growth of the working poor also suggests that their poverty can be understood within structural discourses of poverty, as it is difficult to see how cultural arguments, which centre on the supposed laziness and deviancy of individuals (Levitas' MUD discourse), could be applicable to this

group. The working poor could potentially be under-utilising the food bank according to need, because the Methodist Mission's food bank was only open during normal working hours, which would affect accessibility.

The last of Sang's list of components to be considered is housing tenure. Housing tenure is a key aspect of food bank use in Christchurch. Multiple studies have found that housing is a key contributor to food bank use and in this study it was the second most cited reason for using the food bank. This suggests that structural causes of poverty are important in the local context, and housing plays an important role in contributing towards poverty. The majority of clients were in the private rental market. Gunby et al. (1996) found that in 1996, for the first time the number of clients living in privately rented accommodation exceeded the number living in state housing. Thus, it appears that private landlords play a role in poverty and food insecurity, as the majority of clients are therefore subject to market rates. One quarter of clients were in HNZ housing, meaning that their rent is capped at 25% of their income. Only a small percentage of clients owned their own house, and none owned it outright. All of these groups are still obviously struggling to get by which suggests that they are in need of other forms of assistance. Although many of these people are likely to be receiving the Accommodation Supplement (or at least be entitled to it), it is obvious that being subjected to market rates and rent increases is causing particular hardship for those in private rental accommodation.

The findings from this study have revealed that the Methodist Mission's food bank client base is both large and diverse. This is evidence of a temporal change in the type of food bank clientele. While the typical user of food banks in the late 1980s was the homeless, single male, in 2005 homeless males consisted of only a small percentage of all Methodist Mission clients. Very few food banks in Christchurch stated that the homeless population was still an important group among their client base. However, efforts are made by some of the organisations to reserve tear-top cans (cans requiring no can-opener) for the NFA population so these can be easily and readily consumed. The range of clients reflects the diversity of the voluntary welfare sector in Christchurch and the niche roles that organisations have assumed in assisting the poor. Additionally, the voluntary welfare sector has had to adapt to the culture of state

contracting and the subsequent impacts this has had on how organisations obtain and retain their funding.

9.4.1 Gaps in the findings

After having outlined the socio-demographic characteristics of the main groups who were using the Methodist Mission food bank, it is necessary to point out that several key groups were not utilising the food bank at a rate to be expected and at a rate that was consistent with their high poverty and food insecurity statistics. The identified groups were the elderly population, Pacific people, the struggling refugee and migrant population, and the under 25 age group. As one social service manager noted about some of the people in need that they never see:

...they would rather die than use a food bank

This implies that, as a whole, food bank clients cannot always be taken to be representative of the most deprived and food-insecure members of the community. The groups who appeared to be under-using the food bank will each be discussed in turn.

Firstly, the 65+ age group appeared to be under-utilising the food bank, particularly in the areas of lowest deprivation. Jamieson (1998) suggests that older people are among the 'invisible poor' in that they may be asset rich, yet income poor, meaning that they are left with limited financial resources to meet their basic needs. Older people are also less likely to seek assistance when in need (Jamieson, 1998). This is largely due to issues of pride and embarrassment, as many elderly may feel ashamed that at their stage in life they are unable to feed themselves adequately. Although they may have family who would be in a position to assist them, many would prefer to ask for help only as a last resort. Additionally, this age group is more likely to be among the 'immobile poor', and thus physically accessing the food bank may be difficult. Considering the average distance from the client's residence to the food bank was 4.4 kilometres, the immobile poor face multiple transport barriers. A combination of these factors may account for the relatively low numbers of elderly accessing food banks, although such factors are by no means confined to just the older population. In the

near future, more elderly people are likely to experience poverty and hardship as the population ages at an unprecedented rate. As one manager said:

In the last decade or so we've seen we've seen young families as being the pre-eminent group, using food bank and advocacy services. I think we are going to see over the next 10 years or so a shift towards an older group of persons... needing that similar support because they will be the people who are most vulnerable to market forces, particularly rental housing... this is uncharted territory for us.

The second key group of people not using the food bank at a rate consistent with their high poverty and food insecurity statistics was Pacific people. According to the 1997 NNS, Pacific people experienced high levels of food insecurity, yet they were not using the food bank at a rate that was consistent with other national studies. Interestingly, other studies in Christchurch have also found low rates of use by Pacific people at food banks (Sang, 1997; NZCCSS, 2005a; Jamieson, 1998), which implies that Pacific people in Christchurch do not access food banks as much as Pacific people in other parts of the country. One possible reason for this is that a key coping strategy for food insecurity for this group is the support of extended family and the wider Pacific community. Cheer et al. (2002:506) refer to a “culturally endorsed prioritising of family” amongst the Pacific community, whereby family, community and church obligations mean that in times of hardship there is a certain expectation that food needs will be met. Support networks in the community may account for the lower rate of use seen in the Christchurch food bank, but it does not explain why other national studies have consistently found that Pacific people are prominent food bank users. It is also possible that Pacific people prefer to access community services operated by and for their own ethnic community. However, such ethnically and culturally targeted services are also available for Maori, yet Maori were high users of the food bank.

One other group of people who have barely been mentioned thus far in this study, and who tend to be forgotten about in New Zealand poverty literature, is the struggling refugee and migrant group. Jamieson (1998) found that 4% of social service agency clients were refugees, and that they were among the most disadvantaged of all clients.

Accounting for the evident lack of refugees at the Methodist Mission could be the existence of the Refugee and Migrant Centre, which is better positioned and resourced to help this group. Additionally, it may be because of language and cultural barriers, as well as a lack of awareness that this source of food is available. One of the agencies included in this study also assisted refugee and migrant groups through specifically targeted cultural work. It was noted by the manager at this agency that:

Some people from different cultures wouldn't dare come to our food bank... however there's usually someone who's a leading light in the community to come on their behalf, in fact one guy came from the Afghan community and... we asked him if he could connect us with... (six to ten) Afghan families that lived in our general area, and we would just take food parcels to them, they wouldn't have to be embarrassed by all that sort of thing.

The under 25 age group was another group not using the food bank at a level to be expected. Other New Zealand studies have found that young people are over-represented in food bank statistics. The 1997 NNS found that food insecurity was highest for the 19-24 age group, yet just over 12% of all Methodist Mission clients were aged under 25 years and although this group did not appear to be under-represented, it was certainly not over-represented. Jamieson's 1998 study of social service agencies in Christchurch found that people aged under 25 years made up 26% of people presenting at these agencies, thus it is possible that young people in Christchurch prefer to access services that are more specific to their unique needs. The Methodist Mission may not be perceived as suitable option for young people. There is a range of youth services listed in the Christchurch City Council's *No fixed abode directory* (2005) which cater solely for young people. It is also possible that this age group may also be more dependent on parental assistance, or tertiary provider assistance, for their food needs than older age groups.

Thus, certain barriers to using the food bank are clearly evident in the Christchurch context, as highlighted by the apparent under-utilisation of the food bank by the Pacific and struggling refugee and migrant populations, as well as the younger and older populations. Proactive measures from one particular agency, such as the home delivery of parcels, means that one group of people in need of food is not being

neglected or overlooked. It is acknowledged that this apparent under-representation of these groups may be due to such groups accessing other agencies.

9.5 Neighbourhood influences

Deprivation is socially and territorially defined (Kodras and Jones, 1990) and in addition to individual factors influencing food bank use, there was also a significant geographical component. A key research finding was that there were strong associations between neighbourhood deprivation (as expressed through neighbourhood NZDep2001 decile) and food insecurity, and there was a clear deprivation trend in rates of use for both males and females. However, quite a high percentage of food bank users came from the least deprived neighbourhoods too. One article in *The Press* relating to food bank use carried the headline “Posh suburbs getting food aid” (Thomas, 2006b), which although somewhat sensationalised, highlighted that poverty is not just confined to the most deprived neighbourhoods. This study confirms that although food insecurity is widespread in the most deprived communities in Christchurch, there are also pockets of poverty in the least deprived communities (Jamieson, 1998). This reflects the spatial dispersal of poverty in Christchurch.

As explored earlier, people living in deprived areas generally have poorer diets than those living in the least deprived areas (Wrigley, 2002; Curtis, 2004). The higher rates of food bank use from those living in the most deprived neighbourhoods were consistent with the 1997 NNS deprivation findings and this was to be expected. Food bank clients from the most deprived neighbourhoods were found to have better physical access to supermarkets and food outlets based on walking distance from place of residence. This was in contrast to Algert et al. (2006a) who found that a large percentage of food bank clients in a Los Angeles neighbourhood had limited access to stores carrying a range of fresh produce within 800 metres of their home. Pearce et al. (2007a) have found in the New Zealand context that as deprivation increases, travel time to food outlets decreases. Therefore, socially disadvantaged neighbourhoods have better access to food retail outlets and supermarkets, which suggests that food deserts are not particularly relevant in the New Zealand setting. Thus, poor locational

access to food outlets is unlikely to be an explanation for food insecurity in Christchurch. This research did not distinguish between different types of supermarkets or convenience stores (such as low budget versus top-end) although many of the food bank clients indicated that they preferred to shop at the cheaper supermarkets, even if it meant travelling further to access one of these supermarkets.

Since physical access to food outlets does not appear to be a contributing factor to food insecurity in Christchurch, other factors must be considered. Diez-Roux et al. (1999) found that although living in a deprived area was generally associated with a poorer diet, individual income was a more consistent predictor of dietary intake than neighbourhood income. It appears that in Christchurch, compositional factors also are a better predictor of dietary intake than contextual factors. However, the availability of affordable healthy food in the local neighbourhood must not be overlooked. Many clients commented on the cost of healthy food acting as a barrier to eating healthily, as well as the spatial variation in cost. This was highlighted by Ling's (2005) findings that healthy food prices, and the price differential between healthy and less-healthy foods, were greater in a highly deprived neighbourhood (Aranui) than a less deprived neighbourhood (Fendalton). Thus in Christchurch, the local food environment in terms of financial access rather than physical access is likely to be an important factor in influencing dietary choice.

9.6 Reasons for use

Whilst the reasons for needing to use a food bank are complex and varied, the primary reason is lack of individual and/or household income. There are large segments of society who are on unsustainable incomes and who live on a week-by-week basis. Housing costs were a key factor contributing to food bank use at the Methodist Mission, and there were many reports from the clients that after housing costs had been covered, there was very little money left over for all other living expenses, including food. Household bills were also putting a strain on the incomes of many clients and this was cited as the main reason for needing to use the food bank. This is consistent with findings from other studies which have indicated that bills are a major reason for using a food bank (Gunby et al., 1996; NZCCSS, 2005a).

Unsustainable incomes also contribute to the experience of unsustainable debt in order to pay for necessities such as housing and household bills. Debt and poverty are inextricably linked (Williams and O'Brien, 2003) as the experience of poverty can make people more vulnerable to debt. For instance, loan sharks and even homeware/appliance stores aggressively target the poor, who are more likely to be declined credit from the major banks. Consequently, they face exorbitant interest rates. Although only 12% of all clients had debt recorded as a reason for using the food bank, it is suspected that this figure is actually much higher. The PIP (NZCCSS, 2005a) found that the majority of clients at six of the seven study food banks were in debt. In that study, the most common type of debt was to WINZ. Difficulties relating to this agency were another important recorded reason for using the food bank. There were complaints by the managers at the social service agencies that benefit rates were inadequate. Despite making attempts to be more flexible and accommodating, WINZ policies are still failing to meet the basic needs of some of its clients. It appears that high staff turnover may be to the detriment of WINZ clients, who are failing to access some of their entitlements. However, the interviews with the food bank clients revealed that clients *were* accessing their entitlements (such as the special needs grant for food) and simply had no entitlement left. Because of these problems associated with WINZ, food insecurity and food bank use can be seen as having structural causes and thus situated in Levitas' (1998) redistributionist discourse (RED) of social exclusion.

In the Christchurch context there appears to be a large degree of empathy with the food bank clients, as evidenced by the managers who indicated that social welfare, the housing market, power companies and the low wage economy were largely to blame for the incidence of poverty in the city. Milner (2004) also found this to be the case at Presbyterian Support Otago, in Dunedin, where he is the director of Family and Community Services. Such a position is rooted in structural theories of poverty, whereby societal forces, rather than individual factors, are seen as the main causes of poverty and social exclusion. This is in contrast to cultural views, where the clients are thought to be blamed for being, and remaining, in poverty. Leslie (1996:11) noted that one of the managers at a Palmerston North food bank believed that the majority of clients were not in genuine need and were using the food bank because they “found it difficult to deny themselves unnecessary purchases such as disposable nappies, alcohol and gambling”. It must be noted that structural factors are not always the cause of food bank use. For those struggling on what could be seen as ‘sustainable’ incomes, it was noted by several of the social service managers that for some, their food insecurity and poverty stemmed from problems relating to poor budgeting and the lack of basic life skills. Thus, cultural understandings of poverty can and do apply to some of the food bank clients in Christchurch. However, the interviews with the food bank clients indicated that only a minority of clients fitted into what Levitas (1998) termed the moral underclass discourse (MUD), which focuses on individual explanations of poverty. The significance of the cycle of poverty is highlighted here, as clients who grow up in households that lack these skills are likely to find it difficult to gain these skills later in life. Addictions and mental health problems also played a role in food bank use for some, although this was not explored in this research.

9.7 Implications of use

9.7.1 Health implications

One of the key implications of food insecurity and food bank use are the effects on individual and community health. Food banks readily acknowledge that they cannot provide food that adequately meets the dietary needs of their clients (Tarasuk and Eakin, 2003; CAFB, 2005), although one positive implication of food bank use is that

clients who are struggling under the current welfare system at least have an extra avenue to obtain additional food sources. Food insecurity ultimately affects health, and almost half of *all* clients were either on the Sickness Benefit (SB) or the Invalids Benefit (IB), which indicates that short-term and permanent health problems are a reality for many clients. Of the clients who were on a benefit, 56% were on either the IB or SB. In Sang's 1997 study, just over one third of food bank clients who were on a benefit were on either the IB or SB, which suggests that poor health is now affecting a greater number of beneficiaries. Additionally, health reasons were cited by over 10% of all clients as a reason for using the food bank, which indicates that poor health has in some way affected them financially. Such health problems are further compounded by the lack of food security and the requirements needed for a consistently healthy diet. This highlights some of the persisting health inequalities amongst the most deprived individuals in the community.

For children growing up in food insecure households, and half of the food bank clients had at least one dependent child in the household, a lifecourse approach to health suggests that a lack of nutrition in childhood is more likely to contribute to future health problems and inequalities in later life. Lifecourse approaches to health inequalities have been influential as they emphasise the temporal component of health status by considering an individual's socio-economic influences and adverse health exposures throughout the lifecourse, particularly during childhood (see Davey Smith, 2003). For instance, nutrition in early childhood, and even in the womb, has long been linked to health outcomes in later life (Davey Smith and Kuh, 2003).

A nutritious diet is essential for growth and development, and undernutrition can affect the ability of a child to concentrate and learn at school (Thériault and Yadlowski, 2000), which in turn can limit future prospects and perpetuate the cycle of poverty and deprivation. The effects of poor diet can affect unborn children too, and at least sixteen individual food bank clients were pregnant at the time of presenting for food assistance. It has been noted that a woman in a low-income household is more likely to be undernourished during pregnancy and this may result in a premature or low birth weight baby (Davey Smith et al., 1994 cited in Davey Smith, 2003: xvi). Again, this may have future health and developmental implications for the child. This

is where the preventive and interventionist frameworks operated by the voluntary welfare organisations are so critical in terms of breaking this cycle.

9.7.2 Policy and other implications

Although it appears that food banks will still be with us for some time yet, it is widely asserted that the food bank industry is one that must 'go out of business'. The voluntary welfare sector cannot eliminate food insecurity by itself, despite its best efforts and intentions (Tarasuk and Eakin, 2003). It is generally under-resourced and under-funded and it can only do so much to improve the financial and holistic wellbeing of its clients. Certain policy and ideological shifts are needed if the food bank industry is to go bankrupt, so to speak.

In order to achieve such a prospect, the current system that compels people to use food banks, and indeed certain services of the wider voluntary welfare sector, must undergo substantial changes. Waldegrave and Stephens (2000), two key poverty researchers in New Zealand, argue that freedom from poverty is a human right and is a reasonable expectation of citizens. Inextricably linked with this notion of citizenship is the idea that food security must start to be seen as an absolute right for all. Riches (2002:660) argues that "food as a human right is clearly an important way of reframing the debate about food poverty and suggests an agenda for action which goes beyond the welfare/human capital responses". In the absence of food being regarded as a human right by the state, as evidenced by the disregard given to international agreements and conventions regarding food security, comprehensive policies must be developed to deal with the problem of food insecurity in the community. Food banks are *not* a policy option. The problem of food insecurity and poverty is largely structural, not cultural; therefore improvements and changes need to be made to the economic and political system that has led to the emergence and growth of food relief from community organisations. This is where Wilson's (1987) ideas regarding social and economic reform are important.

Riches (1997) suggests that sustainable economic welfare policies that prioritise the needs of vulnerable people over cost-saving welfare and economic strategies are

needed. In countries that have generous welfare systems, such as the ‘social democratic’ welfare states of Scandinavia (Esping-Andersen, 1990), the state takes direct responsibility for caring for the young, the old, and those in need. Poverty and food insecurity is largely unknown in these countries, yet they are still modern, globalised market economies (Waldegrave and Stephens, 2000). In New Zealand, state interventions are required to ensure an adequate standard of living for all and that will have a large impact on hunger and poverty. It is suggested that income, housing, welfare provision, and to a lesser extent, nutritional education and intervention, are the key areas that are in need of reform. These will be outlined in the following paragraphs.

Firstly, real disposable incomes need to rise to a more realistic and sustainable level and this can be achieved in several ways. For those reliant on the state for income assistance, many are clearly struggling with meeting their day-to-day living costs (Else and NZAFP, 2000; Cheer et al., 2002), which implies that benefit levels are inadequate and need to be increased to sustainable levels. It is not simply that these people don’t know how to budget or are ‘bad’ with their money, although for a minority this will always be true: the reality is that these people are generally good money managers and “the best budgeting in the world can’t solve the problem of not having enough money” (Else and NZAFP, 2000:11). Thus structural, rather than cultural, discourses of poverty appear to be dominant in this instance. Job creation is another key area that the state can contribute to, by creating economic opportunities and incentives for employers. To tackle the problems of the working-poor, government programmes are needed that either increase the minimum wage or supplement earnings with a top-up. The government’s recent \$1.8 billion Working for Families package goes some way to assisting low and middle income earners with dependent children, although it has been criticised as creating middle-class welfare. It has also been criticised for being discriminatory against the 250,000 children whose families do not qualify for the payment (Marshall, 2006), mainly due to being beneficiary households. Low-income workers without children also remain unassisted by this package.

Secondly, affordable housing is another key area that can potentially contribute to the demise of food banks. This is because in the poorest households, food needs are

usually secondary to shelter needs (McIntyre, 2003; Cheer et al., 2002). The fear of being evicted, along with having power disconnected and/or goods repossessed means that food is often sacrificed. Affordable housing can promote good health, and this relationship between housing and health may be affected by economic (for example, the household budget) and social factors (for example, the level of overcrowding in the house) (Howden-Chapman and Wilson, 2000). Affordable housing may be achieved through increased subsidised housing for those most in need. Additionally, there are long waiting lists for state housing and at the same time there are many instances where state house tenants are on incomes well above the national average. Clearly, such housing is not always being allocated to the people most in need and in March 2006 the government announced, after pressure from the opposition, that it would encourage high income earning HNZ tenants to shift into the private rental market.

Thirdly, there is substantial evidence that difficulties with WINZ continue to contribute to food bank use, again, emphasising the structural causes of poverty. McGurk and Clark (1993) noted over a decade ago that food banks would be in less demand and less necessary if people had full access to the extra financial help that they are legally entitled to or in need of. Thirteen years later, this is still an ongoing issue. Hefty debt repayments and punitive measures such as the benefit stand-down process have the effect of further creating and entrenching poverty in the community. WINZ policy can play an important role in reducing poverty and demand for food services. As noted in section 3.7, the government relaxed the criteria for Special Needs Grant for food in 1994, and as a result there was a huge increase in the number of these grants awarded the following year. It appears that demand for food assistance decreased at many food banks across the country in the year following the changes, particularly in Auckland, Wellington and Christchurch. However, it must also be noted that other parts of the country experienced an increased demand for food assistance, including Northland, Dunedin and Rotorua (Mackay, 1995) meaning that this change in policy alone was insufficient in preventing food bank use. However, better training of WINZ staff is needed to ensure that it is a staff priority that people in need are made aware of their entitlements and, more importantly, are encouraged to access them through a user-friendly process.

There are instances where WINZ has been proactive in this regard. For example, in 2003, Manukau food bank in South Auckland introduced an on-site, full time WINZ worker to ensure that clients were getting their full benefit and emergency entitlements. Since the worker was introduced the number of food parcels the food bank has given out has decreased, as people are finding it easier to access their full entitlements. However, Wynd (2005) warns that the very presence of a WINZ worker may act as a barrier to accessing the food bank, as people may find WINZ too difficult and stressful to deal with, or they may avoid the agency for other reasons. They may simply be going elsewhere, which could account for the decrease in demand at that food bank. However, it is acknowledged that this intervention makes it easier for people to access information and their entitlements in a less bureaucratic environment.

Fourthly, it has been suggested that food bank clients require basic education on healthy eating and living. Such views are based in cultural discourses of poverty and appear to apportion blame to the poor for their lack of food security. This research has corroborated other findings that suggest this is largely untrue and that those on low incomes actually possess high levels of skill, knowledge and resourcefulness (Else and NZNAFP, 2000; Tarasuk, 2005). However, anecdotal reports from food banks indicate that *some* recipients of food parcels do indeed lack basic cooking skills (in addition to other life skills) and do not know how to prepare simple meals from scratch. There have even been reports that staff and volunteers have found ‘dumped’ food parcels in the vicinity of the food bank with staple items such as flour and rice remaining in the parcel. It has been suggested that this is because some recipients simply do not know what to do with such items. This could potentially be addressed by asking clients what items they need (as some food banks are starting to do), although such an exercise may be overly time consuming.

The Methodist Mission, as part of its Te Kete Oranga service (of which the food bank is also a part of), offers life-skills courses which include basic cooking and nutrition skills. Other Christchurch agencies also offer similar courses and advice. For instance, one of the food banks in the Christchurch study indicated that they were hoping to produce a booklet that contained low-cost, healthy recipes. This is typical of the role that the voluntary welfare sector plays in aiming to empower, up-skill and educate the

most marginalised members of society. The role of the government in addressing such issues is debateable, particularly as the government is continuously facing criticisms of being a 'Nanny State'. However, the government recently pledged \$67 million towards addressing the obesity epidemic and particularly towards encouraging healthy eating practices.

Although there is a clear need for increased nutritional education for some, not everyone is capable or able to follow advice such as buying in bulk, buying foods such as lentils, or buying cheaper cuts of meat to stew and casserole. Dowler (1997:45) even poses the following questions:

Why should the poor eat lentils? Why should we expect the poor to be any different from other members of society? If lentils are not acceptable for the income rich, why should they be acceptable for the income poor? Why should the poor eat a radically different diet?

Such arguments that appear to advocate punishing the poor for being poor are rooted in cultural discourses of poverty. In the case of lentils (disregarding the fact that there are many income rich people who do not object to them), she notes that such attitudes effectively further marginalise the poor and amounts to social exclusion. Additionally, there may be various constraints to following advice regarding food shopping practices such as the lack of cooking facilities, the inability to transport bulk foods, or the lack of money required for initial bulk purchasing (the same problem faced by smaller food banks). When the stresses of surviving on a limited income are taken into account, healthy eating and general health may simply not be a priority. Furthermore, education cannot solve the problem of lack of income (Else and NZNAFP, 2000). Cheer et al. (2002) note that inadequacies in diet are generally not the result of ignorance, but rather, are due to the unaffordability of healthy foods to certain groups. Thus factors beyond the individual's control suggest that this is related to market, and therefore structural, forces. Again, this research has confirmed the unaffordability of healthy food. The affordability of healthy foods must therefore be ensured. For example, rather than adding a 'fat tax' to unhealthy foods as proposed by some health food proponents, which would have the effect of further punishing the poor (Wynd, 2005), the government could consider removing the GST from healthy foods.

9.8 Limitations to study

A major limitation to this study was that it focused mainly on just one food bank and it did not include an in-depth analysis of clients from a range of food banks. This may account for the under-representation of certain groups at the Methodist Mission, who may have chosen to access services elsewhere which were perceived to better cater for their needs. Alternatively, it may be that certain groups chose to access food banks in their local area (if available) rather than the food bank in the city centre. A comparative study of several food banks would have allowed for a more in-depth analysis and comparison of client socio-demographic data during the study period.

A second limitation was that the data obtained from the Methodist Mission were representative of only one year (2005) and it is not known whether this was a 'typical' year in terms of demand and clientele. Activities and policies at other food banks in Christchurch may have had an effect on both the number of clients and the type of client presenting at the Methodist Mission food bank for that year. A longitudinal study over a period of several years would have been desirable had the data been readily available.

Another limitation was that the clients who agreed to be interviewed for this study may not have been representative of the food bank client population at the Methodist Mission and/or in wider Christchurch. The sample was not random, and additionally, only 22 clients were interviewed, which represented only a small percentage of the total food bank clients. The clients who were interviewed in this study were generally careful budgeters and shoppers, and Else and NZNAFP's (2000) arguments generally applied to them. However, clients who declined to be interviewed may have been less disciplined with their spending, and therefore may not have wished to discuss their food bank use with a researcher for a variety of reasons. Such reasons may have included embarrassment, mistrust of the researcher and/or anxiety about what may have happened with the information that they provided.

9.9 Chapter summary

Voluntary welfare organisations at present are bearing the responsibility of inadequate social and welfare policy since the late 1980s and early 1990s. Demand for food bank services continues to grow despite economic recovery in many of the countries where they are prevalent, and as a result most food banks impose restrictions to manage this demand. In addition to food parcels, voluntary welfare organisations are increasingly evolving and offering holistic health and nutrition courses to meet unmet demand in some of these areas. They do not always have adequate resources to do so, and many would argue that it is not their responsibility to shoulder the burden of failed policy. However, such services for food bank clients may actually benefit the organisations financially, through increased sources of external funding.

This chapter has re-examined the Methodist Mission food bank clientele in relation to the key groups in Christchurch who feature prominently in poverty and food insecurity statistics. Results showing that Maori, beneficiaries and sole parent/caregivers were over-represented amongst clients were to be expected. However, several notable groups appeared to be under-utilising the food bank, including Pacific people, the elderly, refugees and struggling migrants, and young people aged under 25 years. Reasons for this apparent under-use may relate to personal barriers, other forms of coping strategies and support systems, and/or the use of other social service agencies.

Reasons for food bank use are closely tied in with unsustainable incomes, coupled with high housing costs and household bills. This in itself is a poverty trap, and in addition to the vulnerability to debt, leads to the majority of food bank clients becoming dependent on food banks in the long-term. Compositional rather than contextual factors appear to be the key reasons behind food bank use, at least in the Christchurch setting. However, this does not mean that cultural understandings of poverty can necessarily be applied to all food bank clients. On the contrary, structural factors appear to better explain the prevalence and persistence of poverty and food insecurity in the Christchurch setting. Overall walking distance access to food outlets was very good, particularly in the most deprived neighbourhoods. Poverty is geographically widely dispersed in Christchurch, as evidenced by the spatial

distribution of clients. However, there were concentrations of clients in the most deprived parts of the city, and this is where the majority of clients were coming from.

This chapter has provided several implications of food bank use, in accordance with the fifth objective of this study. There are various health implications, and food insecurity and the lack of adequate supplies of healthy food can compound existing health problems and contribute to future health-related problems. Children growing up in food insecure households are at particular risk and disadvantage. Certain changes are needed at the societal and political level in order to improve food insecurity and reduce dependency on food banks. Food needs to become regarded as a basic human right, and policies must be developed that prioritise the poor and prevent members of society from living in poverty. Such policies should focus on income assistance for those on low incomes as well as those receiving state assistance, housing assistance, and improved assistance through state agencies such as WINZ. Amongst other obligations, the state has an important role to play in terms of ensuring the affordability of healthy food, as well as providing nutrition education. However, education is not necessarily the solution to food insecurity and unhealthy eating, particularly as the problem appears to be more income-related than ignorance-related. This again suggests that structural factors are more important than cultural factors. The following chapter will provide the conclusions from this research, identify areas of future research, and offer concluding remarks.

Chapter 10: Research conclusions

10.1 Main findings

This thesis has outlined the socio-political context in which the food bank industry has flourished both internationally and in New Zealand, which was the first research objective. It has been argued that welfare reform and government ideologies during the 1980s and 1990s contributed to the rise of poverty and food insecurity in many OECD countries. In the New Zealand context, the 1991 benefit cuts are seen as a key factor in the rise and growth of food banks. The benefit cuts, along with other structural measures, have produced new forms of poverty, whereby those in the lower socio-economic bracket have been worst affected. Geographical and social inequalities have continued to persist and widen between the rich and poor, and the experience of being poor has changed quite significantly in the last twenty years. It is now a struggle for many poor households to put sufficient quantities of nutritious food on the table. Poor nutrition and increased food insecurity have been major health consequences of the economic restructuring, and continue to contribute towards social inequalities.

The voluntary welfare sector has expanded its role as a provider of welfare services, largely as a result of increased sources of funding from the state. Many organisations are now part of what Wolch (1990) terms the 'shadow state'. However, the sector is still largely under-funded and under-resourced and food bank services in this country receive no state funding. This is despite government agencies encouraging the food bank industry to assist clients that they are not willing or able to assist, and WINZ will and does refer its clients to food banks. This can be seen as a failure at the government level to adequately provide for the most needy and marginalised members of society. Food bank services in Christchurch are generally running on tight budgets and several food banks in this study reported that financing and resourcing their service was a major problem. Interestingly, several groups profit from the food bank industry. The state is benefiting from food banks as their presence gives the impression that something is being done about the problem of hunger and food insecurity in the community and the state therefore escapes public and political pressure. Food bank clients certainly benefit from food banks by having an additional

source of food, as well as exposure to a range of other social services offered. This research has also shown that the organisations in which food banks operate *may* benefit from food banks too. This is because the organisations' increased exposure to people in hardship, who may not otherwise make contact with their organisation, may lead to increased sources of funding for other services which the food bank client may then be referred to. This thesis has highlighted the dilemma that food banks face: on the one hand, they want to see the problem of food insecurity and demand for food bank services reduced; on the other, food bank clients can be very profitable for the wider organisation.

The second objective of this research was to determine trends in food bank use. The percentage growth in demand for food banks in New Zealand was at its peak during the early 1990s and since then demand has continued to grow, albeit at a slower rate. This has mirrored similar trends in North America, although the initial growth in demand there generally occurred several years earlier. Demand for food bank services has continued beyond the 1990s, despite the emphasis on reducing poverty in state policy. It has been estimated that around 10% of New Zealand households access a food bank at least once during the year. In recent years, demand has been inconsistent and unpredictable at times, and the operational policies of one food bank can influence the level of demand at other local food banks. This highlights the interconnectedness of the industry at the local level. The majority of Christchurch food banks reported an increase in the level of demand over the past year while only a few reported a decrease. Seasonal trends are also apparent.

Studies have consistently shown that certain groups are more likely to be in poverty than others, and the third objective of this study was to identify who those groups were and whether those who used food banks were the same groups who experience poverty and food insecurity in the community. This study has shown that Maori, sole parent/caregiver families and beneficiaries were significantly over-represented amongst the food bank clients in the local context. Single males and low income earners were other important users of the food bank. These groups are also over-represented in poverty and food insecurity statistics therefore the results were not surprising. The majority of clients were resident in the most deprived areas of the city and it is certain that these clients face multiple deprivations. However, there were

particular concentrations of poverty in the city, and food bank use was not confined to the most deprived neighbourhoods. Interestingly, not all of the groups experiencing high levels of poverty and food insecurity in the community were accessing the food bank at rates to be expected, and there are many possible reasons for this lack of use at both the institutional and individual level.

The reasons for using a food bank are complex and varied, and the fourth objective of this study was to examine why people were using food banks. Food banks are generally a last resort, and there is a reluctance to use them unless absolutely necessary by the majority of clients. Lack of income is the fundamental reason, but issues relating to unaffordable housing and household bills were other key components of poverty and food insecurity. Cultural and structural factors contributed to food bank use, and a key finding was the diversity of not only the people using the food banks, but also the reasons for doing so. Use was generally episodic and unexpected events, such as family coming to stay or an appliance breaking down, meant that for some, an otherwise sustainable income was no longer sufficient for the household's basic needs. WINZ, the state agency intended to assist those in hardship, appears to be failing to ensure that those most in need are receiving what they are entitled to. Benefit levels appear to be inadequate given the reality of basic household needs, and supplementary measures do not appear to be an effective poverty-relieving mechanism. This research has confirmed that the presence of low income workers at food bank continues to grow, which is a relatively new phenomenon.

The final objective was to consider the implications of food insecurity and food banks in the community, as well as how dependency can be reduced. Originally introduced by the churches as a temporary measure to assist those affected by the economic downturn, food banks have now become a socially accepted and institutionalised aspect of the welfare landscape in this country. Many households are now dependent on food parcels, and quotas and restrictions may encourage clients to access multiple food banks in order to obtain additional food supplies. On the positive side, food banks facilitate contact between organisations and those experiencing poverty who may then be assisted in empowering ways. However, food bank activities from the voluntary welfare sector have sparked a moral debate as questions have arisen over the role of the state in assisting the food insecure as well as its citizens' basic human

right to food. Thus, along with health implications, there are also important social and moral implications of food insecurity and food bank use in the community. Policies are needed at the state level that address income, housing, welfare provision, and also nutrition education, as these are the key contributors to poverty in New Zealand.

10.2 Beyond food banks

This thesis has demonstrated that the rise of food banks is situated within social and economic policy. Poverty and food bank usage is to some extent an outcome of socio-economic processes at the individual level, but primarily, is a result of structural events over which individuals have little or no control. It is therefore within this context that solutions for eliminating the need for food banks must be situated, rather than blaming the individual for a series of processes over which he or she has little control. Thus, social, income and health inequalities need to be reduced via structural means. This necessitates state involvement in reducing these inequalities, which involves more than mere lip-service towards addressing poverty and social exclusion.

Originally intended as an emergency service only, the food bank industry in New Zealand has now taken on a far greater responsibility than merely dispensing food to the needy. This reflects the broader position that the voluntary welfare assumes in assisting clients and their ever changing needs. The sector has evolved to meet such needs. Voluntary organisations now play a key role as food providers, advocates, legal advisors, budget advisors, counsellors and educators. However, the ability of the voluntary welfare sector to adequately address issues of poverty and alleviate it is doubtful. Fundamentally, voluntary welfare organisations face the same problem as their clients: they are under-funded and running on shoe-string budgets. However, questions need to be raised as to whether increased funding in itself would alleviate the problem of poverty in the community. The answer is probably not, as the causes of poverty and food insecurity are mainly structural and related to the housing, labour and welfare markets. Moreover, this thesis has drawn attention to the fact that food bank services often bring benefits to the organisations that offer them, which raises interesting questions as to whether the ‘negatives’ (the persistence of poverty and the need for food bank services) outweigh the ‘positives’ (increased funding, job security

for staff at the organisation). If so, there may be no real incentive for organisations to reduce their food bank service. Although this is a somewhat cynical perspective, and of course will not be true for all organisations, it is important when examining the food bank 'industry' to bear such an idea in mind.

So, what is required to reduce poverty? The majority of middle-class New Zealanders appears to be oblivious to the daily challenges and hardships faced by those living in poverty and who are marginalised from mainstream society. Many stereotypes and misconceptions exist regarding the poor, and there is a pressing need for mainstream society to be informed and made aware of the daily realities for a significant proportion of New Zealanders. At present, poverty and food banks are largely unchallenged and tolerated as part of New Zealand society. Furthermore, they help disguise the full extent of poverty and food insecurity in the community. These factors offer little motivation or incentive for change. What is required in order to reduce and potentially eliminate the need for food banks is a public that is aware and sympathetic to the plight of those barely managing to survive. Such a public would then be able to exert pressure on politicians and leaders to implement effective change. For example, the hugely successful global 2005 Make Poverty History campaign, which was spearheaded by celebrities and public figures, had the effect of raising public awareness of extreme poverty in developing countries. Public pressure led to the G8 leaders promising to cancel debt owed by 40 of the world's poorest countries, as well as increasing financial aid by \$50 billion by 2010 (Oxfam, 2006).

There does not appear to be a sense of public outrage that in our relatively affluent society, many households are reliant on food parcels from food banks as they lack the resources needed to achieve food security. This may be indicative of the contemporary individualist society that exists in many advanced capitalist nations, where the decline of social capital and civic engagement has been apparent in the last few decades (Putnam, 2000). This can largely be attributed to the neo-liberal philosophies that gained prominence in the 1980s and 1990s, which emphasised the individual at the expense of collective society. Change is needed at the societal level and perhaps this is where food banks and voluntary welfare organisations can be most effective; being in a unique position to lobby for change as they are independent of the state. Of course, such active lobbying may have repercussions on state

contracting, which may make some organisations reluctant to take such a political stance (Barnett and Barnett, 2006). However, if organisations act collectively, through collaborative networks such as Christchurch's Food Bank Forum, then they may well be able to garner public support and collectively place pressure on politicians. Again, it comes down to the will and desire of voluntary welfare organisations to do so.

This thesis contributes to the small but growing body of geographical literature seeking to understand processes and outcomes of poverty, particularly in relation to social and economic policy. As noted in section 2.2, in the past most of the geographical studies into issues of poverty have been little more than descriptive mapping exercises that have neglected welfare processes and policies (Powell et al., 2001). More research is needed by geographers to better understand issues of poverty and food insecurity internationally and in the wider New Zealand context. Such research will help ensure that geographers have a greater influence in shaping public perception and government policy (Martin, 2001).

10.3 Future research

This research has highlighted six areas of further investigation relating to food insecurity and food bank use. Firstly, this research did not look at health outcomes of food insecurity; rather, it was concerned with who the food insecure are in the community, where they are coming from, and the assistance available to them. It is acknowledged that prolonged food insecurity and poor nutrition can lead to preventable health outcomes, including diabetes and obesity (Ministry of Health, 2003b). The health status of food bank clients was unable to be ascertained due to such information not being collected on the interview form, and it was beyond the scope of this research to collect such data in the client interviews. Future studies in this country should include in-depth interviews with food bank clients in order to establish self-reported health status and dietary intake. This could be partially achieved through an interviewer-administered questionnaire relating to 24 hour dietary intake recall (as used by Tarasuk and Beaton, 1999b). Alternatively, the use of food diaries is another useful method to determine dietary intake, although this may be problematic, embarrassing and/or a low priority for many food bank clients.

Health status information, particularly in regards to nutritional status, is crucial in determining health inequalities for the most marginalised members of society. For instance, Jacobs Starkey et al. (1999) studied the nutritional status of food bank users in Montreal, Canada, and found that median intakes of vitamin A, zinc and calcium were below the recommended levels for all age and sex groups. Although mean energy intake was similar to the other adult population, food bank users experienced high nutrient intake variability. Additionally, there needs to be a particular focus on life-course approaches, as advocated by Davey Smith (2003), and the effects of poor nutrition upon children and in later life. Longitudinal studies should be undertaken to determine such effects.

Secondly, in addition to physical health, many food bank clients experience multiple health and safety issues, such as mental health problems, substance abuse and addictions, gambling addictions, and/or domestic violence (Wynd, 2005). The emotional stress of not being able to provide the desired food was highlighted in the 1997 NNS (Russell *et al.*, 1999). Once again, it was beyond the scope of this study to explore these matters due to this information not being collected on the client interview form. Such information is vital in terms of establishing and understanding the multiple deprivations and hardships that food bank clients experience, and possible barriers to achieving food security. Obtaining such private and sensitive information may be difficult and may be reliant on anecdotal evidence from staff and volunteers at social service agencies.

Thirdly, ethnographic studies are needed in order to better understand the micro-processes leading to food bank usage and the broader incidence of food insecurity. Research that tracks episodic use and the life events leading to food bank usage is needed, similar to themes covered by May (2003) in his study of the homeless in Brighton. There has been very little research carried out that examines other strategies that the food insecure use in order to cope, besides using a food bank (Tarasuk and Eakin, 2003). This research included a small-scale client survey, which included a question related to coping strategies, but it was not deemed pertinent to this thesis to address this in detail. Ethnographic studies are also a valuable source of data for understanding of what the experience of using a food bank was like for a client.

Poppendieck (1998) has noted that the client experience is generally demoralising and is largely dependent on the attitude and values of the food bank staff and volunteers.

Fourthly, not collected at the time of the interview was data pertaining to the household's weekly income, as well as all other additional sources of income such as child support. This information would have been useful to have had so that the proportion of income spent on housing could have been established and other areas of spending examined. In a similar vein, questions pertaining to personal debt should be asked, as food bank clients are often in debt (NZCCSS, 2005a). It is acknowledged that questions relating to person income and expenditure are sensitive and potentially embarrassing for clients, although several other studies (for example, the 2005 PIP by NZCCSS) have successfully managed to collect such data.

Fifthly, this study did not examine the rural aspect of food insecurity or food banks, and very few of the Methodist Mission clients were from areas classified as rural. However, many rural communities are amongst the most deprived in the country and rural food banks face a unique set of problems. Their populations are likely to be more homogeneous, the lack of urban anonymity may act as a deterrent to using the food bank, and accessibility can be very problematic for many (Whale, 1993). Future New Zealand studies should address aspects of food bank use in both urban and rural settings.

Finally, official hunger counts are needed in this country to assess the full extent of food insecurity in this country. There is much ambiguity surrounding food insecurity statistics and recent, accurate data are needed in order to be fully able to understand and address the problem. Similarly, more longitudinal studies are required to monitor trends in food bank use in both Christchurch and New Zealand. The PIP (NZCCSS, 2005) was a useful nation-wide initiative and more studies such as this one are required in order to get a clearer picture of who is using food banks, and in particular how this is changing over time. Such information, when collected in a consistent and systematic manner, will enable both food banks (in the short-term) and policy makers (in the long-term) to ensure that those most in need of food assistance are catered to accordingly. Research at the organisational level is needed so that food banks have an

accurate picture of who their clients are, what their needs are, and how they can best be helped.

Thus, future research should investigate the physical, emotional and financial health status of the food insecure, and individual and collective food bank clients, including those living in non-urban areas. This information would enable a better understanding of how extreme food insecurity affects, and is affected by, health status.

10.4 Concluding remarks

Food insecurity still persists in the community, and while this is still the case it is unlikely that food banks will go out of business. Food banks have become an essential source of food for thousands of struggling New Zealand households each year. Almost non-existent prior to the 1990s, they have become well and truly entrenched in the country's welfare landscape as they pick up the pieces of failed welfare policy. Demand for food bank services continues to grow, despite economic conditions improving and deliberate policies aimed at reducing poverty both internationally and nationally. Food banks now face the problem of how to meet clients' food needs while trying to address other needs and reduce dependency at the same time. At the local scale, collaborative approaches between food banks are a step in the right direction and in Christchurch this is evident through the Food Bank Forum. It is important that each food bank is aware of other food banks' activities and the impact that these activities may have on their own organisation. Accurate data collection and the sharing of information may reduce 'double dipping' and ensure that holistic assistance is provided in the most efficient way. However, there may be very good reasons for not sharing sensitive data, not least because government funding may be indirectly affected by the levels of food bank use.

Food banks are not a sustainable solution to the growing problem of food insecurity in the community. In order to eliminate food insecurity, the people in the community who experience poverty, deprivations and food insecurity must be actively identified and assisted in sustainable and empowering ways. This research has identified the key groups in Christchurch who experience food insecurity. The voluntary welfare sector

cannot tackle the problem and symptoms of poverty alone, and state involvement necessitates a shift in priorities and direction. Although anti-poverty policies have been much extolled by 'Third Way' governments, poverty continues to persist throughout many OECD countries. This thesis concludes with the words of the former Minister of Social development, Steve Maharey (2001), whose Labour party remains in control five years later:

We won't see the Foodbank (sic) industry close down over night (sic) - but a Government committed to economic growth, social and community development, and the alleviation of poverty is a necessary condition for that to happen. We now have a Government of that kind.

Maharey was right. The food bank industry has not closed down overnight, nor in the five years since he made that comment. Hopefully a government of "that kind" will be able to reverse the trend of the last few years, whereby demand for food bank services has continued to increase throughout most of New Zealand.

References

- Acheson, D. (1998). *Independent inquiry into inequalities in health: report*. London: Stationery Office.
- Algert, S.J., Agrawal, A. & Lewis, D.S. (2006a). Disparities in access to fresh produce in low-income neighbourhoods in Los Angeles, *American Journal of Preventive Medicine*, 30 (5), pp. 365-370.
- Algert, S.J., Reibel, M. & Renvall, M.J. (2006b). Barriers to participation in the food stamp program among food pantry clients in Los Angeles, *American Journal of Public Health*, 96 (5), pp. 807-809.
- Alwitt, L.A. & Donley, T.D. (1997). Retail stores in poor urban neighbourhoods, *The Journal of Consumer Affairs*, 31 (1), pp. 139-164.
- Ansley, B. (1992). Banking on hunger, *New Zealand Listener*, 135 (2751), 33-35.
- Auletta, K. (1983). *The underclass*. New York: Vintage Books.
- Badcock, B. (1997). Restructuring and spatial polarization in cities, *Progress in Human Geography*, 21 (2), pp. 251-262.
- Barnett, R. (2001). Coping with the costs of primary care? Household and locational variations in the survival strategies of the urban poor, *Health and Place*, 7 (2), pp. 141-157.
- Barnett, P. & Barnett, J.R. (2006). New times, new relationships: mental health, primary care and public health in New Zealand, in: C. Milligan & D. Conradson (Eds.), *Landscapes of volunteerism: new spaces of health, welfare and governance*. Bristol: Policy Press.
- Barretta-Herman, A. (1994). *Welfare state to welfare society: restructuring New Zealand's social services*. New York: Garland Publishing.
- Berner, M. & O'Brien, K. (2004). The shifting pattern of food security support: food stamp and food bank usage in North Carolina, *Nonprofit and Voluntary Sector Quarterly*, 33 (4), pp. 655-672.
- Bhattacharya, J., Deleire, T., Haider, S. & Currie, J. (2003). Heat or eat: Cold-weather shocks and nutrition in poor American families, *American Journal of Public Health*, 93 (7), pp. 1149-1154.
- Biggerstaff, M.A., Morris, P.M. & Nicholas-Casebolt, A. (2002). Living on the edge: examination of people attending food pantries and soup kitchens, *Social Work*, 47 (3), pp. 267-277.
- Black, J. (2000). *The Development of the voluntary welfare sector in Canterbury New Zealand*. M.A. thesis, Geography Department, University of Canterbury.

- Blakely, T., Tobias, M., Robson, B., Ajwani, S., Bonn, M. & Woodward, A. (2005). Widening ethnic mortality disparities in New Zealand 1981-99, *Social Science and Medicine*, 61 (10), pp. 2233-2251.
- Bland, K. (2004). *A nutritional analysis of food parcels provided by the Christchurch City Mission*. Postgraduate Diploma in Dietetics, Department of Human Nutrition, University of Otago.
- Bloy, A.G. (2005). *Food for thought? Breakfast clubs as sites of learning at two New Zealand primary schools*. M.A. thesis, Sociology Department, University of Canterbury.
- Boggess, S. & Corcoran, M. (1999). *Cycles of disadvantage?* Wellington: Institute of Policy Studies.
- Boston, J., Dalziel, P. & St John, S. (1999). Rebuilding an effective welfare state, in: J. Boston, P. Dalziel, & S. St John (Eds.), *Redesigning the welfare state in New Zealand: problems, policies, prospects*. Auckland: Oxford University Press, pp. 301-316.
- Bryson, J.R., McGuinness, M. & Ford, R.G. (2002). Chasing a 'loose and baggy monster': almshouses and the geography of charity, *Area*, 34 (1), pp. 48-58.
- Burns, C. (2004). *A review of the literature describing the link between poverty, food insecurity and obesity with specific reference to Australia*. Retrieved January 1, 2006, from <http://www.vichealth.vic.gov.au/assets/contentFiles/Literature%20Review%20Poverty_Obesity_Food%20Insecurity.pdf>
- Canadian Association of Food Banks. (1998). *Hunger count 1998*. Retrieved July 5, 2006, from <http://foodbank.duoweb.ca/documents/hc-1998_eng.pdf>
- Canadian Association of Food Banks. (2005). *Hunger count 2005*. Retrieved December 15, 2005, from <<http://cafb-acba.ca/documents/Hc05-eng.pdf>>
- Carter, M.A. & Swinburn, B. (2004). Measuring the 'obesogenic' food environment in New Zealand primary schools, *Health Promotion International*, 19 (1), pp. 15-20.
- Chatterjee, S. (1999). The world economy, globalisation and New Zealand: which way now? In: S. Chatterjee et al. (Eds.), *The new politics: a third way for New Zealand*. Palmerston North: Dunmore Press Ltd, pp. 121-138.
- Cheer, T., Kearns, R. & Murphy, L. (2002). Housing policy, poverty, and culture: 'discounting' decisions among Pacific peoples in Auckland, New Zealand, *Environment and Planning C: Government and Policy*, 20 (4), pp. 497-516.
- Christchurch City Council. (2002). *2001 Census information: profile of Christchurch City*. Retrieved May 30, 2006, from <<http://www.ccc.govt.nz/Census/ProfileOfChristchurchCity.asp>>

- Christchurch City Council. (2005). *No fixed abode: a directory of Christchurch accommodation and services for people without safe, secure and affordable housing*. Christchurch: Christchurch City Council.
- Christchurch Methodist Mission. (2001). *Advocacy training package*. Retrieved November 23, 2005, from <<http://www.mmsi.org.nz/downloads/advocacy-manual.doc>>
- Clancy, K.L., Bowering, J. & Poppendieck, J. (1991). Characteristics of a random sample of emergency food program users in New York: I. Food pantries, *American Journal of Public Health*, 81 (7), pp. 911-914.
- Clarke, G., Eyre, H. & Guy, C. (2002). Deriving indicators of access to food retail provision in British cities: studies of Cardiff, Leeds and Bradford, *Urban Studies*, 39 (11), pp. 2041-2060.
- Coates, B.E., Johnston R.J. & Knox, P.L. (1977). *Geography and inequality*. Oxford: Oxford University Press.
- Conradson, D. (2002). *Negotiating value based tensions: voluntary welfare provision in Christchurch, New Zealand: summary research findings*. Retrieved December 20, 2005, from <<http://www.geog.soton.ac.uk/school/staff/profiles/djc/VWP.pdf>>
- Conradson, D. (2006). Values, practices and strategic divestments: Christian social service organisations in New Zealand, in: C. Milligan & D. Conradson (Eds.), *Landscapes of volunteerism: new spaces of health, welfare and governance*. Bristol: Policy Press, pp. 153-171.
- Coveney, J. (2000). *Food, morals, and meaning: the pleasure and anxiety of eating*. London: Routledge.
- Crack, S. (2001). *The face of poverty: foodbank location and use in Dunedin*. Dunedin: Health and Place Research Group, University of Otago.
- Cromley, E.K. & McLafferty, S.L. (2002). *GIS and public health*. New York: Guildford Press.
- Cummins, S. & Macintyre, S. (2002a). 'Food deserts'- evidence and assumption in health policy making, *British Medical Journal*, 325 (7361), pp. 436-438.
- Cummins, S. & Macintyre, S. (2002b). A systematic study of an urban foodscape: the price and availability of food in Greater Glasgow, *Urban Studies*, 39 (11), pp. 2115-2130.
- Cummins, S. & Macintyre, S. (2006). Food environments and obesity- neighbourhood or nation? *International Journal of Epidemiology*, 35 (1), pp 100-104.

- Cummins, S., Petticrew, M., Sparks, L. & Findlay, A. (2005). Large scale food retail interventions and diet, *British Medical Journal*, 330 (7493), pp. 683-684.
- Curtis, S. 2004. *Health and inequality: geographical perspectives*. London: Sage.
- Daily Bread Food Bank, (2006). What Daily Bread Food Bank does. Retrieved July 4, 2006, from <http://www.dailybread.ca/get_informed/what-we-do.cfm>
- Daily Bread Food Bank, (2005). *Who's hungry: 2005 profile of hunger in the Greater Toronto area*. Toronto: Daily Bread Food Bank.
- Daly, G.P. (1996). *Homeless: policies, strategies, and lives on the street*. London: Routledge.
- Dalziel, P. (1999). 'Third Way' economics: what might this mean in New Zealand?, in: S. Chatterjee et al. (Eds.), *The new politics: a third way for New Zealand*. Palmerston North: Dunmore Press Ltd, pp. 63-85.
- Davey Smith, G. (2003). *Health inequalities: lifecourse approaches*. Bristol: Policy Press.
- Davey Smith, G. & Kuh, D. (2003). Does early nutrition affect later health? Views from the 1930s and 1980s, in: G. Davey Smith (Ed.), *Health inequalities: lifecourse approaches*. Bristol: Policy Press, pp. 411-435.
- Davey Smith, G., Dorling, D., Mitchell, R. & Shaw, M. (2002). Health inequalities in Britain: continuing increases up to the end of the 20th century, *Journal of Epidemiology and Community Health*, 56 (6), pp. 434-435.
- De Vaus, D.A. (2002). *Surveys in social research* (5th ed.). Crows Nest, N.S.W: Allen and Unwin.
- Department of Human Nutrition, University of Otago. (2005). *Annual food cost survey*. Retrieved December 14, 2005, from <http://nutrition.otago.ac.nz/research/foodcostsurvey/FCS_release_2005.pdf>
- Department of Human Nutrition, University of Otago. (2006). *Annual food cost survey*. Retrieved October 24, 2006, from <<http://nutrition.otago.ac.nz/research/foodcostsurvey/foodcostsurvey.php>>
- Diez-Roux, A.V., Nieto, F.J., Caulfield, L., Tyroler, H.A., Watson, R.L. & Szklo, M. (1999). Neighbourhood differences in diet: the Atherosclerosis Risk in Communities (ARIC) study, *Journal of Epidemiology and Community Health*, 53 (1), pp. 55-63.
- Dorling, D. & Shaw, M. (2002). Geographies of the agenda: public policy, the discipline and its (re) 'turns', *Progress in Human Geography*, 26 (5), pp. 629-646.

- Dowler, E., Barlösius, E., Feichtinger, E. & Köhler, B.M. (1997). Poverty, food and nutrition, in: B.M. Köhler, E. Feichtinger, E. Barlösius, & E. Dowler (Eds.), *Poverty and food in welfare societies*. Berlin: Edition Sigma, pp. 17-30.
- Easton, B. (1997). *The commercialisation of New Zealand*. Auckland: Auckland University Press.
- Egger, G. & Swinburn, B. An “ecological” approach to the obesity pandemic, *British Medical Journal*, 315 (7106), pp. 477-480.
- Eisenhauer, E. (2001). In poor health: supermarket redlining and urban nutrition, *Geojournal*, 53 (2), pp. 125-133.
- Ellaway, A., Anderson A. & Macintyre S. (1997). Does area of residence affect body size and shape? *International Journal of Obesity*, 21 (4), pp. 304-308.
- Else, A. & New Zealand Network Against Food Poverty. (2000). *Hidden hunger: food and low income in New Zealand*. Wellington: New Zealand Network Against Food Poverty.
- Esping-Anderson, G. (1990). *The three worlds of welfare capitalism*. Princeton: Princeton University Press.
- European Federation of Food Banks, (2006). Our results in 2005. Retrieved June 16, 2006, from <<http://www.eurofoodbank.org/eng/1c1.htm>>
- Evason, E. & Woods, R. (1995). *Poverty, charity and “doing the double”*. Aldershot: Avebury.
- Fine, B. (1998). *The political economy of diet, health and food policy*. London: Routledge.
- Fitzgerald, K. & Cameron, J. (1989). *Voluntary organisations in Christchurch: an overview of staffing, funding and service (phase 1)*. Christchurch: Christchurch District Council of Social Services Inc.
- Food and Agriculture Organization of the United Nations. (1996). *Rome declaration on food security and World Food Summit Plan of Action*. Rome: Food and Agriculture Organization of the United Nations.
- Food and Agriculture Organization of the United Nations. (2003). *The state of food insecurity in the world, 2003*. Rome: Food and Agriculture Organization of the United Nations.
- Foodbank Australia. (2006). Foodbank’s purpose. Retrieved July 5, 2006, from <<http://www.foodbank.org.au/foodbank/mission.htm>>
- George, V. & Howards, I. (1991). *Poverty amidst affluence: Britain and the United States*. Aldershot: Edward Elgar.

- Giddens, A. (1998). *The third way: the renewal of social democracy*. Malden, Mass.: Polity Press.
- Gunby J., NZCCSS & Salvation Army (NZ). (1996). *Housing the hungry: the third report. A survey of Salvation Army foodbank clients to assess the impact of the government's housing reforms*. Wellington: The Council.
- Hall, B. (2005). *Hunger and food insecurity increase for 5th straight year*. Retrieved January 10, 2006, from <<http://www.centeronhunger.org/index.html>>
- Harris, P. & Eichbaum, C. (1999). Towards a post-Washington consensus, in: S. Chatterjee et al. (Eds.), *The new politics: a third way for New Zealand*. Palmerston North: Dunmore Press Ltd, pp. 221-241.
- Harvey, D. (1973). *Social justice and the city*. London: Edward Arnold.
- Hawkes, C. and Webster, J. (2000). *Too much and too little? Debates on surplus food redistribution*. Retrieved June 8, 2006, from <http://www.sustainweb.org/publications/downloads/pov_too.pdf>
- Heath, A. (1981). *Social mobility*. London: Fontana Paperbacks.
- Hill, J.O. & Peters J.C. (1998). Environmental contributions to the obesity epidemic, *Science*, 280 (5368), pp. 1371-1374.
- Howden-Chapman, P. & Wilson, N. (2000). Housing and health, in: P. Howden-Chapman & M. Tobias (Eds.), *Social inequalities in health: New Zealand 1999*. Wellington: Ministry of Health, pp. 133-145.
- Hussein, K. (2002). Food security: rights, livelihoods and the World Food Summit-Five Years Later, *Social Policy and Administration*, 36 (6), pp. 626-647.
- Jacobs Starkey, L., Kuhnlein, H.V. & Gray-Donald, K. (1998). Food bank users: sociodemographic and nutritional characteristics, *Canadian Medical Association*, May 5, 1998, Vol. 158 (9), pp. 1143-1149.
- Jacobs Starkey, L., Gray-Donald, K. & Kuhnlein, H.V. (1999). Nutrient intake of food bank users is related to frequency of food bank use, household size, smoking education and country of birth, *Journal of Nutrition*, 129, pp. 883-889.
- James, W.P.T, Nelson, M., Ralph, A. & Leather, S. (1997). The contribution of nutrition to inequalities in health, *British Medical Journal*, 314 (7093), pp. 1545-1549.
- Jamieson, K. (1998). *Poverty and hardship in Christchurch: a reference guide*. Christchurch: Christchurch City Council Leisure and Community Services Unit.

- Jenkins, S.P. (1999). The intergenerational transmission of disadvantage: a UK perspective, in: S. Boggess & M. Corcoran (Eds.), *Cycles of disadvantage?* Wellington: Institute of Policy Studies.
- Johnston, R.J. (2000). *The dictionary of human geography*, (4th edition), in: R.J. Johnston et al. (Eds.), Oxford: Blackwell Publishers.
- Kelsey, J. (2002). *At the crossroads: three essays*. Wellington: Bridget Williams Books.
- Khan, H.S., Tatham, L.M., Pamuk, E.R. & Heath, C.W. (1998). Are geographic regions with high income inequality associated with risk of abdominal weight gain? *Social Science and Medicine*, 47 (1), pp. 1-6.
- Kodras, J.E. & Jones, J.P. (Eds.). (1990). *Geographic dimensions of United States social policy*. London: Edward Arnold.
- Krishnan, V., Jensen, J. & Rochford, M. (2002). Children in poor families: does the source of family income change the picture? *Social Policy Journal of New Zealand*, June 2002 (18), pp. 118-147.
- Law, R. M. & Wolch, J.R. (1993). Social reproduction in the city: restructuring in time and space, in: P.L. Knox (Ed.), *The restless urban landscape*. Englewood Cliffs, NJ: Prentice-Hall, pp. 165-206.
- Le Heron, R.B. & Pawson, E. (Eds.). (1996). *Changing places: New Zealand in the Nineties*. Auckland: Longman Paul Ltd, pp. 210-246
- Leslie, H. (1996). *Banking on foodbanks for poverty alleviation? A critical appraisal of foodbanks' responses to underdevelopment in New Zealand* (Working Paper Series). Massey: Institute of Development Studies, Massey University.
- Levitas, R. (1998). *The inclusive society? Social exclusion and New Labour*. Basingstoke: MacMillan Press Ltd.
- Leyshon, A. (1995). Missing words: whatever happened to the geography of poverty? *Environment and Planning A*, 27, pp. 1021-1028.
- Lewis, O. (1968). *A study of slum culture: backgrounds for la vida*. New York: Random House.
- Ling, N. (2005). *A comparison of prices for 'healthy' and 'less healthy' food baskets in contrasting neighbourhoods*. Postgraduate Diploma in Dietetics, Department of Human Nutrition, University of Otago.
- Lynch, J.W., Kaplan, G.A. & Salonen, J.T. (1997). Why do poor people behave poorly? Variation in adult health behaviours and psychosocial characteristics by stages of the socioeconomic lifecourse, *Social Science and Medicine*, 44 (6), pp. 809-819.

- Lyon-Callo, V. (2004). *Inequality, poverty, and neoliberal governance: activist ethnography in the homeless sheltering industry*. Toronto: Broadview Press.
- Mackay, R. (1994). *Foodbanks in New Zealand: patterns of growth and usage. A report on a short-term research investigation*. Wellington: Social Policy Agency Research Unit.
- Mackay, R. (1995). Foodbank demand and supplementary assistance programmes: a research and policy case study, *Social Policy Journal of New Zealand*, 5, pp. 129-141.
- Mackenbach, J.P., Bos, V., Anderson, O., Cardano, M., Costa, G., Harding, S., Reid, A., Hemstrom, O., Valkonen, T. & Kunst, A.E. (2003). Widening socioeconomic inequalities in mortality in six Western European countries, *International Journal of Epidemiology*, 32 (5), pp. 830-837.
- Macnicol, J. (1987). In pursuit of the underclass, *Journal of Social Policy*, 16 (3), pp. 293-318.
- Maharey, S. (2001). *Government committed to putting foodbank 'industry' "out of business"*, Media Release (9/02/2001). Retrieved July 25, 2006, from <<http://www.beehive.govt.nz/ViewDocument.aspx?DocumentID=9567>>
- Maher, A., Wilson, N. & Signal, L. (2005). Advertising and availability of 'obesogenic' foods around New Zealand secondary schools: a pilot study, *The New Zealand Medical Journal*, 118 (1218), pp. 10-20.
- Marsh, A. & Mullins, D. (1998). The social exclusion perspective and housing studies: origins, applications and limitations, *Housing Studies*, 13 (6), pp. 749-759.
- Marshall, C. (2006). Working for families discriminatory- child poverty group, in: *Stuff* (03/05/2006). Retrieved May 19, 2006, from <<http://www.stuff.co.nz/stuff/0,2106,3655298a6160,00.html>>
- Martin, R. (2001). Geography and public policy: the case of the missing agenda, *Progress in Human Geography*, 25 (2), pp. 189-210.
- May, J. (2003). Local connection criteria and single homeless people's geographical mobility: evidence from Brighton and Hove, *Housing Studies*, 18 (1), pp. 29-46.
- Mayoral Task Force on Poverty. (2000). *Report of Mayoral Taskforce on Poverty: prepared for the Christchurch City Council*. Christchurch: Christchurch City Council.
- McCormick, J. & Philo, C. (1995). Where is poverty? The hidden geography of poverty in the United Kingdom, in: C. Philo (Ed.), *Off the map: the social geography of poverty in the UK*. London: CPAG Ltd, pp. 1-22.

- McGurk, T. & Clark, L. (1993). *Missing out: the road from social welfare to foodbanks: a report*. Wellington: Inner City Ministry.
- McIntyre, L. (2003). Food security: more than a determinant of health, *Policy Options*, March 2003, pp. 46-51.
- Michalski, J.H. The economic status and coping strategies of food bank users in the Greater Toronto Area, *Canadian Journal of Urban Research*, 12 (2), pp. 275- 298.
- Milligan, C. (1998). Pathways of dependence: the impact of health and social care restructuring- the voluntary experience, *Social Science and Medicine*, 46 (6), pp. 743-753.
- Milligan, C. & Fyfe, N.R. (2004). Putting the voluntary sector in its place: geographical perspectives on voluntary activity and social welfare in Glasgow, *Journal of Social Policy*, 33 (1), pp. 73-93.
- Milner, V. (2004). A model for the new frontier of social work: using respect, empathy, curiosity and time, *Social Work Review*, 16 (3), pp. 38-43.
- Mingione, E. (1993). The new urban poverty and the underclass: introduction, *International Journal of Urban and Regional Research*, 17 (1), pp. 324-326.
- Ministry of Health. (2003a). *Food and nutrition guidelines for healthy adults: a background paper*. Wellington: Ministry of Health.
- Ministry of Health. (2003b). *Food and Nutrition Monitoring in New Zealand*. Wellington: Ministry of Health.
- Ministry of Health. (2004). *Ethnicity data protocols for the health and disability sector*. Retrieved April 6, 2006, from <<http://www.nzhis.govt.nz/documentation/ethnicity/ethnicity-06.html#prioritisation>>
- Ministry of Health and University of Otago. (2006). *Decades of disparity III: ethnic and socioeconomic inequalities in mortality, New Zealand 1981-1999*. Wellington: Ministry of Health.
- Ministry of Social Development, (2006). *The statistical report: for the year ending June 2005*. Wellington: Ministry of Social Development.
- Morrill, R.L. & Wohlenberg, E.H. (1971). *The geography of poverty in the United States*. New York: McGraw-Hill.
- Mowbray, M. (2001). *Distributions and disparity: New Zealand household incomes*. Wellington: Ministry of Social Policy.
- Murray, C. (1984). *Losing ground: American social policy, 1950-1980*. New York: Basic Books.

- National Advisory Committee on Health and Disability. (1998). *The social, cultural and economic determinants of health in New Zealand: action to improve Health: a report*. Wellington: National Advisory Committee on Health and Disability.
- National Institute of Water and Atmospheric Research Ltd. (2005). *National climate summary- Winter 2005*. Retrieved June 9, 2006, from <http://www.niwascience.co.nz/ncc/cs/sclimsum_05_3_winter.pdf>
- New Zealand Council of Christian Social Services. (2005a). *Forgotten poverty? Poverty indicator project: foodbank study final report*. Wellington: New Zealand Council of Christian Social Services.
- New Zealand Council of Christian Social Services. (2005b). *Low income linked to foodbank use*. Retrieved November 20, 2005, from <www.nzccss.org.nz/Releases/piprelease2003_1.htm>
- Nolan, B. & Whelan, C.T. (1996). *Resources, deprivation, and poverty*. Oxford: Clarendon Press.
- Nord, M.S., Andrews, M. & Carlson, S. (2005). *Household food security in the United States, 2004* (Economic Research Report No. 11). Washington, D.C.: United States Department of Agriculture.
- Nord, M. & Kantor, L.S. (2006). Seasonal variation in food insecurity is associated with heating and cooling costs among low-income elderly Americans¹, *The Journal of Nutrition*, 136 (11), pp. 2939-2944.
- O'Dea, D. & Howden-Chapman, P. (2000). Income and income inequality and health, in: P. Howden-Chapman & M. Tobias (Eds.), *Social inequalities in health: New Zealand 1999*. Wellington: Ministry of Health, pp. 65-86.
- OECD. (2004). *Social expenditure database, 1980-2001*. Paris: OECD.
- Olds, B., Wood, C., Glensor, P. & Pope, R. (1991). *Food for thought. A report: research on foodbanks associated with Te Haahi Weteriana O Aotearoa (The Methodist Church of New Zealand)*. Wellington: Methodist Mission Aotearoa.
- Owen, S. (2005). *Placing health organisations in New Zealand's third sector*. PhD thesis, Geography Department, University of Auckland.
- Oxfam. (2006). *The view from the summit- Gleneagles G8 one year on*. Retrieved November 6, 2006, from <http://www.oxfam.org.uk/what_we_do/issues/debt_aid/downloads/g8_gleneagles_oneyear.pdf>
- Pacione, M. (1990). The ecclesiastical community of interest as a response to urban poverty and deprivation, *Transactions of the Institute of British Geographers*, 15 (2), pp. 193-204.

- Pacione, M. (1991). The church urban fund: a religio-geographical perspective, *Area*, 23 (2), pp. 101-110.
- Parnell, W.R. (1996). Poverty in developed countries: what are the nutritional consequences? *Proceedings of the Nutrition Society of New Zealand*, 21, pp. 9-14.
- Parnell, W. (1997). Socio-economic disadvantage and nutritional status in New Zealand, in: B.M. Köhler, E. Feichtinger, E. Barlösius, & E. Dowler (Eds.), *Poverty and food in welfare societies*. Berlin: Edition Sigma, pp. 136-146.
- Parnell, W., Reid, J., Wilson, N.C., McKenzie, J. & Russell, D. (2001). Food security: is New Zealand a land of plenty? *New Zealand Medical Journal*, 114 (1128), pp. 141-145.
- Parnell, W., Scragg, R., Wilson, N., Schaaf, D. & Fitzgerald, E. (2003). *NZ Food NZ Children: key results of the 2002 National Children's Nutrition Survey*. Wellington: Ministry of Health.
- Pearce, D. (1978). The feminization of poverty: women, work, and welfare, *Urban and Social Change Review*, 11, pp. 28-36.
- Pearce, J. & Dorling, D. (2006). Increasing geographical inequalities in health in New Zealand, 1980-2001, *International Journal of Epidemiology*, 35 (3), pp. 597-603.
- Pearce, J., Witten, K. & Bartie, P. (2006). Neighbourhoods and health: a GIS approach to measuring community resource accessibility, *Journal of Epidemiology and Community Health*,
- Pearce, J., Witten, K., Hiscock, R. & Blakely, T. (2007a). Are socially disadvantaged neighbourhoods deprived of health-related community resources? *International Journal of Epidemiology*. In Press.
- Pearce, J., Blakely, T., Witten, K. & Bartie, P. (2007b). The association between neighbourhood deprivation and geographical access to fast food retailing: a national study, *American Journal of Preventive Medicine*. In Press.
- Peck, J. & Theodore, N. (2001). Contingent Chicago: restructuring the spaces of temporary labour, *International Journal of Urban and Regional Research*, 25 (3), pp. 471-496.
- Peet, D. (Ed.). (1977). *Radical geography: alternative viewpoints on contemporary social issues*. London: Methuen.
- Philo, C., McCormick, J. and Child Poverty Action Group, (1995). 'Poor places' and beyond: summary findings and policy implications, in: C. Philo (Ed.), *Off the map: the social geography of poverty in the UK*. London: CPAG Ltd, pp. 175-188.

- Pickett, K.E. & Pearl, M. (2001). Multilevel analyses of neighbourhood socioeconomic context and health outcomes: a critical review. (Statistical data included). *Journal of Epidemiology and Community Health*, 55 (2), pp. 111-122.
- Pinch, S. (1997). *Worlds of welfare: understanding the changing geographies of social welfare provision*. London: Routledge.
- Pleace, N. (1998). Single homelessness as social exclusion: the unique and the extreme, *Social Policy and Administration*, 32 (1), pp. 46-59.
- Poppendieck, J. (1997). The USA: hunger in the land of plenty, in: G. Riches (Ed.), *First world hunger: food security and welfare politics*. New York: St Martin's Press, pp. 134-164.
- Poppendieck, J. (1998). *Sweet charity: emergency food and the end of entitlement*. New York: Viking.
- Powell, M., Boyne, G. & Ashworth, R. (2001). Towards a geography of people poverty and place poverty, *Policy and Politics*, 29 (3), pp. 243-258.
- Public Health Commission, (1993). *Our health our future= Hauora pakari, koiora roa: the state of the public health in New Zealand, 1993*. Wellington: Public Health Commission.
- Putnam, R.D. (2000). *Bowling alone: the collapse and revival of American community*. New York: Simon and Schuster.
- Radimer, K. (1996). Assessing food insecurity in industrialised countries, *Proceedings of the Nutrition Society of New Zealand*, 21, pp. 15-23.
- Reidpath, D.D., Burns C., Garrard, J., Mahoney, M. & Townsend, M. (2002). An ecological study of the relationship between social and environmental determinants of obesity, *Health and Place*, 8 (2), pp. 141-145.
- Ricciuto, L.E. & Tarasuk, V.S. (2007). An examination of income-related disparities in the nutritional quality of food selections among Canadian households from 1986-2001, *Social Science and Medicine*, 64 (1), pp. 186-198.
- Riches, G. (1997). Hunger, welfare and food security: emerging strategies, in: G. Riches (Ed.), *First world hunger: food security and welfare politics*. New York: St Martin's Press, pp. 165-178.
- Riches, G. (2002). Food banks and food security: welfare reform, human rights and social policy. Lessons from Canada? *Social Policy and Administration*, 36 (6), pp. 648-663.
- Rose, D. (1999). Economic determinants and dietary consequences of food insecurity in the United States, *Journal of Nutrition*, 129 (2s), pp. S517-520.

- Russell, D.G., Parnell, W.R., Wilson, N.C., et al. (1999). *New Zealand food: New Zealand people. Key results of the 1997 National Nutrition Survey*. Wellington: Ministry of Health.
- Salmond, C.E. & Crampton, P. (2002). *NZDep2001 index of deprivation*. Wellington: Department of Public Health, Wellington School of Medicine and Health Science.
- Sang, B. (1997). *Poverty in Christchurch*. M.A. Thesis, Geography Department, University of Canterbury.
- Second Harvest. (1998). *Hunger 1997: The faces and facts*. Chicago: Second Harvest.
- Second Harvest. (2006). Who we help. Retrieved February 14, 2005, from <[http://www.secondharvest.org/who we help/](http://www.secondharvest.org/who_we_help/)>
- Shaw, M., Davey Smith, G. & Dorling, D. (2005). Health inequalities and New Labour: how the promises compare with real progress, *British Medical Journal*, 330 (7498), pp. 1016-1021.
- Silver, H. (1996). Culture, politics and national discourses of the new urban poverty, in: E. Mingione (Ed.), *Urban poverty and the underclass: a reader*. Oxford: Blackwell, pp. 105-138.
- Simmers, D. & McGurk, T. (1999). *Too poor to help: how welfare debt is replacing welfare*. Wellington: Downtown Ministry.
- Sixth National Food Bank Conference. (2002). *Benefits and baked beans: developing strategies to eradicate poverty*. Unpublished.
- Smith, D.M. (1977). *Human geography: a welfare approach*. London: Edward Arnold.
- Somerville, P. (1998). Explanations of social exclusion: where does housing fit in? *Housing Studies*, 13 (6), pp. 761-780.
- Sooman, A. & Macintyre, S. (1995). Health and perceptions of the local environment in socially contrasting neighbourhoods in Glasgow, *Health and Place*, 1 (1), pp. 15-26.
- Statistics New Zealand. (2001). *Definitions and questionnaires (2001)- reference report*. Retrieved November 15, 2006, from <<http://www.stats.govt.nz/census/2001-census-technical-info/2001-definitions-questionnaires/default.htm>>
- Statistics New Zealand. (2002). *2001 Census snapshot 13: children*. Retrieved May 4, 2006, from <<http://www.stats.govt.nz/census/downloadable-pdf-files.htm>>
- Statistics New Zealand. (2003). *Christchurch urban area community profile*. Retrieved April 20, 2006, from <<http://www2.stats.govt.nz/domino/external/>>

web/CommProfiles.nsf/printing/E57F83D0FF528381CC256D3100748F5D
>

- Statistics New Zealand. (2004). *Household economic survey*. Retrieved February 22, 2006, from <<http://www2.stats.govt.nz/domino/external/pasfull/pasfull.nsf/7cf46ae26dcb6800cc256a62000a2248/4c2567ef00247c6acc256f5600719300?OpenDocument>>
- Statistics New Zealand. (2005). *International trade*. Retrieved November 23, 2006, from <<http://www.stats.govt.nz/products-and-services/nz-in-the-oecd/international-trade.htm>>
- Statistics New Zealand, (2006a). *New Zealand in profile 2006: households*. Retrieved June 22, 2006, from <<http://www.stats.govt.nz/products-and-services/new-zealand-in-profile-2006/Households.htm>> (accessed 22/06/2006)
- Statistics New Zealand, (2006b). *2001 Census of population and dwellings*. Retrieved September 7, 2006, from <<http://xtabs.stats.govt.nz>>
- Stephens, R. (1999). Poverty, family finances and social security, in: J. Boston, P. Dalziel & S. St John (Eds.), *Redesigning the welfare state in New Zealand: problems, policies, prospects*. Auckland: Oxford University Press, pp. 238-259.
- Stephens, R., Waldegrave, C. & Frater, P. (1995). Measuring poverty in New Zealand, *Social Policy Journal of New Zealand*, 5, pp. 88-112.
- Stephens, R.J., Frater, P. & Waldegrave, C. (2000). *Below the line: an analysis of income poverty in New Zealand, 1984-1998*. Wellington: Graduate School of Business and Government Management, Victoria University of Wellington.
- Stewart, M. & Griffiths, R. (1998). Social exclusion and urban policy: a framework for discussion in: R. Griffiths (Ed.), *Social exclusion in cities: the urban policy challenge*. Bristol: Faculty of the Built Environment, University of West England, pp. 1-25.
- Tarasuk, V.S. (2001). Household food insecurity with hunger is associated with women's food intakes, health and household circumstances, *Journal of Nutrition*, Oct 2001, 131 (10), pp. 2670-2676.
- Tarasuk, V. (2005). Household food insecurity in Canada, *Topics in Clinical Nutrition*, 20 (4), pp. 299-312.
- Tarasuk, V.S. & Beaton, G. (1999a). Household food insecurity and hunger among families using food banks, *Canadian Journal of Public Health*, 90 (2), pp. 109-113.
- Tarasuk, V.S. & Beaton, G.H. (1999b). Women's dietary intakes in the context of household food insecurity, *The Journal of Nutrition*, 129 (3), pp. 672-79.

- Tarasuk, V. & Eakin, J.M. (2003). Charitable food assistance as symbolic gesture: an ethnographic study of food banks in Ontario, *Social Science and Medicine*, 56 (7), 1505-1515.
- Thériault, L. & Yadowski, L. (2000). Revisiting the food bank issues in Canada, *Canadian Social Work Review*, 17 (2), pp. 205-223.
- Thomas, K. (2006a). Air force flies in food for Christchurch's poor, in: *The Press*, (02/02/2006): A1.
- Thomas, K. (2006b). Posh suburbs getting food aid, in: *The Press*, (17/02/2006): A5
- Thomas, K. & Hayman, K. (2006). Winter hurts poor, aged, in: *The Press*, (23/06/2006): A1.
- Thorns, D.C. (2002). *The transformation of cities: urban theory and urban life*. Basingstoke: Palgrave MacMillan.
- Townsend, P. (1979). *Poverty in the United Kingdom*. Harmondsworth: Penguin.
- UNICEF. (2005). Child poverty in rich countries, 2005, *Innocenti Report Card* (No. 6). Florence: UNICEF Innocenti Research Centre.
- Uttley, S. (1997). Hunger in New Zealand: a question of rights? In: G. Riches (Ed.), *First world hunger: food security and welfare politics*. New York: St Martin's Press, pp. 78-107.
- Vozoris, N.T. & Tarasuk, V.S. (2003). Household food insufficiency is associated with poorer health, *The Journal of Nutrition*, 133 (1), pp. 120-126.
- Wacquant, L. (1996). The rise of advanced marginality: notes on its nature and implications, *Acta Sociologica*, 39 (2), pp. 121-139.
- Wacquant, L.J.D. & Wilson, W.J. (1989). The cost of racial and class exclusion in the inner city, in: W.J. Wilson (Ed.), *The ghetto underclass: social science perspectives*. Philadelphia: The American Academy of Political and Social Science, pp. 8-25.
- Waldegrave, C. & Stephens, B. (2000). *Poverty: the litmus test of social and economic policy failure*. Retrieved May 24, 2006, from <<http://www.devnet.org.nz/conf/Papers/waldegrave.pdf>>
- Waldegrave, C., Stephens, R. & King, P. (2003). Assessing the progress on poverty reduction, *Social Policy Journal of New Zealand*, 20, pp. 197-222.
- Weber, J.L. (1990). Hunger in New Zealand? A description of food parcel recipients at a Wellington food pantry, *Proceedings of the Nutrition Society of New Zealand*, 15, pp. 156-159.

- Whale, A. (1993). *Voluntary welfare provision in a landscape of change: the emergence of foodbanks in Auckland*. M.A. Thesis, Geography Department, University of Auckland.
- Whelan, A., Wrigley, N., Warm, D. & Cannings, E. (2002). Life in a 'food desert', *Urban Studies*, 39 (11), pp. 2083- 2100.
- Williams, L. & O'Brien, M. (2003). *The dynamics of debt for low income families*. Wellington: New Zealand Council of Christian Social Services.
- Wilson, W.J. (1987). *The truly disadvantaged: the inner city, the underclass, and public policy*. Chicago: University of Chicago Press.
- Wilson, W.J. (1996). *When work disappears: the world of the new urban poor*. New York: Knopf: Distributed by Random House.
- Wilson, N., Thomson, G., Tobias, M. & Blakely, T. (2004). How much downside? Quantifying the relative harm from tobacco taxation, *Journal of Epidemiology and Community Health*, 58 (6), pp. 451-454.
- Winkler, E., Turrell, G. & Patterson, C. (2006). Does living in a disadvantaged area mean fewer opportunities to purchase fresh fruit and vegetables in the area? Findings from the Brisbane food study, *Health and Place*, 12 (3), pp. 306-319.
- Witten, K., Exeter, D. & Field, A. (2003). The quality of urban environments: mapping variation in access to community resources, *Urban Studies*, 40 (1), pp. 161-177.
- Wolch, J.R. (1990). *The shadow state: government and voluntary sector in transition*. New York: The Foundation Center.
- Wolch, J.R. & Dear, M.J. (1993). *Malign neglect: homelessness in an American city*. San Francisco: Jossey-Bass Inc.
- Wrigley, N. (2002). 'Food deserts' in British cities: policy context and research priorities, *Urban Studies*, 39 (11), pp. 2029-2040.
- Wrigley, N., Warm, D., Margetts, B. & Whelan, A. (2002). Assessing the impact of improved retail access on diet in a 'food desert': a preliminary report, *Urban Studies*, 39 (11), pp. 2061-2082.
- Wynd, D. (2005). *Hard to swallow: foodbank use in New Zealand*. Auckland: Child Poverty Action Group.
- Young, M.J., NZCCSS, Salvation Army (NZ). (1995). *Housing the hungry: the second report. A survey of Salvation Army foodbank recipients to assess the impact of the government's housing reforms*. Wellington: The Council.

Zenk, S.N., Schulz, A.J., Israel, B.A., James, S.A., Bao, S. & Wilson, M. L. (2005). Neighborhood racial composition, neighborhood poverty, and the spatial accessibility of supermarkets in Metropolitan Detroit, *American Journal of Public Health*, 95 (4), pp. 660-667.

Personal communication

The following is a list of interviewees from voluntary welfare organisations in Christchurch, as listed in chronological order:

Tony McCahon. 2006, May 23 and May 25. Manager, Delta Community Trust.

Michael Gorman. 2006, May 25. City Missioner, Christchurch City Mission.

Michael Greer. 2006, May 30. Superintendent of the Christchurch Methodist Mission.

Jon Brian. 2006, May 31. Manager, Catholic Social Services.

Richard Grist. 2006, June 6. Manager, Salvation Army Hope Centre.

Appendices

Appendix 1: Telephone questionnaire for food bank co-ordinators in Christchurch

Characteristics of Food Bank Questionnaire

1. When was the food bank established and why was it established at that time?
2. What area of the city do you think your clients are mainly coming from?
3. Approximately how many clients do you serve each week, and what are some of the characteristics of the main population type>
4. How big is your food bank i.e number of volunteers and staff?
5. Who runs the food bank and are you part of any other wider organisation? For example, do you have affiliations with a religious group or are you independent of the church?
6. How is the food bank mainly funded and resourced?
7. On a scale of 1 to 5 (1=no problem, 5 =major problem), to what extent is financing food assistance an important problem for your food bank?

1	2	3	4	5
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8. If you answered 4 or 5, are the problems of financing and meeting local needs an ongoing or seasonal issue?
9. Do you place any restrictions on eligibility and/or criteria for assistance?

YES or NO

If YES, in what ways?
10. Have you perceived there to be an increase or decrease in demand over the last 12 months?

Are there any other issues you would like to raise, or any questions that we haven't thought about?

Appendix 2: Interview for social service managers

Interview for Social Service Managers

Wider organisational role

1. What do you see as your organisation's key role in terms of assisting and supporting those who require your services?
2. (i) What do you see as the government's role in terms of assisting these people?
ii) What should the government be doing to help those in poverty and struggling?
3. In what ways has state contracting affected your organisation (if applicable)?
4. How has nature of your organisation changed in the last 20 years and why?
5. To what extent is your organisation being proactive with respect to combating poverty and the need for your services?
6. What are some of the key issues facing your organisation?

Role of food bank within the organisation

7. In addition to providing food parcels, does the food bank play an important role in your organisation?
8. (i) To what extent has your organisation's ability to provide food parcels changed over time?

(ii) What are some of the reasons for this?
9. Do you see your agency as having a strategy to reduce dependency on the food bank?

If yes- What are the key aspects of this strategy?

If no- Why is this strategy not an important part of your current activities?
10. What do you think it would take for your food bank, and others, to go 'out of business'?
11. Are there any other issues that you'd like to talk about?

Appendix 3: Questionnaire for Methodist Mission food bank clients

1. **Alias/ assumed name:** _____

2. **Address:** _____ **Suburb:** _____

3. **Age:** 15-24 25-34 35-44 45-54 55-64 65+

4. **Household Type:** single person, single parent, partner (no children), partner (with children)

5. **Main Source of Income:** benefit/ wage

6. Shopping Practices

1. How often do you normally go grocery shopping?
 - a. What determines this?
2. Do you mainly shop locally or in another neighbourhood?
 - a. What are the reasons for this?
3. How many people do you usually buy groceries for?
4. What kind of transport do you usually use when you do your grocery shopping?
 - a. Does this affect the way that you shop?
5. How easy do you find it to obtain cheap, healthy food (such as fruit and vegetables) in your neighbourhood?

1	2	3	4	5	6	7	8	9	10
(very easy)								(very difficult)	
6. What do you think are some of the barriers to obtaining healthy food in Christchurch, if any?

7. Coping Strategies

1. How do you cope with food shortages when you are unable to use the food bank?
 - a. Do you change your normal diet? If so, how?
 - b. Do you find other sources of food? If so, how?
 - c. Is there anything else that you do?
2. Do you get help from friends, family, or neighbours when you struggle to have enough food?
 - a. What are the reasons for this?

- b. What kind of help do you get?

8. Work and Income New Zealand Questions

1. Do you know that WINZ has food grants available for people in need?
2. Have you used all your entitlements?
3. If no, why not?

9. Agency Questions

1. Apart from needing food, why are you using the food bank today?
2. How long have you been using food banks for?
3. How often do you use food banks?
4. Does anything stop you from using the food bank when you want to?
5. Are you using other food bank services apart from this one?
 - a. If yes, why?
6. Has this agency helped you to deal with any problems and difficulties that you have?
 - a. If yes, in what ways?
7. Do you think that this agency can help you so that in the future you will no longer need to use the food bank service?
 - a. If yes, how?
 - b. If no, why not? And what could the agency be doing?
8. What do you think agencies in Christchurch could do to improve your overall health?
9. Would you be interested in participating in a healthy eating/ healthy lifestyle programme if it was available?
 - a. If yes, what kind of skills would you like to get out of such a programme?
10. Do you have any comments or thoughts that you would like to add to what we have talked about today?

Appendix 3a: Information sheet for interview participants

Department of Geography
University of Canterbury
Private Bag 4800
Christchurch

Information Sheet

You are invited to participate in the research project: *Food insecurity and the food bank industry: a geographical analysis of food bank use in Christchurch*. This research is being carried out for the fulfilment of a Master of Arts in Geography by Kate McPherson and is being supervised by Dr Jamie Pearce and Assoc. Prof. Ross Barnett (Geography Department, University of Canterbury).

This research has 4 aims:

1. To look at grocery shopping practices.
2. To look at how people cope with not having enough money for food.
3. To look at why people use food banks and how often they use them.
4. To look at how social service agencies can improve the health and well-being of clients.

Your participation will involve answering questions relating to:

1. Access to healthy food.
2. Coping with a lack of food.
3. Work and Income New Zealand assistance.
4. Voluntary social service agencies in Christchurch.

This research has been reviewed and approved by the Human Ethics Committee at the University. You will not be identified as a participant and may use a pseudonym (false name). Confidentiality is assured, although you will need to sign a consent form or give verbal consent. The Methodist Mission will not have access to your personal responses and will only have access to the final published copy of the thesis.

If you have any questions or concerns about the project or your participation in it, or if you would like to see the results once completed, please feel free to contact me any time at 3642 987 ext: 4686 or klm56@student.canterbury.ac.nz

Ross Barnett can be contacted at 3642 987 ext: 7915 and Jamie Pearce can be contacted at 3642 987 ext: 7943

Thank you for your help with my research,

Kate McPherson

Appendix 3b: Notice in reception area informing clients of research

Food Bank Research

As part of a University of Canterbury Masters research project looking at food bank usage, participants are needed to complete a short survey. This survey will take around 15 minutes to complete and will ask questions about:

5. Access to healthy food.
6. Coping with a lack of food.
7. Work and Income New Zealand assistance.
8. Voluntary social service agencies in Christchurch.

Confidentiality is assured and the Methodist Mission will not see your personal answers.

Please ask food bank staff or volunteers for more details, or contact:

Kate McPherson:
Geography Department
University of Canterbury
Phone: 364 2987 ext: 4686

Appendix 4: Interview form for food bank clients at the Methodist Mission



Te Kete Oranga
 Methodist Mission
 309 Durham Street
 PO Box 1449
 Christchurch
 Ph: (03) 366-6745
 Fax: (03) 366-6650
 Email: julie@mmsi.org.nz

Red Door Interview Form

Copy to

Identification sighted

Letter from W&I provided yes / no

Advised to bring W&I letter next time yes / no

	Red Door	
	Advocacy Service	
	Aspire programmes	
	Workbroker	
Other Service		
Service name:		

Date: _____ Referral taken by: _____ First / Second / Third / Last _____ Total visits: _____ Age _____

Full name: _____ aka _____ DOB _____

Address: _____ Suburb _____

Contact phone no: _____ Cell phone no: _____

Ethnicity: _____ iwi _____ female / male _____

Working: where? _____ hours worked p/w _____

Benefit: ACC / DPB / EB / EMA / IB / IYB / SB / Super / UB / WB / WFF

CSC no: _____ FS: yes / no Case Manager: _____ W&I office: _____

Marital Status: single person / single parent / married / civil union / separated / divorced / partner / widowed

Partner details: full name _____ aka _____ DOB _____

Housing: board / CCC / HNZ / owned / rental / other _____ weekly rent \$ _____

For statistical purposes only: number of adults in house _____ number of children in house _____

Your child/ren's name/s	M/F	DOB	Age	School / preschool	Ethnicity

I, (full name) _____ acknowledge that the information I have provided in this form is a true and accurate record of my current circumstances and give the Methodist Mission permission to discuss with Work & Income, other Foodbanks and Social Service agencies, the information I have provided, where appropriate.

X _____
 Client signature

X _____
 Interviewer signature

For Office Use Only	
Red Door database client number:	Red Door database updated:
Advocacy referral form filled in by:	Date Advocacy letter sent:
First visit date to Red Door:	Processed by:

Advice given re:

Aspire programmes: Budget Blitz / Smart Foods / Support-to-work / WomanWise / Workbroker

Advocacy / Budgeting Referral to other Agency _____

Other Agencies Involved

Why does client require emergency relief?

Driver's Licence: yes / no Licence no: _____ Type/s _____

Do you have transport? yes / no Type/s _____ WOF: yes / no Reg: yes / no

Food Parcel Issue Docket

Other Extra's	Parcel 1	Parcel 2	Parcel 3	For Families only
Bread	Sugar	Spaghetti	Toilet Paper	Sausages
Eggs	Rice	Baked Beans	Soap	Child's snack pack
Margarine	Cereal	Tin of Fruit	Washing Powder	
Potatoes	Tea Bags	Tin of Tomatoes		
Apples	Milk Powder	Sweet Corn		
	Extra's	Extra's	Extra's	Frozen Extra's
Number of bags given				Total items given

How did you hear about our Foodbank? Referred by _____

Self / W&I / relative / friend / Foodbank / agency / other _____