

# **Food Insecurity and Food Aid in ‘Advanced’ Neoliberalism**

Interrogating the trajectory of neoliberalism through a  
study of food insecurity and food aid in contemporary  
Bradford

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## Abstract

This thesis explores whether a particular form of neoliberalism – aligned with contemporaneous constructions of religion and race – constitutes a meta-narrative to explain food aid and food insecurity. It addresses two religions (Christianity; Islam) and two ethnic groups (white-British; Pakistani).

It uses a mixed-methods case-study of Bradford, composed of three interlinked studies. Study 1 involved focus groups and interviews with food aid providers/stakeholders (N=27). In Study 2, data from the Born in Bradford study were matched with data on food insecurity and self-reported general health from the nested Born in Bradford 1000 study, and mental health data from GP records (N=1280). Study 3 involved three focus groups and one interview with Pakistani-Muslim (N=8) and white-British (N=8) women in/at risk of food insecurity.

There is a relationship between socioeconomic status and both food insecurity and the use of food aid. Secular and religious food aid is becoming formalised as part of a denuded welfare system and, within this system, service providers and users pathologise and individualise (food) poverty, and deny racial difference. Food insecure participants are controlled within and outside food aid, particularly via self-surveillance. Nevertheless, food aid usage, and the experience and health impacts of food insecurity, are shaped by ethnic and religious identity in addition to socioeconomic status. Food aid is a multifaceted phenomenon; it cannot be defined as a 'shadow state'. Religious involvement in food aid is underpinned not by belief in the superiority of religious welfare but a Caritas framework. Food aid best emulates nineteenth-century systems of philanthropy, shaped by Calvinist ideas of the deserving/undeserving poor. Outside food aid, systems of mutual aid – often informed by Islam – operate despite the neoliberal state.

This case-study suggests that whilst a neoliberal meta-narrative may explain components of contemporary food aid and food insecurity, it cannot describe the phenomena in their entirety.

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All errors remain my own.

### **Authors' declaration**

I declare that this thesis is a presentation of original work and I am the sole author. This work has not previously been presented for an award at this, or any other, University. All sources are acknowledged as References.

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## Introduction to the Thesis

This thesis employs the multi-faith, multi-ethnic Metropolitan District of Bradford as a case study to question whether a particular form of neoliberal political economy ('advanced' neoliberalism), itself implicated with certain constructions of religion and race, constitutes a meta-narrative to explain contemporary food aid and food insecurity. In view of the demography of Bradford, it addresses two religions (Christianity and Islam) and two ethnic groups (white British and Pakistani) only.

The thesis is composed of eight chapters. The first reviews the literature on neoliberalism, both in itself and as it relates to religion and race; and on food aid and food insecurity. It explicates key constructs – neoliberalism, religion, race, food aid and food insecurity – to develop a theoretical framework for the project as a whole and sets out the overarching hypothesis. The second serves as a precursor to the main methodology chapter, Chapter 3, describing the cohort study and data used in the second empirical quantitative study (Study 2). The third chapter (Methodology) describes the recent history, demography and deprivation of the case study area (Bradford) and sets out the research methodology, the overarching research questions and the research questions in reference to the three empirical studies. It describes the epistemological framework of the thesis and evaluates the methodological approach: mixed methods study of a single case/area. It explains the study design of the three inter-linked studies and provides a reflection upon both my own position as researcher and the possibilities for reciprocity between participants and myself.

Chapter 4 draws upon the qualitative primary research of Study 1 to explore how contemporary food aid may be the embodiment of a particular form of 'advanced' neoliberalism. The first part of the chapter examines food aid as a function of neoliberal state transformation and governmentality; the second looks specifically at religion (Islam and Christianity) and race (Pakistani and white British) in relation to food aid. Chapter 5 employs the Born in Bradford cohort and Born in Bradford 1000 sub-set cohort to explore the demographic characteristics and impacts of food insecurity. It focuses in detail on Pakistani and white British women to investigate the impact of ethnicity on the nature and dynamics of food insecurity, and question the extent to which neoliberal political economy explains the phenomenon of food insecurity. Chapter 6 explores the lived experience of food insecurity and food aid use, as described by white British

and Pakistani Muslim women. In response to the theoretical framework and the analyses of Chapters 4 and 5, it is composed of two meta-themes: (i) responses to food insecurity amongst two ethnic groups: individual 'coping' and social solidarity; and (ii) control of a 'feckless' poor: surveillance, shame and the 'Other'.

Chapter 7 – Discussion – integrates the three empirical studies and situates them within the theoretical framework to present an answer to the overarching hypothesis set out Chapter 1. It describes the limitations of both the empirical studies and the thesis in its entirety – asking whether a mixed methods approach was a suitable methodology for an enquiry of this type – and addresses the implications of the findings for policy and practice. Chapter 8 brings the key findings of the thesis together, amidst the theoretical framework, to provide a conclusion to the thesis as a whole.



## Chapter 1

### Literature review

This chapter sets out the theoretical background to the research questions. It is composed of four sections. The first unpicks dominant theoretical models of food banking. It focuses in detail on the second of three theoretical frameworks: neoliberal political economy. To provide a robust basis for later discussions of food charity, it considers the various ways in which neoliberalism has been conceptualised and argues that, for the purpose of this analysis, an interpretation of neoliberalism akin to Foucault's conception of neoliberalism as governmentality is most useful. Following this, it explicates modern forms of religious – primarily Christian and Islamic – and racial neoliberalism to construct a particular version of neoliberal political economy that is relevant to both the contemporary climate and an examination of food insecurity and food aid in the multi-ethnic, multi-faith city of Bradford.

The second section applies this theoretical framework to contemporary UK food aid. It questions the extent to which food aid is emblematic of the 'advanced' stage of neoliberalism, itself associated with a particular form of religion, a – falsified – 'post-racial' society and a securitised state or whether it is, in fact, symptomatic of a different and/or historical phenomena.

The following (third) section looks at the impact of neoliberal political economy on the prevalence and lived experience of food insecurity, questioning how religion and ethnicity may complicate the apparently simple picture of rising food aid use amidst neoliberal hegemony. It looks at constructions of neoliberal reason in relation to the 'food poor' themselves, and juxtaposes contemporary rhetoric responsabilising and individualising food aid use with user accounts of shame and embarrassment. The experience of using food aid, seemingly married to neoliberal constructs and policies, is contrasted with the complex character of food insecurity itself. I focus in detail on ethnic and religious differences in food insecurity (primarily differences between white (secular) British and Pakistani/Pakistani Muslim<sup>1</sup> women) to highlight the extent to which

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<sup>1</sup> The focus of this thesis is Pakistani Muslim groups because of the combined religious *and* racial issues the project attempts to investigate. However, the additional category of Pakistani is included in the textual analysis in this section (and in Chapter 5) in view of two factors, a) the categories employed in population analyses of ethnic/religious differences in food insecurity: whilst ethnicity tends to be a variable of interest, religion is not, and b) in light of the absence of religious demographic information for *all* the Pakistani (and white British) participants in the Born in Bradford dataset. It is also worth stating that this thesis relates specifically to the Metropolitan District of Bradford. The District has the largest proportion of people of Pakistani ethnic origin (20.3 per cent) in England, which contributes to its

the nature and impact of food insecurity may be influenced by factors beyond those – superficially – associated with neoliberal political economy, such as financial insecurity. The ‘ethnic density hypothesis’ is examined in the context of food insecurity and health to question how social and contextual factors may shape food insecurity experiences and associated health outcomes. The impact of social networks and forms of mutual aid on food insecurity is continued in a discussion of the comparative lived experience of food insecurity amongst ethnic majority and minority groups, again with a focus on Pakistani Muslim and white British women.

The final section presents a third, alternative, theoretical model of food banking, which posits the existence of a productive form of ‘mutual aid’ within the food aid arena. Whilst I dispute the validity of this assertion, I argue that mutual aid may persist in spite – or even regardless – of neoliberal hegemony amongst minority and/or marginalised groups outside the food aid arena, as exemplified by the varied lived food insecurity experiences of Pakistani Muslim and white British women.

### **1.1 Dominant theoretical models of food banking**

Within the academy, the political and ethical implications of food insecurity have been considered largely in relation to food banks and, concomitantly, have been assessed through three inter-related critical frameworks: food insecurity (Dowler and O'Connor, 2012; Baglioni et al., 2017); neoliberal political economy (Poppendieck, 1998; Riches, 2002; Tarasuk and Eakin, 2003); and, more recently, economies of care (Cloke et al., 2016; Lambie-Mumford, 2017). This section presents a detailed exposition of the second critical framework: neoliberal political economy. It unpicks four competing theories of neoliberalism underpinning this paradigm and explicates the concepts of racial neoliberalism and religious neoliberalism in relation to the UK context in order to better represent contemporary configurations of neoliberalism in multi-ethnic, multi-faith cities, such as Bradford. To start, however, I outline the first critical framework – food insecurity – explaining its potential practical relevance and, yet, its secondary importance to ‘neoliberal political economy’ as an analytical tool. ‘Economies of care’ is considered, not in this section, but

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large Muslim population (24.7 per cent). The other ethnic minority groups of any size are 1.9 per cent Bangladeshi and 1.9 per cent other Asian (excluding Indian), implying that the large majority of Pakistani Bradfordians are Muslims. The data presented on Pakistanis in Bradford is, thus, also data on Muslims (City of Bradford Metropolitan District Council, 2017).

in the final part of the chapter. The reasons for this will become apparent as the chapter develops.

### **1.1.1 Food insecurity**

The conspicuous expansion and contested politics of food banks in North America, since the early 1980s, have become iconic of both escalating inequality and the deleterious effects of recent austerity and globalisation (Poppendieck, 1998; Sommerfeld and Reisch, 2003; Riches, 2011). Theoretical perspectives on food banking in North American scholarship, which tend to situate food banks within wider economic and political shifts (Poppendiecke, 2014; Fisher, 2017), have closely informed the character of academic literature on food banking in the United Kingdom (UK). The two predominant theoretical approaches in North American and, increasingly, UK scholarship are termed by Cloke et al. (2016) ‘food insecurity’ and ‘neoliberal political economy’.

According to the former perspective, food should be considered a human right rather than a charitable responsibility (Dowler, 2002). Scholars aligned with this perspective argue that the development of food charity in the UK is in danger of replicating that of food banks in North America, in which a temporary response to contemporary food insecurity has become accepted and institutionalised as a permanent ‘solution’ to a phenomenon which, without advocacy and political engagement to address underlying inequalities, cannot be solved (Dowler and O’Connor, 2012). In mirroring this history, food banks become enmeshed in a series of other – perhaps unintended – consequences (Cloke et al., 2016). First, food banks in the UK dissimulate the character and scale of the food insecurity ‘problem’ (Poppendieck, 1998), diverting attention away from the state’s responsibility to provide an adequate safety net for its citizens. Indeed, there is increasing evidence that food banks in the UK are being formalised as part of a denuded state welfare system, both by active engagement of public sector care and welfare professionals in the distribution of food bank vouchers (Cloke et al., 2016), and through the provision of direct funding from local authorities for food banks through local community grants (Downing and Kennedy, 2014). The privatisation of hunger through charity (the charitable food system) undercuts the ability and motivation of government to intervene to support those in need (Riches, 1999). Second, food banks are increasingly embroiled in the cultivation of the “anti-hunger industrial complex” (Fisher, 2017, p. 8; see also Riches, 2018). Corporate philanthropy allows for the continuation, if not expansion, of food charity whilst simultaneously producing both positive public relations and reduced costs of food waste disposal for food corporations, themselves

engaged in systems of inequality and low pay (Fisher, 2017). It focuses on meeting basic human needs whilst reinforcing the status quo of growing economic inequality (Fisher, 2017).

As touched upon above, the 'right to food' – food as human right rather than a charitable responsibility – forms a pivotal component of this theoretical framework. Article 25 of the 1948 Universal Declaration of Human Rights (UDHR) states:

“Everyone has the right to a standard of living adequate for the health and wellbeing of himself (sic) and of his (sic) family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.”

These rights are further outlined in the International Covenant on Economic, Social and Cultural Rights (ICESR), the protocol for the implementation of the UDHR. The UDHR defines the right to food itself as:

“The right to have regular, permanent and unrestricted access, either directly or by means of financial purchases, to quantitatively and qualitatively adequate and sufficient food corresponding to the cultural traditions of the people to which the consumer belongs, and which ensures a physical and mental, individual and collective, fulfilling and dignified life free of fear”.

Unlike the United States (US), the UK has ratified the UDHR agreement, rendering the UK government accountable for the implementation of the covenant's tenants into law. The trans-national importance and efficacy of the 'right to food' is fundamental to this theoretical perspective. According to Riches and Silvasti (2014), the right to food implies “a framework of national law which moves beyond policy guidelines to legislative action. It also implies the development and adoption of coordinated national plans, strategies and tools to advance and ensure the development of a 'joined-up' food policy including the setting of targets, benchmarks and indicators, monitoring, justiciable remedies and all actions necessary to secure a just and sustainable food system” (Riches and Silvasti, 2014, p.205). The right to food does not guarantee a right to be fed, only that each individual has the right to feed herself; it obligates government not

to feed the public but to create the conditions by which individuals can feed themselves (Fisher, 2017). The existence – and success – of a charitable food system is anathema to the right to food.

The extent to which the ‘right to food’ is useful as both an analytical and a practical tool is, however, questionable. The focus on obligations and actions, whilst potentially powerful in inciting change, may engender neglect of more complex and/or historical aspects of food insecurity, leading to a, possibly, superficial explication of the food insecurity ‘problem’ and the, associated, development of oversimplified solutions that disregard the needs of minority groups. On a practical level, few anti-hunger groups in both the UK and the US utilise a human rights discourse; rights remain a difficult platform on which to advocate in the contemporary political climate (Fisher, 2017). Nevertheless, the ‘right to food’ can provide an interesting, albeit limited lens, through which to consider the practices and priorities of charitable food providers.

### **1.1.2 Neoliberal political economy**

It is arguable that the above ‘food insecurity’ perspective is not only interconnected with but, in fact, a derivative of the second theoretical framework, ‘neoliberal political economy’. According to the latter, food banks are consequent upon, and embody, neoliberal economic and political shifts (Lambie-Mumford, 2017). As such, they are allied to the wider neoliberalisation of the economy and welfare (Cloke et al., 2016). The following section will explore this theoretical perspective in detail. It will lay the foundations for an examination of neoliberalism in relation to food insecurity and food aid by first, briefly, charting the – contested – intellectual history of neoliberalism. It will then consider competing definitions of neoliberalism, focusing in detail on Foucault’s interpretation of neoliberalism – for reasons explained below – and questioning the compatibility of variegated conceptions. Finally, it will discuss contemporary configurations of neoliberalism in the aftermath of the 2007-2008 global financial crisis.

#### **A brief intellectual history of neoliberalism**

Before unpicking the contested, contemporary analytical uses of neoliberalism it is worth briefly charting how neoliberalism has evolved as a concept. Commentaries on and analyses of neoliberalism often start with an intellectual history, linking a range of (neoliberal) ideas to a range of (neoliberal) thinkers and highlighting a number of key events, people, movements and disseminating organisations (for example, Harvey, 2005; Turner, 2007; Mirowski and Plehwe,

2009; Peck, 2010a; Birch, 2017, amongst many). There are three notable commonalities to such histories. First, neoliberalism is often described as originating at the Colloque Walter Lippman held in Paris in 1938; a meeting in which the term “neoliberalism” was supposedly first proposed – although not necessarily adopted. The Mont Pelerin Conference in 1947 – and, in particular, the resultant development of the Mont Pelerin Society – is, however, considered by many to be the nucleus of forthcoming neoliberal hegemony (Mirowski and Plehwe, 2009; Mirowski, 2013). Second, neoliberalism tends to be associated with an array of thinkers from a range of variegated liberal schools of thought, including Milton Friedman and Gary Becker from the Chicago School; Friedrich Hayek and Ludwig von Mises from the Austrian School; Wilhelm Ropke and Alexander Rustow from the Ordoliberal school, and many others (albeit less well known) (Birch, 2017). Finally, neoliberalism is linked to the proliferation of centre-right and right-leaning think tanks, policy groups and dissemination networks that developed in response to the dominance of Keynesianism political economy after World War II (Birch, 2017, p. 5). The success of such think tanks, political philosophers and economists, often funded by corporate foundations, in spreading neoliberal ideas into mainstream public discourse and, thereby, influencing and transforming public debate leads some scholars (for instance, Mirowski and Plehwe, 2009; Dean, 2014) to argue that neoliberalism is in fact best conceptualised as an organised and powerful “thought collective” or movement (Dean, 2014, p.157). Indeed, according to Dean (2014), whilst neoliberalism is increasingly incoherent as a doctrine (discussed below), post global financial crisis it is arguably ever more powerful as a movement.

Today, ‘neoliberalism’ is used analytically in an ever expanding number of – primarily pejorative – ways, rendering the usefulness of the concept itself increasingly questionable (Birch, 2017). As noted by a key architect of the contemporary form of the concept, “neoliberalism has always been an unloved, rascal concept, mainly deployed with pejorative intent, yet at the same time, apparently increasingly promiscuous in application” (Peck, 2013, p.133). The extent to which neoliberalism remains a useful analytical idea will be considered in the pages below.

### **Competing conceptions of neoliberalism**

From initial enquiries regarding the implications for state reform, the development of neoliberalism into a field of academic inquiry has been impressively swift (Springer, 2012). Theoretical expansion of ‘neoliberalism’ has, arguably, impoverished any initial supposed clarity around the term. Commentators have raised concerns over the apparent pervasiveness of

neoliberalism in academic writings, as well as its monolithic appearance – attributable to its characterisation as expansive, dynamic and self-reproducing (Gibson-Graham, 1996). By constituting an external and supposedly omnipresent neoliberalism, we are in danger of neglecting the “internal constitution, local variability and the role that ‘the social’ and individual agency play in re(producing), facilitating and circulating neoliberalism” (Springer, 2012, p.135).

Nonetheless, following Ward and England (2007), it is possible to identify four different understandings of neoliberalism present within the literature. The first – neoliberalism as an ideological hegemonic project – is derived from the Marxist analysis of Dumenil and Levy (2004; 2011), Harvey (2005) and others (Laclau and Mouffe, 1985; Peet, 2007; Hall, 2011b). It maintains that elite actors and dominant groups organised around trans-national class-based alliances have the capacity to promote and circulate a coherent programme of interpretations and impressions of the world onto others (Springer, 2012). Neoliberalism is framed as a project to restore elite class power and, thus, represents the ideological justification for social and economic inequality. More nuanced versions of this perspective, whilst maintaining the primacy of key class interests, frame neoliberalism as a policy regime characterised by the policies of privatisation, fiscal austerity, deregulation and the hollowing out of labour rights (Apeldoorn, 2002; Cahill, 2015).

The second frame of reference (neoliberalism as policy transfer) focuses on the transfer of ownership from the state or public sector to the private sector or corporate interests, which necessarily involves a conceptual reappraisal of the meanings these categories possess (Springer, 2012). Such transfers are premised on and motivated by the idea that opening up collectively held resources to market mediation engenders greater efficiency. The motifs under which such policies and programmes are advanced include privatisation, deregulation, liberalisation, depoliticisation and monetarism (Brenner and Theodore, 2002; Klepeis and Vance, 2003).

The third understanding, neoliberalism as state form, depicts neoliberalism as a process of transformation, intentionally pursued by states to remain economically competitive within an international playing field of similar states. This involves both a quantitative axis of destruction and discreditation, whereby the capacities and potentialities of states are ‘rolled-back’ (Peck and Tickell, 2002), and a qualitative axis of construction and consolidation, wherein reconfigured economic management systems and social agendas centred on urban order, surveillance, immigration issues and policing are ‘rolled out’ (Peck and Tickell, 2002). ‘Roll-back’ neoliberalism is associated with Thatcher and Reagan in the 1980s and exemplified by the anti-statist

privatisation of state assets and deregulation of the economy; 'roll-out' neoliberalism, associated with Third Way doctrines of the mid- to late-1990s in the US, UK and Germany, involves new forms of state building, as well as the marketisation of public services and assets (Peck and Tickell, 2002).

The final understanding, neoliberalism as governmentality, attributable primarily to Michel Foucault will be the subject of extended consideration for it amalgamates ideas – the relationship between the state and the market or, more precisely, the tension between market freedom and an authoritarian state; conceptions and functions of the self; authoritarianism and surveillance – that are pertinent to later discussions of religious and racial neoliberalism, contemporary food aid, and the lived experience of food insecurity. Furthermore, and as touched upon above, the context of neoliberalism is subject to change and its roots lie in precise intellectual circumstances. A methodological framework closely aligned with post-structuralism that highlights the discursively formed nature of ideology (Hackworth, 2012), “allows for contingency and dynamism, and seeks empirical analysis in local discourse” (Dean, 2014, p.153) is, thus, required and, in this respect, Foucault and ‘governmentality studies’ provide a constructive framework (Rose, 1996; Dean, 2010).

For Foucault, neoliberalism does not denote anti-statism, nor does it imply the devolution of powers from the state to the individual, rather it concerns the constant drive to construct and regulate the social life through principles that stem from the market (Foucault, 2008).

Neoliberalism, according to Foucault, possesses its own governmental logic and “should not be identified with laissez-faire, but rather with permanent vigilance, activity and intervention” (2008, p.132). As highlighted by Gane (2012), this aspect of neoliberalism has been relatively neglected by commentators more concerned with the subversion of politics in the name of economics (neoliberalism as policy transfer) or with assaults on the welfare state (neoliberalism as state form). Whilst such processes are central to the workings of neoliberalism, they are also accompanied by new practices of “market conforming” (Peck, 2010, p.23) regulation and intervention that have tended to receive less critical attention (Gane, 2012).

In order to address the logic of neoliberal governmentality as outlined by Foucault – and, indeed, the competing logic of its progenitor, liberal governmentality – it is necessary to first briefly consider the core thesis of *Discipline and Punish*. First published in 1975, the book argues that throughout the first half of the nineteenth century, punishment as a public spectacle was



replaced by technologies of incarceration that operated, instead, through processes of discipline and correction (Foucault, 1977). According to Foucault's thesis, the culture of discipline that displaced the public display of punishment was increasingly framed by an architecture of power that functioned through the correction and normalisation of the body – and the soul (Foucault, 1990). This thesis is the starting point for Foucault's analysis of bio-politics; an analysis which centres on "the political economy of the body" both as a force of production and as something constituted through a "system of subjection" (Foucault, 1977, p.26). Such systems operate at the level of knowledge or discourse (including knowledge produced by the 'disciplines' of the human sciences) and/or through institutions such as the penitentiary, which coerces, corrects and normalises bodies through the exercise of a particular form of visual power, one which is seemingly limitless. This architecture of power, termed panopticism, is described by Foucault as "a state of consciousness and permanent visibility" (1977, p.201). The model of the panoptican secures obedience, not because it produces power that is falsifiable, but because it normalises the conduct of its inhabitants who act as if they are being watched (which in turn has implications for and/or informs sociological constructs of the 'surveillance society', discussed below and in relation to racial neoliberalism).

Whilst panopticism was only expressed in material form in the penitentiary and, later, in the workhouse, it emerged in other ways – for example, as a cultural logic – outside this institutional space. Academic work, since the late 1980s, on the 'culture of surveillance' has raised pressing questions about the relationship between surveillance and the state (Lyon and Zureik, 1996); the purpose and operations of new corporate entities (Poster, 1995); and the impact of surveillance on diurnal activities life (Lyon, 2003). However, and as highlighted by Gane (2012), rarely have these concerns been underpinned by a more fundamental political economy that ties panopticism – surveillance – to the technologies of liberal and neoliberal governance. Indeed, this question regarding the connection of surveillance to the governmentalities of contemporary capitalism sits at the heart of Foucault's project (Gane, 2012) – something which has become apparent only with the publication of his lectures on biopolitics (see Foucault, 2008).

The lectures, despite their title, do not address biopolitics specifically but focus rather on, what Foucault terms, "the government of men in so far as it appears as the exercise of political sovereignty" (Foucault, 2008, p.2). Foucault presents a conception of liberalism unlike the

definition usually found in political philosophy,<sup>2</sup> one which refers to a particular “ethos of government” (Barry et al., 1996, p.8). Foucault traces the shift from *raison d’Etat*, characteristic of France in the Middle Ages, to liberal forms of governmentality that emerged in the late eighteenth century, emphasising the key point in this transition as a change in governmental connections between the market and the state. By the late eighteenth century, the market increasingly appeared as something that “obeyed and had to obey ‘natural’ ... spontaneous mechanisms” (Foucault, 2008, p. 33), precipitating the development of a new relationship between the state and the market, one in which the market was at liberty to form its own relationships between value and price, whilst the state had limits placed on its powers (Gane, 2012). The consequent tension between a progressively dominant market juxtaposed with a government required to impose its own limits without simultaneously rendering itself redundant resulted in, what Foucault calls, ‘the fundamental question of liberalism’: “what is the utility value of government and all actions of government in a society where exchange determines the true value of things?” (Foucault, 2008, p.46).

Foucault’s response is to bind Bentham’s writings on surveillance (or, more specifically, the Panopticon) to notions of the state under liberalism. In this binding, the freedom of the market becomes contingent upon government in the form of “control, constraint and coercion” (Foucault, 2008, p.67); liberalism as outlined by Foucault, thus, involves the extension of the state to the market in order to guarantee the freedom of the latter. This operates as surveillance, in the model of Bentham’s Panopticon, with government only intervening when it perceives something that is “not happening according to the general mechanics of behaviour, exchange and economic life” (2008, p. 67); in this way, the Panopticon becomes a normative model of governance, one that recasts the connection between the state and the market and seeks to advance conditions of ‘freedom’ through the exercise of disciplinary techniques that operate through specific systems and practices of surveillance (Gane, 2012, p. 618). It also works through more direct strategies of government, those which have the function of “introducing additional freedoms through additional control and intervention” (Foucault, 2008, p.67) – for instance, welfare policies.

Drawing upon Foucault’s lectures on biopolitics, Gane (2012, p.625), in *Surveillance and Neoliberalism*, argues that conceptualisations of neoliberalism as a *laissez-faire* political and economic culture (one which demands government and the state be limited in their economic

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<sup>2</sup> One which emphasises the role of human institutions in maximising individual liberty (see Mill (1859) and Bentham (1780)).

powers to intervene in the market or the entrepreneurial activities of individuals) are only “partially correct”. For Gane (2012) and, also, Peck (2008) neoliberalism is not a question of laissez-faire but centres upon the relationship between the state and the market or, more precisely, “where to draw the line on the role of the state in the economy” (Peck, 2008, p.26). Neoliberalism is about market freedoms but it is also about forms of governmentality. The latter operate through types of surveillance and regulation that are designed to inject market principles of competition into all spheres of social and cultural life (Gane, 2012).

Thus, neoliberalism, according to Foucault, does not signify the absence of the government or the state, instead it is an argument for the state to be ‘marketised to its core’ (Gane, 2012); for the state to secure the ‘freedom’ of the market and ensure this ‘freedom’ extends to all state structures and institutions. For neoliberals, this ‘freedom’ comes, principally, through the extension of competition through the privatisation of state activities and, in line with this, the promotion of a spirit of enterprise that shifts the “centre of gravity of governmental action downwards” (Foucault 2008, p.148) – something recently exemplified by the idea of the Big Society.

In cases where privatisation is not an immediate possibility there is an alternative – yet complementary – strategy that furthers the logic of Foucault’s analysis: the introduction of techniques of measurement and audit that enable the direct comparison of institutions (and of individuals) through the construction of classifications (Gane, 2012). Beneath the emerging notion of accountability in not only state but also broader institutional, social and cultural life – taking shape in the proliferation of audit culture and performance indicators – is the demand for the state to legitimise itself in view of the market. The state satisfies this demand by introducing principles of competition from the market into all its activities and agencies. Those sectors, which cannot be immediately and directly privatised, are instead shaped by market principles. Central to this are the active processes of (self-) governance and (self-) surveillance – modifying behaviour to fit the expectations of society or the state (Foucault, 1977) – which come from the market, within ‘public’, social or cultural contexts (most commonly taking the form of the audit).

#### *Compatibility between competing theories of neoliberalism*

As may have become clear, this particular understanding of neoliberalism is not necessarily incompatible with those alternative theories outlined above. Processes of ownership transfer

from the state to the private sector are fundamental to the creeping reformulation of society and the state according to the principles of the market. Similarly, the progressive 'roll-back' and 'roll-out' of the state are sequential steps by which the balance of power between the market and the state is, first, reversed and, subsequently, consolidated. Understandings of neoliberalism as a hegemonic project, found in Marxian approaches, are however not necessarily as easily compatible (as the above two frameworks) with notions of neoliberalism as governmentality informed by poststructuralism – as advanced by Foucault. The materialist interpretation of history, a key feature of Marxism, may at first glance appear irreconcilable with post-structuralism, an epistemological and ontological framework that “denies material historical truth” (Springer, 2012, p.140). Yet, far from being a denial of temporality, post-structuralism in fact emphasises those forces that surpass a 'telos of history' that can be 'fully known', understood, and communicated by human actors (Peters, 2001). So, whilst Foucault rejects Marxism as a critique of political economy and as a particular narrative of the mode of production, he nonetheless forwards a critical view of hegemony which, like historical materialism, recognises all social practices as transient and all intellectual formations as integral with power and social relations (Peters, 2001). Indeed, the 'conduct of conduct', a central device of neoliberal governmentality (Foucault, 2008), is a key mechanism through which neoliberal hegemonic alliances have been assembled. Most notably, this has occurred through networks of think tanks, whose employees can be loosely conceived as a transnational capitalist class (Carroll, 2010). These theoretical strands of Marxian hegemony and Foucauldian governmentality are compatible insofar as the hegemonic programme has particular policy goals that re-fashion state formations, rendering them 'differently powerful' (Peck, 2001), whilst, simultaneously, principles from different systems of thought are combined into one coherent ideology which becomes 'commonsense' allowing governance to operate remotely (Laclau and Mouffe, 2001).

### **Contemporary configurations of neoliberalism: Is 'neoliberalism' of relevance or use in a post-global financial crisis world?**

In the aftermath of the 2007-2008 global financial crisis there have been attempts to analyse the character and, seeming, continued relevance of neoliberalism. Sidaway and Hendrikse (2016) have presented the notion of “neoliberalism 3.0” to account for the changes that have occurred post crisis, including rising state surveillance and shifting geopolitical and geoeconomic power from West to East, whilst Hall (2011a) describes the present state as 'advanced' neoliberalism, the neoliberal crises 'several stages [later] on'. Indeed, there has been an increased focus on the

(productive) relationship between neoliberalism and crises (for instance, Klein, 2008). Situating the global financial crisis within a series of crises over the preceding three decades, Peck (2009) questions whether there is in fact a “mutually constitutive relationship” (p. 95) between neoliberal forms of rule and crisis. Aradau and van Munster (2011) build on Peck’s analysis to argue that contemporary neoliberalism can be best described as ‘dispositif of catastrophe’ (Aradau and van Munster, 2011); in the aftermath of the financial crisis, the neoliberal regime of governing catastrophe builds on, and reinscribes within it, the principles of precaution present within ecological discourse (Aradau and van Munster, 2011). The objective today is not simply exercising precaution in conditions of uncertainty but also of fostering ‘resilience’ of individuals and social, ecological and financial systems against ‘unknowable, unpredictable and unmanageable’ catastrophe (Walker and Cooper, 2011). The re-ascendancy of neoliberal policies and discourse in the aftermath of the global financial crisis is not, therefore, a reflection of ‘zombie neoliberalism’ (the persistence of the undead) (Peck, 2010b) but the colonisation of a critical event by neoliberalism for its own purposes. According to Dean (2014), we are seeing the emergence of a neoliberal regime of government that no longer promises an omniscient market order enhancing human welfare but “simply accepts the evolution of complex systems and the inevitability of catastrophe” (p.20).

The wide acceptance and roll out of ‘austerity’ in the US, the Eurozone and the UK, in the aftermath of the global financial crisis – albeit following a brief period of Keynesian economics (Blyth, 2013) – is arguably a reflection of the continued dominance of neoliberalism as a regime of governance (Blyth, 2013). The extent to which the apparent rise in food insecurity and the proliferation of food aid, especially food banks, in the UK is a symptom of the policies and practice of neoliberalism both before and after the global financial crisis will be examined below. First, however, two relatively under-explored but increasingly important dimensions of neoliberalism – in particular, as features of ‘advanced’ neoliberalism (Hall, 2011a) – will be considered in light of the competing/compatible theories of neoliberalism outlined above. These dimensions can be defined as ‘racial neoliberalism’ and ‘religious neoliberalism’. The discussions of racial neoliberalism and religious neoliberalism, whilst defining the terms at a conceptual and transnational level, focus predominantly on the UK and the US context, grounding abstract ideas in empirical material. The relationship of racial and religious neoliberalism to contemporary food aid and food insecurity will be addressed in the general discussion on food aid as a neoliberal phenomenon.

### 1.1.3 Racial neoliberalism

#### Race<sup>3</sup> in 'advanced' neoliberalism

Stuart Hall noted in the 1970s that “racism is always historically specific ... though it may draw on the cultural and ideological traces which are deposited in society by previous historical phases, it always assumes specific forms which arise out of the present – not the past – conditions and organisation of society” (Hall et al., 1978, p. 26). The present moment finds us under the structures and discourses of what has been termed ‘neoliberalism 3.0’ (Sidaway and Hendrikse, 2016) or ‘advanced’ neoliberalism (Hall, 2011a). As discussed above, the reconfiguration of state and society according to the principles of the market and the, concomitant, reduction in barriers to capital flows, allowing the latter to cross borders and exploit new markets (and states), requires security from perceived threats within and outside the state (Goldberg, 2008). The central role of the state has, thus, been restructured from welfarism to securitisation (Kapoor and Kalra, 2013), as embodied in the ‘conduct of conduct’ (Foucault, 2008), and exemplified by the creeping erosion – militarisation – of social welfare arms of the state and the, associated, reframing of those in need as ‘imaginatively’ linked with the criminal (Wacquant, 2009).

Kapoor and Kalra (2013) posit that whilst race remains a key structuring condition of state formation, the level at which it operates today differs substantially from that of modern state formation: we find the state increasingly withdrawing from all aspects of social provision, heavily disadvantaging already precarious ethnic minority groups, whilst ring-fencing and bolstering counter-terrorism budgets. The turn of the twenty-first century marked a significant shift in geopolitical frameworks, namely from communism to Islamism as the targeted enemy of the West (Kapoor and Kalra, 2013). The terms ‘terrorist’ and ‘terrorism’ were exploited to incite the cultural context of fear of the suicide bomber and of premodern, uncivilised culture<sup>4</sup> threatening ‘Western’ cultural norms. This phantasm – the threat imagined – has been employed to legitimise an associated escalation of state militarisation and securitisation for the purposes of retaining “law and order” (Kapoor and Kalra, 2013, p. 1). Concomitantly, it has given rise to a reconstruction

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<sup>3</sup> The term ‘racial neoliberalism’ originates from North America, hence the use of the word ‘race’ rather than ‘ethnicity’, the latter commonly used to denote ‘status in respect of membership of a group regarded as ultimately of common descent, or having a common national or cultural tradition’ (‘Ethnicity’, Oxford English Dictionary, 2018) in the UK and the former in the US. In this thesis, both race and ethnicity are used to denote what would commonly be described as ‘ethnic group’ in the UK.

<sup>4</sup> In this thesis, ‘culture’, particularly as it relates to ‘religion’ and to ‘race/ethnicity’, is defined as ‘The distinctive ideas, customs, social behaviour, products, or way of life of a particular nation, society, people, or period’ (‘Culture’, Oxford English Dictionary, 2018).

of the way in which (British) Muslims are disciplined in Britain as they became the targeted enemy within. Politically, this has been accompanied by an assertion of the failure of multiculturalism as a state response to governing ethnic minority groups. The replacement approach is a politics of integrationism (Kundani, 2007) which re-emphasises the ‘problem’ of ‘cultural difference’, constructing a clash of Islamic and Western belief systems as an explanation of social unrest and prompting, instead, the promotion of a series of measures designed to promote the Britishness of British Muslims (Kapoor and Kalra, 2013 p. 2).

The operations of contemporary state racism, which are arguably at their sharpest in relation to Muslims (Kapoor and Kalra, 2013), echo historical colonial formations of governance (of the racial Other’s religious delinquency), particularly as they were actualised across North Africa/Asia (Valluvan and Kapoor, 2016). Husband (2015) notes that the intertwined binary discourses of the self-segregation of Muslim communities and their perceived commitment to living in parallel cultures provided the “creative weft and warp” of a policy programme of countering radicalisation, and assimilation of minorities into the mainstream of a – supposed – British way of life (Husband, 2015, p.4). It is worth noting, at this point, that a necessary distinction must be made between the use of Muslim as a political identity which can impact upon the rights and lived realities of those who are open to being mistaken as ‘Muslim’, and its use to denote a group of people who might identify themselves as Muslim. In this thesis, ‘Muslim’ is used in the latter sense: to describe an individual and/or group of people who may identify themselves as Muslim.

### **The post-racial**

Structural shifts in the packaging and deployment of race (and racisms) have been paralleled by the ascendancy of claims that race is, today, irrelevant – that we are ‘post-race’. Whilst the discourse of post-raciality has received growing attention in US popular, political and academic circles, this framing has (to date) been granted less focus in British scholarly work, despite the fact that it is being increasingly adopted as political rhetoric to describe the present moment (Kapoor and Kalra, 2013, p. 6).

The post-racial, the presumption that race is no longer socially or economically relevant, was inaugurated – at least “aspirationally” – with the election of Barack Obama in 2008 (Goldberg, 2013, p.15). However, it only became prominent in the aftermath of the global financial crisis (Bhattacharya, 2013). The logic of the post-racial is accepted as a credible premise in political

and intellectual arenas, particularly in the US, in spite of continued racial animosities and structural inequalities (Goldberg, 2013). Whilst some (most notably Ogletree (2012)) posit that the extent to which Europe and the US can be defined as post-racial is contingent upon the evidence in focus, others – in particular Goldberg (2013) – not only deny definitions of the US and Europe as post-racial, but question the credibility of the notion itself. Goldberg disregards arguments on the existence of the post-racial, instead questioning the political function of the concept. He asks, “What is the recourse to post-raciality producing socially, or by design and/or implication, as social conception and ordering?” and “Why is it that public racist expression has become far more virile and vicious in the name of the post-racial than it had been since the 1960s?” (2013, p. 17).

His answer positions the post-racial as a fundamentally neoliberal phenomenon. The post-racial, like neoliberalism, is committed to individualising responsibility, represented in Foucault’s enterprising, economically active self: homo economicus (described in detail below) (Foucault, 2008). It renders individuals accountable for their own actions and expressions, not that of their group, and, correspondingly, does not ascribe responsibility to one’s racial group for the actions of the supposed group’s individual members. The post-racial, thus, attempts to deny the agency of social groups and, in this sense, could be claimed to encourage both the erosion of racial connectivity and any “ontological claim to racial groups more broadly” (Goldberg, 2013, p.17).

However, in keeping with the neoliberal thrusts of individualisation and self-production, the post-racial condition “doubles racial response” (Goldberg, 2013 p. 18). Racist expression is reduced to individualised accounts, refusing responsibility for structural conditions and yet, at the same time, the denial of formal racial barriers to competition and even of the possibility of racism itself has, paradoxically, served as a license for the expression of explicit racism without consequences. The values and social conditions to be emulated are those of the racial dominant, of whiteness; institutionally mandated violence is consequent upon resistance to or rejection of such values (Goldberg, 2013). Simultaneously, self-production applies as much to the making of racial identity and self-expression as it does to any other mode of production. The post-racial is, therefore, premised upon an epistemology of deceit: it functions to obscure the generalised contemporary condition of (racially) expanding precarity in the aftermath of the economic crisis (in particular the unequal impact of austerity) whilst, at the same time, reproducing the very conditions it denies by withholding terms of recognition (Goldberg, 2008; McQuaid et al., 2010; Bhattacharyya, 2013).



### **Post-racial and the consequences for 'whiteness'**

An intensified scrutiny of whiteness has occurred within the context of the post-racial discourse (Rhodes, 2013), with whiteness increasingly reconfigured along class lines. Terms such as 'chav' and 'white underclass', deployed to describe a certain white population and often used synonymously with 'white working class', serve a similar symbolic function to the types of pathologies ascribed to Black and 'non-white' populations of the 'underclass' (Murray, 1994; Murray, 1996). The terms 'chav' and 'underclass' are deployed to name and stigmatise a group of poor whites who fail to adhere to dominant norms and practices, whilst simultaneously negating structural explanations of poverty and focusing instead on individual accounts of cultural and moral degeneracy. The economic and social impacts of austerity are, thereby, reframed as cultural problems (Rhodes, 2013).

Yet, concurrently, the political silencing of class-based rhetoric and the ascendancy of integrationism (Kundani, 2007) has encouraged marginal white groups to identify in racialised terms in competition for political, economic and cultural resources (Haylett, 2001; Webster, 2008; Bottero, 2009; Gillborn, 2010; Jones, 2011). In this political context it is, thus, not only ethnic minority groups but also 'poor whites' who increasingly ensure race remains significant through their continuing attachment to such forms of identification (Rhodes, 2013, p.57).

### **Counter arguments to (apparent) meta-narratives of racial neoliberalism**

However, all-encompassing accounts of both neoliberalism and racial neoliberalism may limit our understanding of more varied and unpredictable local events, impoverishing the analytical process and restricting our ability to envisage points of intervention or alternatives.

Bhattachaygra (2013, p.45-46) argues that any consideration of non-state or anti-state arguments amongst minority communities needs to account for various experience-specific effects. For instance, a key area for the mobilisation of minority groups has occurred in relation to the failure of public services and, especially, experiences of racism when accessing these services, whilst poor knowledge about the state as service provider in the first place has resulted in community initiatives, particularly those that are religious-based, increasingly forming alternative sources of support. In addition, it is important not to underestimate the long-standing belief in self-reliance amongst some minority ethnic and – especially – migrant groups (Bhattacharyya, 2013). The pursuit of individual goals, the role of successful individuals in assisting the community and the

widespread celebration of wealth creation as a means to undermine and escape racism has shaped whole communities, many generations after the moment of arrival (Bhattacharyya, 2013). Such factors, Bhattachaygra (2013) argues, give some insight into the apparent embrace of so-called neoliberal behaviours by those who seem to have the most to lose from the impact of neoliberal economics.

Nevertheless, recognition of both the global reach and the persistent themes of racial neoliberalism does not imply that it settles in an identical fashion in each nation state, or even the different urban spaces within it. Rather, the local contours of racial neoliberalism are enacted in specific contexts, as will be explored below.

#### **1.1.4 Religion and neoliberalism – religious neoliberalism?**

There is a growing body of literature on religious involvement in food charity. Whilst this catalogue of work is relatively nascent in relation to UK food charity (see Lambie-Mumford and Dowler (2015) and Sosenko et al., (2013) only), it is well-established in an international, particularly a US, context (Riches, 1997; Noordegraaf, 2010; van der Horst et al., 2014; Tarasuk et al., 2014a; Riches and Silvasti, 2014; Silvasti, 2015; Salonen, 2016b; Salonen, 2016a, to name a few). Absent from much of this literature, however, is any reflection upon the ideological, as well as the theological, underpinnings of the fusion of religious charity and food aid. Beyond references to the ‘Big Society’ in the UK and progressive withdrawal of state welfare support in the US, there is limited discussion of how contemporary religious food charity relates to a broader neoliberal project of state transformation. Picking up on brief discussions in the work of Cloke et al. (2016), the following section explicates the concept of ‘religious neoliberalism’ and the related concept of ‘pious neoliberalism’ to question the extent to which contemporary food charity in the UK is both emblematic of and attributable to an ideological affinity between neoliberalism and religion. In the light of the demography of Bradford (see Chapter 3) and the composition of the Born in Bradford dataset (see Chapter 2), and the concomitant focus of this thesis, the following section address the compatibility between neoliberalism and Christianity, and neoliberalism and Islam only.

#### **Liberalism/neoliberalism and Christianity**

Coined by Hackworth (2012), religious neoliberalism is a “political mobilisation of individualistic, anti-state and pro-religious interests [that] serves to promote an ideational platform fuelled by

the apparent rationality of replacing collectivist state welfare with religiously delivered charity” (Cloke et al., 2016, p.706). It is premised primarily upon the European (Protestant) tenets of subsidiarity and sphere sovereignty (Daly, 2006). The former refers to the political principle that a central authority should have a subsidiary function, performing only those tasks which cannot be performed at a more local level. The latter, a neo-Calvinist concept, is the notion that each sphere (or sector) of life has its own distinct responsibilities and authority, and stands equal to other spheres of life (Hackworth, 2012).

Whilst religious neoliberalism is largely used by Hackworth (2012) to refer to recent political coalitions amongst ostensibly compatible groups of the American Right – religious conservatives, neoliberals, religious social welfare activists, amongst many – several precedents and parallel literatures evidence a comparable historical affinity between liberalism and particular forms of Protestantism. The sociology of Max Weber is arguably the most important precedent to this approach (Hackworth, 2012). Weber argued that the Calvinist work ethic – particularly as exercised by Puritan sects – conditioned societies in Europe and the US to accept the premises of liberal capitalism (Weber, [1905] 1958). In particular, he highlighted the importance of the theological concept of the divine “calling” for a particular profession, as well as the inclination to save, work hard and avoid immediate gratification. These features, Weber argued, were central to the development of the particular form of capitalism that originated in nineteenth century Europe and diffused throughout much of Western Europe and North America during the twentieth and into the twenty-first century. Kahl (2005) applies this Weberian logic to suggest that the socio-religious underpinnings of various societies can be used to explain much of the character of their welfare systems. The Anglo-American system, for instance, is dominated by intense individualism, rooted in the Calvinistic ethic; this not only facilitates a political space for policies of religiously-based welfare but underpins contemporary narratives of the ‘deserving’ and ‘undeserving’ poor, a binary with a distinctly Calvinist heritage (Fisher, 2017).

The second precedent, derived from a set of scholars writing from an alternative historical perspective (Hilton, 1986; Bigelow, 2005), draws direct connections between the evangelical community and classical liberalism of the eighteenth and nineteenth centuries (a progenitor to contemporary neoliberalism, as described above in relation to Foucault). According to Hilton (1986), evangelicals were amongst the most fervent supporters of the original classical liberals in late eighteenth-century Scotland and England. Whilst they could not be described as liberal in a classical sense – they saw the brutality of the economic conditions faced by the poor as divine

punishment rather than as a “natural” feature of the market – they did, however, ascribe to the same policy prescriptions as classical liberal economists: laissez-faire governance (Hackworth, 2012).

The third, and final, precedent has attempted more directly to understand the interaction between evangelical Christianity and neoliberalism, specifically in the US (Connolly, 2005; Connolly, 2008; Brown, 2006). It suggests that neoliberals and evangelicals work in partnership in a manner that magnifies the intensity of their political critique (Connolly, 2005; Connolly, 2008). In particular, Christian fundamentalist literalism has infused economic discourses in the US, subduing dissent about economic alternatives (Lintz, 1997, 2002).

These fragments underscore the reality that the union between neoliberalism – or liberalism – and particular denominations of Protestantism, whilst politically powerful, are often rooted in variegated logics. A standpoint highlighted by the apparent incompatibility between neoliberalism as advanced by its original proponents, Hayek and Freidman, and as propounded by social conservatives. Whilst the latter were inclined towards the endorsement of religiously inspired welfare and the inclusion of Protestant morality in politics, for Hayek and Freidman, neoliberalism was an attempt to bypass Keynesianism and return to the unapologetic classical liberalism that accepted the brutality of markets as a virtue (Hackworth, 2012, p.137). Indeed, Hayek went to great lengths to distance himself from, what he saw, as the backward thinking of social conservatives, devoting a chapter of *The Constitution of Liberty* (Hayek, 1960) to explaining, “Why I am not a Conservative”.

### **Liberalism/neoliberalism and Islam**

The extent to which there is an existing union and/or ideological compatibility between Islam and liberalism and, concomitantly, Islam and neoliberalism is considerably more obscure than the seeming affinity between Christianity and liberalism/neoliberalism. The only extended academic discussion of such an alliance between Islam and neoliberalism is found in the work of Atia (2013), specifically her explication of ‘pious neoliberalism’ (2013, p.xvi). The writings of Atia (2013) and Hackworth (2012) bear conspicuous similarity. Like Hackworth’s ‘religious neoliberalism’, Atia’s ‘pious neoliberalism’ refers to an intentional and productive merging of religious and capitalist subjectivity. According to Atia (2013 p.xvi):

[It] represents a new compatibility between business and piety that is not specific to any religion but rather is a result of the ways in which religion and economy interact in the contemporary moment. Pious neoliberalism provides new institutions, systems of knowledge production and subjectivities.

The alliance between Islam and neoliberalism takes the form of pious neoliberalism as policy; and pious neoliberalism as governmentality (Atia, 2013). In the former, pious neoliberal practices reconfigure religious practices according to principles of economic rationality, productivity and privatisation. In the case of Islam, this operates at a theological and an institutional level. Theologically, preachers and leaders present economic traits, such as economic rationality, productivity and efficiency, as components of a religious life; economic rationality is applied to religious practices whilst characteristics of Islam considered incompatible with neoliberalism are marginalised. Institutionally, pious neoliberalism leads to new institutional forms, including private mosques, private foundations and an “Islamic lifestyle market” (2013, p. xviii).

Pious neoliberalism as governmentality takes root through individual self-regulation and entrepreneurialism; subjects invest in a moral economy that is inextricably linked with the market, self-government and faith. Individuals are motivated to self-regulate by both Western neoliberal ideas of economic efficiency and growth, and Islamic ideals of *khayr*, the performance of ‘good deeds’ through charitable acts in order to improve the self and its relationship with God (Atia, 2013). Indeed, charity is essential to the productive fusion of Islam, neoliberalism and governmentality. According to Atia (2013), in binding aid to religious lessons, Islamic charities unavoidably fuse personal conduct to the regulation of political or civic conduct, producing pious neoliberal subjects who, in turn, self-regulate according to the principles of an Islamic moral economy.

Atia (2013) presents four cases of pious neoliberalism in an Islamic context: Turkey; Muslim Indians in the Arab states of the Persian Gulf; Indonesia; and Egypt. In Turkey, pious neoliberalism engendered an ‘entrepreneurial Islam’ (Adas, 2006) as a response to “Kemalist-imposed secularism coupled with the rapid neoliberalisation of the Turkish economy” (Atia, 2013, p.xix). In Egypt, privatised Islam produced businesses and institutions that enabled Islam to flourish in spite of an authoritarian regime under Mubarak that was hostile to Islamic entities. Islamic charities, initiated as a response to rising inequality, became key private sector actors in poverty alleviation (Cheshire and Lawrence, 2005; Ismail, 2006). Atia (2013) argues that a privatised Islam in Egypt

transcended institutions to construct new subjectivities: individuals increasingly came to see “wealth and religion, private-sector and voluntary sector work, accountability and faith, as harmonious” (p.xxxvii).

Atia (2013) does not suggest that the contemporary union of Islam and neoliberalism emanates from a nascent affinity between Islam and liberalism – pious neoliberalism is portrayed as temporally and geographically specific.<sup>5</sup> Whilst pious neoliberalism may have taken hold in certain Muslim-majority countries, including Egypt and Turkey, the extent to which it is influential or even relevant in countries where Islam is not the majority religion remains to be explored.

### **United States context**

Religious neoliberalism – but notably not pious neoliberalism as it relates to Islam – has been particularly influential within the US; the extent to which it is in fact unique to the US political, social and religious context is the focus of the following three paragraphs. The rationality of replacing secular welfare with religiously delivered welfare has helped bond together apparently disparate elements of the American Right throughout the past thirty-five years, underpinning a powerful electoral coalition (Hackworth, 2012, p.3). It has not only united neoliberals motivated by a hatred of government intervention in economy and society with religious conservatives motivated by an ambition to foreground religion in public life, but served in a more mainstream sense to soften the hard-edged language of social policy (Hackworth, 2012). The uneven and punitive effects of ‘austerity’ (Blyth, 2013) are softened by recourse to relying on the compassion of churches to serve the poor. Neoliberalism in the US exploits the durable cultural motif that private charity in general, and religious charity in particular, can and should provide welfare, rather than large government entities (Hackworth, 2012).

Whilst it is evident that no ideal-type instances of a completely independent religious welfare sector exist to study in the US, there are recent instances of policy makers and religious activists attempting to promote this reality. Gospel (homeless) rescue missions and efforts to rely on religious charities following Hurricane Katrina in 2005 are two such examples. The former have provided a mechanism to reduce government welfare expenditures, whilst individualising poverty in a manner that aligns with neoliberal theory. Many missions actively refuse government funding that would restrict their messages concerning spiritual and individual poverty, positioning

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<sup>5</sup> Albeit, Atia does not suggest pious neoliberalism is specific to a particular form of Islam, for instance Sunni or Shia.

themselves as independent replacements for, rather than government funded supplements to, publically provided services (Ziegler 2005; Jager 2006). Government reliance on religious charities in the aftermath of Hurricane Katrina is, according to some commentators, a “symbolically powerful instance of neoliberalism” (Hackworth, 2012, p.115): in the absence of government action, a paternalistic non-profit system was implemented in New Orleans (Lipsitz, 2006; Katz, 2008). Subsequent government intervention did not materialise in the form of welfare assistance but as federal government positioning “itself as a clearing house and voice for religious groups” (Hackworth, 2012, p.115).

Nevertheless, and as argued by Hackworth (2012), religious neoliberalism in the US is – and has always been – partial. The fusion of religiously inspired welfare and neoliberalism has served to bind disparate elements of the American Right, thereby helping to fuel successive electoral successes since the early 1980s. However, religious neoliberalism is, in fact, more limited in the US than much scholarly work has thus far characterised it. Whilst faith-based organisations in the US may differ from their secular counterparts in some respects – their extensive use of volunteers, their relatively minimal reliance on government funding, and their comparatively low engagement in policy advocacy and lobbying – they are also highly comparable, with respect to their size, funding (many faith-based organisations are recipients of government funding with associated reporting requirements and standards), programme capacity, and management sophistication (Kearns et al., 2005). More fundamentally, religious neoliberalism has ultimately proved ideationally divisive, not fusionist, precipitating tensions at multiple levels of government (Daly, 2006).

### **United Kingdom context**

The applicability of policy ideas about faith-based organisations generated in the US to the UK public policy context is questionable, in particular the scope for transferring welfare responsibilities to faith-based organisations is considerably greater in the US than in the UK (Harris et al., 2003). Nevertheless, faith-based – primarily Christian – organisations are increasingly involved in service delivery in the UK (Cairns et al., 2007; Jarvis et al., 2010), necessitating a fresh analysis of faith-based organisations with particular reference to the UK political and public policy context.

There are multiple, interrelated factors that contribute to the presence and extent of religious involvement in public services and community engagement in the UK. Whilst political and policy pressures are increasingly influential on religious, especially Christian church, contribution to service delivery (Harris et al., 2003; Cairns et al., 2007), there is evidence to suggest that public service may also be inextricably linked to Christian theology (Cairns et al., 2007). Service may be considered a reflection of a widely accepted theological approach: service to others as an outward expression of personal faith, compassion and solidarity and as a way of congregations' "sharing their interpretation of the word of God", rather than as an evangelically inspired approach to 'soul winning' (Sager and Stephens, 2005, p.313). Similarly, a study of faith-based activities in the UK found that "a continuing local presence (reflected in the parochial structure) is often linked theologically to an understanding of the church as one symbol of the closeness of God to the community and its material concerns" (Farnell et al., 2003, p.15).

However, despite experiencing public policy pressures to deliver services, faith-based organisations – especially those of a non-Christian faith, such as Islam – have been more reticent than their third sector counterparts in formally engaging with the state and delivering services (Rochester and Torry, 2010). Faith-based delivery of social assistance in the UK is, thus, considerably more limited and casual than that in the US. Whilst there are notable exceptions – for instance, Action for Children (Methodist), the Children's Society (Church of England) and Barnardos (Christian non-specific) are key providers of children's services – in the UK, it is third sector rather than faith-based organisations that have seen the most fundamental transformation in their structure and responsibilities since the early 1980s and, particularly, since 1997 – discussed in detail below.

The seemingly limited involvement (to date) of faith-based organisations in public service delivery and the, associated, relative lack of 'religious neoliberalism' or 'pious neoliberalism' as powerful and effectual political ideals in the UK may be consequent upon the absence of concerted, well-defined and electorally successful religious-political coalitions over the late twentieth and early twenty-first century. Evangelical Christianity, a key component of religious neoliberalism in the US (Hackworth, 2012), is comparatively less popular and powerful in the UK. Although moralising, neo-Calvinist, discourses celebrating 'hard work' as a route to personal satisfaction, if not salvation, have been exploited electorally and used to justify punitive changes to social security, there has been little discussion of religious alternatives to state welfare (for those unable to work and/or in need). Recent political and policy engagement with religion has largely revolved around



Islam and the perceived Muslim ‘threat’, as described above in respect of racial neoliberalism. And yet, religious activity has been a conspicuous feature of developing food aid in the UK prompting consideration of the theological motivations for providing food charity amongst various religious groups.

### **1.1.5 Religion and (food) charity: Theological foundations**

In the Judeo-Christian tradition, both the Old and the New Testaments contain frequent mentions of hunger (Fisher, 2017). The book of Isaiah (Chapter 58) encourages people to be charitable out of their own good will rather than to ingratiate oneself with God or others, whilst in Leviticus and Deuteronomy, farmers are mandated to resist harvesting the corners of their fields such that the poor may glean them. Hunger, similarly, forms an integral part of the New Testament (Fisher, 2017). The accounts, found in all four gospels, of Jesus feeding multitudes, in addition to both the Last Supper and the Eucharist, in which bread and wine become Jesus’ flesh and blood, illustrate the centrality of the self-sacrificial giving of food – of life – of salvation – to others within Christianity. Indeed, this confluence of actual and spiritual provision, figured through food, could be seen as a fundamentally informing both the impetus and symbolism of Christian food charity.

The Bible does not, however, present a unified approach to social welfare. Instead, biblical parables point to both social justice and charity-based approaches to tackling hunger. Whilst Christianity has motivated many to focus on social justice-orientated solutions to hunger – for instance, multiple Protestant denominations in the US operate anti-poverty and anti-hunger focused entities (Fisher, 2017) – charity has, arguably, dominated the contemporary Christian response to hunger in the Global North. In the US, an estimated two-thirds of the nation’s 61,000 emergency food outlets affiliated with the Feeding America network<sup>6</sup> are linked to a house of worship (Fisher, 2017).

The roots of charity in the Judaic tradition provide a counterpoint to Christianity’s *caritas* framework. The Hebrew word for charity, *tzedakah*, “is derived from the Hebrew root *Tzadei-Dalet-Qof*, meaning righteousness, justice or fairness. In Judaism, giving to the poor is not viewed as a generous, magnanimous act, it is simply an act of justice and righteousness, the performance of a duty, the giving the poor their due” (Judasim 101). In correspondence with the concept in Islam, charity in the Judaic tradition becomes increasingly more virtuous the less the giver and

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<sup>6</sup> The largest food bank provider in the US.

receiver know of each other. The highest level of tzedakah is, thus, considered to occur when the giver enables the receiver through gift, loan, partnership or employment to be self-reliant so that she no longer depends upon charity (Baker, 2003).

Zakat, compulsory charity, constitutes the Third Pillar of Islam. As in Christianity, Islamic charity purifies the soul from greed and moves the donor closer to God (Fisher, 2017). Amanah, a form of trusteeship where all things that belong to God are entrusted to humans for their collective wellbeing, is intimately linked to charitable obligations (Atia, 2013). Individuals have the right to possess private property and the right and agency to allocate resources, but they also have a moral and spiritual responsibility to use those resources to benefit society. Amanah operates through the institutions of zakat and sadahaq (Atia, 2013) – the latter term used to describe voluntary almsgiving as opposed to the mandatory contributions of zakat. Unlike zakat, where donations are restricted to certain categories of individuals and purposes (the destitute, the indebted, stranded travellers, New Muslims, to free slaves, to projects that help Muslims, and to pay workers who collect and distribute zakat), the uses of sadahaq are flexible and unprescribed.

Langar, a public eating place attached to a gurdwara and run by the local Sikh community, serving free food (OED Online, 2018), is a central tenet of the Sikh tradition. The performance of langar constitutes a practical demonstration of the values promoted by Guru Nanak – selfless service (seva); hard work; sharing and equality beyond any categorisation of caste, gender, social status, ethnicity or religion – in the absence of proselytising (Singh, 2015). In the UK, Gurdwaras are conducting a notable service as food banks, with an estimated 5,000 meals served to non-Sikhs each week by Britain's 250 gurdwaras (Singh, 2015). In addition, British Sikhs have established food relief organisations in Birmingham, Wolverhampton, Doncaster, Edinburgh, London and Leeds (Singh, 2015). Importantly, for Sikhs in diaspora, rather than simply referring to members of a particular ethno-religious group, "community" refers to anyone with whom they engage at a local, national or international level. In extending the idea of langar exponentially, this view allows Sikhs to enact the ideal of "Sarbat Da Bhalla" or, work "for the betterment of all" (Singh, 2015).

The prominence of religious food charity in the contemporary UK food aid landscape is addressed in the following consideration of the political, ideological and religious underpinnings of food charity in the UK today.

## 1.2 Contemporary food aid

Food insecurity in the UK has apparently increased dramatically since 2008. Local communities across the UK have responded quickly, developing strategies to address presenting food insecurity and prevent future increases (Lambie-Mumford, 2013). Between April 2017 and 2018, over 1,300,000 people were given at least three days' worth of emergency food supplies from the Trussell Trust's UK network of foodbanks, over a forty fold increase on 2008/09 (Trussell Trust, 2018a). The largest food bank operator, The Trussell Trust, currently operates over 400 foodbanks compared with an average of 12 a year between 2003 and 2008 (Trussell Trust, 2018) – a shocking increase. Alongside Trussell Trust foodbanks, exist over 700 'independent' food banks run by other organisations (Goodwin, 2017) and an unknown number of other emergency food sources, such as soup kitchens.

Whilst community responses to poverty and hunger have long existed in the UK (McGlone et al., 1999, Caraher, 2004), the rising activity and the growing media profile of The Trussell Trust foodbank network,<sup>7</sup> as well as the recent appearance of the term 'food aid' within the UK context, fosters the impression that the provision of food assistance to help people access free or subsidised food is new (Dowler and Lambie-Mumford, 2014). The degree to which food aid is, indeed, a relatively new and, more precisely, a neoliberal phenomenon resulting from and embodying political and economic shifts over the past four, but particularly, the past two decades, is the focus of this section. I draw upon the above theories of neoliberalism to explore the extent to which contemporary food aid is the product of neoliberal political and economic shifts/ideals and/or an embodiment of a particular form of 'advanced' neoliberalism, characterised not only by austerity and securitisation but also by religious involvement in public services and the denial of racial difference.

A brief overview of 'food aid' as seen in the UK today is followed by examination of food aid within a neoliberal political economy framework, one which includes racial and religious variants of neoliberalism. The final part of the section discusses the history of food charity in relation to state funded and organised social assistance in the UK since the late nineteenth and into the twentieth century. I question the extent to which contemporary food charity really is a neoliberal

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<sup>7</sup> The Trussell Trust is a charity founded upon Christian principles with a mission to end hunger and poverty in the UK. From 2000 it began opening foodbanks, creating the UK Foodbank Network in 2004.

phenomenon or, in fact, the continuation of a historical tradition of charitable food distribution to 'the poor' as both a supplement and an alternative to the state.

### 1.2.1 Conceptualising food aid

There is little clarity as to both what constitutes food aid and to how the rapid growth of some organisational models – notably the food bank – has impacted upon prevailing terminology. The UK's Department for Environment, Food and Rural Affairs (Defra) defines food aid as:

An umbrella term encompassing a range of large-scale and small local activities aiming to help people meet food needs, often on a short-term basis during crisis or immediate difficulty ... relieving symptoms of household or individual level food insecurity and poverty (Lambie-Mumford et al., 2014, p.15).

Whilst the use of this food aid terminology in recent publications by non-governmental organisations (NGOs) and charities (Sosenko et al., 2013; Cooper et al., 2014) is not uniform, there is an identifiable tendency towards a broad conception of food aid, which encompasses emergency food assistance, such as food banks or 'foodbanks',<sup>8</sup> soup kitchens and soup runs; and non-emergency provision, including day centres and 'drop-in' centres, community cafes, and charities that redistribute food from food retailers and wholesalers which would otherwise be thrown away (intercepted food). Non-emergency provision also includes community kitchens, community supermarkets and food co-operatives, and community gardens (Kirkpatrick and Tarasuk, 2009). Definitions of the varying models of food aid are set out in Table 1.

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<sup>8</sup> 'Foodbank' is the name given to the Trussell Trust network, and individual projects within it. The term 'food bank' is used throughout this thesis, however, to categorise Trussell Trust foodbanks as a particular type of food initiative and to denote other charitable food provision of this type.

Table 1.1 Terminology associated with food aid (author's own)

<b>Terminology</b>	<b>Description</b>
Food bank	Provides free food parcels often upon receipt of a voucher. This is the main function.
Foodbank	Provides similar services to a 'food bank' but registered as a name by The Trussell Trust.
The Trussell Trust	The Trussell Trust is a charity founded upon Christian principles with a mission to end hunger and poverty in the UK. From 2000 it began providing foodbanks, creating the UK Foodbank Network in 2004.
Soup kitchen	Provides onsite emergency free food provision to low income, high needs service users.
Soup run	Provides mobile emergency free food provision to low income, high needs service users.
Day centre and 'drop-in' centre	Offers various forms of food provision, free or subsidised, as part of wider support, which can be targeted at particular demographic or socioeconomic groups.
Community cafe	Provides low cost or subsidised food, often with very low overhead and staff costs.
Social food charity	Offers home-cooked food made from surplus and locally grown ingredients, to be eaten communally, for very low cost or on a pay-as-you-feel basis.
Pay-as-you-feel (PAYF)	A participative pricing mechanism which delegates the price determination to each customer and requires the seller to accept any price. Also known as "pay-what-you-want" (Ju-Young Kim et al., 2009, p.44)
Food recovery organisations	A blanket term capturing organisations that supply food from corporate donations and orchestrate large-scale food collections for individual food banks, and those that focus on gleaning fresh produce from farms and other sources.
FareShare	A charity which redistributes fresh, quality and in date surplus from the food industry to other charities.
Intercepted food	Term used by service providers to describe food used by charities that would otherwise be thrown away by wholesalers and retailers.
Community kitchen	Community-focused cooking-type programme providing an opportunity for a small group of people to meet regularly in order to communally prepare, and possibly also eat, a meal.
Community supermarket	Food is sold as groceries at below market prices, also known as a Social Solidarity Store; often targets or is restricted to low income service users.
Food co-operative	Community owned and operated food distributors selling low-cost, often organic, food.
Community gardens and growing initiatives	Community-focused, and also often community-initiated, horticultural programmes. Aim to increase access to organic healthy food and may train disadvantaged groups in horticulture. May also help to support biodiversity and improve green spaces.

Food desert	An area where cheap and varied food is only accessible to those who have private transport or are able to pay the costs of public transport if this is available. Access to a cheaper and wider range of food for some of the groups who need it most is extremely restricted.
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### 1.2.2 Food aid according to neoliberal political economy

#### Food aid and neoliberalism as state transformation; and neoliberalism as governmentality

Contemporary forms of food aid, most notably the food bank, have proliferated since the mid-noughties – particularly since 2010 – providing evidence that they may be both consequent upon and embody recent neoliberal political and economic shifts and, as such, be allied to the wider neoliberalisation of the economy and welfare. The replacement of established models of welfare provision with free-market fundamentalism and the associated professionalisation and institutionalisation of the voluntary sector (Nicholls and Teasdale, 2017), key embodiments of ‘roll-back’ and ‘roll-out’ (Peck, 2011) processes of neoliberal state transformation, are arguably fundamental to the increasing presence and importance of food aid today. The anti-statist privatisation of state assets and deregulation of the economy initiated by Thatcher in the 1980s (‘roll-back’) was succeeded by new forms of state building, as well as the marketisation of public services and the advancement of a spirit of enterprise (‘roll-out’) (Tickell and Peck, 2003).

Changes in welfare and service provision since 1997 have, arguably, fundamentally altered the relationship between state and civil society, and influenced the shape and responsibilities of third sector organisations. New Labour’s public services agenda exerted pressure on third sector organisations to deliver services (Milbourne and Cushman, 2015), promoting volunteerism as an essential component of this strategy (Levitas, 2012). As part of a broader emphasis on organisational collaboration and ‘new localism’, UK public agencies were increasingly required to collaborate with non-state providers to deliver welfare services. These wide ranging reforms to welfare and service provision fit within a broader historical trajectory of shifts in the shape and character of the welfare state since the 1980s, which has seen an increased and changed role for the voluntary sector in welfare services through programmes of diversification, and a, consequently, more formalised and professionalised voluntary sector (Lambie-Mumford, 2017).

In continuity with their predecessors, the Conservative-Liberal Democrat coalition government’s ‘Big Society’ programme placed a strong emphasis on localised, non-state solutions in public

service delivery. However, the Coalition (and subsequent Conservative) administration saw government as 'crowding-out', rather than enhancing, community action at the local level. Achieving 'social justice' under the Coalition required a smaller state and a greater role for communities (Nicholls and Teasdale, 2017).

The recent proliferation of food aid, most notably food banks, could be seen to embody a decreased role for the state in favour of community responses, in the context of a growing emphasis on individual and community-based activism. For instance, the localised approach and notion of helping a neighbour were key factors in the development of the first 148 Trussell Trust foodbanks (Lambie, 2011). The growth of The Trussell Trust network of foodbanks since 2010 has resulted in changed ways of working locally and identifiable local 'systems', as well as the ongoing professionalisation and parallel reimagining of the localised aspects of individual projects (Lambie-Mumford, 2017). Trussell Trust foodbanks are particularly notable for employing techniques of measurement and audit that originate in the market, as exemplified by The Trussell Trust voucher system. The latter has the dual function of gathering detailed demographic and circumstantial data on the foodbank 'client' whilst outsourcing decisions about 'neediness' to an external partner (Williams et al., 2016). The motivations behind and the implications of such bureaucratic systems of control are yet to be fully explored.

However, it is worth pointing out that recent political discourse and theory do not necessarily map neatly onto practice. The 'typical' charity experienced a 13 per cent decline in real income between 2008 and 2013, with those providing social services (such as food aid) in deprived local areas amongst the hardest hit (Clifford, 2016). In addition, whilst the structure of some third sector organisations has transformed in response to policy reforms, genuine localism that is responsive to local needs, organised communally and developed organically at the local level (Caraher and Dowler, 2014), has been damaged by competitive contracts and the imposition of national performance frameworks (Caraher and Dowler, 2014). Restricted services and redundancies consequent upon local authority funding cuts have jeopardised the capacity of local authorities to ameliorate health inequalities (MacLeavy, 2011; Gray and Barford, 2018) and, more generally, have inhibited local government from engaging with the localities it serves. A continuing tension between central and local government, evident in the Third Way and Big Society, has seen central government acting as if the local tier is inhibiting localism rather than approaching local government as a route to more effective community mobilisations.

## **Institutionalisation? With the erosion of social welfare arm of the state is food aid becoming a 'shadow state'?**

The growth in numbers of those accessing food charity has occurred in parallel with the Conservative-Liberal Democrat Coalition government's extensive programme of reform to welfare policy in the UK, including to Housing Benefit, Council Tax Benefit, Child Benefit and Tax Credits. Lambie-Mumford (2017) argues that the major shifts in (welfare) responsibility are embedded within the simultaneous wide-ranging cuts to social security and services and increased reliance on food charity as an example of civil society-based protection. Issues with and delays to social security payments have been a, if not the, key driver of food bank use since 2010; most notably, areas in which Universal Credit has been implemented have seen a sharp (52 per cent) increase in food bank use in the past year (2017-2018) (Trussell Trust, 2018). The government's programme of welfare reform represents the further individualisation of risk (Lambie-Mumford, 2017) which has come to underpin the Anglo-American welfare system and facilitates contemporary narratives of the 'deserving' and 'undeserving' poor (discussed below), a binary with a distinctly Calvinist heritage (Fisher, 2017).

The relationship between contemporary food aid and the welfare state remains unclear. Trussell Trust foodbanks assertively demarcate the space between their projects and the welfare state by refusing to enter into contractual and service-led agreements; maintaining discursive and practical distance via voucher systems and rhetoric. Nevertheless, in practice, this distance may be illusory. The extent to which foodbank vouchers are in fact part of the welfare service provision remains widely debated, whilst there is increasing concern that food charity – and food banks in particular – may be plugging gaps in the absence of an adequate welfare state.

Emergent evidence, thus, suggests that UK developments in food aid may echo wider trends in the structure and responsibilities of the UK voluntary sector and reflect the history of food aid in North America, in which it has increasingly become a 'shadow state' (Mitchell, 2001; Wakefield et al., 2013), that is: a "para-state apparatus with collective service responsibilities previously shouldered by the public sector, administered outside traditional democratic politics but yet controlled in both formal and informal ways by the state" (Wolch, 1989, p.201). As a component of the 'shadow state' in North America the emergency food system has inadvertently facilitated welfare state retrenchment and become institutionalised (Poppendieck, 1994; Riches, 2002; Tarasuk et al., 2014b). However, whilst UK food aid may be adopting service responsibilities



previously borne by the state, in the context of retrenched and limited welfare provision and restricted scope for local government (Lambie-Mumford, 2014), the extent to which it can be described as a 'shadow state' – formally and informally controlled and funded by the state – remains ambiguous.

### **Religious neoliberalism? Ascendancy of religious social welfare**

Reflecting trends in North America, where “[t]he emergency food system is permeated with religion” (Poppendieck, 1998, p 188), religious activity – or, more precisely, Christian activity – has been a conspicuous feature of recent developments in food aid (Lambie-Mumford and Dowler, 2014b). This operates at an organisational level – The Trussell Trust, the principal coordinator of UK food banks, is a charity founded upon Christian principles (Trussell Trust, 2017) – and at the level of individuals: 70 per cent of evangelical Christians donated to a food bank between 2014 and 2015 (Kandiah, 2015). Previous research has identified how The Trussell Trust foodbank franchise model and its faith basis were key factors in the development of the first 148 foodbanks (Lambie, 2011). Whilst Sikh and Jewish groups in the UK do appear to be increasingly targeting their activities towards food insecurity (Dugan, 2014; Forrest, 2014), their involvement has been distinctly less visible than the high-profile role of Christian organisations and churches. The involvement of Muslim charities and organisations has also been notably less conspicuous – and, very possibly, also less widespread – than that of their Christian counterparts.

It is possible that the high level of Christian engagement in food provision may be associated with shifts in government policy and political rhetoric since 1997 (Harris et al., 2003; Cairns et al., 2007). However, and as noted above, in comparison with third sector organisations, faith-based organisations have been relatively reticent in formally engaging with the state as service providers (Rochester and Torry, 2010). In addition, (more) recent policy programmes introduced in the aftermath of the global financial crisis, aimed at further devolving responsibility for social assistance from the state to the private sector and civil society, are seemingly ineffective. For instance, the Coalition government’s Big Society agenda, which sought to open up a space for faith-based organisations in non-formal approaches to public service delivery, was arguably largely reflected in government rhetoric – most notably exemplified by former Prime Minister David Cameron remark, “Jesus invented the Big Society 2,000 years ago ... I just want to see more of it” (Mason, 2014) – rather than policy change or the improved availability of financial resources for increased religious involvement (Clifford, 2016).

Despite the apparent zeal with which religious organisations and individuals have responded to food insecurity, religious leaders have been highly critical of government equivocations over the extent and causes of hunger, arguing for the government to address the roots of food insecurity through policy change (Butler, 2014). Whilst members of the Anglican Church have been most public in their criticism of government apathy, representatives of all the main Christian denominations and representatives of other religions, such as Judaism, have publicly engaged with anti-hunger campaigns; Muslim leaders appear to have been absent from formal public criticism of the government (Forrest, 2014).

### **Racial neoliberalism?**

Critical analyses of the food security and the sustainable farming elements of US community food provision identify unacknowledged racism within the sector and suggest that racial exclusion is highly problematic (Alkon and McCullen, 2011). 'Whites' are over-represented amongst the staff, leadership and users of the sector, and community food organisations have been criticised for adopting colour-blind mentalities (Guthman, 2008) and essentialising discourses; for promoting 'white' notions of healthful food and bodies; and for extolling the virtues of community and self-sufficiency in a way that obscures the "racist, classist and gendered features of the food system" (Slocum, 2006, p.330). The high number of Christian organisations involved in UK food aid (Sosenko et al., 2013) raises further questions about the accessibility of provision. However, the possible ways in which race impacts upon the nature and accessibility of UK food aid is yet to be explored.

### **1.2.3 Historical responses to hunger and poverty**

Community responses to poverty and hunger have a substantial historical trajectory. The contemporary focus of this thesis precludes detailed discussion of historical responses to hunger and poverty, however an examination of the extent to which food aid and food insecurity are modern neoliberal phenomena requires a brief consideration of how the situation today compares with that prior to 1970 and the ascendancy of neoliberalism.

Numerous social policy inquiries of the 1880s, 1890s and 1900s uncovered a vast, diverse mass of voluntary, self-governing, local, parochial and philanthropic provision that, in responding to

apparent hunger and poverty, attempted, in a multitude of different ways, to “assist, elevate, reform or coerce the poor and other persons in need” (Harris, 1992, p.116). The attempted shift to a more ‘organised’ form of charity from 1869, pioneered by the Charity Organisation Society, instrumentalised the already-present distinction between the ‘deserving’ and the ‘undeserving’ poor (Humphreys, 1995). Charity was reconfigured as a mechanism to stem the “widespread moral deterioration of the poor” and, therefore, relief was to be provided only after a case had been rigorously investigated to ascertain the applicant’s worthiness (Humphreys, 1995 p.5).

Such Victorian social welfare provision – largely purveyed through face-to-face relationships within the medium of civil society – was an integral part of the social structure and civic culture of late nineteenth-century Britain. Indeed, the annual income and expenditure of registered and unregistered charities, friendly societies, benefit paying trade unions and other benevolent and self-help institutions well-exceeded the annual budget of the poor law, the main form of government-sponsored social assistance (Prest and Adams, 1954; Mitchell and Dean, 1962).

The monumental structural transformation of welfare provision that occurred in Britain between the 1870s and the 1950s was of central importance, not simply in the history of social policy, but in the wider history of politics, government, social structure and national culture (Harris, 1992). The “creation” of the British welfare state on 5 July 1948 represented a watershed in welfare principles and practice within Britain (Jones and Rodney, 2002, p.3). Post-war governments adopted Beveridge’s ‘holistic’ approach to social welfare by accepting, unlike in the 1930s and, again, in the 1980s, that economic and social policy should be complementary and not antagonistic. Simultaneously, the principle of universalism, underpinned by the National Insurance Act, eradicated the division between first-class and second-class citizens, thereby achieving a measure of ‘social solidarity’ (Baldwin, 1992).

The attack on the welfare state, initiated in the 1970s, expanded by Thatcher and furthered by Blair, continues today (Jones and Rodney, 2002). As described above, ‘roll-back’ processes of welfare state de-construction have occurred alongside the growth of voluntary forms of social assistance. Echoing arguments proposed by the Charity Organisation Society in 1869, politicians on both sides of the Atlantic assert that the growth in public transfers not only diminishes the act of charity by crowding-out private anti-poverty efforts but is itself culpable for moral degradation (Jones and Rodney, 2002).

### 1.3 The lived experience of food aid and food insecurity

This section moves away from the frameworks and structures above to examine the prevalence, socio-demographics and lived experience of food insecurity amongst individuals, especially women. It continues the themes of neoliberal political economy and food aid – in particular neoliberal governmentality – and race and religion in relation to neoliberalism and to food aid by drawing attention to differences between white British and Pakistani/Pakistani Muslim women in the prevalence and lived experience of food insecurity and the use of food aid. In doing so, it re-evaluates the theory outlined above of food aid and, apparently, rising food insecurity as neoliberal phenomena to suggest that the picture may not be as simple as first appears.

The first part of this section concentrates on experiences of and ideas surrounding the use of food charity in ‘advanced’ neoliberalism. It looks at discursive constructions of the ‘food poor’, highlighting how these constructions reflect the current state of neoliberal political economy and are intertwined with Foucault’s interpretation of neoliberalism as governmentality. In the light of such constructs, it describes the psychological impact of accessing food charity, drawing on the concept of ‘shame’ and the related idea of the ‘Other’.

The second part of the section looks closely at food insecurity, as opposed to the use of food aid. It presents a detailed examination of food insecurity measurement, discussing the current and future state of food insecurity measurement, and the implications for contemporary research on food insecurity. It questions whether food insecurity is a contemporary or, in fact, an historical phenomenon, before looking more closely at the socio-demographic characteristics of food insecurity in the UK to ask whether its nature and effects are uniform or whether there are other factors at play. The ethnic density hypothesis – in particular the impact of ethnic density on health outcomes – is introduced as a possible explanatory theory. Finally, I turn to the lived experience of food insecurity in a contemporary context, highlighting examples of mutual aid that defy the supposed individualisation of risk in ‘advanced’ neoliberalism.

### **1.3.1 Accessing food charity in 'advanced' neoliberalism: Constructs of the 'food poor' and their relationship with food aid**

#### **The 'self' within contemporary neoliberalism**

Before I discuss constructs of the 'food poor' and experiences of food aid specifically, I return to theories of neoliberalism, in particular theories of the individual – the 'self' – according to neoliberal political economy, in order to provide a novel theoretical underpinning to ideas on the lived experience of food insecurity and food aid, and situate the personal and emotional dimensions of food insecurity within a wider political economy lens.

Contemporary forms of liberal and, especially, neoliberal government presuppose a certain conception of the citizen or the 'self' (Nettleton, 1997): a self that is autonomous, subjective and active (Rose, 1990; Rose, 1992; Foucault, 2008). The activities and practices of government contribute to the constitution of this particular type of subject and this form of subjectivity. The techniques and practices of experts in the human sciences are fundamental to this subject formation (Rose, 1999b) and are, thus, critical to the possibility of contemporary forms of health and welfare. Such developments are not merely a function of the dominant ideological forms but rather part of the 'mentalities of government' (Rose, 1992) which transcend them (Nettleton, 1997).

There are three historically distinctive dimensions to the transformation and management of the contemporary (neoliberal) self (Foucault, 2008). First, the personal and subjective capacities of citizens have been incorporated into the remit and ambitions of public powers. This is not only at the level of abstract political speculation but also intrinsic to social and political strategies, and techniques of administration. Subjectivity enters into the calculations of political forces about governmental priorities and policies. The development of bureaucracies and initiatives designed to regulate the conduct of citizens by acting upon their mental capacities and propensities is, thus, a key component of this historically distinct form of neoliberal government. Governmental activities of collecting, collating and calculating data on the characteristics of populations are complemented by those of individuals who engage in practices of the self or self-government (Nettleton, 1997):

The subject constitutes himself (sic) in an active fashion, by the practices of the self, these practices are not something that the individual invents himself. They are patterns that he finds in his (sic) culture and which are proposed, suggested and imposed on him (sic) by his culture, his society and his social group.

(Foucault, 1998, p.11)

Foucault identifies the salience of, what he terms, 'pastoral power' or pastorship – an individualising power which requires detailed knowledge of the mental and physical attributes of its subjects – to this form of governance of the individual (Nettleton, 1997 p.211). The concept of pastorship originates from within the context of early Christianity, where it had four characteristics: it assured individual salvation; it did not just command sacrifice but was necessarily prepared to make sacrifices for its subjects; it looked after every individual for the duration of their life; and it exercised the need to know people's minds, souls and details of their actions (Nettleton, 1997). Although the institutionalisation of Christianity apparently diminished throughout the eighteenth century, and with it the importance and efficacy of Christian pastorship, the (contemporary) state continues to function as a site of pastoral power. In this new configuration of pastorship, the officials of pastoral power, previously members of religious institutions, are disseminated throughout the 'whole social body', finding support in a 'multitude of institutions' including the family, medicine, education and employers (Foucault, 1982).

The second historically distinctive dimension of subject transformation concerns the emergence of a new form of expertise: an expertise of subjectivity. Within the 'modern' neoliberal state, an entire cohort of new professional groups has propagated itself, basing claims to social authority upon their capacity to understand and act upon the psychological aspects of the person – or to instruct others how to do so (Nettleton, 1997). Indeed, according to Rose (1999), the psychological sciences have and continue to possess a key role in Foucault's genealogy of the 'modern state'. In rendering subjectivity calculable, the psychological assessment constructs persons receptive to having things done to them – and amenable to doing things to themselves – in the name of their subjective capacities. In this way, citizens of neoliberalism come to regulate themselves (according to certain normativities); government mechanisms construe them as active participants in their lives.

Thus, through the mechanism of government, the 'self' is fundamentally related to power. Rose suggests these relations can be explored along three interlinked dimensions (1992, p. 143-5). The

political dimension concerns the extent to which the capacities of citizens form both a target and a resource for political authorities. Forms of rule are inextricably linked with conceptions of those who are to be ruled. The institutional dimension relates to those sites or organisations where practices are undertaken which work upon the individuals who are associated with them. The ethical dimension refers to the “means by which individuals come to construe, decipher and act upon themselves in relation to the true and the false, the permitted and the forbidden, the desirable and the undesirable” (Rose, 1992, p. 144).

With the shift from liberalism to neoliberalism, the ethical self has increasingly been recalibrated according to the priorities of the economic market. Expectations of individual conduct are informed by norms and conditionality of the economy, with virtue defined by economic employment and/or austere personal financial management. Achievement of the ethical self – the autonomous, (competitive), free individual, fulfilled by economic activity, voluntary activities and engagement in civil society – is contingent upon the application of certain technical practices of the self: the implementation of the necessary regimes to reform or improve oneself. Technologies of subjectivity, thus, exist in a symbiotic relationship with ‘techniques of the self’, the ways in which we are enabled, by means of the languages and techniques offered to us, to act upon our bodies, souls, thoughts and conduct in order to achieve (so-called) happiness, wisdom, health and fulfillment (Nettleton, 1997).

Central to this transformation of the self is the emerging notion of risk. The ascendancy of the notion of individual and controllable risk factors in contemporary forms of welfare, health and medicine (individuals are responsible for their own futures) contributes to the hegemony of the active citizen, the self who can and ought to be in control of herself (Skolbekken, 1995). Petersen (1997) develops this individualisation thesis – or, more precisely, Beck’s (1992) idea of individuality in the ‘risk society’ of late modernity – to argue that once the individual is ‘cut loose’ from traditional commitments and support relationships, she must choose between a diverse array of lifestyles, subcultures, social ties and identities (Petersen, 1997). ‘Class’ and the nuclear family no longer determine ideologies and identities. Rather, according to Beck, individuality in late modernity is largely played out within the constraints of “secondary agencies and institutions”, principally the labour market and in the arena of consumption (Petersen, 1997, p.191). It is worth noting that this enterprising autonomous self is not just the creation of New Right ideology which privileges the individual over the social and personal choice over collective consumption. It has, in fact, been constructed out of the forms of governance which have drawn

on 'expertise' – the knowledge and practices of the human self – especially psychology and sociology. Nevertheless, the conceptual fit is potentially of value to those who seek to “pursue the marketisation of welfare for ideological purposes” (Nettleton, 1997, p. 220).

Importantly, the government of populations does not rely upon certainties and unequivocal decisions; there is a continuous reciprocity between aggregate and individual actions. Indeed, according to Foucault, power is only effective if the subjects of power are able to react in a range of ways; individuals are not passive and docile but free and active:

When one defines the exercise of power as a mode of action upon the action of others, when one characterises these actions by the government of men ... one includes an important element: freedom. Power is exercised only over free subjects and only in so far as they are free. By this we mean individual or collective subjects who are faced with a field of possibilities in which several ways of behaving, several reactions and diverse compartments may be realised. Where the determining factors saturate the whole, there is no relationship of power; slavery is not a power relationship when man is in chains. (Foucault, 1982, p. 790)

Self-governance, hence, implies not an imposition of power but an ongoing project whereby individuals are continually assessing/re-assessing information and expertise in relation to themselves. Giddens refers to this activity as reflexivity, which, according to his analysis, is a key feature of modern society:

The self today is for everyone a reflexive project – a more or less continuous interrogation of the past, present and future. It is a project carried on amid a profusion of reflexive resources: therapy and self-help manuals of all kinds, television programmes and magazine articles. (Giddens, 1992, p.30)

The third historically distinctive dimension is consequent upon the first and second: in the modern neoliberal state, citizens are re-formulated into intensely subjective beings; our very sense of our selves is revolutionalised (Foucault, 2008).



## Competing accounts of twentieth century citizenship: Michal Foucault and TH Marshall

It is worth briefly comparing Foucault's conception of the individual or, more precisely, the citizen under neoliberalism with alternative, historical accounts of citizenship to further illuminate the particular and historically distinct character of the contemporary 'self'. Marshall's ([1949]1992) consideration of the changing impact of citizenship on patterns of social inequality throughout the eighteenth, nineteenth and twentieth centuries illuminates the malleable and contingent nature of citizenship and associated notions of the self within the modern (neoliberal) state.

Marshall differentiates three elements of citizenship (civil, political and social), arguing that each is particular to a certain historical context. Originating in the eighteenth century, the civil element is "composed of the rights necessary for individual freedom-liberty of the person, freedom of speech, thought and faith ... and the right to justice" (Marshall, (1949) 1992, p.8). The political element, denoting the "right to participate in the exercise of political power, as a member of a body invested with political authority or as an elector of members of such a body" (p.8), emerged – albeit in a limited form – from the Great Reform Act of 1832 and is, thus, most associated with the expansion of political rights in the nineteenth century. The social element, most relevant to my own study, is unique to the twentieth century and closely associated with the transformation of the welfare state in the early- and mid-decades of the twentieth century. It refers to:

The whole range [of rights] from the right to a modicum of economic welfare and security, to the right to share to the full in the social heritage and to live the life of the civilised being according to the standards of prevailing society. The institutions most closely associated with it are the educational system and the social services.

(Marshall, [1949] 1992 p. 8)

The reversal in the supremacy of the market over the state via the shift from political to social citizenship is reflected in the contrasting status, construction and purpose of forms of social welfare, and their relationship to citizenship, in the nineteenth and twentieth centuries. Marshall describes the Poor Law in the nineteenth century as an 'aid' not a 'menace' to capitalism: it "relieved industry of all social responsibility outside of the contract of employment while sharpening the edge of competition in the labour market" (Marshall, [1949] 1992 p.21). Indeed, social welfare was largely performed by charitable bodies, not the state and, thus, was not tied to an enhanced form of citizenship. Where social welfare was officially provided by the state, it was

done by measures which, according to Marshall, offered alternatives to – or even required an abdication of – the rights of citizenship, rather than additions to them. The voluntary and necessary erosion of citizenship in the receipt of social welfare was a feature of both state and charitable forms of assistance. Provision of social assistance by charitable bodies, the main providers of such support, was premised upon the notion that “those who received their help had no personal right to claim it” (p. 20). In contrast, modern social rights, which underpinned the expansion of education and social services in the early and mid-twentieth century, implied the subordination of market price to social justice, the “replacement of the free bargain by the declaration of rights” (p.40).

Social citizenship, as defined by Marshall (1992), has been a key target of neoliberalism, in particular the New Right, in the period following his seminal lecture in 1949 (Moore, 1992). For the libertarian New Right, citizenship implies a body of rights that transcend and modify market relations. New Right thinkers believe that the state should function only to maintain the rule of law and the economy; relations between individuals should be governed by the market. However, for Marshall, taming market forces was an essential precondition of social rights (Moore, 1992).

To understand how Foucault’s description of power and the ‘self’ under neoliberalism can inform an understanding of food insecurity and food aid it is necessary to consider how a particular conception of the neoliberal ethical self informs rhetoric around food bank use and narratives of the lived experience of food insecurity, as well as the place of citizenship in this. This is examined below. First, however, I briefly consider the causes of rising food aid use in light of the programme of austerity initiated in the aftermath of the global financial crisis.

### **The dynamic relationship between welfare reform and rising use of food aid**

As noted above, changes to the UK social security system since 2010 – most notably higher rates of and harsher approaches to benefit sanctioning – appear to be intimately tied to the recent marked increase in the need for emergency food assistance (Taylor-Robinson et al., 2013; Cooper et al., 2014; Loopstra et al., 2016). Linking data from The Trussell Trust Foodbank Network with records on sanctioning rates across 259 local authorities in the UK, Loopstra et al. (2016) found that as the rate of sanctioning increased by 10 per 100,000 adults, the rate of adults fed by foodbanks rose by an additional 3.36 adults per 100,000 (95 per cent CI 1.71; 5.01) (Loopstra et

al., 2016). However, the impact of sanctioning on food insecurity is likely not fully reflected in available foodbank data (Loopstra and Lalor, 2017).

It is well established that support from food aid, in particular food banks, is sought as a last resort. It predominantly occurs in the context of an acute income crisis, such as the ineffective operation of social security, a sudden loss of earnings, or a change in family circumstances (Perry et al., 2014), which may be compounded by the absence or restriction of emergency support, for instance Hardship Loans and the Scottish Welfare Fund (Lambie-Mumford and Dowler, 2014). However, such acute income crises may be set against a backdrop of “complex, difficult lives”, with previous “life shocks” – loss of employment earnings, bereavement, homelessness, chronic low income and mental ill health – contributing to the current crisis (Perry et al., 2014, p.7).

The discrepancy between national-level statistics on foodbank use and Food Standards Agency (FSA) data on UK food insecurity – for instance, in 2016-17, The Trussell Trust network of foodbanks distributed 1,182,954 food parcels, far less than would be expected given that roughly four million people have low or very low food security (see below) (FSA, 2017) – underscores the extent to which accessing food aid may be considered by people experiencing food insecurity as a ‘last resort’, avoided entirely, not known about by a certain population or individual, and/or (geographically) inaccessible to those who need such support. Despite some clients’ appreciation of the welcome and care received in the venue of the food bank (Perry et al., 2014; Garthwaite, 2016a), it is well established that for many, accessing food aid can be a degrading experience. Receiving food assistance forces an individual to abandon both embodied dispositions towards food and norms about obtaining food (van der Horst et al., 2014), whilst placing the receiver in interactions of charitable giving which may be harmful to their self-esteem (van der Horst et al., 2014). And yet, *public* accounts of the relationship between food banks and service users have tended to focus, not on the shame and embarrassment experienced by service users in the food aid transaction, but on the authenticity and validity of the food need itself. The following section explores these dual narratives of food aid use – the authenticity and validity of food need; and the shame and embarrassment involved in the use of food aid – questioning how they relate to constructions and expectations of the contemporary neoliberal self, as described by Foucault.

## **Contested authenticity and validity of food need: Responsibilising food bank use and its implications for citizenship**

As food bank use in the UK has risen, ministers' responses have centred on characterising individuals as responsible for their food insecurity, with a specific focus on poor financial management and, ostensibly, faulty behavioural practices (Caraher and Dowler, 2014; Garthwaite, 2016b). Food bank users are accused of consciously opting "not to pay their rent, their utilities or provide food for their children because they choose alcohol, drugs and their own selfish needs" (Lepoidevin in Elgot, 2014). Speaking about food bank use in January 2014, former Conservative MP Edwina Currie said:

I get very, very troubled at the number of people who are using food banks who think that it's fine to pay to feed their dog, their dog is in good nick and beautiful, but they never learn to cook, they never learn to manage and the moment they've got a bit of spare cash they're off getting another tattoo. Cited in Garthwaite (2016, p.288).

Accompanying the above rhetoric and intimately associated with the Conservative-Liberal Democrat coalition and 2015 Conservative government's welfare reform agenda – in particular the increased focus on (welfare) conditionality – is a distinct deepening of personal responsibility (Patrick, 2012). As responsibility for welfare has shifted from the state to individual citizens, notions of 'dependency' have been denigrated whilst ideas of 'active citizenship' valorised (Kisby, 2010). The characterisation of a responsible individual accords with notions of the 'ideal neoliberal citizen' (Galvin, 2002; Foucault, 2008, p.117): autonomous, active, and responsible; dependency is understood as its antipode: psychologically and financially reliant, passive and (self-) excluded from paid employment.

Framed as a problem of moral and economic contagion, the shifting threat of welfare dependency has proven instrumental to the political crafting of austerity (Jensen and Tyler, 2015). Welfare austerity has been presented as a necessary step towards both restoring economic productivity and reforming the welfare subject's character and decision making (Edmiston, 2016). The welfare reform programme is situated within a justificatory programme of neoliberal paternalism (Whitworth, 2016): neoliberal welfare discourse conceives of those receiving out-of-work social security as self-interested and economically rational whereby they "choose a life on benefits" (Cameron in Edmiston, 2016, p.316), whilst a paternalistic discourse simultaneously justifies

welfare reform on the basis that welfare subjects are either unable or unwilling to exercise 'good choices' or fulfill civic duties (Whitworth, 2016). The strengthening of paternalism in the UK (and other) welfare system has come to problematise the motivations and behaviours of 'poor citizens' whilst valorising the subjectivity of those deemed as "overwhelmingly self-sufficient" and "financially independent" (Edmiston, 2016, p.317). Restricting the freedom of 'poor citizens' through sanctions and surveillance is an apparatus for the conditioning of welfare subjects (Dwyer and Elison, 2009).

The policy agenda that precipitated the growth of food banks and the proliferation of other forms of food aid serves to marginalise and undermine the citizenship of food bank users, who are judged to be 'abject' citizens (Tyler, 2013). Affirming the rhetoric presented above, Wells and Caraher (2014) found that media coverage featured an overreliance on the "good news element" of food bank use, which focused on the hard work of volunteers at the expense of the voices of people using the food bank (Wells and Caraher et al., 2014, p.1439).

The shift from entitlement to charitable provision brings increased stigma, conditionality and surveillance for people who are seeking food aid (Garthwaite, 2016b). The stigma – a situation in which a "person possesses (or is believed to possess) 'some attribute or characteristic that conveys a social identity that is devalued in a particular social context'" (Crocker et al., 1998, cited by Major and O'Brien, 2005, pp.394-5) – attached to food bank use means, in order to obtain charitable provision, users become necessarily involved in a process that actively denies their equal citizenship and status, symbolised by the food bank voucher. Indeed, echoing Marshall's description of social assistance by charitable bodies in the nineteenth century, it is necessary for people accessing emergency food aid to themselves deny their equal citizenship and status in order to ask for and obtain charitable provision (Garthwaite, 2016b). Charity is not offered to social equals (Garthwaite, 2016a); clients remain separate from volunteers in terms of both status and expectations, "social honour accrues to those who volunteer; stigma to those who are clients" (Poppendieck, 1998, cited by Garthwaite 2016b, p.287). Garthwaite (2016b) found that volunteers internalise the 'active citizenship' narrative; volunteer labour "provides an arena for demonstrating social worthiness within the discourse of active citizenship" (p.287). A resistance to being labelled the 'Other' was maintained amongst food bank clients via an emphasis on alternative practices to paid employment, such as care, study and voluntary work.

## **Shame and the 'Other': The psychological impact and the disciplinary purposes of food charity in 'advanced' neoliberalism**

Shame, integrating the self (emotional reactions) and society (the social bond), consists of a broad family of emotions including the variants of embarrassment, guilt, humiliation, and related feelings such as shyness (Chase and Walker, 2012). Within affluent welfare societies poverty may be considered a "meta arena" for the emergence of shame (Chase and Walker, 2012, p.740), and this may be particularly acute within contemporary Western neoliberal societies where success is largely measured according to the attainment of economic goals (Chase and Walker, 2012), as embodied in Foucault's 'homo economicus'. Economic exclusion of 'poor people' may be exacerbated by the sense of disempowerment induced by shame itself (van der Horst et al., 2014), inciting a perceived absence of agency and culminating in a sense of being controlled and dehumanised by the systems and structures which govern access to social and material resources (Chase and Walker, 2012). Crucially, shame is co-constructed through the confluence of an individual's internal sense of inadequacy and externally imposed disapproval for failing to satisfy societal expectations.

Attuned to the potential emergence of shame in every social interaction (Goffman, 1963), people living in poverty may strategise to avoid shame at all costs, including withdrawing from those social interactions which may expose their poverty. However, through such withdrawal, social connections may be compromised and, paradoxically, financial inadequacy revealed (Chase and Walker, 2012). Alternatively, those experiencing current or fearing imminent shame may define and align themselves with a stratified social structure within which a clear distinction is drawn between themselves and the denigrated 'Other' (Lister, 2004). Such categorisation, "a protective response to the ubiquity of poverty-induced shame" (Chase and Walker, 2012, p.741), not only fragments the social bonds in the immediate milieu, but threatens social solidarity more broadly, compounding the atomisation of modern society (Chase and Walker, 2012).

Whilst the denigration of the 'Other' may be consequent simply upon the latter's perceived economic inactivity or apathy it may also be a product of intertwined economic and racist agendas. With the growth of globalisation running alongside an increasingly uncertain Western imperialism, race came to form an important element of identity-making, feeding into definitions of citizenship, nationality and, more generally, 'Otherness' (Goldberg, 2001). Alam (2015) argues that the literature promoting race as a "valid concept" can be framed as part of a broader political

venture validating the entwinement of racist and economic agendas (Alam, 2015, p.80). Historically, for instance, Edwards Long's *The History of Jamaica* (Long, 2002) argued that Europeans and blacks were 'different species of the human genus' and, thus, the Atlantic slave trade was a 'rational cull of genetically inferior races' (Alam, 2015, p.81). Similarly, Knox's (1862) work sustained representations of the Irish 'Other' in which "behaviour, culture and disposition coalesced and conflated with nation, religion and race" (p.81). Today, the most common representation of the racialised 'Other' in the UK is the Muslim 'Other'. As discussed above, the linkage of British Muslim culture with the marginalised structural position of British Muslims within the majority society underpins a racialised perspective on their identity which "rather than addressing the forces that reproduce the exclusion and denigration of minority communities, instead produces an analysis that focuses upon the dysfunctional adaptation of minority individuals to their circumstances" (Husband et al., 2014, p.210).

In seeking to dispel their present or imminent shame, people living in poverty may, hence, ascribe to and calcify the dominant racialised discourses of a 'culture of poverty', encompassing the existence of an 'underclass'. Such discourses serve, ultimately, to differentiate those deemed as socially 'deserving' of state support from those who are 'undeserving' (Shildrick and MacDonald, 2013) – social constructs surrounding poverty sustained since the introduction of the Elizabethan Poor Laws (Dean and Taylor-Gooby, 1992) and particularly notable within Victorian social welfare.

The more insidious effects of such discourses are observed via the social divisions and hierarchies that begin to emerge as individuals attempt to distance themselves from the socially constructed 'undeserving' recipient of welfare – inextricably linked in the public perception to the person in poverty (Lister, 2011; Chase and Walker, 2012; Shildrick and MacDonald, 2013). The (neoliberal) hegemonic orthodoxy that denigrates the 'Other' and blames 'the poor' for their poverty can more easily dominate in contexts where working class solidarities are in decline (Shildrick and MacDonald, 2013).

A growing body of evidence on shame in the context of the food bank suggests not only that shame emerges in relation to the food bank experience itself, but that the imminent future food bank interaction may function as a catalyst for shame, with shame arising from fear of degradation in status or power during the forthcoming interaction (Scheff, 1988). Interviewing 17 receivers of food assistance in the Netherlands, van der Horst et al. (2014) found that shame was the most prominent emotion presented in the discussions (van der Horst et al., 2014). Issues of

shame emerged in relation to all three food bank-related experiences: the “content of the food parcel, the interaction with volunteers and the understanding of one's positioning in a social hierarchy” (van der Horst et al., 2014, p.1515). The authors argue that the implicit social rules governing interactions within the food bank informed the emotions ‘appropriate’ to the situation (Turner and Stets, 2005): gratitude and shame were constructed within the food bank context as appropriate emotions (van der Horst et al., 2014 (see also Tarasuk and Eakin, 2003)). Whilst some receivers conformed to such implicit social rules in order to attain a degree of status, others – aware of what was expected of them – chose not to conform in order to distance themselves from other’s perceptions of their culpability (van der Horst et al., 2014).

The disposal of unsaleable products through charitable food assistance programmes (Tarasuk and Eakin, 2005) may further undermine client dignity and agency by reflecting and accentuating existing food boundaries between the ‘rich’ and the ‘poor’, in which expressions of class arise through discussion and performance of food practice (Paddock, 2015). Consumption of “higher class” food by ‘the poor’ violates the notion that ‘the poor’ are different from “the rest of us”, mocking the separation of the social order which demands segregation of rich and poor (Paddock, 2015, p.330). The distribution of surplus, unsaleable products in the food bank, thus, maintains the separation of the social order.

### **1.3.2 Outside food aid: The lived experience of food insecurity**

#### **Measurement and definitions of food insecurity: The current state of food insecurity measurement and implications for research on food insecurity**

Given the close relationship between food charity and household- or individual-level food insecurity, a discussion of the character and politics of food aid and its users must necessarily be entwined with a consideration of food insecurity more generally. Attempts to associate the two within a single framework are, however, complicated by the absence of a precise, widely accepted definition of the food insecurity ‘problem’. A commonly adopted definition of food insecurity is that of Anderson (1990, p. 1560):

[Food security is] Access by all people at all times to enough food for an active, healthy life and includes at a minimum a) the ready availability of nutritionally adequate and safe foods, and b) the assured ability to acquire acceptable foods in socially acceptable ways ...



Food insecurity exists whenever the availability of nutritionally adequate and safe foods or the ability to acquire safe foods in socially acceptable ways is limited or uncertain.

This definition surpasses conceptualisations of food insecurity as a nutritional or physiological question only, emphasising the social and cultural components of food and food experiences, and underpins the measurement tool employed to assess food insecurity in the Born in Bradford 1000 (discussed below); as such, it is adopted in this thesis.

This section presents a detailed discussion of food insecurity measurement, with particular focus on the food insecurity measurement tool utilised in the Born in Bradford 1000 (BiB1000) study, the Household Food Security Survey Measure (HFSSM) (Hamilton et al., 1997b; Hamilton et al., 1997a; US Department of Agriculture Economic Research Service, 2016). It outlines the objectives and background to the survey; explains the concept of food insecurity upon which the measure is based; details the food insecurity scale, describing how this relates to four separate categories of food insecurity; and discusses the limitations of the measurement tool. The section also briefly outlines other possible food insecurity metrics and presents a discussion of both the broader methodological challenges surrounding food insecurity measurement and contemporary debates and developments regarding food insecurity measurement in the UK today. The section closes with an examination of policy, political and ethical questions relating to the measurement of food insecurity.

#### *Household Food Security Survey Measure (HFSSM)*

In April 1995, the US Bureau of the Census conducted the first Food Security Supplement to its regular Current Population Survey (CPS) (Hamilton et al., 1997b). The Food Security Supplement provided the basis for the first comprehensive measurement of food insecurity and hunger in a nationally representative sample of US households. This survey aimed to develop a standard measure of food insecurity and hunger for the US for use at national, state and local levels. The project culminated in the US national Household Food Security Survey Measure (HFSSM), which has been used to report national food insecurity prevalence experienced by US households since 1995 (Coates et al., 2006b).

The CPS Food Security Supplement is underpinned by the following conceptual definitions of food security, food insecurity and hunger (Anderson, 1990, p.1575-1576):

- Food security – “Access by all people at all times to enough food for an active, healthy life. Food security includes at a minimum: the ready availability of nutritionally adequate and safe foods, and an assured ability to acquire acceptable foods in socially acceptable ways (e.g., without resorting to emergency food supplies, scavenging, stealing, or other coping strategies).”
- Food insecurity – “Limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways.”
- Hunger – “The uneasy or painful sensation caused by a lack of food. The recurrent and involuntary lack of access to food. Hunger may produce malnutrition over time. Hunger ... is a potential, although not necessary, consequence of food insecurity”.

The CPS Food Security Supplement aims to measure only that hunger which results from household financial resource constraints. The measure focuses on whether resource constraints have inhibited the household having ‘enough’ food, as perceived and reported by adult members of the household. Actual hunger for household members occurs at the point at which food insecurity on the central dimension of the scale reaches severe levels. The survey does not measure hunger resulting from being too busy to eat; hunger from voluntary fasting or illness; or hunger from any other cause except the absence of financial resources. The HFSSM has been used to monitor household food insecurity in the US since 1995 and in Canada since 2004. Variations of the survey have been used in several South and Central American countries (Coates et al., 2006b).

#### The food insecurity scale

The CPS Food Security Supplement contains a sequence of questions asking respondents about various aspects of food sufficiency in their households. The questions are either in the form of a statement (made by the survey questioner), where the respondent is asked whether the statement was often, sometimes, or never true in the last 12 months; direct yes/no questions; or frequency questions relating to a particular item. The CPS food security questions explicitly condition the event or behaviour identified as being due to financial limitation (such as ‘... because we couldn’t afford enough food’ or ‘because there wasn’t enough money to buy food.’) Each question addresses an explicit time frame, either the past 12 months or the past 30 days.

Taken individually, no single question can provide a measure of the severity and extent of food insecurity or hunger, however, taken together, the systematic set of 18 CPS questions do provide such a measure. The CPS questions (see Appendix 4 for complete household food security survey, as used in BiB1000) capture qualitative and quantitative dimensions of household food supply as well as household members' psychological and behavioural responses (Bickel et al., 2000). Five general types of household food conditions, events, or behaviours are addressed:

- Anxiety that the household food budget or food supply may be insufficient to meet basic needs (questions 1 and 2);
- Perception that the food eaten by household members was inadequate in quality or quantity (questions 3, 4, and 5);
- Reported instances of reduced food intake, or consequences of reduced food intake (such as the physical sensation of hunger or reported weight loss) for adults in the household (questions 7, 7a, 8, 9, 10, 11, 11a);
- Reported instances of reduced food intake or its consequences for children in the household (questions 6, 12, 13, 13a, 14, 15).

Each household is classified into one of the four food security status categories on the basis of its value on the food security scale (Hamilton et al., 1997b, pp.34-35):

- Food secure – “Households show no or minimal evidence of food insecurity.”
- Food insecure without hunger – “Food insecurity is evident in households’ concerns and in adjustments to household food management, including reduced quality of diets. Little or no reduction in household members’ food intake is reported.”
- Food insecure with moderate hunger – “Food intake for adults in the household has been reduced to an extent that it implies that adults have repeatedly experienced the physical sensation of hunger. Such reductions are not observed at this stage for children in the household.”
- Food insecure with severe hunger – “Households with children have reduced the children’s food intake to an extent that it implies that the children have experienced the physical sensation of hunger. Adults in households with and without children have repeatedly experienced more extensive reductions in food intake at this stage”.

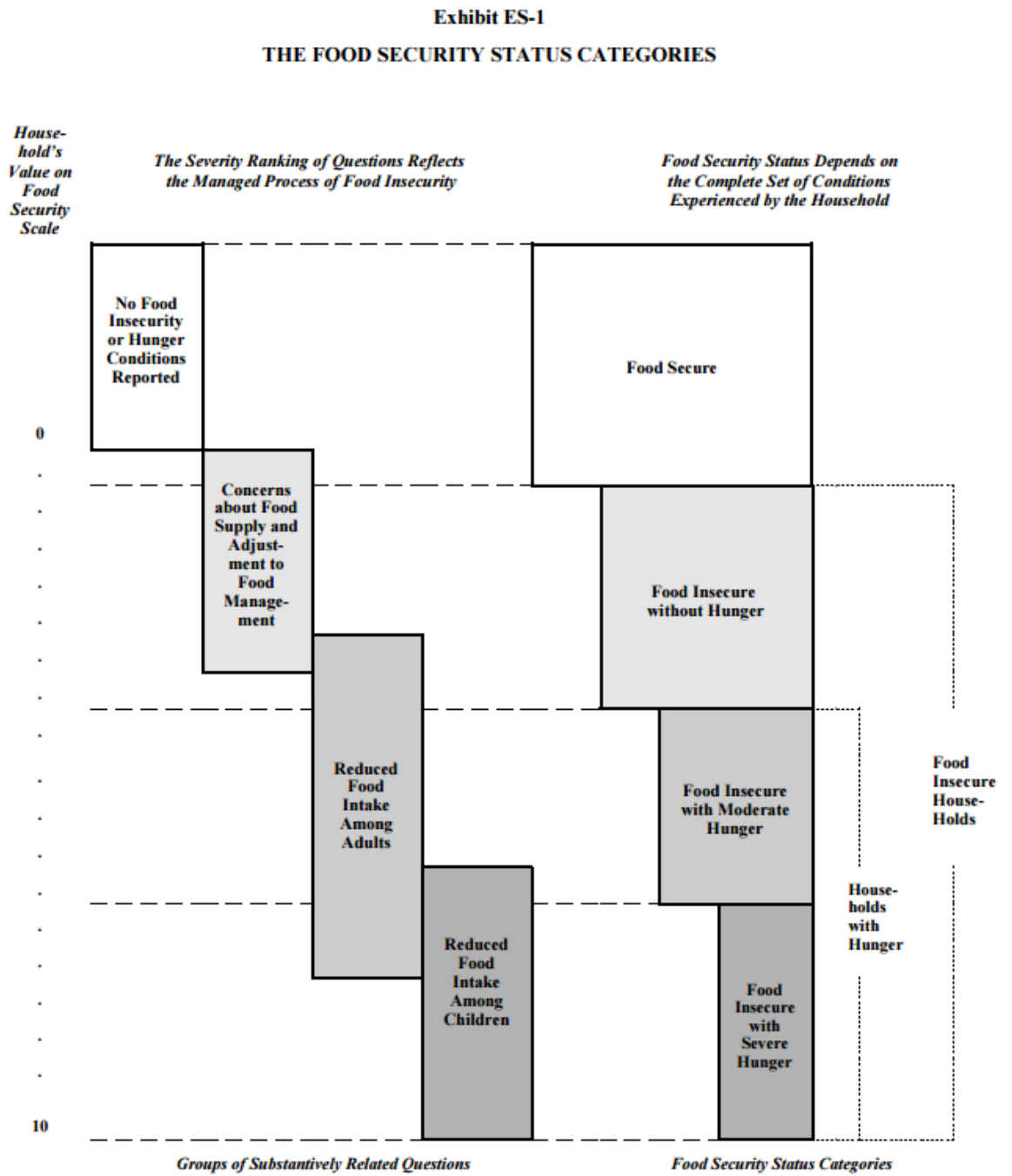
Households with a zero scale score are those reporting no indications of food insufficiency or insecurity. Households with low scale values are those reporting very slight experiences of food insecurity. Both these groups are classified as food secure. At the other extreme, households with high scale values are those reporting experiencing all or nearly all of the conditions covered by the scale, and are classified as food insecure with severe hunger. A household classified into a particular category must have experienced all of the conditions associated with the less severe categories, plus at least two or three of the conditions associated with the assigned category (see Figure 1.1).

Informed by ethnographic research amongst US households, the scale assumes food insecurity to be a 'managed (linear) process', characterised initially by anxiety about having enough food, followed by dietary changes to make limited food resources last and, finally, decreased consumption of food in the household (Radimer et al., 1990; Radimer et al., 1992).

#### Recent developments

In 2006, following the recommendation of the US National Academy of Sciences, the four grouping classification scheme was disused for a scheme encompassing three groups – food secure, low food security and very low food security – and abandoning the concept of 'hunger'. The word hunger was eliminated from the classification scheme to reflect both the evolution of the understanding of hunger as a phenomenon distinct from, although closely related to, food insecurity, as well as to recognise the limitations of extant measurement instruments for accurately gauging hunger (2006). The food insecurity survey used in the BiB1000 12 month survey wave, unfortunately, does not reflect these new developments, due to slight differences between some questions in the surveys associated with the old and new classification scheme, and uses the original four group classification. Further, small sample sizes meant that the food insecurity variable was, by necessity, coded as a dichotomous variable: food secure and food insecure, as described in Chapters 2 and 3.

Figure 1.1 Food security status categories used in the HFSSM (Hamilton et al., 1997b)



*Limitations of the HFSSM*

Despite the extensive research and testing upon which the HFSSM is premised (Coates et al., 2006b), the survey and allied food insecurity metric has multiple limitations.

## Scope of the survey

The core-module questions fail to represent all aspects of food insecurity. The questions focus on whether the household has enough money to meet its basic food needs, and on the normal behavioural and subjective responses to the condition of food insecurity. Other elements of the broad, conceptual definition of food security, such as food safety, nutritional diet quality and access to healthy foods, as well as the 'social acceptability' of food sources – including coping behaviours that food insecure households may undertake to augment their food supply – are not measured by the food security scale. Feelings of shame, alienation and helplessness associated with food insecurity are also missing from the measure (Jones et al., 2013) and possible sources of household food insecurity beyond financial constraint, such as reduced mobility or function for isolated elderly or ill persons, are not captured.

## Temporal issues

The United States Department of Agriculture (USDA) standard food security measure, as used in BiB1000, reflects the household's situation in the 12 month period preceding the survey interview. A household that experienced food insecurity prior to this 12 month period – and may, as a consequence, be at risk of future food insecurity – would not be considered food insecure.

## Categorisation boundaries

The specific boundaries employed to identify categories of the food security status variable are debatable. It is argued both that the boundaries understate the number of households that are 'truly' in some categories and that the boundaries exaggerate the number in other categories (Bickel et al., 2000). The status categories are, therefore, most useful in making comparisons across successive survey waves or between populations, rather than interpreted as absolute measures of food insecurity prevalence within a single population.

## Clinical applicability

The food security scale has been found to be reliable for describing the status of a population, however it has not yet been proven reliable for assessing the status of an individual household – for instance, within a clinical screening context.

## Assessing the nutritional value of household diets

The survey measures the sufficiency of household food as directly experienced by household members, not necessarily the nutritional adequacy of diets. It is reasonable to expect – and there is evidence to suggest – that households with higher scale values have nutritionally less adequate diets than households with lower scale values (Rose and Oliveira, 1997), but the conclusion cannot be drawn from the scale values alone.

## The individual within the household

The scale represents the condition of household members as a group, not the condition of any particular person in the household per se. Some questions apply to the household as a whole, such as ‘the food we bought just didn’t last, and we didn’t have money to get more’, whilst others ask about the experience of adults in the household as a group, or children as a group. If the household includes at least one adult or more than one child, the core-module questions do not indicate how many or which of the adults or children experienced the condition. In general, conditions of food insecurity are believed to affect all household members, although not necessarily identically (Harvey, 2016). By contrast, hunger is a uniquely individual phenomenon: only some members of a food insecure household may be hungry. Consequently, when the scale classifies a household into the more severe range (e.g. food insecure with hunger) it indicates only that at least one or more members, of the household are experiencing hunger due to insufficiency of household resources, not necessarily all members.

## Hunger amongst children in the household

The food situation of children within food insecure households must be interpreted with caution. A household reporting conditions of food insecurity severe enough to provide clear evidence of hunger for adults, does not necessarily indicate that children in the household are hungry, especially if they are young children. The common pattern of behaviour in most households with children – and especially in those with younger children – is for adults to undergo comparatively severe levels of hunger themselves before the first indications of hunger appear among children (Wehler et al., 2004). Consequently, the only inferences about children's hunger that can be made confidently from the unidimensional household-level food security measure (‘food insecure with hunger (moderate)’) is that children in food insecure households are at significantly higher risk of

hunger than other children, and that this risk rises sharply as the severity level of the food insecurity experienced in the household rises.

Nord and Hopwood (2007) elucidate this issue further, explaining that the essential problem with use of the HFSSM for characterisation of childhood food insecurity is that children's food security depends critically upon the ages of the children under consideration. They state that the "severe hunger range" (p.534) of the HFSSM overestimates by nearly 50 per cent the prevalence of children's hunger in households with no children over 5 years of age, whilst underestimating the prevalence of children's hunger in both the six-14 year group (by 33 per cent) and the 15-17 year group (by 20 per cent) (Nord and Hopwood, 2007).

### *Metrics of food insecurity*

Measurement tools to assess hunger and food insecurity/security have evolved in line with changing understanding, amongst academics, practitioners and policy makers, of the conceptual and social issues associated with food insecurity. Today, there exist numerous food insecurity measurement tools used to examine food security and hunger in developing and developed contexts, and within and between countries. Table 1.2 outlines a selection of the most commonly used metrics, the related domain of food insecurity and, where relevant, the associated measurement tool.



Table 1.2 Food security metrics (adapted from Jones et al. (2013, pp.485-488))

<b>Domain of food insecurity</b>	<b>Metric</b>	<b>Tool</b>
National-level estimates of food security	Prevalence of undernourishment	
	Global hunger index	
	Global food insecurity index	
Global monitoring and early warning systems	Famine early warning systems network	
	Vulnerability analysis and mapping methodology	
Measuring household food access	Household consumption and expenditure surveys	
	The dietary diversity proxy	Food consumption score
		Food choice decisions
		Household dietary diversity score
		Behavioural risk factor surveillance system
	Measures based on participatory adaptation	Coping strategies index
		Household economy approach
	Direct experience based measures	United States household food security survey module
		Children's food security scale
		Household food insecurity access scale
		Canadian household food security survey module
		Food Insecurity Experience Scale
		Household hunger scale
Latin American and Caribbean household food security scale		
Measuring food utilisation: anthropometry	Examples include height, recumbent length, weight, mid-upper arm circumference, and skinfold measurements (combined with age and sex data to create anthropometric indices)	

## *Methodological challenges and contemporary debates*

This section outlines some of the broader questions and challenges surrounding food insecurity measurement.

### International comparisons

Evidence on the comparability of food insecurity between countries is equivocal. As previously discussed, indications of substantial variation in households' approaches to managing food insecurity (Walters et al., 2012) undermine the validity of employing universal cut-offs in defining food secure compared with moderately or severely food insecure households across countries (Coates et al., 2006b). However, in the context of global health, there is evidence of commonalities in household food insecurity and its measurement (Radimer, 2002; Coates et al., 2006a; Swindale and Bilinsky, 2006). Coates et al. (2006a) report that insufficient food quantity, inadequate food quality, uncertainty/worry, and social unacceptability are the four core domains of food insecurity experienced by households in 15 different countries (Coates et al., 2006a). Similarly, Swindale and Bilinsky (2006), in an attempt to construct a universal household food insecurity measurement tool that is applicable across countries and cultures (Swindale and Bilinsky, 2006), identify a common set of domains in the 'access' component of household food insecurity.

Nevertheless, disputes surrounding the international comparability of food insecurity measures, particularly the HFSSM, persist. The HFSSM, for instance, has been developed for households within the US, reflecting the relevant range of food security conditions in that country. The methodology is expected to be applicable to other settings, with appropriate linguistic and cultural translations for the exact forms of the scale questions and independent estimation of scale values, reflecting the characteristic patterns of perception and response within the sampled population. However, a meta-analysis using data from low- and high-income countries outside the US found substantial variation in households' approaches to managing food insecurity (Walters et al., 2012). As a consequence of this variation, adopting universal cut-offs for defining food secure compared with moderately or severely food insecure households across all countries may not be possible (Coates et al., 2006b) and could lead to unreliable results.

## Social desirability

“Social desirability”, “the tendency to respond in a manner consistent with societal expectations”, may distort the results of food security measurements (Hampfl and Hall, 2002, p.920). There is evidence to suggest that some individuals in receipt of food assistance may over-report food insecurity issues due to concerns that the survey instrument is itself a mechanism employed to justify their continued food security support (Hampfl and Hall, 2002), whilst others may under-report food insecurity out of embarrassment or perception that the food within their household is adequate (Sharif and Ang, 2001).

## Reliability

In general, shorter recall periods may be expected to provide more reliable data, as recall errors are reduced. Periods as short as the previous 30 days may be more appropriate, depending on the objectives of the specific survey. It is worth noting that the time frame considered in the BiB1000 study was 12 months.

## Ethnic and cultural differences

Insufficient food quantity, inadequate food quality, and uncertainty/anxiety about food are an important part of the food insecurity experience in all sampled cultures, whilst concerns about social unacceptability emerge in all ethnographic accounts (Coates et al., 2006a). Further, comparative survey data suggests that the relative frequency at which populations respond to domain-related questionnaire items is similar across all but a few cultures. Nevertheless, there is limited use of food insecurity surveys amongst ethnic minorities, particularly South Asian groups residing in Western Europe, precluding certainty on the validity of survey measures when making comparisons between certain ethnic groups.

## Evaluation of ‘hunger’

The absence of an operational definition of hunger has been frequently cited as a barrier to progress in addressing food insecurity (Radimer et al., 1990; Radimer et al., 1992). Evaluation of hunger – an individual physiological experience as opposed to a household phenomenon –

requires compilation of considerably more information than most food insecurity metrics, including the HFSSM, collect (Nord and Hopwood, 2007).

### *Current developments in the UK*

#### Absence of systematic data

Information on food insecurity is not routinely collected as part of national monitoring surveys in the UK. Unlike in the US and Canada, where food insecurity statistics are publically available, routinely updated and have been employed to analyse both the causes of food insecurity and the effectiveness of solutions, UK policy makers, campaigners and academics are unable to effectively and comprehensively quantify food insecurity. There is no indication whether the inclusion of the short food insecurity module in the recent FSA 'Food and You' survey (Wave 4) (FSA, 2017) will continue in successive surveys.

The recent, widely publicised proliferation of food banks is often taken to illustrate a growing prevalence of hunger, however there is no systematically collected data on UK food aid use. Knowledge about the character of UK food insecurity amongst those food insecure households that do not seek assistance from Trussell Trust foodbanks is, thus, highly circumscribed. UK charitable provision, which tends to be voluntary, is geographically unevenly spread (Lambie-Mumford et al., 2014), limiting access to and knowledge of emergency food aid amongst some food insecure households. In addition, research suggests that people experiencing food insecurity often either do not consider themselves eligible for food charity or perceive it to be stigmatising and, consequently, avoid accessing services (Lambie-Mumford et al., 2014; Tait, 2015). Indeed, in Canada research suggests that only around a fifth of those in food insecurity resort to food banks (Loopstra and Tarasuk, 2015).

#### Attempts to monitor UK food insecurity – what data do we have and what does it tell us?

Between April 2017 and 2018 over 1.3 million people were given at least three days' worth of emergency food supplies from The Trussell Trust's UK network of foodbanks; accounting for people who may receive food parcels more than once, it is estimated that over 600,000 different people in the UK received food assistance in 2017/18 from Trussell Trust foodbanks. Despite the historical absence of national systematic food insecurity data, researchers have made use of

information gleaned from a range of formal and informal surveys to provide a picture of contemporary food insecurity in the UK. For example, a representative survey conducted by Ipsos MORI in London suggests that 42 per cent of parents are reducing the amount of food purchased, whilst 8 per cent report that, at some point in the previous year, their children had to skip meals because they could not afford to purchase food (Ipsos MORI, 2013). Research by parenting website Netmums and The Trussell Trust revealed that, in 2014, 56 per cent of working families switched to buying cheaper, lower quality food, and 20 per cent of parents were forced by deprivation to choose between paying bills and purchasing food (Trussell Trust, 2015).

The 2003-2005 Low Income Diet and Nutrition Survey (LIDNS), commissioned by the FSA, is historically the only UK survey encompassing nationwide data on the prevalence of food insecurity (Nelson et al., 2007). The study, which aimed to measure the extent of food insecurity in the most deprived 15 per cent of the population, found that within this segment around 30 per cent experienced some constraint on food buying because of lack of money or other resources, 39 per cent regularly worried about running out of money for food, and around 20 per cent said they reduced the size of or skipped meals because of lack of money for food (Nelson et al., 2007). Unfortunately, and contrary to intention, the LIDNS has not been repeated. Annual monitoring by the ONS of the proportion of income households spend on food provides an insight into household spending habits and the pressure of food expenditure on the household budget. The survey repeatedly shows that lower income households apportion a higher proportion of their total expenditure to food and non-alcoholic drinks. For instance, in 2015/16, households with the lowest income spent 17 per cent of their total expenditure on food and non-alcoholic drinks, compared with 8 per cent amongst households with the highest income (ONS, 2017).

Recently published FSA food insecurity data (FSA, 2017) does provide some insight into contemporary UK food insecurity. Published in March 2017, the UK food insecurity statistics identify 13 per cent of UK adults to be marginally food secure and 8 per cent to have low or very low food security (FSA, 2017). Similarly, United Nations (UN) survey data suggests that an estimated 8.4 million people, 10.1 per cent of the UK population, were food insecure in 2014, 4.5 per cent (CI  $\pm$ 2.1 per cent) of whom experienced a severe level of food insecurity, typically having gone a whole day without eating at various times during the year because they could not afford food. On the basis of these figures, the Food and Agriculture Organisation of the UN (FAO) estimates that 3.7 million people in the UK were living in moderately food insecure homes and 4.7 million people were living in severely food insecure homes in 2014 (Taylor and Loopstra, 2016).

Whilst helpful in outlining a picture of food insecurity in the UK, the small sample size of these surveys and the absence of comparable historical datasets precludes detailed descriptive and/or risk/protective factor analyses, and obstructs assessment of contemporary trends in UK food insecurity.

Food insecurity prevalence has been reported in a limited number of cohort and case studies in the UK, including the Southampton Women's Survey (SWS) cohort study (in which food insecurity was 4.6 per cent) (Pilgrim et al., 2012) and the E-Risk Study (9.7 per cent) (Whitaker et al., 2006). Additionally, case study analysis of food insecurity in inner London suggests food insecurity may be particularly high in deprived inner city areas: out of a sample of 431, 20 per cent were food insecure and 28 per cent were food insecure with hunger (Tingay et al., 2003).

#### *Policy, political and ethical questions about whether to measure or not to measure*

Notwithstanding the above, ethical issues associated with and arguments against the development of a standard measure of food insecurity in the UK are worth consideration. For instance, despite widespread aspirations for 'evidence-based' policy, the production of evidence, in the form of quantitative data, does not inevitably lead to policy solutions and, moreover, the development of a measure of food insecurity may, arguably, be considered a distraction from charitable attempts to mitigate hunger. Some academics and policy makers in the field of food insecurity/poverty argue that food insecurity is only one facet of the much wider problem of poverty, and efforts should focus on understanding (and measuring) poverty in its totality, not food insecurity per se. Others argue that focusing on an extreme measure of poverty, such as severe food insecurity, may, in fact, create space for policy makers to lower the threshold for a materially-based concept of poverty, permitting a measure of poverty premised purely upon basic nutritional needs. Measurement of food insecurity also raises practical problems. For instance, adding a question to national surveys has financial implications at a time when public budgets are either capped or contracting, whilst technical complications, such as the complexity of devising questions to elicit information on both the prevalence of food insecurity and its social and psychological dimensions, may stymie the development of a viable system of food insecurity measurement. Finally, concern exists that identifying food insecurity as a narrowly food-based issue will encourage food-based solutions (such as food charity), permitting underlying structural and social factors (such as low income levels and/or inadequate social security provision) to be sidestepped.

Notwithstanding these concerns, the need to understand the extent and character of apparently growing UK food insecurity is urgent in order to assist food insecure individuals, protect those at risk of food insecurity, and understand the factors driving rising food insecurity, with a view to identifying appropriate policy levers. The political challenges of doing so, however, cannot be under-estimated: despite the recommendations of the All Party Parliamentary Group on Hunger that the initiation of a food security measurement programme is paramount, the Department for Environment, Food and Rural Affairs (Defra) ultimately maintains that existing monitoring (based on percentage of income spent on food) is adequate.

**Socio-demographics of food insecurity: To what extent does ethnicity and/or religion impact upon the extent and character of food insecurity in the Global North?**

This section attempts to unearth and unpick the complexities of food insecurity prevalence and characteristics through a detailed exploration of the socio-demographics of food insecurity. It questions the extent to which food insecurity is an economic phenomenon tied to wider political economy trends, for example neoliberalism, and/or connected to other contextual or socio-demographic characteristics, in particular ethnicity. In light of the characteristics of the BiB1000 sample (see Chapter 2), the discussion below concentrates on predictors of food insecurity amongst women only and, where possible, highlighting differences between white British and Pakistani/Pakistani Muslim groups. The limitations of this are addressed in the discussion chapter.

There is an established body of international evidence indicating that food insecurity differs by sex. Women in low income households are at particular risk of food insecurity and households with children headed by single females are more likely to be food insecure than other household types, independent of other socio-demographic factors (Dixon et al., 2001). Indeed, in the US, low-to-middle income single female headed households are five and a half times more likely than other family types to be food insufficient (Alaimo et al., 1998). Within the household, potential gender inequalities could result from women's actual or perceived role in the family as procurer of food and carer of children (Collins, 2009).

The importance of intra-household characteristics is supported by evidence of an increased likelihood of moderate and severe household food insecurity with additional adult males but a decrease with additional adult females (Felker-Kantor and Wood, 2012). Evidence that the

presence of adult females reduces food insecurity is consistent with studies of gender differences in household decision making showing that, compared with men, women's spending patterns have a greater positive effect on the welfare of children and other members of the household (Felker-Kantor and Wood, 2012). Nevertheless, adult women, not adult men, belonging to food insufficient households have lower intakes of nutrients than other household members (Rose, 1999).

Household financial insecurity amongst female-headed households in North America appears to be inextricably linked with food insecurity. Tarasuk (2001) found that, amongst women in Toronto, the circumstances identified as precipitating acute food shortages in the household included chronically inadequate incomes; the need to meet additional, unusual expenditures; and the need to pay for other services or accumulated debts (Tarasuk, 2001, p.2670). However, a one-to-one correspondence between food insecurity and financial insecurity does not exist (Rose, 1999a; Olabiyi and McIntyre, 2014). Roughly 15 per cent of all food insecure Canadian households are not income poor and, in 2012, 29 per cent of food insecure US households had incomes higher than 185 per cent of the federal poverty line (Olabiyi and McIntyre, 2014).

The findings of North American food insecurity research may not, however, translate directly onto the UK context, given cultural differences and variations in welfare provision. Yet, in the absence of robust empirical UK evidence, understanding of predictors of food insecurity amongst UK populations is predominantly gleaned from Northern American studies. The available UK evidence, noted above, suggests that food insecurity disproportionately affects people living on low incomes and younger people (FSA, 2017); is negatively associated with education (Tingay et al., 2003); and is more common in households where the mothers are younger, smokers, of lower social class and in receipt of financial benefits (Pilgrim et al., 2012).

International evidence identifies ethnic variations in the prevalence and experience of food insecurity (Alaimo et al., 1998; Stuff et al., 2004; Chilton et al., 2009; Haering and Syed, 2009; Slocum, 2011). In the US, Black and Mexican American households are more likely to be food insecure than the general population (Coleman-Jensen et al., 2014), whilst US immigrants and their children are also particularly vulnerable to food insecurity (Dixon et al., 2001) (recent welfare reforms, restricting food assistance to these groups, have compounded this vulnerability). In 2001, for instance, rates of food insecurity were 11.8 per cent among low income whites, 13.5



per cent amongst low income non-Hispanic blacks and 24.8 per cent amongst low income Mexican Americans (National Centre for Health Statistics, 2002).

There are reasons to believe that some UK ethnic minority groups may be particularly disadvantaged and highly vulnerable to food insecurity. It is well established that, in the UK, people from ethnic minority groups are more deprived and have worse health outcomes, on average, than the white ethnic majority (Modood and Berthoud, 1997; Atkin, 2009). Pakistanis and Bangladeshis report the poorest health, followed by Caribbeans, Indians and African Asians; Chinese have the best health outcomes of all ethnic minority groups (Nazroo, 1997). Amongst religious groups, Muslims are particularly likely to be at risk of poverty, whilst Sikhs and Hindus are also more likely to experience poverty than are people affiliated with Christian churches, Judaism, or people with no religion (Martin et al., 2010; JRF, 2014).

There is an absence of evidence on ethnic and religious differences in UK food insecurity and no data on food insecurity amongst Pakistani populations as distinct from other 'Asian' groups. Whilst high food insecurity prevalence amongst US ethnic minorities may suggest that ethnic minority status is a risk factor for food insecurity, studies in the UK suggest that use of food aid is particularly low amongst those of Pakistani/Bangladeshi origin and black/black British people (Fitzpatrick et al., 2016), despite high rates of severe poverty amongst these ethnic minority groups (Nazroo, 1997; Atkin, 2009; Fitzpatrick et al., 2016).

Ethnic variations in food insecurity have received very limited attention in the UK, whilst studies addressing ethnicity and food insecurity in the US and Canada have concentrated predominantly on African American, Hispanic and Aboriginal populations (Stuff et al., 2004; Slocum, 2006; Subramanian and Kawachi, 2006; Seligman et al., 2010; Slocum, 2011; Coleman-Jensen et al., 2014; Balistreri, 2016). There are no studies, to my knowledge, addressing differences in the prevalence and socio-demography of food insecurity between white British and Pakistani/Pakistani Muslim populations.

### **The impact of ethnicity density on health outcomes: An explanatory theory?**

Evidence that, internationally, food insecurity may vary by ethnicity within income groups and that, nationally, despite a greater likelihood of income-poverty some ethnic minority groups, especially those of Pakistani/Bangladeshi origin and black/black British people, are less likely to

use food banks than the white ethnic majority (Fitzpatrick et al., 2016) intimates that other factors, beyond financial insecurity, may be at play in the causes and manifestations of food insecurity. A possible explanation of ethnic variations in food insecurity prevalence and food aid use may be strong familial and social support networks amongst some ethnic minority groups, which shield the individual from the deleterious effects of poverty on health outcomes, such as food insecurity. However, this theory, known as the ethnic density hypothesis, has mixed evidential support. This section takes a detailed look at the relationship between food insecurity and health (general; and mental) amongst ethnic majority and minority groups to question whether the ethnic density hypothesis is a useful explanatory theory.

### *Food insecurity and general health*

The coexistence of food insecurity and poor health is highly clinically relevant. The prevalence of poor health is substantially higher amongst food insecure than food secure households. Women in food insecure households (as measured by the 18 item US HFSSM) are statistically more likely than those who are not in such households to rate their health as poor or fair rather than good or excellent (Stuff et al., 2004), even when age, sex, income, and education are taken into account (Vozoris and Tarasuk, 2003; Tarasuk, 2009; Seligman et al., 2010). Food insecure adults are also more vulnerable to chronic conditions, with the risk increasing in relation to the severity of food insecurity (Tarasuk et al., 2013).

Health outcomes associated with the experience of insecure access to food include poor nutritional status, depression and anxiety, and food allergies (Rose and Oliveira, 1997; Heflin et al., 2005; Kirkpatrick and Tarasuk, 2008). In addition to its direct effect on individual physiology, food insecurity may impact upon health indirectly by impeding the ability of individuals to manage existing chronic health problems, such as diabetes and HIV, and by requiring food insecure individuals to forgo critical medical expenses (Law et al., 2012). The reverse hypothesis, according to which poor health increases the likelihood of food insecurity, is evidenced by longitudinal analyses indicating that chronic physical ill health amongst Canadian adults increases vulnerability to household food insecurity (Tarasuk, 2009).

### *Food insecurity and mental health*

Cross-sectional survey data in North America and Australia indicates that household food insecurity is independently associated with poor mental health among adults (Che and Chen, 2001; Holben, 2002; Stuff et al., 2004; Fuller-Thomson and Nimigon, 2008). Adults in food insecure households score lower on the mental health scale of the 12 Item Short Form Health Survey than adults in food secure households (Stuff et al., 2004), with the likelihood of poor mental health rising in line with the severity of food insecurity status (Laraia et al., 2006; Muldoon et al., 2013). It is well established that the mental health consequences of food insecurity are numerous and diverse, including chronic depression, anxiety, alienation and feelings of powerlessness (Holben, 2002).

Evidence indicates that the reverse hypothesis, according to which an adult's mental health status is a determinant of household food insecurity status and, concomitantly, the likelihood of food insecurity increases in relation to the quantity of chronic mental health conditions, may also be true (Heflin et al., 2007; Chilton et al., 2009; Tarasuk et al., 2013). Understanding about the direction of causality between food insecurity and mental health is, nevertheless, restricted by a paucity of longitudinal data.

### *Ethnic variations in food insecurity and health – could the ethnic density hypothesis be an explanatory theory?*

The strength of the association between food insecurity and poor health may be dependent on ethnicity. In the US, Stuff et al. (2004) found that within food insecure groups, physical health scores and general health were reported to be higher amongst US black than US white respondents (Stuff et al., 2004). In the UK, whilst the consistent health disadvantage of the Pakistani/Bangladeshi group, compared to the white ethnic majority, is widely accepted the extent to which such ethnic inequalities in health are due to socioeconomic differences between and within ethnic groups remains unclear. For instance, in the Fourth National Survey of Ethnic Minorities (arguably the first comprehensive documentation of ethnic inequalities in health in Britain (Modood and Berthoud, 1997)) the difference between social classes within the Pakistani/Bangladeshi groups did not always conform to the general expectations of worse health correlating with lower social class (Nazroo, 1997). Similarly in the Millennium Cohort Study, the

incidence of low birth weight in the Indian and Pakistani groups remained double that in the white British group, after taking into account socioeconomic status (Evenson et al., 2002).

It is possible that wider social networks provide financial, social, and emotional support to poor Pakistani families within the community, rendering them less vulnerable to both poor health outcomes and various forms of deprivation, such as food insecurity. Although the evidence is mixed, studies indicate that social capital can buffer health outcomes of poor and disadvantaged groups (Sun et al., 2009; Pearson and Geronimus, 2011). Literature on the 'Hispanic paradox' suggests that Hispanics in the US have lower mortality rates because of their strong community networks (Markides and Coreil, 1986). Similarly, the 'ethnic density hypothesis' states that ethnic minorities derive health benefits from living in areas with a high percentage of their own ethnic group (Pickett and Wilkinson, 2008; Becares et al., 2009; Shaw et al., 2012a). For example, analysis of the Millennium Cohort Study indicates that, compared to those who live in areas with less than 5 per cent of people from the same-ethnic minority population, Indian and Pakistani women living in areas with high same-ethnic density are significantly less likely to report ever being depressed. There is also a protective effect of ethnic density for limiting long-term illness among Bangladeshi women at 5-30 per cent density and among Pakistani women at all higher densities (Albor et al., 2014). The biraderi – kinship networks within the Pakistani community – operate in Bradford and may be an important social structure within which social and economic capital are exchanged (Bolognani, 2007). However, the manner and extent to which social networks and social support mitigate food insecurity amongst the Pakistani community requires more research.

Exploring the relationship between health and food insecurity amongst varying ethnic/ethno-religious groups may shed further light on the buffer function served by social networks amongst ethnic and religious minorities (Bécares et al., 2012). Bradford's ethnic and religious diversity, its high deprivation and its rapidly changing population (60 per cent of babies born in Bradford are in the first quintile of deprivation for England and Wales and nearly 50 per cent of babies born each year are to women of Pakistani origin, predominantly from the Mirpur District of Pakistan (Small, 2012)) render the city an interesting case study for the examination of ethnic/ethno-religious inequalities in a relatively new and, arguably, dynamic health outcome: food insecurity.

## **The lived experience of food insecurity in a contemporary context: Individualised risk and mutual aid**

This section shifts down a level from population statistics to explore the lived experience of food insecurity. It concentrates particularly on food insecurity amongst families, given the higher risk of this group to food insecurity itself and in the light of the nature of the Born in Bradford data (so facilitating later comparisons). Continuing the above discussion on ethnic/ethno-religious differences in food insecurity and forms of social capital and/or mutual aid amongst ethnic minority communities that may mitigate the extent or effects of food shortages, it scrutinises similarities and variations between ethnic groups (particularly Pakistani/Pakistani Muslim and white British) in the prevalence and lived experience of food insecurity. First, however, the section defends the focus on families with children and explores household responses to food insecurity across ethnic groups.

### *Food insecurity amongst families*

Notwithstanding the disproportionate impact of food insecurity on young people (FSA, 2017), households with young children are at greater risk of food insecurity than the general population (Hamelin et al., 2002; McIntyre et al., 2003; Knowles et al., 2015). Respondents in households with children aged under 16 were more likely to report having made a change to their buying and eating arrangements for financial reasons, such as more frequently buying items on special offer and eating out less, than respondents in adults-only households (58 per cent compared with 37 per cent) (FSA, 2017). Despite a considerable body of international evidence suggesting that children within food insecure households are protected from the more serious effects of food insecurity (i.e. hunger), research within the UK indicates that, amongst the most economically deprived food insecure families, parents may not be able to protect their children from the sharp impact of food insecurity. For instance, nearly half of children in a qualitative study of food insecure low income households were reported as experiencing hunger (Harvey, 2016).

### *Household responses to food insecurity*

Food insecure households reportedly exhibit a wide range of coping techniques apposite to their level of vulnerability (Ruel et al., 2010), including food and non-food based strategies (Farzana et al., 2017). Food insecure households may reduce the quality and/or quantity of food consumed

(albeit whilst prioritising children) (Pfeiffer et al., 2011); adopt careful budgeting strategies for food and other household items and utilities (Huisken et al., 2017); draw upon credit and loans; and sell possessions (Perry et al., 2014).

Social networks, including friends, families and neighbours, may be used for social and nutritional support (Pfeiffer et al., 2011). Indeed, Chhabra et al. (2014) found that a majority of food insecure respondents consider their family to be their primary source of social support, followed by friends and, finally, neighbours (Chhabra et al., 2014). The assistance provided by social networks includes immediate food aid, information about food preparation or sources of food, and emotional support. However, the tendency or ability to seek support from social networks may vary by demography. Parents describe reliance on others as “stressful and often threatening” (Ahluwalia et al., 1998, p.599), whilst African American respondents are more likely than other ethnic groups to depend upon formal support systems due to the high levels of poverty amongst their own social networks, potentially rendering the latter unable to provide tangible food aid. In addition, there may be differences between demographic groups in the makeup and utilisation of networks. For instance, women are more likely than men to have wide social networks that can be depended on for instrumental, emotional and informational support (Ahluwalia et al., 1998). Assistance from social networks is not, however, perceived as unconditional: help from friends is reportedly viewed as an exchange to be reciprocated (Ahluwalia et al., 1998; Perry et al., 2014). Coping strategies adopted by vulnerable households tend not to be mutually exclusive, rather a mixed approach incorporating dietary compromise, such as consuming lower quality foods; social networks; and financial strategies are employed (Gunderson and Ziliak, 2014; Farzana et al., 2017).

As noted above, charitable food aid, including food banks, may also be accessed as a ‘pragmatic’ response to food insecurity (Pfeiffer et al., 2011; Gunderson and Ziliak, 2014). In addition, families may depend upon food provided free by schools; indeed, 70 per cent of food insecure families with children in primary school education rely, in some part, on food supplied by schools, either through free school meals or food distributed by breakfast and/or after-school clubs (Trust, 2015).

Despite the importance attributed by both members of the political and media establishment (as noted by Garthwaite (2016a)) and some food insecurity intervention programmes to poor cooking skills as a cause of (persistent) food insecurity, the extent to which food skills can protect poor families from food insecurity and hunger is questionable (McLaughlin et al., 2003; Huisken et al.,

2017). Nutrient intakes by women in food insecure households reflect less complex food preparation but no less preparation from scratch than women in households where hunger is not evident (McLaughlin et al., 2003), whilst adults in food insecure households do not report having lower food preparation skills than those in food secure households (Huisken et al., 2017). Nevertheless, personal strengths and abilities – maintaining a positive mental attitude, interpersonal skills, willingness to care for others, voluntary work, and studying – are identified by people using food banks as essential to their ability to ‘cope’ with food insecurity (Perry et al., 2014).

#### *Similarities and variations between ethnic groups in the prevalence and experience of food insecurity*

Within the Global North there is no literature, to my knowledge, on varying approaches to food insecurity within and between Pakistani/Pakistani Muslim and white British households. Nevertheless, information on ethnic variations in the prevalence of and risk factors for food insecurity; North American literature on the lived experience of food insecurity amongst other ethnic minority groups, such as African American and Hispanic populations; and research on the role and importance of social networks within South Asian communities in the Global North, do provide an insight into potential approaches to food in the context of poverty amongst majority and minority ethnic groups.

Systems of reciprocity or mutual aid – in particular the sharing of food – operating amongst families in poverty within ethnic minority, including Pakistani, communities may function as an ‘informal security network’, mitigating the likelihood and impact of food insecurity (Fitchen, 1987, p.319). Social prescriptions around food may not only shape the type of food purchased but limit the demography of socialisation to members of the ethnic minority group, which may, in turn, entrench reciprocation and, thus also, security of food within the ethnic minority community (Vallianatos and Raine, 2008).

Beyond social networks, established systems of welfare provision within Muslim communities may attenuate the prevalence and/or extent of food insecurity. Zakat (compulsory almsgiving for Muslims – described above) provides a practical and moral basis for welfare provision within Muslim societies (Dean and Khan, 1997). Whilst the giving of zakat is an altruistic act, it also has a fundamental economic function: to ensure the proper distribution and circulation of wealth (Ali,

1993, p.88). In practice, Zakat tends to remain as a parallel or supplementary channel of revenue raising and distribution. The funds generated are employed partly to support charitable programmes (such as aid for Bosnian Muslims) but also more directly to support independent Islamic educational initiatives, to give loans to Muslim students in Britain, and to promote health and welfare through individual grants to British Muslim families in need (Dean and Khan, 1997).

The increasing formalisation of a parallel Islamic welfare system to supplement the British welfare state through the work of the Muslim Parliament arguably remains in its infancy in the UK, with commitment to and participation in the British social security system apparently equal amongst minority and majority ethnic groups (Dean and Khan, 1997). For instance, research by Law et al. (1994) found that Bangladeshi Muslims in Leeds largely accepted that they had a right to claim social security benefits from the British state. Unfortunately, there is no research, to my knowledge, on attitudes to the British welfare state amongst Pakistani Muslims living in the UK.

Amongst ethnic minority immigrant communities, in particular, food may be of fundamental importance in maintaining connections with home and signifying ethnic identity (Vallianatos and Raine, 2008). In their study of food practices amongst ethnic minority migrant women in Canada, Valliantos and Raine (2008) found that women struggled to maintain ethnic cuisine as a marker of community affiliation whilst, to varying degrees, integrating new foods. Challenges may be faced in continuing to cook traditional foods (Vallianatos and Raine, 2008) or in accessing an adequate quantity and quality of food (Moffat et al., 2017). Difficulties include perceived poor availability of high quality, fresh and chemical-free foods, high food prices and challenges when shopping regarding identifying and using new foods, such as canned items (Moffat et al., 2017).

However, despite potential ethnic differences in approaches to food and food insecurity, it is the economic exigencies of poverty that may primarily determine the types of foods people consume most frequently. Different preferences remain but in “menu combinations” and “modes of preparation” the “inescapable constraints of poverty tend to override ethnic and regional variation” (Fitchen, 1987, p.318). Moreover, Britain’s ethnic minorities are fundamental to a process that allows cultural crossover to operate, blurring the very lines between culture, ethnicity and identity. Contemporary mainstream British culture has more ‘foreign’ dishes on its menus than those purported to be authentic, indigenous or primordial British cuisine. Meanwhile, British Muslims select and manage food preferences with reference to British values and tastes (Bradby, 1997).



Abstracted from ethnicity, the manner in which people living in deprivation confront poverty is intimately culturally influenced by values associated with the dominant class and/or the majority. The 'poor', despite their limited economic resources follow many of the dominant cultural ideas and practices, indeed 'poor people' may cling to and may exaggerate dominant food preferences to affirm their sense of belonging or identity as citizens, or to present a public persona of not being in need (Fitchen, 1987).

Notwithstanding the literature cited above, there is an apparent absence of UK evidence on the varying experiences amongst and between ethnic groups – in particular, white British and Pakistani Muslim people – on food consumption and food management in the home, in the context of poverty. Evidence on food insecurity amongst immigrants in Canada, discussed above, whilst providing an insight into the challenges which may be faced by some ethnic minority immigrant populations does not translate directly onto the UK context nor is the situation of immigrants in Canada comparable to that of established Pakistani communities in the UK, the latter often including second- and third-generation migrants (Martin et al., 2010). Research into possible ethnic differences is all the more pressing given high levels of poverty amongst some South Asian communities in the UK (Nazroo, 1997; Atkin, 2009).

Literature on the experience of and adaptation strategies to food insecurity amongst people who do not access charitable food aid in the UK is also under-developed. The majority of contemporary research on the lived experience of food insecurity in the UK samples participants via food banks (predominantly Trussell Trust foodbanks), rendering much of the research arguably restricted to an investigation of food insecurity amongst a specific population, a population which, by necessity, must already be in contact with formal state or charitable support services (access to a Trussell Trust food parcel is contingent upon obtaining a voucher from a member of a specified state service or charity).

## **1.4 Resistance and alternatives**

### **1.4.1 Third theoretical framework on food banking**

Some recent UK scholarship on food banking has presented an alternative to the above critical frameworks, depicting food banks as potential sites of morality, social solidarity and care (Williams et al., 2016; Cloke et al., 2016; Lambie-Mumford, 2017). Such scholarship posits that

food charity represents an embodiment and performance of morality, with provision underpinned by moral imperatives, both secular and religious (Lambie-Mumford 2017). Food banks may, thus, function as ‘ambivalent spaces of care’ (Cloke et al., 2016), in which people of different classes, ethnicities, genders and histories share a single encounter. In the performance of care within the ‘liminal space’ of the food bank exists the potential for collectively formed new political and ethical beliefs and identities that challenge neoliberal austerity (Cloke et al., 2016). Food bank user reports of shame and embarrassment within the food bank space (van der Horst et al., 2014), as well as the low use of formal food banks by people in food insecurity in the first place, cast doubt on such assertions that food banks may be a benign, productive space for the ‘food insecure’ (rather than just for those distributing food and instruction).

#### **1.4.2 Mutual aid**

Nevertheless, as apparent in the above descriptions of social networks amongst minority ethnic communities, social and familial solidarities outside the food aid space may promote food security in contexts of poverty. Amongst some marginalised communities in the UK there is evidence that risk is collectivised (Shaw and Charsley, 2006) and forms of mutual aid – or, more precisely, a particular form of communism – performed. To be clear, this conceptualisation of communism is not one which concentrates on questions of individual and private ownership, nor is it predicated upon ‘communism’ as according to Marx: both the political movement aiming to bring about a society founded upon the principle of “from each according to his ability, to each according to his needs” (Marx, [1891] 1971, p.20), and that society itself. It instead draws upon the alternate strain of revolutionary theory, historically most evident perhaps in Kropotkin’s Mutual Aid (Kropotkin, [1902] 1987b) but more recently defined by Graeber (2014) as “baseline communism”: “the understanding that unless people consider themselves enemies, if the need is considered great enough or the cost considered reasonable enough, the principle of ‘from each according to their abilities, to each according to their needs’ will be assumed to apply” (Graeber, 2014, p.98). The extent to which, despite neoliberal hegemony, such mutual aid persists amongst minority and/or marginalised groups will be explored below in the comparative food insecurity experiences, within and outside the food aid arena, of Pakistani Muslim and white British women.

## 1.5 Conclusion and hypothesis

This chapter has sought to explicate a form of 'advanced' neoliberalism; a particular contemporary configuration of neoliberalism characterised by the withdrawal of the state from social assistance; the injection of market principles (of competition and audit) into all spheres of public, social and cultural life; surveillance and securitisation; and a historically distinct type of subject and form of subjectivity, which is not simply the product of governmental priorities and policies but also consequent upon self-regulation and self-surveillance. Bound to this configuration of neoliberalism are specific constructions of religion and race. 'Religious neoliberalism' is implicated in 'roll-back' and 'roll-out' processes of state transformation since the 1980s. The productive alliance of religious actors and motifs, and neoliberal policies and programmes may compound broader processes of governmentality through the particular involvement of religious charities in processes of subject formation. 'Racial neoliberalism' is closely associated with creeping surveillance and securitisation – also coined 'neoliberalism as governmentality' – and with processes of self-regulation, through which individuals contribute to the atomisation and individualisation of society. Whilst contemporary food aid may appear to embody this configuration of neoliberalism, there is considerable ambiguity in the character of food aid itself; the relationship between food aid and the state; the nature and extent of religious involvement in contemporary food charity; and processes of racial exclusion and inclusion in the food aid space. In addition, there is evidence of a longer tradition of food charity in the UK, one that well-precedes the ascendancy of neoliberal political economy from the late 1970s.

At first glance, food insecurity also appears to be a neoliberal phenomenon, a product of financial insecurity and closely tied to recent welfare reforms. However, not only is there evidence of food insecurity in the UK prior to the global financial crisis, but international scholarship suggests that food insecurity is not simply associated with financial insecurity. Rather, it is influenced by gender, ethnicity, social networks and forms of mutual aid, in addition to socioeconomic status.

'Advanced' neoliberalism may dominate in some spaces and amongst some groups but forms of mutual aid may continue unabated in parallel with neoliberal policies, institutions and discourses, mediating and shaping the experiences and impacts of food insecurity.

The hypothesis derived from this theoretical framework is as follows:

Rising food insecurity and recent configurations of food charity are emblematic of the 'advanced' stage of neoliberalism, itself associated with a particular form of religion, a – falsified – 'post-racial' society and a securitised state.

Through an analysis of food aid and food insecurity in Bradford, this thesis questions whether a particular form of neoliberal political economy constitutes a meta-narrative to explain contemporary food aid and food insecurity.

The following chapter, Chapter 2, describes the background to and the composition of the datasets (Born in Bradford and Born in Bradford 1000) used in this thesis, and serves as a precursor to Chapter 3, which presents the research questions and detail on the mixed-methods, case study methodology.

## Chapter 2

### Describing the data: The Born in Bradford Study and the Born in Bradford 1000 study

This short chapter serves as a precursor to the main methodology chapter, Chapter 3. Before setting out the study design itself, I will describe the cohort study and data used in Study 2. It is important to make clear that I had no role whatsoever in the design of the cohort study or the collection of the cohort data (both Born in Bradford itself and Born in Bradford 1000). My own study is, thus, secondary data analysis.

#### **2.1 The Born in Bradford (BiB) study**

##### **2.1.1 Born in Bradford study protocol**

BiB, a prospective birth cohort study, was established 2007 in response to concerns about the high infant mortality rate in Bradford compared with other UK cities, and high levels of childhood morbidity, including congenital anomalies and childhood disability (Small, 2012; Wright et al., 2013). The study aims are as follows (Raynor, 2008):

- To describe and compare health and ill-health within a largely bi-ethnic population;
- To identify modifiable causal pathways promoting wellbeing, or contributing to ill-health;
- To develop a model for integrating research into routine data systems within the National Health Service in England and Wales, and potentially health care systems in other countries;
- To build and strengthen local research capacity.

The study recruited pregnant women (and their partners) at the Bradford Royal Infirmary. The hospital provides the only maternity unit in Bradford and assists around 6000 deliveries a year (Raynor, 2008). Women were recruited from the maternity unit between March 2007 and December 2010 as they attended the clinic for an oral glucose tolerance test, routinely offered to all pregnant women between 26 and 28 weeks gestation. All babies born to these mothers and all fathers were eligible to participate; mothers were only excluded if they planned to move away from Bradford before the end of their pregnancy. Over 80% of the women invited for the study

accepted the offer to participate. Ethical approval for the data collection was granted by Bradford Leeds NHS Research Ethics Committee (Ref 07/H1302/112).

These data, as of 2018, comprise a baseline questionnaire covering multiple demographic variables, many theorised as possible social determinants of health; physical health measures of the mother and child; results of the oral glucose tolerance test and lipid profiles of pregnant mothers; pregnancy serum; plasma and urine samples; cord blood samples; paternal saliva; and DNA samples of the mother and child. Follow up on sub-groups of the cohort has provided additional data on risk factors for childhood obesity (as part of which food insecurity is assessed) and allergies (Wright et al., 2013). Published studies utilising the BiB cohort and sub-cohorts cover a wide range of topics including infant growth (Fairley et al., 2012), birth size (West et al., 2011), breastfeeding (Santorelli et al., 2014), maternal mental health (Prady et al., 2016a) and congenital anomalies (Sheridan et al., 2013), among many.

### **2.1.2 Born in Bradford data characteristics**

Table 2.1 provides baseline characteristics for the mothers in the sample. The two largest ethnic groups are Pakistani (45%) and white British (39%), followed by Indian (4%), other Asian (3%) and other White (3%).<sup>9</sup> On average, 65% of the mothers are married, although this varies substantially by ethnicity, with 31% of white British mothers married compared with 92% of Pakistani mothers. Amongst those mothers in the cohort who gave complete and identifiable information to the question on education (92%), 30% have an educational level equivalent to five GCSEs and 22% have a lower level of education. Pakistani mothers are more likely than white British mothers to be in the lowest or highest education group and more Pakistani mothers than white British mothers report receiving means tested benefits (47% versus 38%). Nevertheless, the majority of participants consider themselves to be financially managing well/alright (68%). As demonstrated with t-tests and Pearson chi-square tests in Table 2.1, all these differences between Pakistani and white British mothers (as collectives) are statistically significant.

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<sup>9</sup> 'Ethnicity' is self-reported by participants. It is acknowledged that the ethnicity categories are crude, and fail to capture the fluid and ambiguous nature of ethnicity and the multi-dimensional character of identity (Whitley R, Prince M, McKenzie K, et al., 2006). Nevertheless, the ethnicity groupings in Table 2.1 are the only ethnicity categories available in the BiB study and are widely used in published analyses

Table 2.1 Baseline characteristics Born in Bradford sample

Demographic variables	BiB mothers	Pakistani mothers	White British mothers
<b>N</b>	11 396	5127	4488
<b>Ethnic group</b>			
White British	39.4%		
Pakistani	44.9%		
Indian	3.8%		
Asian other	2.9%		
White other	2.6%		
Black	2.2%		
Mixed	1.9%		
Other	1.7%		
Could not categorise/missing*	0.6%		
<b>Mean age (years)</b>	27.8	28.2	27.2
		$t(9580) = -9.01, p < 0.001$	
<b>Marital status</b>			
First marriage	64.7%	91.8%	30.9%
Single	29.6%	1.2%	64.2%
Other	5.7%	7.0%	4.9%
		$\chi^2(2) = 4500, p < 0.001$	
<b>Educational level mother</b>			
< 5 GCSE	21.5%	25.8%	20.0%
5 GCSE equivalent	30.6%	31.1%	34.1%
A level equivalent	14.4%	12.5%	17.0%
> A level	25.6%	25.9%	19.2%
Could not categorise/missing*	7.9%	4.7%	9.7%
		$\chi^2(3) = 116.41, p < 0.001$	
<b>Managing financially</b>			
Living comfortably	26.5%	26.6%	26.4%
Doing alright	41.3%	41.5%	40.2%
Just getting by	23.9%	23.6%	26.2%
Quite/very difficult	7.6%	7.7%	6.8%
Could not categorise/missing*	0.7%	0.6%	0.4%
		$\chi^2(3) = 10.28, p = 0.016$	
<b>Receiving means tested benefits</b>			
Yes	40.7%	46.9%	37.9%
No	59.0%	52.8%	61.8%
Could not categorise/missing*	0.3%	0.3%	0.3%
		$\chi^2(1) = 78.88, p < 0.001$	

\*There are only a small number of missings (N=25) in the BiB dataset and, therefore, this category relates mostly to women who could not be categorised (N=625 'other'), with a very small number of 'don't know' and 'foreign unknown' (see Fairley et al. (2014)).

Multiple indicators of social class or socioeconomic status are available in the BiB questionnaire. As many mothers were unable to provide an estimate of household income, more subjective measures, such as 'how well is the family managing financially', are useful. There are multiple advantages of utilising subjective rather than objective measures of socioeconomic status in analyses of health outcomes amongst disadvantaged populations. There may be a risk of low or biased response rates to household income questions, particularly amongst people of lower social status (Kelaher et al., 2009), and there is evidence to suggest that subjective measures of

socioeconomic status may be a better indicator of health for adults than objective measures (Singh-Manoux et al., 2005). Previous research indicates that, whilst Pakistani and Indian people living in the UK are more likely than white British people to own a house and a car and less likely to report debts (Kelaheer et al., 2009), there is only a limited difference between ethnic groups for other measures of socioeconomic status, such as the ability to afford household goods. As a consequence, comparisons of the socioeconomic status measures utilised in BiB between ethnic groups should be interpreted with caution.

## **2.2 The Born in Bradford 1000 (BiB1000) study**

### **2.2.1 Born in Bradford 1000 study protocol**

BiB1000 is a nested cohort of the BiB birth cohort. It was established in 2008 in response to evidence gaps in knowledge regarding the impact of exposures during pregnancy and early life, especially among South Asian children (Bryant et al., 2013). Its aims include:

- To recruit a sub-sample of the BiB cohort for intensive follow-up to collect data on modifiable risk factors and growth, and to establish routine data collection on growth monitoring;
- To describe ethnic differences in risk factors for childhood obesity and to identify modifiable behaviours and environmental risk factors to target in future interventions;
- To explore determinants of, and cultural differences in, feeding practices; the influence of key stakeholders; beliefs, attitudes and practices in relation to obesity, diet and exercise; perceptions in the South Asian community about childhood obesity; access to food retailing; and eating patterns.

All mothers recruited to the full BiB study between August 2008 and March 2009, who had completed the baseline questionnaire, were approached to take study in BiB1000 during their routine 26-28 week glucose tolerance test. A sample size of 1080 was calculated based upon the statistical ability to detect a difference in infant growth of 0.67 z-scores in weight at age over 1 year, and allowing for a 5% annual attrition (Bryant et al., 2013, p.120). However, once recruitment had begun (and was highly successful), the team decided to oversample the population by up to 70% to optimise the amount of data available across all assessments (Bryant



et al., 2013). Trained bilingual study administrators collected information from mothers in participants' homes, hospital-based clinics and in local Children's Centres. Anthropometric measurements were taken and structured questionnaires were self-completed. Routinely collected data were extracted from the maternity IT system (eClipse) and the Child Health system in Bradford and Airedale Primary Care Trust. Ethical approval was obtained from the Bradford Leeds NHS Research Ethics Committee and all participants provided written informed consent prior to inclusion in the research.

Of 1,916 eligible women, 1,735 agreed to take study in the study. Of these, 28 mothers gave birth to twins. 77%, 75%, 74%, 70% and 70% of participants were followed-up at six, 12, 18, 24 and 36 month assessments respectively. 47% of participants completed all assessments, with 17% formally withdrawn from the research.

### **2.2.2 Born in Bradford 1000 data characteristics**

Table 2.2 provides baseline characteristics for the mothers in the BiB1000 sample. The sample characteristics closely reflect those of the full BiB cohort. The two largest ethnic groups in the sample are Pakistani (49%) and white British (37%), followed by Indian (4%), other Asian (2%) and other White (2%). Overall, 86% of the mothers live with the baby's father or another partner, higher than the 65% of mothers married in the full BiB cohort. Cohabitation is highly dependent on ethnicity: 74% of white British women cohabit compared with 95% of Pakistani women. Slightly raised compared to the full BiB cohort, around 35% of the mothers have an educational level equivalent to five GCSE, and 24% have a lower level of education. Pakistani mothers were more likely to be in the lowest or the highest education group than white British mothers and more Pakistani than white British mothers reported receiving means tested benefits (45% versus 37%). As in the full BiB cohort, the majority of participants reported to be financially managing well/alright (68%). As demonstrated with t-tests and Pearson chi-square tests in Table 2.2, all these differences between Pakistani and white British mothers (as a group) are statistically significant.

Table 2.2 Baseline characteristics Born in Bradford 1000 sample

Individual characteristics	BiB1000 mothers at 12 month wave	Pakistani	White British
<b>N</b>	1280	624	480
<b>Ethnic group (baseline)</b>			
white British	37.34%		
Pakistani	48.87%		
Indian	4.07%		
Asian other	2.26%		
White other	2.19%		
Black	2.01%		
Mixed	1.25%		
Other	2.01%		
<b>Mean maternal age at delivery (baseline)</b>	27.49 (sd 5.61)	27.70 (sd 5.13)	26.91 (6.10)
		$t(30) = 71.5505 \quad p < 0.000$	
<b>Mother's education (baseline)</b>			
<5 GCSE equivalent	23.93%	27.13%	21.90%
5 GCSE equivalent	34.78%	33.60%	39.60%
A-level equivalent	14.71%	12.01%	17.34%
Higher than A-level	26.58%	27.26%	21.17%
		$\chi^2(5) = 33.6716 \quad p < 0.000$	
<b>Subjective poverty (baseline)</b>			
Living comfortably	26.49%	27.71%	23.78%
Doing alright	41.91%	40.59%	43.34%
Just about getting by	23.03%	24.61%	24.11%
Finding it difficult or very difficult to manage	8.56%	7.09%	8.77%
		$\chi^2(3) = 3.8519 \quad p < 0.278$	
<b>Receiving means-tested benefits (baseline)</b>			
Yes	40.55%	45.19%	37.27%
No	59.45%	54.81%	62.73%
		$\chi^2(1) = 8.6791 \quad p < 0.003$	
<b>Cohabitation status (baseline)</b>			
Living with the baby's father or another partner	86.29%	95.11%	74.49%
Not living with a partner	13.71%	4.89%	25.51%
		$\chi^2(1) = 124.8164 \quad p < 0.000$	

### 2.3 Creating a food insecurity dataset

Data on household food insecurity was matched with demographic data from the BiB baseline questionnaire. Household food insecurity was assessed when babies were approximately 12 to 18 months old by trained bilingual community researchers using the 18 item US (Hamilton et al., 1997b). Women were categorised into four categories of food insecurity. Table 2.3 sets out how the sample divides into the four categories.

Table 2.3 BiB1000 sample characteristics for food insecurity at 12 months

<b>Food insecurity</b>	<b>BiB1000 12 month wave</b>	<b>Pakistani</b>	<b>White British</b>
<b><i>N</i></b>	<i>1280</i>	<i>624</i>	<i>480</i>
<b>Food secure</b>	1101 (86.02%)	560 (89.74%)	393 (81.88%)
<b>Moderate food insecurity</b>	133 (10.39%)	50 (8.01%)	62 (12.92%)
<b>Food insecure with hunger</b>	39 (3.04%)	12 (1.92%)	22 (4.56%)
<b>Food insecure with severe hunger</b>	7 (0.55%)	2 (0.32%)	3 (0.62%)

A total of 313 women were excluded from the analysis due to missing data or responding ‘don’t know’ or ‘refuse to answer’. The high number of missings is mainly explained by attrition rates. As touched upon above, only 75% of the 1,735 mothers in the BiB1000 study were followed up at 12 months when the food insecurity questionnaire was conducted (Bryant et al., 2013). Within the BiB1000 12 month survey wave, 14 women were excluded from the food insecurity analysis due to missing data or responding ‘don’t know’ or ‘refuse to answer’. There were no systematic differences between missings and sample participants. This is in line with existing food insecurity analyses: results from Pearson chi-square tests show that adults with and without reliable and complete 24 hour dietary recall, or with and without family income data do not differ by food insecurity status (Dixon et al., 2001).

Small sample sizes in the two ‘severe’ food insecurity categories (‘food insecure with hunger’ and ‘food insecure with severe hunger’) precluded the use of the four category food insecurity variable in regression analyses. As a consequence, the three food insecurity categories were amalgamated into a single variable (‘food insecure’) and the regression analysis utilised a binary food insecurity variable: food secure and food insecure.

## **2.4 External validity: Strengths and limitations**

The BiB study provides access to information on personal characteristics, living circumstances, health and wellbeing for a large sample of mothers and infants living in Bradford. Combined with data on food insecurity from the BiB1000 12 month survey wave, this dataset allows for a detailed examination of the epidemiology of food insecurity amongst Pakistani and white British mothers. Taking into account the study setting of Bradford and evidence on the relationship between income and food insecurity, this thesis will focus in detail on social disadvantage (a characteristic of neoliberalism (Harvey, 2005)) and how it interacts with food insecurity in the two ethnic groups.

The BiB cohort and the BiB1000 sub-cohort offer an opportunity to employ rich longitudinal data to explore the association between food insecurity, deprivation and health over time. The dataset allows for an understanding of the influence of structural and behavioural factors on poverty-outcomes i.e. food insecurity and, hence, may inform the development of feasible, culturally-specific interventions to prevent and/or mitigate food insecurity.

External validity is circumscribed by the characteristics of the sample: it contains pregnant women and families with young children and is, therefore, not entirely comparable with UK population data. Small yet significant differences have been reported between non-recruited births occurring at the Bradford Royal Infirmary and births within the cohort. Mothers in the cohort are more likely to be of South Asian ethnicity; infants born within the cohort have a slightly higher birth weight, they are less likely to be stillborn, have a higher gestational age at birth and are less likely to be born preterm (Wright et al., 2013). As outlined above, BiB1000 characteristics are moderately similar to that of the full BiB cohort (Wright et al., 2013), with a comparative distribution of age, marital status and parity. Demographic differences by ethnicity within BiB1000 were also observed, with white British mothers tending to be younger, educated to a lower level, less likely to be married or cohabiting and having fewer children than other ethnic groups.

Despite the relatively unique nature of the sample, trends shown in BiB1000 background characteristics data indicate ethnic inequalities in health that are consistent with those reported in existing literature. For example, as previously identified (Margetts et al., 2002; Leon and Moser, 2010) infants born to women of Pakistani origin are significantly lighter than babies born to white women, whilst the proportion of BiB1000 women categorised as overweight (26%) is similar to national prevalence data for the UK (27%) (Public Health England and Food Standards Agency, 2011). Rates of obesity in BiB1000 (18%) are lower than national rates (29%), but are comparable with age-specific rates in England (21%) in women aged 25-34 years (NHS Information Centre, 2012). This disparity may suggest that the higher national rates may be partially explained by the inclusion of women aged up to 65 years, although it may also be attributable to the ethnic mix of the sample. South Asian women in BiB1000 have a lower prevalence of obesity compared with white British women which, given the high proportion of South Asian women in this cohort compared with the UK generally, may partly explain the lower prevalence of obesity overall.

The sample, although appropriate to the main topic of the thesis, is not representative of Western societies in general, including the UK and England. Levels of area deprivation are relatively high in

Bradford, and the ethnic composition is substantially different and more diverse than the UK national average (Wright et al., 2013). As a consequence, results cannot be transferred automatically to a national or international level. Further, the BiB sample, and the subsample included in this particular study, incorporate only a small proportion of the Bradford population. Around the time of data collection, it was estimated that 107,330 women between 16 and 44 years of age were living in Bradford (ONS, 2008). With only 8,226 women included in the final sample for this study, only around 8% of all women in Bradford of reproductive age are represented. These women mostly live in more deprived and more ethnically diverse inner city neighbourhoods of Bradford, where birth rates are higher (Wright et al., 2013).

## Chapter 3

### Methodology

The novelty of ‘food insecurity’, as separate from ‘poverty’, and food aid as a widespread form of food support across the UK leaves the researcher in an unusual position: the ‘unknowns’ are plentiful and the options for research many. And yet, the complexity of the topic, as indicated by international research and emerging UK literature, requires specificity, rigour and great sensitivity to the many different viewpoints on food insecurity.

The high levels of socioeconomic deprivation in Bradford, the dynamism of the city’s voluntary sector and the richness of quantitative data on socio-demographics, health and food insecurity in the BiB study, provide a unique opportunity to investigate food insecurity – and the community/charitable response – in a particular geographical and historical context, with rigour and specificity, and from multiple perspectives. But the city offers more than just an opportunity for an examination of food insecurity and food aid according to dominant ideological narratives (neoliberal political economy). Its ethnic and religious diversity, with large and thriving communities of Muslims (predominantly Pakistani) and Christians (predominantly white British), also allows for scrutiny of the religious and racial dimensions of neoliberalism. In this context, the overarching research questions of the thesis are:<sup>10</sup>

1. To what extent is the proliferation of food charity and the reported rise in food insecurity since 2010 a feature of recent configurations of neoliberalism, or a more long-standing phenomenon?
2. How and to what extent has neoliberalism taken hold in society in the form of contemporary food charity and rising food insecurity? Are there forces and sites of resistance?
3. To what extent do ethnic and religious differences affect the relationship between neoliberalism, food insecurity and food aid?

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<sup>10</sup> These broad, overarching questions are addressed by both the literature review (Chapter 1) and the empirical work (Chapters 4, 5, and 6). Study-specific research questions are included in the below discussion on the methodology of particular empirical studies.

This first section of this chapter describes the recent history, demography and deprivation of Bradford; the second sets out the research methodology. It describes the epistemological framework, explains why and how a multi-method case study of the city was chosen and evaluates debates on the methodologies (case study and mixed method), discussing some of the methodological and logistical challenges associated with these methods. The chapter then explains the study design of the three inter-linked studies which constitute the thesis as a whole. In the final section of the chapter I reflect upon my own position as researcher and consider possibilities for reciprocity between participants and myself.

### **3.1 Setting: Bradford**

#### **3.1.1 A brief history of Bradford: 1850 to the present day**

The England admired throughout the world is the England that keeps open house ...  
History shows us that the countries that have opened their doors have gained.  
J.B. Priestley. Cited in Manzoor (2009).

Bradford has attracted substantial numbers of migrants since the industrial revolution (Small, 2012). In 1851, there were roughly 9,851 Irish-born inhabitants in Bradford, around 10% of the population. Their immigration was motivated by the demise of the native Irish textile industry and the continued subdivision of land, as well as by economic expansion in Bradford itself (Bradford Heritage Recording Unit, 1987). Largely confined to the inner city ghetto area, the Irish constituted the poorest group in Bradford, concentrated in jobs such as labouring, peddling, washing and hand textiles. Although the major movement of the Irish into Bradford was over by the mid-1850s, there was a steady stream of Irish people into the city throughout the latter half of the nineteenth and the entire twentieth century, reflected in contemporary Irish cultural, recreational and social facilities and in the location of long-standing Roman Catholic churches. As with other ethnic groups, discussed below, religious institutions have acted as crucial centres of ethnic support and solidarity amongst Irish migrants (Bradford Heritage Recording Unit, 1987).

The second major group of migrants, European merchants, differed significantly from the Irish, tending to be wealthy, well-educated and cosmopolitan. Drawn to Bradford by its thriving textile industry and opportunities for global exchange, they provided a vital impetus to the growth of Bradford's trading power with the development of an efficient international marketing system. Unlike the Irish, their religious principles tended to be weak and their religious institutions only

partially embodied the other social functions associated with the Catholic Church (Bradford Heritage Recording Unit, 1987).

Immigration between the late nineteenth century and the Second World War – a period of relative economic decline – was notably slower and slimmer. The interval saw the arrival of Italians, Belgians and Russians, and Polish, German and Austrian Jews. In the immediate post-war period, substantial numbers of Central and Eastern Europeans migrated to Bradford, the majority of whom worked, at least initially, in textiles. As with the Irish, ethnicity, nationalism and religious sentiment, combined with independent social, cultural, recreational, retailing and religious organisations, created a distinctive ethnic community.

The largest migrant group to Bradford – New Commonwealth and Pakistani migrants – was the most recent. Changes to the local textile industry in the mid-1950s precipitated a sharp increase in South Asian migration into Bradford. South Asian, predominantly Pakistani, migration consisted of a first wave of male workers, recruited by the owners of mills to counteract staff shortages at a time of expansion in demand, followed by migration of workers' families (Bradford Heritage Recording Unit, 1987). There has been continuing immigration since the 1950s, linked to employment opportunities and the reconstitution of families (Small, 2012).

The considerable majority of Bradford's South Asians are of Pakistani origin and are Muslim. Of these, the largest single group originates from the predominantly rural Mirpur region, part of the province of Azad Jammu and Kashmir. Today, the South Asian population has matured into a three-generational community (Kalra, 2000) and is concentrated in the inner city (62% of inner city residents are South Asian) (Small, 2012).

As with the Irish, religious institutions have often acted as crucial ethnic support agencies, a role facilitated by the geographical distribution of Bradford's Muslim population, the majority of which live within five square miles of the city centre – an area containing roughly 44 mosques (McLoughlin, 2005). Bradford's Pakistani community retains close links with its homeland, through the marriage of extended family members, connections between mosques, frequent travel, the retention of traditional Pakistani practices, financial support of family members in Pakistan and 'second' homes (Small, 2012).



### **3.1.2 Demography and deprivation**

Bradford is a city and metropolitan area in West Yorkshire with, today, a population of over half a million (ONS, 2011) rendering it the sixth largest city in the UK (in terms of population) (Gill, 2015). Population growth in the Metropolitan District is amongst the highest in England, with 80 live births per 1000 women of reproductive age in 2010, compared with 65.5 per 1000 for England as a whole (ONS, 2010).

At the time of the 2011 census, 63.9% of the population in Bradford classified themselves as white British. At 20.4%, Bradford has the largest proportion of people of Pakistani ethnic origin in England, an increase of nearly 6% since the 2001 Census (14.5%). Bangladeshi, Mixed multiple ethnic groups, Other Asian, Black/African/Caribbean/Black British and Other ethnic groups also saw an increase in their numbers between the 2001 and 2011 census. However, there was a decrease in the proportions of the District's Indian and white Irish groups (ONS, 2011).

Bradford is the nineteenth most deprived local authority (out of 326) in England as measured by the Index of Multiple Deprivation (ONS, 2015) which covers aspects such as area-level income, employment, education, health and crime. Bradford's position, relative to other English districts, has worsened by seven places since the publication of the previous Index of Multiple Deprivation in 2010. Bradford scores substantially below country averages on most health indicators, even in comparison with other English cities marked by social and ethnic inequalities such as London, Birmingham and Manchester. For instance, infant mortality was 7.9 per 1000 for the period January 2008 to December 2010, compared with a national average of 4.6 per 1000, and life expectancy is lower than the national average for both males and females (Choudhury et al., 2012).

## **3.2 Research methodology**

### **3.2.1 Methodology: Theoretical framework**

This thesis takes a primarily deductive approach: theoretical perspectives are engaged with prior to undertaking the research. Specifically, the thesis explicates a universal view of the 'problem' before refining and scrutinising the particulars. This is operationalised in two ways, a) a

consideration of the literature in Chapter 1 – the elaboration of a set of allied ideas – and b) the development of the empirical studies in Chapters 4, 5 and 6.

The hypothesis (set out in Chapter 1) is tested via three sequential, inter-related studies. The operational definitions of food insecurity; food aid; neoliberalism; religious neoliberalism; and racial neoliberalism outlined in Chapter 1 underpin the analyses in the empirical Chapters (4, 5 and 6). In Chapter 1, these definitions are recognised as contested and, hence, the empirical studies incorporate both data which can be observed and that which is subjective. However, the research approach is not purely deductive. Conducted sequentially, the findings of the each of the three empirical studies colour the detail and emphasis of the subsequent study. For instance, it is likely that the analysis of food insecurity prevalence rates in Study 2 will inform the topic guide in Study 3 – if food insecurity is lower amongst one ethnic group, why is this the case and what strategies are adopted to mitigate food insecurity? The ‘research approach’ in Figure 3.1 is, hence, described as ‘primarily’ rather than ‘entirely’ deductive.

As set out in Figure 3.1, the thesis is situated within the epistemological paradigm of constructivism. Specifically, truth and meaning do not exist in an external world but are created by the subject’s interactions with the world and, thus, meaning is constructed, not discovered (Crotty, 1998). This paradigm, premised upon the understanding that subjects interpret and construct varying meanings in relation to the same phenomena, necessarily allows for the co-existence of contradictory but equally valid accounts of the world. More specifically, the thesis adopts the, related, theoretical perspective of interpretivism, which looks for “culturally derived and historically situated interpretations of the social life-world” (Crotty, 1998, p.67). Chapter 1 emphasised the geographically and temporally contingent nature of ‘neoliberalism’; the theoretical perspective of interpretivism is in keeping with such contingency, allowing for explication of the unique and particular within the schema of a more general theory.

It is worth noting that a grounded theory approach would also have allowed for an in-depth understanding of both the social world in which participants operate and the subjective meanings ascribed to constructs. However, this method was rejected because the researcher chose to use a pre-developed theoretical framework and associated hypothesis to ensure the specificity and focus of the analysis.

Analysis of food insecurity within the BiB1000 dataset is a central component of this thesis. At first glance, such quantitative analysis may appear to conflict with the epistemological paradigm of constructivism. Indeed, this paradigm is not traditionally suited to quantitative research, which has historically been allied to an objectivist philosophical position, concentrating on the gathering of 'facts' in order for 'truth' claims to be established (Gray, 2014). However, I concur with Bryman's (Bryman, 2007) assertion that the epistemological differences between qualitative and quantitative methods have been exaggerated. Indeed, as noted by Crotty (1998 p.15), most methodologies known today as forms of qualitative research have in the past been conducted in an empiricist positivist manner.

This thesis incorporates both qualitative and quantitative data whilst remaining consistently constructivist. Scientific (quantitative) and non-scientific (qualitative) data are both constructions. None is objective, absolute or, within the case study of this thesis in particular, completely generalisable. Hence, the quantitative results are presented as probabilities and considered within both the overarching theoretical framework – itself acknowledging the temporality of neoliberalism, and the historical and contingent nature of 'truths' – and the qualitative data.

More precisely, the particular interpretivist approach adopted is that of critical realism (Madill et al., 2000), as set out under 'theoretical approach' in Figure 3.1. Unlike realism, premised upon the acceptance that objects of research (e.g. culture) exist and act independently of the observer (Gray, 2014), critical realism acknowledges an inherent subjectivity in the production of knowledge (Gray, 2014). It contends that a subject's perception of phenomena will, in part, depend upon beliefs, expectations and experiences rendering any description of 'truth' or 'fact' partial. However, this theoretical approach, well-suited to a pluralist methodology, also allows for the incorporation of quantitative methods within what is, essentially, a constructivist paradigm (Gray, 2014).

As outlined in Figure 3.1, the quantitative data used in the analysis takes the form of secondary data only (survey questionnaire and primary care records – described in detail below), whilst the qualitative data is derived from primary research: interviews and focus groups. Two studies within the thesis adopt a qualitative methodology: Study 1 and Study 3. The qualitative methods employed in each differ and, thus, to avoid confusion, the methodology of each is described separately.

Figure 3.1 The elements of the research process (adapted from Saunders et al. (2012))

Epistemology	Constructivism
Theoretical perspective	Interpretivism
Theoretical approach	Critical realism
Research approach	Deductive (primarily)
Research methodology	Case study
Timeframe	Cross-sectional (with longitudinal data on health outcomes only)
Data collection methods	Secondary data (survey questionnaire and primary care records)
	Interviews
	Focus groups

### 3.2.2 Case study approach

#### Case study method

The project adopts a case study approach. The ‘case’ is Bradford, a city in the North of England, as described above, and the ‘problem’ is food insecurity within a particular historical and ideological context. The study takes the view that a case is a “bounded system” (Merriam, 1998, p.40), one which exists independently of inquiry (Stake, 1994); as such, the boundaries of the case are respected and recognised. At the heart of the study is, therefore, an attempt to understand how people operating within the case view their world.

The study has a clearly defined subject: food insecurity and food aid. However, as described above, it adopts a primarily deductive approach: drawing upon theoretical and empirical literature it develops a theoretical framework and associated hypothesis which informs the design of three inter-related studies. Multiple methods are used within the case study to test the hypothesis via the collection of various kinds of information (Gillham, 2000). Whilst the term ‘case study’ is often taken to carry implications for the *kind* of data that are collected and, perhaps also, for how these are analysed – frequently, but not always, implying the collection of unstructured data, and qualitative analysis of those data – this study employs both qualitative and quantitative methods to study the ‘case’ and the ‘problem’. Whilst the study does not seek to generalise, it does aim to simultaneously capture the case in its uniqueness and to make theoretical inference in respect of the hypothesis (Gomm et al., 2009).

## **Rationale for case study approach**

A case study approach provides an opportunity for depth on a topic that has received limited coverage in the UK and internationally. Food insecurity is a highly relevant topic in Bradford given the city's persistent deprivation and poor health outcomes, described above. The city has demographic similarities to other deprived, ethnically diverse areas of the UK such as Tower Hamlets in London; it is, therefore, not only important as a case in itself, but constitutes a comparable case study, offering avenues for further research.

Notwithstanding the above, the choice of Bradford is, in part, a matter of convenience. Data on food insecurity in the UK are sparse; the food insecurity dataset in the BiB1000 sub-set cohort offers an opportunity to investigate the epidemiology of food insecurity amongst a socioeconomically deprived, ethnically diverse population.

## **Methodological/logistical challenges of the case study method**

### *Generalisation*

Generalisation and theoretical inference are the most widely discussed methodological challenges of case study research (Gomm et al., 2009). They are also the most relevant to this study and, as a result, constitute the focus of this section.

The generalisability of case study research is the subject of ongoing debate (Donmoyer, 2009; Lincoln and Guba, 2009; Schofield, 2009; Stake, 2009). Some suggest that the capacity of case study research to produce general conclusions is unnecessary or impossible, arguing in favour of thick description, naturalistic generalisation and/or transferability (Donmoyer, 2009; Lincoln and Guba, 2009; Stake, 2009). Others assert that case study research can provide the basis for empirical generalisation of the kind sought by survey researchers (Gomm et al., 2009; Schofield, 2009).

This thesis takes the perspective of Stake (2009) who, in *The case study method in social inquiry*, argues that case studies can have general relevance even though they may fail to provide a viable basis for scientific generalisation of a conventional kind (Stake, 2009). If research is to be of value to people it, by necessity, must be framed in the same terms as the everyday experience through

which they learn about the world firsthand. The great strength of case studies is that they provide “vicarious experience” (Merriam, 1998, p.258), in the form of “full and thorough knowledge of the particular” (Stake, 1978, p.6). In their capacity to do so, case studies facilitate what Stake (1978) calls “naturalistic generalisation” (p.6), thereby building up the body of tacit knowledge on the basis of which people act. The conclusion drawn by Stake (2009) is that case study researchers are not required to provide generalisations but to describe the case they have studied properly: in a manner that captures its unique features. This interpretation of the case study is extended by Donmoyer (2009), who suggests that case studies may facilitate learning by substituting for firsthand experience; indeed, they may be more effective than real life because they are “less threatening” (Gomm et al., 2009, p.9). Above all, case study research has important advantages over more conventional kinds of research, not only in accessibility, but also in portraying events from a personal perspective.

### *Theoretical application*

A second key debate about the case study method concerns its capacity to produce theoretical conclusions (as discussed by Eckstein, 2009; Liberson, 2009; Mitchell, 2009). Writing in the context of political science, Eckstein (2009) argues that the aim of case study is to contribute, in conjunction with other strategies, towards a form of theorising that is designed to arrive at “statements of regularity about the structure, behaviour and interaction of phenomena” (Eckstein, 2009, p.124). Mitchell (2009) writes from the point of view of sociology and social anthropology but presents a similar argument to Eckstein. He contrasts the case study with the social survey, and argues that whereas the latter is concerned with representativeness – with describing social morphology – a case study is designed to draw inferences about general, abstract theoretical principles which the case is taken to exemplify. This thesis concurs with Mitchell and Eckstein in its approach to theory: the case study here aims to draw inference about ‘general, abstract theoretical principles’ situated within a wider theoretical framework informed by literature, whilst also arriving at ‘statements of regularity’.

### 3.2.3 Mixed methods study

#### Mixed methods approach

The project uses mixed qualitative and quantitative methods, adopting an exploratory, sequential design. The study is composed of three separate studies, conducted linearly, with each study informing the next. Each element of the sequential design is weighted equally: the three separate segments receive sufficient allocation of resources to meet their respective sampling and data quality needs. The sequential structure is as follows:

Table 3.1 Sequential study design

Study	Approach	Methodology	Time period
1	Qualitative	Desk-based research and on-the-ground scoping; focus groups; interviews	June 2015 – Nov. 2015
2	Quantitative	Descriptive statistics and multivariable models of food insecurity, demographic characteristics and health outcomes	Jan. 2016 – July 2016
3	Qualitative	Focus groups	July 2016 – Jan. 2017

#### Rationale for mixed methods design

Method integration (Tashakkori and Creswell, 2007) was chosen in order to maximise understanding of the issue in focus (Johnson and Onwuegbuzie, 2004; Morgan, 2007). Mixed methods facilitate investigation of the topic from multiple perspectives, in order to provide a better understanding of the ‘problem’ (Creswell and Plano Clark, 2010). The topic is explored from three perspectives: the viewpoint of the stakeholders and providers of food aid (Study 1); the epidemiological perspective (Study 2); and the view from the ground i.e. people in poverty and/or food insecurity (Study 3). Whilst qualitative methods employed in Studies 1 and 3 are necessary for an in-depth analysis of social phenomena (Wolff et al., 1993), the broad comparative analysis of Study 2 requires quantitative survey research. Indeed, the survey research component of the thesis arguably strengthens the external validity and representativeness of the study as a whole (Campbell and Stanley, 1966; Cook and Campbell, 1979). Multiple methods allow for comparison between the three studies for the purpose of corroboration (triangulation) (Morse, 1991) and for enhancement and clarification (complementarity) (Caracelli and Greene, 1997) of questions and issues illuminated by other studies.

## **Methodological/logistical challenges of mixed methods research**

There are many advantages to mixed methods research, discussed above, but there are also considerable methodological and logistical challenges. Mixed methods studies require dual competencies and dual outlays of time and resources to ensure that all 'sides' – quantitative and qualitative – are assigned sufficient attention to be rigorous (Stange et al., 1994). The researcher must be attentive to all aspects and alive to the research phases unfolding in varying, and possibly unexpected, ways (Padgett, 2012). Qualitative data analyses, for example, which may start early in data collection, may result in returning to the field for further sampling and data collection and, therefore, in practice may be conducted simultaneously with quantitative analysis. The qualitative side, even though working with a smaller sample, may take considerable amounts of time and resources for transcription and data analysis, not equaled by the quantitative side. In light of these tensions, the temptation to employ a "dominant-less dominant design" (Creswell, 1995, p.178) may be persuasive – and in such situations, the quantitative side often dominates. This study, and its timeline, is designed to avoid this possibility.

The conundrum posed by triangulation may also complicate mixed methods studies: when results from both sides are in accord, the researcher may conclude that the findings are confirmed. Nevertheless, corroboration itself may either only partially exploit the advantages of mixed methods and triangulation or may prematurely lead to conclusions which are invalid. The meaning of triangulation has been expanded beyond corroboration to include completeness (Padgett, 2012). Ethnographers, for example, often use quantitative and qualitative analyses for comprehensiveness rather than for validation (Padgett, 2012). Yet, questions and complications arise when the qualitative and quantitative findings are neither convergent nor complementary. In such circumstances, whilst some researchers display the two sets of results, acknowledge the conflict, and request the reader to negotiate the differences, others employ the discrepancy as an opportunity to for further inquiry, not only to ensure that each of the 'sides' are not flawed or biased in some capacity, but also to examine and – potentially – use the discrepancy as an opportunity to broaden or revise the study (Padgett, 2012). If convergence between results arises in this PhD project, where possible I will refer to the theoretical framework to explain the differences and evaluate whether flaws in the methodology could have contributed to discrepancies.



### **3.3 Study design**

#### **3.3.1 Study 1**

##### **Study design and rationale**

Study 1 adopted a qualitative research strategy. This allowed for an analysis of subjective experience and meanings within the “taken-for-granted ‘common-sense’ world ... of individuals” (Fereday, 2006, p.81). Given the paucity of literature on UK community-based responses to food insecurity in ethnically and religiously diverse settings, a valid answer to the research question was thought to require an initial foray into the phenomena in the context of literature on neoliberal political economy and on food aid and food insecurity specifically to test a hypothesis (Creswell, 2007). The opportunity for depth, rather than width, provided by a qualitative research strategy was important for exploring not only the various perspectives of different stakeholders, but also the multiple dimensions of the theoretical framework.

Using qualitative methods, Study 1 aimed to represent the complex worlds of respondents in a holistic, “on-the-ground manner” (Padgett, 2012, p.3), emphasising subjective meanings and questioning the existence of a single objective reality. In line with the wider, cross-cutting epistemological framework, it adopted a constructivist view – a belief that human phenomena are socially constructed rather than objectively ‘real’ (Denzin and Lincoln, 2005; Charmaz, 2006) – using dual methods, focus groups and one-to-one interviews, to explore how varying stakeholders conceptualise food insecurity in itself, in relation to themselves, and in the context of theoretical framework.

The study was undertaken in Bradford with individuals who have experience with anti-hunger/food security programmes and/or food policy. Three data collection strategies were used: a preliminary, on-the-ground and desk-based scoping analysis of food aid in Bradford; semi-structured focus groups/interviews with stakeholders involved with food insecurity and food insecurity assistance at a governance level in the Bradford Metropolitan District (N=9); and semi-structured interviews with representatives of food aid organisations in the District (N=18).

## **On-the-ground and desk-based scoping exercise**

### *Rationale*

On commencing the PhD in September 2014, there existed no systematic information on food aid in Bradford, despite concerns amongst health professionals and members of the Public Health team about high levels of food insecurity, associated with the city's acute deprivation. The first step in exploring the topic was, therefore, a scoping exercise cataloguing the number and type of organisations and groups providing free or low cost food in Bradford.

Extensive on-the-ground (walking) observation, Internet/desk-based research and dialogue with key informants in Bradford's food security programmes was used to identify community-based responses to food insecurity within the Bradford District. This was conducted over a period of six months from November 2014 to May 2015. Through contacts at the University of York, I established relationships with key members of the Public Health team in Bradford Metropolitan District Council and leading members of the Bradford Food Poverty Network. These informants helped to informally establish the types and coverage of food aid in the District and the prevalence of food insecurity. The research culminated in a database of food aid providers in Bradford and two maps, plotted using ArcGIS, of their location (see Chapter 4). This foundational piece of research was essential for recruitment to the interviews with representatives of food aid organisations (see below).

### *Practice and Challenges*

The scoping exercise was carried out with relative ease due to the assistance of contacts at the University of York who facilitated links with key stakeholders in food insecurity assistance in Bradford. Multiple conversations with a leading member of Bradford's Food Poverty Network quickly introduced me to the landscape of charitable food provision in Bradford and initiated conversations with key players.

## **Focus groups (Phase 1)**

### *Rationale*

Phase 1, conducted in June 2015, consisted of two focus groups and one interview with individuals (N=9) who had experience with food security programmes/policy at a governance level. The Phase 1 work was in part opportunistic. A student on the Masters of Public Health (MPH) course at the University of York was undertaking research on malnutrition amongst children in Bradford to contribute to his MPH dissertation. The student was employed part-time by Bradford District Metropolitan Council as a Public Health trainee. Given the similar focus of the two projects, it was decided by all supervisors (academic and public health) across both projects that it would be prudent to jointly conduct the focus groups.

Ethical consent was obtained from the University of York Department of Health Sciences Research Governance Committee (HSRGC) (Ref HSRGC/2015/98A). A sampling frame was drawn up by the authors in conjunction with senior members of Bradford District Metropolitan Council Public Health team to include individuals who had experience with food security programmes/policy. These included councillors in Bradford; members of the Public Health team; members of NHS services in Bradford addressing food/health; nutritionists, dieticians and members of local Clinical Commissioning Groups; and third sector organisations with experience of food-related coordination/policy.

Forty people were identified as meeting the inclusion criteria. There was an element of subjectivity in the final (purposive) sample. A number of people did not reply to the invitation to join the study, and others declined to be involved. Reasons given included inability to attend at the time of the focus groups and a perceived lack of relevant experience. Those who did not reply or declined to contribute were more likely to work in the NHS or third sector organisations. No incentives were offered for participation. Despite aiming to conduct three focus groups of between five to seven participants, limited response resulted in two focus groups (including three and five participants respectively) and one interview. The participants in the focus groups and interview were key stakeholders in community food aid and food insecurity in Bradford and, given the richness of the data, it was not felt that the small number of participants impoverished the findings.

## *Practice and Challenges*

The focus groups and interview were semi-structured and conducted by a 'white British' female interviewer (myself) and a 'white Other' male member of the City of Bradford Metropolitan District Council Public Health team; the data were recorded on a Dictaphone and transcribed verbatim. The topic guide was informed by a literature review (Chapter 1), discussion with the project's supervisors and consultation with senior members of the Public Health team. The full topic guide is included in Appendix 1.

The choice of focus groups was motivated by practical and academic concerns. The research questions and the paucity of literature on food aid in Bradford necessitated an initial scoping assessment of the topic, followed by detailed scrutiny of community-based responses. Conversation between heterogeneous participants would allow for discussion broad enough to encompass the multiple, varying ways in which food insecurity was being addressed – and constructed.

It was also thought that the group dynamics would function to interrogate particular constructions of food insecurity and food aid, illuminate the most important topics and so enable an assessment of whether there was a consistent and shared view about food insecurity and food aid amongst the participants (Robson, 2011). The exchanges may also allow participants to clarify for themselves the origins and contexts of their opinions and behaviour, thereby enabling the researchers to gain an insight into both the range of participant opinions and the set of circumstances that may lead to one response rather than another (Morgan and Krueger, 1993). A key motivation was the *apparent* quickness of organising and conducting focus groups. Focus groups enabled contact with multiple stakeholders in a limited time period and were, thus, an efficient mechanism for generating substantial amounts of data fairly rapidly (Robson, 2011).

The validity of these data is circumscribed by multiple factors. As a result of time pressures on Yannish Naik, who was on a one year Masters programme, the focus groups were organised and conducted at speed, obstructing piloting of the topic guide. The focus group/interview data is, therefore, used to complement the interview (Phase 2) data rather than as a study in itself. Morgan and Krueger's (Morgan and Krueger, 1993) claim, the 'myth' that focus groups can be conducted cheaply and quickly has led to the inappropriate or ineffective use of focus groups, is pertinent here. Whilst the use of focus groups was, arguably, not inappropriate, the speed at

which they were conducted rendered the execution ineffective and the data circumscribed. The limitations of Phase 1 are further discussed in Chapter 7.

## **Interviews (Phase 2)**

### *Rationale*

The interview method was chosen to develop a detailed understanding of the varying community-based responses to food insecurity within the context of the theoretical framework and the specific demographic and geographic setting. It was considered an effective and efficient method to research multiple concepts, many of which are resistant to observation, and suitable for investigating individual experiences, choices and biographies (Bauer and Gaskell, 2000).

The flexibility of the semi-structured interview (Robson, 2011) was appropriate to the, potentially, heterogeneous sample, allowing for variations in the topic guide throughout the course of the interview, depending upon the interviewee. Individual interviews were also thought suitable to the sensitive nature of the topic (Robson, 2011) and the immediacy of the interviewees to people experiencing food insecurity.

Interviews were further motivated by the relative ease of follow-up, compared with focus groups – fundamental to member checking. Recruitment difficulties experienced with the focus groups rendered the relative ease of interview recruitment – the interview can be held at a time and place convenient for the interviewee and rearranged following cancellation (Bauer and Gaskell, 2000) – attractive. A full range of views was important to the study's success and the flexibility of interview timing and location was a key motivation in the study design.

A survey was not considered appropriate to Study 1. Whilst it is an effective method of gathering large amounts of basic data it does not allow for an in-depth exploration of perceptions and opinions. Instead, survey research tends to assume meaning and, arguably, cannot account for varying frameworks of language and perception among respondents.

## *Practice and Challenges*

Phase 2 was carried out by myself alone, between September and November 2015. Interviews were conducted in Bradford involving individuals from third sector organisations with experience of food security programmes at a community level (N=18). Ethical consent was obtained from HSRGC (Ref HSRGC/2015/160A). Sample organisations were chosen purposively from the 67 food aid organisations identified in the scoping exercise to form a representative sample, which included various types of organisations and multiple religions. In line with the religious demography of Bradford, the faith-based organisations in the sample were Christian and Muslim only. Interviewees within the sample organisations were also chosen purposefully to capture perspectives that would best represent each organisation's viewpoint. Publically available information was used to compile a contact list. Invitations to join the study were sent by myself to the appropriate person within an organisation. Organisations that failed to respond were removed from the sample. Others declined to be involved or suggested another organisation in their place. If this occurred, the organisation was contacted only if it was considered an appropriate replacement. Reasons given for declining to participate included a perception of limited relevant experience and failure to see the study's value. As in Phase 1, no incentives were offered for participation.

Interviews were semi-structured. The topic guide was informed by a literature review (Chapter 1), discussion within the project team and themes that arose from Phase 1. The interviews were recorded on a Dictaphone and transcribed verbatim. In order to avoid leading the respondent towards a particular construction or viewpoint there were a limited number of questions (five). However, prompts were used where necessary to further a line of conversation or investigate views on specific topics considered related to community-based food aid and food insecurity. The topic guide was piloted with a representative of food aid in Bradford. The full topic guide can be seen in Appendix 2.

### **Data analysis**

Identical methods were used to analyse the focus group and the interview transcripts, despite the slightly different topic guides used in each (see Appendices 1 and 2), which allowed for triangulation and comparison of the results. However, the transcripts were analysed with a keen understanding of the context and circumstances – Phase 1 focus groups/interview and Phase 2

interviews – in which the data were gathered, remembering that the focus groups were accessing a different reality to the interviews.

To ensure rigour, reduce subjectivity and present a fair representation of all views, the data analysis involved three stages. Each stage fed into the next and so informed the final analysis. This multi-stage analysis was inspired by Dwyer’s approach in his qualitative study of “welfare service users” (Dwyer, 2002, p.273). The transcripts were uploaded to Nvivo 10 to facilitate the analysis and ensure it was systematic and comprehensive. The analysis process involved:

1. Summaries of individual transcripts: each transcript was summarised in order to understand the narrative of the focus group or interview as a whole. This also offered an opportunity to begin a basic thematic analysis of the text.
2. Overview grid of all transcripts: the grid facilitated an analysis of the range of opinions across the transcripts in relation to specific questions and provided an indication of similarity/differences of opinion. The grid enabled a fair and equal representation of all opinions and reduced the, potentially, disproportionate influence of forceful or articulate voices.
3. Thematic code: the code, written with reference to Boyatzis (1998), was identified by:
  - a. The code label
  - b. The definition of what the theme concerns. A theme:
    - i. Included multiple codes in a coherent schema;
    - ii. Constituted a topic that re-occurred frequently throughout the text;
    - iii. Could be related to questions and issues of theoretical importance, as identified in the literature.
  - c. A description of how to know when the theme occurs.

In analysing the focus group and interview empirical data, theoretically informed coding frameworks were constructed (see Tables 3.2 and 3.3). General themes were deconstructed into sub-themes and employed to analyse all transcripts. In Tables 3.2 and 3.3, general themes sit in the grey rows; below the general themes lie two hierarchically arranged layers of sub-themes. Nvivo 10 was used to group quotes for each sub-theme, with some quotes categorised in multiple sub-themes.

## *Rationale*

This three-pronged strategy was considered the preferred method to present the views of all participants equally and in a fair and accurate light, allowing for systematic comparison of questions across the transcripts. A thematic approach facilitated both a realist analysis reporting experiences and meanings, and a constructivist analysis examining how realities, meanings and experiences constitute an outcome of a range of discourses operating within society (Robson, 2011). The flexibility of a thematic analysis allows it to be used with multiple types of qualitative data (Braun and Clarke, 2006), maintaining continuity of analysis between the interview and focus group transcripts. Finally, this type of analysis, which is arguably not tied to a particular level of interpretation (Braun and Clarke, 2006), is suitable to the interdisciplinary nature of the thesis.



Table 3.2 Focus group coding framework

The nature of the 'problem'												
Definition question				The 'food poor'		Impact				Causes		
Quality	Quantity	Perception	Measurement	Demography	Protective factors	Bradford	Community food aid	Health	Resources	Individual	Hybrid	Systemic
Food aid												
Operation			Coordination and collaboration			The 'site'		Origins and motivations		The role of religion		
Personnel	Challenges	Added value	Level	Crossing boundaries	Rationale	Form	Impact	Reactive (societal)	Pioneering (societal)	Practical	Principle	Defining faith-based food aid
The cultural meaning of food												
Identity			Relationships				Culturally specific diets and ways of eating/feeding					
Status		Self-efficacy	Communal eating	Relationships		Cultural		Hybrid		Doctrinal (religious)		

Table 3.3 Interview coding framework

The food aid organisation in 'advanced' neoliberalism															
History and development		The organisation and the system			The 'Provider'		The 'service user'			The community		Connectivity			
Process	Inspiration	Organisational structure	Activities	Access	Experience	Staff expertise	Demography	Service user experience	Relationship with provider	Function	Character	Cooperation	Resistance	Motivation	In practice
Faith in community responses to food insecurity															
Striving for secularity		Public expression of faith			Faith-based motivation		Impact and personal experience		Connectivity						
Militant secularism	Secular faith	Material space	Interactions	Proselytising	Doctrine	Pragmatism	Service user	Staff	Type	Level	Development				
Culture, ethnicity and food aid															
Socio-political role and meaning of food				Cultural integration						Cultural approaches to:					
Nostalgia	Food as a social event		Class and identity		Neo-colonialism		Healthy eating		Hybridity	Food insecurity			Food		

## Sample

To preserve anonymity of participants and, as required by HSRGC approval, details about the organisations and individuals in the sample are kept to a minimum.

The Phase 1 sample consisted of nine participants in total. It was biased towards stakeholders involved in food insecurity and community food at a governance level, including four employees of Bradford District Metropolitan Council and a local councillor. Table 3.4 provides details of the Phase 1 focus group and interview participants.

Table 3.4 Phase 1 focus groups and interview sample characteristics

Focus group/ interview	Date	Location	Number of participants	Methodology	Duration (approx.)	Participant details
1	June 2015	Bradford	3	Focus group	75 mins.	A health service employee
						A council employee with responsibilities relating to food insecurity
						A community group representative (social food charity)
2	June 2015	Bradford	5	Focus group	80 mins.	A councillor
						Three council employees with a range of responsibilities relating to food and food in schools
						A community group representative

3	June 2015	Keighley (in Bradford District)	1	Interview	45 mins.	A community group representative
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The Phase 2 sample of 18 organisations was biased towards emergency food aid providers, including six food banks and eight hot food providers; however this was not necessarily considered problematic given the current salience and highly politicised nature of acute food insecurity in the UK, to which emergency community food aid is a key response, and the high prevalence of deprivation in Bradford (Wright et al., 2013). Table 3.5 provides details of the interview organisations/participants.

Table 3.5 Phase 2 interviews sample characteristics

Participant	Organisation	Model	Member of staff	Religion	Interview date
Participant 1 (P1)	Service organisation for low income, high needs service users	Food bank	Staff member	Methodist	Sept. 2015
P2	Service organisation for low income, high needs service users	Food bank	Manager	Muslim	Nov. 2015
P3	Service organisation for low income, high needs service users	Hot food provider	Manager	Secular	Oct. 2015
P4	Service organisation for low income, high needs service users	Food bank	Manager	Secular	Oct. 2015
P5	Service organisation for low income, high needs service users	Food bank	Manager	Anglican	Sept. 2015
P6	Service organisation for low income, high needs service users	Hot food provider	Manager	Secular	Sept. 2015
P7	Community centre	Pay-as-you-feel café; and community kitchen	Manager	Secular	Nov. 2015
P8	Community centre	Community café	Staff member running food and nutrition activities	Secular	Nov. 2015
P9	Service organisation for low income, high needs service users	Pay-as-you-feel café; mobile food bus; and distributor of food and clothing parcels	Manager of cook and eat and nutrition programme	Anglican	Nov. 2015

P10	Service organisation for low income, high needs service users	Hot food provider	Manager	Evangelical Covenant Church	Oct. 2015
P11	Social food charity	Pay-as-you-feel café	Manager	Anglican	Sept. 2015
P12	Service organisation for low income, high needs service users	Food bank	Manager	Salvation Army	Sept. 2015
P13	Service organisation for low income, high needs service users	Hot food provider	Manager	Muslim	Oct. 2015
P14	Service organisation for low income, high needs service users	Hot food provider	Manager	Catholic	Oct. 2015
P15	Service organisation for low income, high needs service users	Hot food provider	Manager	Secular	Oct. 2015
P16	Service organisation for low income, high needs service users	Hot food provider	Manager	Anglican	Oct. 2015
P17	Service organisation for low income, high needs service users	Hot food provider	Manager	Catholic	Oct. 2015
P18	Service organisation for low income, high needs service users	Food bank	Manager	Anglican	Sept. 2015

### 3.3.2 Study 2

Chapter 2 described the BiB and BiB1000 datasets. The section below describes the study design, the research questions, the sample used in the analysis itself and the process of analysis adopted.

#### Research question

To focus the quantitative analysis in relation to the main research questions above, this study adopted two specific research questions that could be explored quantitatively:

1. What are the socio-demographic factors associated with and the health impacts of food insecurity?
2. Do these factors vary between white British and Pakistani households?

## Study design

Survey data collected from the BiB birth cohort (Wright et al., 2013) were combined with data from the nested BIB100 study (Bryant et al., 2013). The author was not involved in the data collection, which was undertaken between 2007 and 2010. The author requested select variables from the Born in Bradford data team according to the research question. These data were prepared and cleaned by the Born in Bradford data team and then sent to the author. The design was a cross-sectional study in a cohort with longitudinal data on self-reported health and General Practice (GP) medical records on Common Mental Disorders.

## Exposure, outcome and covariates

Study 2 was composed of three sub-studies each looking at a different outcome: food insecurity; maternal general health; and maternal mental health. The exposure variables used in the sub-studies were particular to the outcome in focus, hence, for clarity, each outcome and its associated exposure variables will be addressed separately.

### *Food insecurity outcome and related exposure variables*

Household food insecurity was assessed when babies were approximately 12 to 18 months old using the validated 18 item US National Household Food Security Survey Measure (Hamilton et al., 1997b), described in Chapters 1 and 2. Women were identified as food secure or food insecure based on the classification suggested in the literature (Hamilton et al., 1997b), as discussed in detail in Chapter 1.

The exposure was multiple socio-demographic factors: self-assigned ethnicity (white British and Pakistani, due to predominance of these ethnic groups in the sample); cohabitation status; number of people living in the household (measured at the 12 month survey wave of the nested BiB1000 study); maternal age; occupation of the father<sup>11</sup>; receipt of means-tested benefits; perception of financial security; and maternal education.

The following variables were recoded to ensure adequate sample size in each category:

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<sup>11</sup> Paternal employment was used as a marker of a woman's socioeconomic status as a high proportion of Pakistani women had never been employed.

- a) Cohabitation status was recoded into two categories: 'living with the baby's father or another partner' and 'not living with a partner'; the former category was an amalgamation of two categories: 'living with baby's father' and 'living with another partner'.
- b) Household size: for the regression analyses, this continuous variable was recoded into a binary variable: '2-4' and '5-15' people in the household. Despite the unevenness of the categories, the choice was informed by the high proportion of the sample living in four person or less than four person households (53.2%). Table 2.2 shows the proportion of the sample in the two categories. For the descriptive analysis only, household size was recoded as a five category variable. Small sample sizes in some categories precluded the use of this categorisation in the regression analyses.
- c) Financial insecurity ('subjective poverty'): in response to small sample sizes, the two upper categories (finding it 'quite' and 'very' difficult to manage) were recoded into a single category.

#### *Self-reported maternal health outcome, exposure and covariates*

Maternal health was assessed on four occasions when babies were approximately six to 12 months, 12 to 18 months, 18 to 24 months and 24 to 30 months old. The measure was self-reported, using a single question: 'How would you describe your own health generally? Would you say it is excellent/very good/good/fair/poor'? To ensure adequate numbers of cases in each category, answers were recoded as binary variables: excellent/very good/good health and fair/poor health (Bryant et al., 2013). The measure is reflective of general health, including both physical and mental health. The exposure variable was food insecurity, coded as a binary variable: food insecure and food secure, as described above.

Covariates used in the analyses were ethnicity, recoded as a binary variable to include white British and Pakistani women only, and perceived financial insecurity ('subjective poverty'). There is evidence that income is a determinant of health (Marmot, 2010) and, therefore, it was important to adjust for this in the analysis. However, it was not possible to obtain a valid measure of income for sample participants. 23% of women said that they did not know their family income,

although this varied substantially by ethnicity and country of birth. However, other common markers of socioeconomic status, such as the receipt of means-tested benefits and paternal employment, were not consistently reliable markers of socioeconomic status in the sample (Uphoff et al., 2016). Perceived financial security was considered the best metric for capturing socioeconomic status amongst both white British and Pakistani households; indeed, it is widely employed in previous BiB studies as the preferred measure for showing health gradients (Uphoff et al., 2016). It was consequently used to adjust for socioeconomic status in the analyses of food insecurity and general health.

#### *Mental health outcome: GP Records – construction of an outcome*

Nearly all of Bradford's primary care practices use SystemOne (TPP, Horsforth, Leeds, UK) clinical software in which clinical and administrative terms are classified by Read Codes, and prescriptions captured using the British National Formulary dictionary (Prady et al., 2016b). SystemOne electronic primary care records ('GP records') were matched to BiB research records by a third-party data provider using NHS numbers. Matching primary care records were identified for 11303 (90.8%) BiB research records up to February 2013. In BiB1000, the sample included all women who had taken part in at least one BiB1000 survey wave (N=1,593); matching records were identified for 99.5% (1,276) of the BiB1000 sample.

The study adapted previously published methods (Prady et al., 2016) to compile lists of Read Codes relevant to common mental disorders (signs, symptoms, diagnoses, treatment, referrals, follow-up and screening) and for severe mental illness (psychoses, bipolar disorder and schizophrenia). With the assistance of statisticians in Bradford Institute of Health Research (BIHR), I searched participants' GP records for these Read Codes and drugs used to treat common mental disorders during the study period. I had no access to free-text notes or referral letters because of third-party data protection concerns.

Cases of common mental disorder (CMD) were defined as having a Read Code for depression; or anxiety; or depression and anxiety; or treatment for CMD; or follow up for these Read Codes; and/or prescriptions for CMD drugs, in the included period. Cases with Read Codes indicating serious mental illness in the included period, screening for common mental disorder or history of CMD were excluded. Counts are produced by identifying codes in each of the sections of Read Codes/drug lists for separate time periods.



Figures 3.2 and 3.3 illustrate the rationale behind using both Read Codes and prescriptions to create 'cases' of CMD, rather than only Read Codes or only prescriptions. Figure 3.2 shows the cases identified through counts of cases 1 and 2. Count 1 represents cases identified using the criteria set out above. Count 2 represents the same count, but without Read Codes for treatment or follow-up and not excluding serious mental illness (SMI) cases if they also have a Read Code or drug prescription in the period. It shows that Count 2 may slightly underestimate the number of CMD cases.

Figure 3.2 Overall CMD case rates

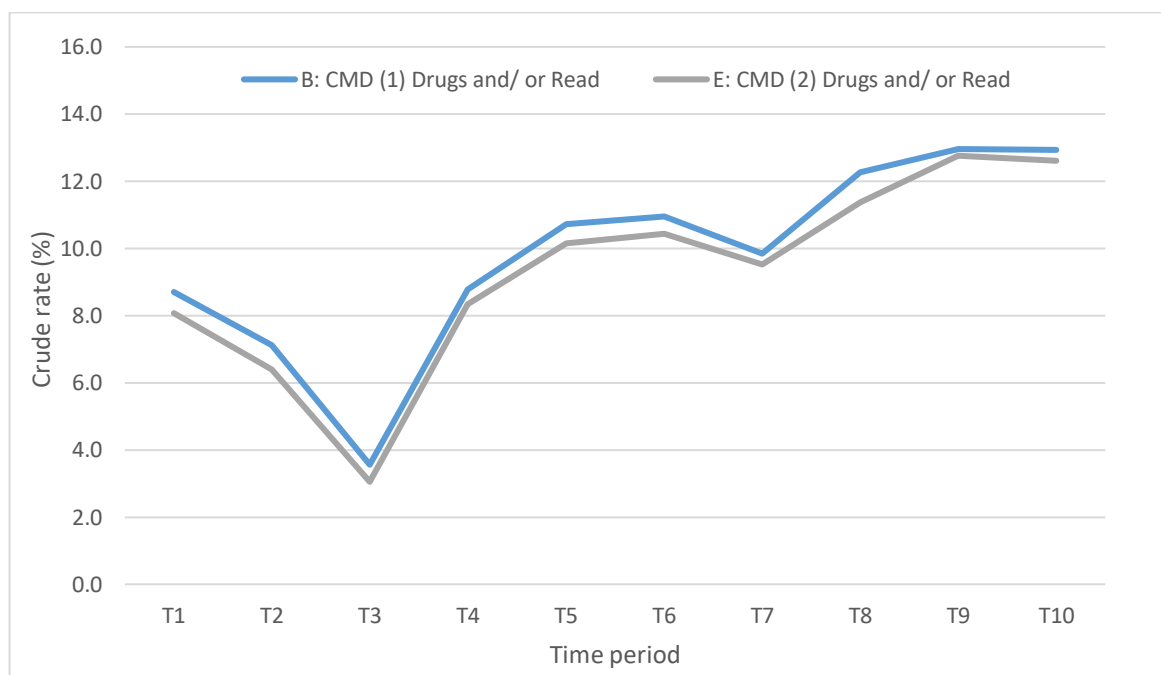
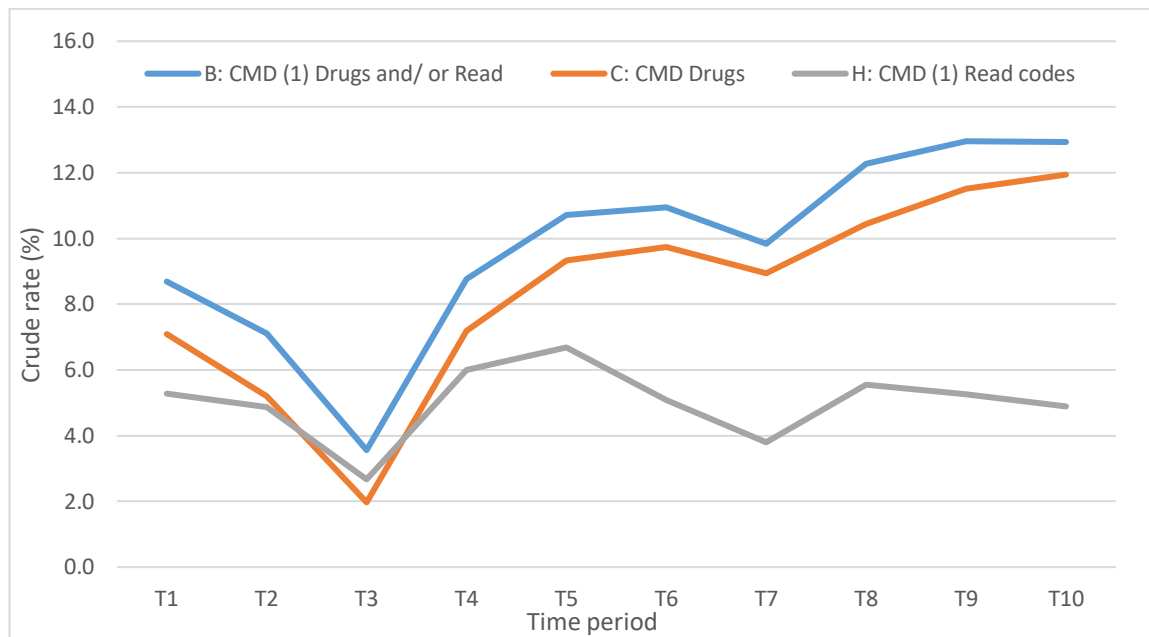


Figure 3.3 breaks down Count 1. It shows the cases identified through having drug prescriptions and cases identified through having Read Codes (note that there is overlap, with many cases identified through both in the same period). Figure 3.3 illustrates three issues: (i) most cases are identified through drug prescriptions, (ii) identifying cases through drugs or Read Codes alone would lead to an undercount, particularly so for using Read Codes alone (the difference between the counts B and C represents the potential undercount if relying only on drug prescriptions; the difference between the counts B and H represents the potential undercount if relying only on Read Codes) and (iii) using Read Codes alone, the trajectory of case prevalence would look very different.

Figure 3.3 Cases identified as having Read Code/or drug prescription (Count 1)



For each six month period (see Figure 3.4), drug prescriptions and Read Codes were used to classify each woman as having markers of detected CMD, having no marker or having markers that could not be classified with any certainty (for example some anti-psychotics are also used to treat seizures). Women were thus classified as a case if CMD in any of the 10 six month periods in Figure 3.4.

Figure 3.4 Time period used for grouping of cases

T1	18 months to 12 months prior to birth of BiB1000 child
T2	12 months to 6 months prior to birth of BiB1000 child
T3	6 months prior to birth of BiB1000 child to birth
T4	Birth to 6 months after birth of BiB1000 child
T5	6 months to 12 months after birth of BiB1000 child
T6	12 months to 18 months after birth of BiB1000 child
T7	18 months to 24 months after birth of BiB1000 child
T8	24 months to 30 months after birth of BiB1000 child
T9	30 months to 36 months after birth of BiB1000 child
T10	36 months to 40 months after birth of BiB1000 child

Covariates used in the models were ethnicity, recoded as a binary variable to include white British and Pakistani women only. As in the sub-studies above, the other ethnic groups were too small for regression analyses. Due to sample size limitations, the analysis could not be adjusted for socioeconomic status; the limitations of this are discussed in Chapter 7.

To account for dropout and non-coverage, the analysis was additionally adjusted for exposure (the proportion of time the woman is registered with a SystmOne GP practice in any given six month time period). Table 3.6 displays the mean exposure per time period and the population adjusted for exposure. Table 3.7 shows the crude and exposure adjusted rates for ‘common mental disorder’ (CMD) as defined above.

Table 3.6 Mean exposure per time period and the population adjusted for exposure

	T1	T2	T3	T4	T5	T6	T7	T8	T9	T10
<b>Mean Exposure</b>	0.900	0.950	0.985	0.992	0.993	0.984	0.973	0.959	0.952	0.949
<b>Adjusted population</b>	1437	1517	1573	1584	1586	1571	1554	1532	1520	1516

Table 3.7 Crude and exposure adjusted rates for CMD

<b>CMD: Rate</b>	T1	T2	T3	T4	T5	T6	T7	T8	T9	T10
<b>One or more</b>	125	108	56	139	170	172	153	188	197	196
<b>Crude Rate (%)</b>	7.8	6.8	3.5	8.7	10.6	10.8	9.6	11.8	12.3	12.3
<b>Mean Exposure</b>	0.900	0.950	0.985	0.992	0.993	0.984	0.973	0.959	0.952	0.949
<b>Adj. Rate (%)</b>	8.7	7.1	3.6	8.8	10.7	10.9	9.8	12.3	13.0	12.9

## Statistical analysis

### *Food insecurity outcome*

The regression analyses were preceded by description of (a) the full food insecurity survey, (b) maternal characteristics in relation to food insecurity status, (c) food insecurity in relation to social security status, and (d) food insecurity in relation to household size. Logistic regression analysis was used in the full sample and within the two largest ethnic groups, white British and Pakistani, to calculate unadjusted Odds Ratios (ORs) of food insecurity in relation to all covariates separately. In addition, adjusted ORs for (i) food insecurity in relation to all covariates combined in a multivariate model [Model 1] and (ii) food insecurity in relation to all covariates with  $p < 0.1$  in Model 1 [Model 2].  $P < 0.1$  was adopted as a threshold rather than  $p < 0.05$  in response to the small sample size. Average Marginal Effects were calculated to facilitate interpretation of results. All analyses were conducted using Stata 14.0.

### *General health outcome*

Descriptive statistics and Pearson chi-square tests for association preceded the bivariate and multivariate regression analyses. Logistic regression analysis was used on the full sample and within the two largest ethnic groups (white British and Pakistani) to calculate unadjusted ORs of food insecurity in relation to fair/poor self-reported general health. In addition, ORs were calculated for food insecurity in relation to fair/poor health adjusted for subjective poverty. All analyses were conducted using Stata 14.0.

### *Common mental disorder outcome*

Incidence rates of CMD were calculated and adjusted for exposure per 1000 Patient Years At Risk (PYAR) among food secure compared to food insecure women in 10 six month periods (see Figure 3.4). Poisson regression was used to calculate adjusted Incidence Rate Ratios (IRR). To increase the sample size, the three prenatal periods and seven postnatal periods were combined and the statistical analysis ran using these two time periods only.

Because the white British and Pakistani groups were the only two ethnic categories large enough to justify stratified analyses, prevalence and adjusted Risk Rate Ratios (RRR) of prenatal and postnatal CMD by food insecurity status were calculated for white British and Pakistani women. All analyses were conducted using Stata 14.0.

### **Sample**

Table 3.8 reports the characteristics of the BiB1000 sample by socio-demographic characteristics at baseline and household size at 12 months (also displayed, albeit in a condensed form, in Table 2.6). The sample is largely composed of Pakistani (48.9%) and white British (37.3%) women.

The most common occupation of the baby's father is non-manual, followed by manual work. Compared with male unemployment levels in Bradford (ranging from 5.9% to 8.3%) and nationally (5.7% to 6.7%) at the time at which the baseline survey was conducted (2008-2009), unemployment in the sample is high (11.1%).

Relative to national education levels, education levels in the sample are low. The highest level of education amongst a majority of women in the sample is equivalent to five GCSEs or less (58.7%) and a lower proportion of the sample hold qualifications higher than A level (or equivalent) than do nationally (26.6% versus 28.6%).

A large minority of the sample were, at the time of the survey, in receipt of means-tested benefits (40.6%) possibly suggesting high levels of income poverty. Reflecting this, perceived moderate or high household financial insecurity was widespread. Only 26.5% of women report that they are 'living comfortably' and a total of 31.6% report that they are either 'just about getting by' or 'finding it difficult/very difficult' to manage.

In keeping with the ethnic demography of the sample, cohabitation with a partner is high (86.3%) and, while a majority live in two to four person households (53.8%), a large minority live in households with between five and 15 people (46.2%).

Table 3.8 Sample characteristics BiB1000 12 month survey wave

Individual characteristics	Number in sample	Pakistani	white British
<b>N</b>	1280 (%/sd)	624 (%/sd)	480 (%/sd)
<b>Ethnic group (baseline)</b>			
Pakistani	780 (48.87)		
White British	596 (37.34)		
Mixed Other	87 (5.45)		
Indian	65 (4.07)		
Bangladeshi	36 (2.26)		
Black	32 (2.01)		
<b>Mean maternal age at delivery (baseline)</b>	27.49 (sd 5.61)	27.70 (sd 5.13)	26.91 (6.10)
<b>Occupation of the father (baseline)</b>			
Non-manual	669 (42.10)	266 (34.59)	300 (51.81)
Manual	494 (31.09)	302 (39.27)	137 (23.66)
Self-employed	187 (11.77)	112 (14.56)	53 (9.15)
Unemployed	177 (11.14)	77 (10.01)	75 (12.95)
Other (Don't know/student)	62 (3.90)	12 (1.56)	14 (2.42)
<b>Mother's education (baseline)</b>			
<5 GCSE equivalent	353 (23.93)	201 (27.13)	120 (21.90)
5 GCSE equivalent	513 (34.78)	249 (33.60)	217 (39.60)
A-level equivalent	217 (14.71)	89 (12.01)	95 (17.34)
Higher than A-level	392 (26.58)	202 (27.26)	116 (21.17)
<b>Subjective poverty (baseline)</b>			
Living comfortably	421 (26.49)	215 (27.71)	141 (23.78)
Doing alright	666 (41.91)	315 (40.59)	257 (43.34)
Just about getting by	366 (23.03)	191 (24.61)	143 (24.11)
Finding it difficult or very difficult to manage	136 (8.56)	55 (7.09)	52 (8.77)
<b>Receiving means-tested benefits (baseline)</b>			
Yes	646 (40.55)	352 (45.19)	

<b>No</b>	947 (59.45)	427 (54.81)	221(37.27) 372 (62.73)
<b>Cohabitation status (baseline)</b>			
Living with the baby's father or another partner	1,372 (86.29)	739 (95.11)	441 (74.49)
Not living with a partner	218 (13.71)	38 (4.89)	151 (25.51)
<b>Household size (12 months)</b>			
2-4 people	749 (53.81)	220 (32.35)	412 (79.54)
5-15 people	643 (46.19)	460 (67.65)	106 (20.46)
<b>Food insecurity (12 months)</b>			
Food secure	1101 (86.02)	560 (89.74)	393 (81.88)
Moderate food insecurity	133 (10.39)	50 (8.01)	62 (12.92)
Food insecure with hunger	39 (3.04)	12 (1.92)	22 (4.56)
Food insecure with severe hunger	7 (0.55)	2 (0.32)	3 (0.62)

As a result of data linkage (linking BiB data to primary care records), the sample used in the analysis of food insecurity and mental health varies slightly to that employed in the analysis of food insecurity prevalence and socio-demographics, and food insecurity and general health. The sample used in the analysis of food insecurity and mental health (see below) is displayed in Table 3.9. As in Table 3.9, the sample is mainly composed of white British and Pakistani women. It also has a high number of women in receipt of means-tested benefits (646), 40.6% of the total sample.

Table 3.9 Sample characteristics analysis of food insecurity and mental health

	<b>Full sample (sd/%)</b>
<i>N</i>	1593
Maternal age in years mean	27.66 (5.6)
<b>Means-tested benefit receipt</b>	
Yes	646 (40.6)
No	947 (59.5)
<b>Occupation of the father</b>	
Non-manual	669 (42.1)
Manual	494 (31.1)
Self-employed	187 (11.8)
Unemployed	177 (11.1)
Other (Don't know/student)	62 (3.9)
<b>Ethnic group</b>	
White British	480 (37.5)
Pakistani	624 (48.8)
Indian	56 (4.4)
Bangladeshi	24 (1.9)
White Other	26 (2)
Black	25 (2)
Other	44 (3.4)

### 3.3.3 Study 3

Study 1 addressed a particular topic – the nature and construction of food aid and food insecurity amongst food aid providers in a particular historical and geographical context – which could, arguably, only be answered using qualitative methods. Study 1 drew attention to the presence of religion within some emergency food aid providers and to relationships of power between service users and members of staff. Arguments and conclusions presented in Study 1, Chapter 4, were derived from interviews and focus groups with individuals providing – or observing – food aid and its service users only. Absent from the data, and thus the conclusions, were the opinions and experiences of people experiencing or at risk of food insecurity. The key and most urgent questions brought to light by Study 1 include:

- Why do there appear to be fewer Pakistani and Muslim service users at emergency food providers in Bradford than would be expected by the demography of the District?
- In light of power differentials identified between staff and service users, how do users experience food aid provision?
- What is the impact of the presence of religion in some food aid providers on service users?

The analysis presented in Study 2 of food insecurity amongst a sub-set cohort of the BiB study raised different but no less pressing questions. It also problematised some of the Study 1 findings – for instance, despite the apparent absence of Pakistani/Pakistani Muslim women at Bradford’s emergency food providers, the data showed that food insecurity *was* present amongst this population, with one in ten Pakistani women reporting food insecurity. The direction and strength of the associations identified in Study 2 between food insecurity and ethnicity, food insecurity and socioeconomic status, food insecurity and general health, and food insecurity and mental health brought to the fore further questions:

- Why are Pakistani women less likely to report food insecurity than white British women?
- Why is there a strong relationship between financial insecurity and food insecurity, and between the receipt of means-tested benefits and food insecurity; and why does the strength of these associations vary by ethnicity?
- Why and how does food insecurity impact general health; and why is this association mitigated by financial security?

- Why and how does food insecurity impact mental health; and why is the association between food insecurity and poor mental health present amongst white British women but not amongst Pakistani women?

A minority of these questions can be addressed partially by both international evidence on food insecurity and emerging literature on food banks in the UK – for instance, the physiological and psychological processes linking mental health and general health to food insecurity are explored using qualitative methods by researchers in Canada and the US (Tarasuk and Beaton, 1999; Pheley et al., 2002; Kirkpatrick and Tarasuk, 2009; Knowles et al., 2015). However, numerous unknowns remain. The epidemiology of food insecurity in the UK is under-developed and, hence, the findings presented in Study 2 cannot be comprehensively validated or further explored using UK evidence. Further, whilst food aid research is a quickly growing field in the UK, many projects are still in the preliminary stage and published literature on UK food aid and food insecurity is limited. The questions raised by the quite specific critique of religion and power within religious and non-religious food aid providers in Bradford (Study 1) can be best explored via a qualitative study of low income ethnic/ethno-religious majority and minority women in Bradford.

Study 3 (the results of which are presented in Chapter 6) explores these questions, not directly through one-to-one interviews nor via a structured survey but as part of a broader analysis, using focus groups, of food in contexts of poverty amongst a population of Pakistani Muslim and white British women living in three deprived wards in Bradford: Bowling and Barkerend, Little Horton, and Bradford Moor.

## **Aims**

Within the theoretical framework explicated in Chapter 1, this study aims to:

- Understand how Pakistani Muslim women understand and experience food insecurity, and how this compares with white British women;
- Explore how food is approached by women within the household, how this may mitigate or exacerbate food insecurity and its effects, and how this differs by ethnic group;
- Investigate why Pakistani Muslim households are less likely to use food aid than white British households.



### **Setting: Little Horton, Bowling and Barkerend, and Bradford Moor**

The study was conducted in Little Horton, Bowling and Barkerend and Bradford Moor: three inner city areas in Bradford (see Figure 3.5). The wards have a higher birth rate than Bradford District or England and are very ethnically diverse, with residents of Pakistani heritage forming the largest ethnic group (48.6%) and a minority white British population (24.8%) (Dickerson et al., 2016). An increasing number of families arriving from central and eastern European countries, especially Poland, Slovakia and the Czech Republic, augment the diversity of the areas. Mortality and morbidity rates are higher than those in both Bradford District and England, and include a relatively high infant mortality rate (Dickerson et al., 2016). Obesity rates are higher and oral health is substantially poorer than Bradford District and England (Dickerson et al., 2016). Employment in all three areas is low: 26.3%, 22.9% and 18.4% of residents are in full-time employment in Bowling and Barkerend, Little Horton and Bradford Moor respectively, compared with 38.6% in the UK as a whole (ONS, 2011).

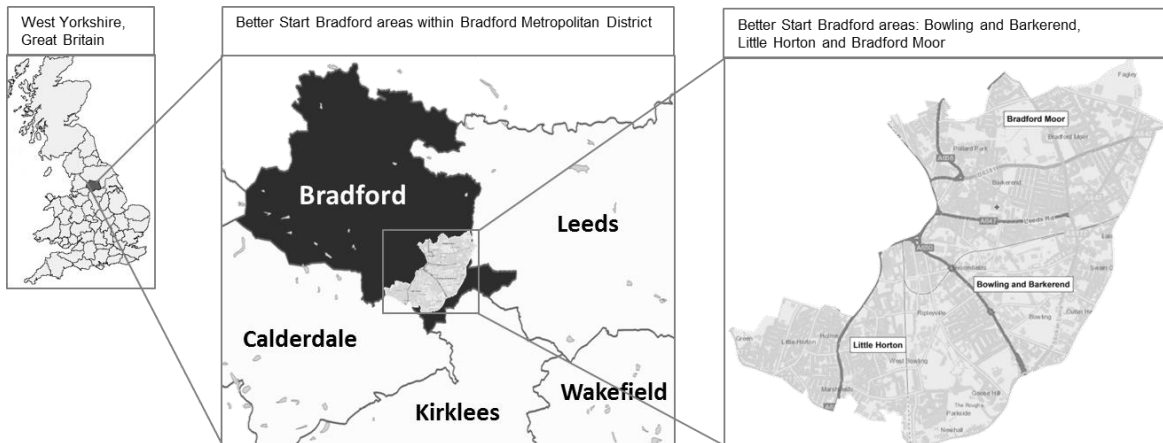
Together, the three wards comprise the Better Start Bradford (BSB) areas. BSB is a community project, based in Bradford, allocated £49 million by the Big Lottery Fund to implement 22 interventions to improve outcomes for children aged 0-3 in three key areas: social and emotional development; communication and language development; and nutrition and obesity (BSB, 2017). Interventions, including personalised midwifery, an antenatal course, a perinatal support service and an eight-week course for parents with babies and toddlers under five to help develop healthy lifestyle habits, amongst many, are in the early to mid stages of implementation. Whilst BSB has links to the Born in Bradford study,<sup>12</sup> it is a separate project with different aims and methods, and one which is yet to publish any quantitative findings. As such, it is described here and not in Chapter 2.

The researcher worked with BSB to recruit participants and conduct the focus groups (see Figure 3.6). The research setting was, therefore, in part a pragmatic choice: BSB's pre-existing relationships and activities/interventions in the area facilitated relatively rapid recruitment for and execution of the focus groups. Nevertheless, the choice of research setting was not simply pragmatic. The demography and high deprivation of the wards allowed for recruitment of an appropriate population, one which was both ethnically diverse and more likely to be at risk of food insecurity than the general population of Bradford.

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<sup>12</sup> The two projects are predominantly connected by personnel and geography.

Figure 3.5 Location map of Bradford and BSB areas (from Dickerson et al. (2016, p.4))



Noortje Uphoff, Better Start Bradford Innovation Hub. Created in Arc GIS 10.2.1.

## Study design and rationale

The study aimed to investigate perceptions and experiences, and fulfilling the research aims required an in-depth exploration of a sensitive topic (experiences around food in the context of poverty), a topic which may not be commonly discussed by participants and which may need to be ‘teased out’ through careful, open-ended questioning (Morgan, 1997). The study intended to use only focus group methodology, conducting focus groups with members of pre-existing community groups in a session immediately following and held in the venue of the activity/community group.

### *Design and perspective*

As previously discussed, the focus groups were conducted within pre-existing groups, in a setting familiar to the participants. The study aimed to conduct four focus groups, each lasting between 45 minutes and one hour, and each with roughly four to six participants. The groups were to be kept relatively small in light of the sensitive nature of the topic and possible language differences between the moderator and participants.

In line with ‘interactionism’, the interviewees were to be viewed as experiencing subjects who actively construct their social worlds, whilst the interview/focus group itself was conceptualised as a social event based upon mutual participant observation, with interview data interpreted

against the background of the context in which they were produced (Hammersley and Atkinson, 1983). With this in mind, the primary issue was to generate data which could provide an authentic insight into people's experiences. The need to address specific aims and indirectly address questions from Studies 1 and 2, as well as capacity pressures within the three-year PhD, precluded unstructured, open-ended interviews based upon prior, in-depth participant observation, appropriate to an interactionist perspective (Silverman, 1993). However, the focus groups were as unstructured as was viable within the framework and specific focus of the study: the topic guide was short and allowed for open discussion (see Appendix 3), and the moderator adopted a low key role in the middle and latter stages of the focus groups.

### *Rationale*

The choice of focus groups was guided by multiple factors, some informed by the research aims and sample, others by pragmatism. The study aimed to explore, not only experiences, but also perceptions and opinions, as well as the context in which such beliefs arise/are generated. Focus groups, used to uncover *why* people think as they do (Morgan, 1988) and potentially likely to give rise to lively debate resulting in what may be a dramatic change of heart (Barbour, 2008; Bloor et al., 2001), could therefore be used to study how views are both created and modified through group interaction (Bloor et al., 2001).

The apparent normality of the topic (food within the household in the context of poverty and low income) to some participants could potentially subdue conversation. The discussion and debate within the focus group may allow participants to 'problematise' taken-for-granted assumptions, encouraging participants to collectively address topics to which, as individuals, they had previously given little attention (Barbour, 2008). Further, in reacting to and building upon the responses of other group members (Stewart and Shamdasani, 1990), focus group discussions may lead to the production of more elaborate accounts than may be generated within individual interviews (Wilkinson, 2004).

Focus groups may also be suitable when researching sensitive topics, such as food insecurity. Group discussion may be less pressurised for participants than one-to-one interviews, with the expectation that each person will answer every question – a feature of some interviews – mitigated by the presence of multiple participants. Moreover, the group context may itself

facilitate personal disclosures (Farquhar, 1999; Wilkinson, 2004), with solidarity amongst friends decreasing discomfort about a topic (Kissling, 1996).

The sample (white British and Pakistani Muslim women with young children living in low income wards) could potentially be 'hard-to-reach' (Bonevski et al., 2014). Focus groups have a history of being particularly useful in work with disadvantaged, 'hard-to-reach' social groups: people who may be uncomfortable with individual interviews but happy to talk with others, particularly others they already know in the "safe and familiar context of their own turf" (Plaut et al., 1993, p.216). The method, thus, provided greater potential than one-to-one interviews of accessing an adequate number of the appropriate participants.

Finally, in light of Study 1 findings concerning relationships of power within food aid organisations and with consideration of the socioeconomic backgrounds of the researcher and the participants, reducing power differentials to a minimum was considered a priority. Focus groups, simply by virtue of the number of participants simultaneously involved, reduce the researcher's control over the interaction, rendering focus groups a relatively 'egalitarian' method (Wilkinson, 2004). Reduced researcher control would enable focus group participants to follow their own agenda and develop the themes of greatest importance to them.

However, the choice of focus groups was partly informed by the recruitment process and the priorities of the organisational partner (BSB) with which the researcher was working. The focus groups were conducted within pre-existing community/activity groups and held in the setting of the community/activity group, immediately following the group activity e.g. a toddler group. As set out in Figure 3.6, the researcher worked with BSB to identify appropriate groups. Given potential difficulties in accessing appropriate participants, focus groups were chosen as an effective method of collecting data. In addition, the study aimed to include women who spoke only Urdu, necessitating a translator. BSB did not have the capacity to supply a translator for multiple one-to-one interviews; focus groups would, thus, allow the researcher to speak with these women through a translator without overly burdening BSB. Nevertheless, focus groups would not have been used if the method was not also considered appropriate to the research aims, as described above.

## **Practice and challenges**

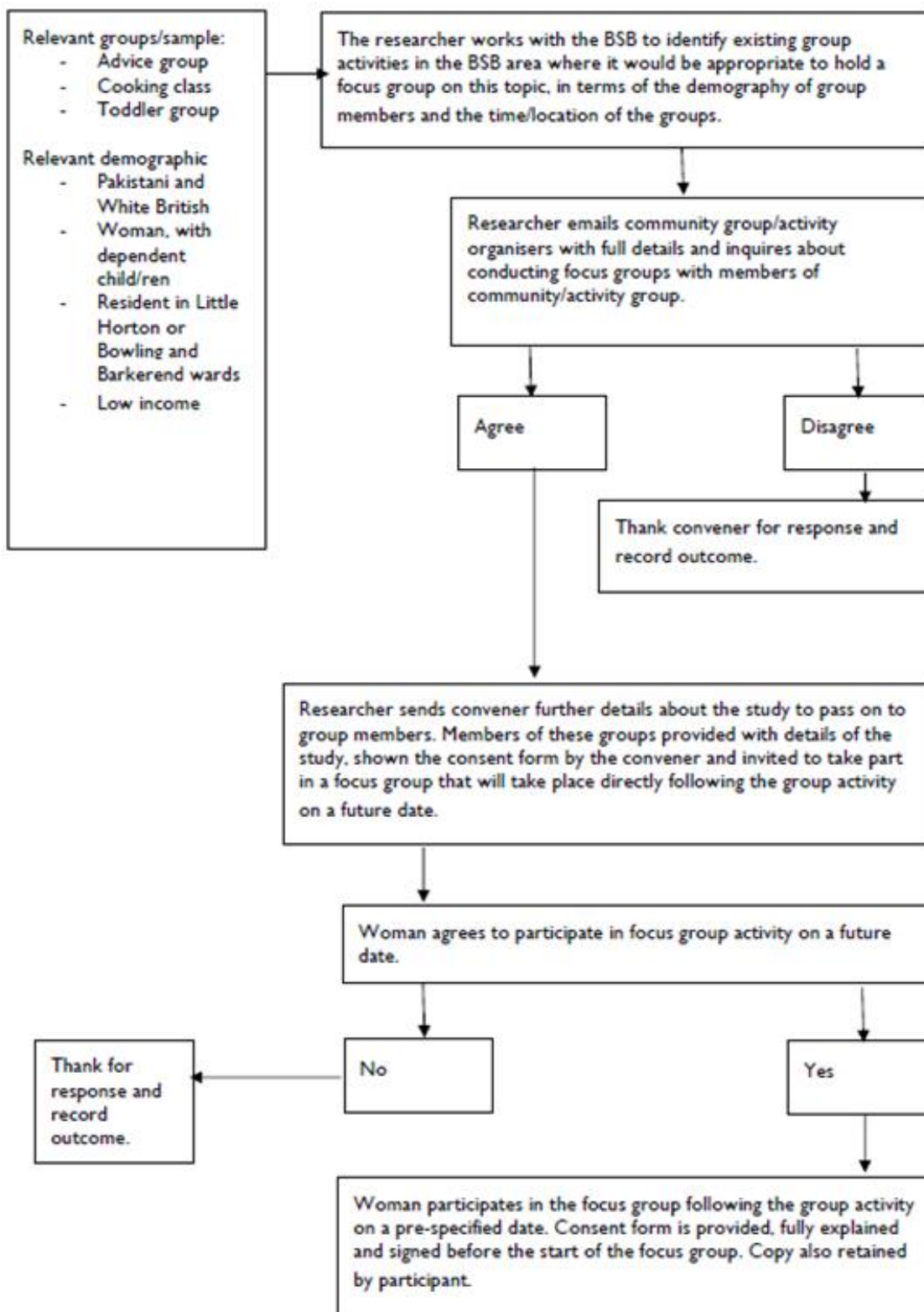
### *Recruitment process*

With the assistance of BSB, existing group activities in Bradford in which it would be appropriate to hold focus groups were identified. Members of these groups were invited to participate in the study; no incentives were offered for participation. The researcher worked with BSB to ensure a diversity of groups and participants and, specifically, to include:

- White British and Pakistani Muslim women with dependent children;
- Women who spoke only Urdu, women who were bilingual and women who spoke only English;
- Women who were severely disadvantaged, as well as those who lived in low income households.

Figure 3.6 sets out the recruitment process.

Figure 3.6 Recruitment process



### *Topic guide*

The topic guide was informed by the findings of Studies 1 and 2 and by the literature review in Chapter 1, as well as by discussion with the project supervisors. The topic guide was discussed extensively with BSB, particularly staff who were members of Bradford's Pakistani Muslim community, and with the convenors of the community groups in which the focus groups were to be held. It was also piloted with two BSB staff members, one Pakistani Muslim and one secular white British.

In order to avoid leading participants towards a particular construction or viewpoint and to allow for an open discussion, there were only five questions. However, prompts were used where necessary to further a line of conversation or to investigate views on specific topics considered related to the research focus. The full topic guide can be seen in Appendix 3.

### *Focus groups in practice*

The focus groups were held between July and October 2016. Three focus groups were conducted and, as a consequence of recruitment difficulties, one interview. The focus groups were recorded on a Dictaphone and transcribed verbatim. Table 3.10 sets out the details of the focus groups and interview.

Table 3.10 Study 3 focus groups and interview details

<b>Focus group/interview</b>	<b>Date</b>	<b>Location</b>	<b>Number of participants</b>	<b>Methodology</b>	<b>Duration (approx.)</b>
1	July 2016	Bowling and Barkerend	7	Focus group	50 minutes
2	July 2016	Little Horton	4	Focus group	60 minutes
3	September 2016	Bradford Moor	1	Interview	45 minutes
4	October 2016	Bowling and Barkerend	4	Focus group	70 minutes

The focus groups were semi-structured. The opening stage was conducted as an interview within a group (Morgan, 1997). Rather than presenting a question for whole group response, the moderator began by concentrating on a single participant, and subsequently requesting group members to respond. This approach aimed to involve all participants fully in the group and encourage each participant to give a meaningful response, with the goal of hearing from everyone

(Morgan, 1997). As the focus group progressed the researcher acted as a 'moderator' for the group (Wilkinson, 2004), rather than interviewer, posing the questions, maintaining the flow of the discussion and enabling members to participate fully.

Given that the aim of the study was to understand experiences as well as perceptions, the moderator – in line with the focus group topic guide – at times directed the group discussions toward concrete and detailed accounts of the participants' experiences. An emphasis on hearing about the participants' experiences helped counteract the movement towards generalities and generated a level of depth that drew the entire group into the discussion.

Focus group 1 included participants with varying levels of English language ability. All participants were of Pakistani origin, however, whilst some (N=4) were bilingual (Urdu and English), others spoke only Urdu (N=3). Because of this, the focus group was conducted as two smaller conversation groups within the larger group, with the Urdu speakers spoken to separately via a translator. Although there are significant limitations to dividing the group in this manner, it was preferred to excluding some members of the group on the basis of language or breaking up the flow of the conversation entirely with a translator translating all dialogue – English and Urdu – to all group participants.

The presence of small (under five) children in all sites complicated management of the focus groups. Staff members present during the community group activities remained for the focus group to oversee children, but in all focus groups the children were also attended to by and sought the attention of their mother and the moderator. Transcription of the data was complicated by children picking up the Dictaphone and by the noise of children playing in the background.

### **Sample and ethical considerations**

A total of 16 people participated in the focus groups. The sample included eight Pakistani Muslim women and eight white British women living in Little Horton, Bradford Moor and Bowling and Barkerend. Seven Pakistani Muslim women were married to men in employment. Only one Pakistani woman was in employment. Six white British women were married or cohabiting with a partner; one was employed; four had partners who were employed and three were solely reliant



on social security. Full details of the sample are set out in Table 3.11. Names given are pseudonyms to protect the identity of participants.

Table 3.11 Sample characteristics Study 3

Group	Name	Ethnicity <sup>a</sup>	Language <sup>b</sup>	Immigration status	Age	Children	Cohabitation/ marital circumstance	Employment
1	Faiza	Pakistani	Urdu	Post-school (circa 16 years) immigrant from Pakistan <sup>c</sup>	18-24	Twins (<5)	Lives with husband and children	Unemployed; husband employed
1	Abida	Pakistani	Urdu and English	Born in UK	30-36	1 child (<5)	Husband and child	Unemployed; husband employed
1	Basma	Pakistani	Urdu	Post-school immigrant from Pakistan	18-24	2 children (<5)	Lives with 13 family members	Unemployed; husband and other household members employed
1	Ghada	Pakistani	Urdu	Post-school immigrant from Pakistan	30-36	1 child (<5)	Husband and child	Unemployed; husband employed in a bank
1	Hana	Pakistani	Urdu and English	Born in UK	18-24	1 child (<5)	Husband and child	Unemployed; husband employed
1	Maisa	Pakistani	Urdu and English	Born in UK	30-36	3 children	Husband and children	Employed as a teacher; husband employed
1	Uzma	Pakistani	Urdu and English	Born in UK	24-30	2 children (<5)	Husband and children	Employed; (husband's employment not disclosed)
2	Becky	English	English	Born in UK	18-24	2 children (<5)	Partner and children	Unemployed; partner employed in catering
2	Danielle	English	English	Born in UK	18-24	1 child (<5)	Children only (split from partner)	Unemployed
2	Jade	English	English	Born in UK	30-36	8 children (12 to 11 weeks)	Partner and children	Unemployed; partner unemployed
2	Gail	English	English	Born in UK	42-48	1 adult child	Single	Employed as community centre manager
3	Sabira	Pakistani/ British	English	Born in UK	18-24	3 children (<5)	Children only (divorced)	Unemployed

4	Fiona	English	English	Born in UK	30-36	2 children (<5)	Husband and children	Employed in the NHS; husband employed
4	Emily	English	English	Born in UK	18-24	2 children (<5)	Partner and children	Unemployed; Partner employed
4	Gemma	English	English	Born in UK	18-24	2 children (<5)	Husband and children	Unemployed; partner employed in catering
4	Kate	English	English	Born in UK	30-36	1 child (<5)	Husband and child	Employed in community centre; (husband's employment not disclosed)

- a. Ethnicity was self-defined by the participant at the start of the focus group.
- b. Language represents the language used by the participant during the focus group. In focus group 1, some participants used two languages, Urdu and English, to simultaneously converse with the moderator and other participants.
- c. Among BiB mothers who emigrated from Pakistan to the UK, the majority immigrated post-school, hence, this (widely recognised) date is utilised as the cut-off here (Lawlor et al., 2009).

Ethical consent was obtained from HSRGC (Ref HSRGC/2015/121A). Given the vulnerability of some of the participants and the sensitive nature of the topic, ethical considerations were prominent in the design and conduct of the focus groups (and interview). The moderator aimed to ask participants about their personal experiences, however the line of questioning was discontinued in situations where the participant appeared distressed. The moderator was also conscious of her position of power in her relationship with participants, in terms of both academic knowledge and her role in setting the agenda of the group, deciding the boundaries of time and indicating acceptable discussion points. The researcher attempted to address this power imbalance by foregrounding the right of the participant to withdraw at any time and providing the participant with considerable scope to determine the direction of the discussion. As described in Figure 3.6, participants were provided with full information about the study before agreeing to take study (see information sheet in Appendix 3) and informed consent was attained before the start of each focus group. Finally, the focus groups and interview were recorded and transcribed anonymously. Descriptions of the sample use pseudonyms, identifying material is removed and direct quotes are published with pseudonyms.

### Data analysis

As in Study 1, the data analysis involved three stages and was informed by Dwyer (2002). To avoid repetition, I refer the reader to pages 118-120 for a summary of the analysis process. In analysing

the empirical data, a theoretically informed coding framework was constructed (see Table 3.12). General themes were broken down into sub-themes and used to analyse all transcripts. In Table 3.12, general themes sit in the grey rows, below the general themes are two layers of hierarchically arranged sub-themes. As above, Nvivo 10 was used to group quotes for each sub-theme, with some quotes categorised within multiple sub-themes.

Table 3.12 Coding framework Study 3

<b>Meta-theme 1: The lived experience of food in the context of poverty</b>												
<i>Food insecurity</i>				<i>The lived experience of food and poverty</i>				<i>Language and food insecurity</i>		<i>Food aid</i>		
Prevalence	Conceptualisation	Concealment	Food access	Causes of food insecurity	Coping strategies	Absence of food insecurity	Diet and health	Illusion	Distancing and rationalisation	Experience and perspective	Absence of food aid usage in context of poverty	
<b>Meta-theme 2: Control of a 'feckless' poor</b>												
<i>State: Control and surveillance</i>		<i>Economic context</i>		<i>Food aid</i>		<i>Community</i>		<i>Family</i>		<i>Ideological and religious codes</i>	<i>The self</i>	
Arenas of control	Mechanisms of control	Macro-level: Economic structures and shifts	Micro-level: Economic structures and shifts	Bureaucracy	Stigmatisation	Surveillance and unsolicited support	Shame and silence	Shame and silence	Control of the body and access to food		Co-construction of shame	Stigmatisation of the 'Other'

Whilst the analysis framework was identical to that in Study 1, the emphasis and priorities of the analysis differed somewhat due to the predominance of focus group rather than interview methodology as a form of data collection. Neither the individual nor the group constituted a separable 'unit of analysis', rather the analytic approach sought a balance which acknowledged the interplay between these two levels of analysis (Crabtree and Miller, 1992). The approach to coding adopted was essential to achieving such a balance. The analysis of the transcripts did not only note all mentions of a given theme or code (sub-set of a theme) but marked whether each individual participant mentioned a given code, whether each group's discussion contained a given code and, if so, how the theme or sub-theme was approached and debated in the discussion (Crabtree and Miller, 1992).

The decision concerning which topics should receive the most emphasis in the eventual report was informed by Morgan's explanation of focus group analysis (1997). Three basic factors influenced how much emphasis a given topic received (a) how many groups mentioned the topic, (b) how many people within each of these groups mentioned the topic, and (c) how much energy and enthusiasm the topic generated amongst the participants. A combination of all three of these factors, known as 'group-to-group validation' (i.e. whenever a topic occurred, it generated a consistent level of energy amongst a consistent proportion of the participants across nearly all the groups), provided the best indication that the topic should be included, or indeed fore-fronted, in the write-up (Morgan, 1997).

### **3.4 Reflexivity and reciprocity**

#### **3.4.1 Reflexivity**

Reflexivity, the social positioning of the researcher in relation to the research subject (Gray, 2014), is relevant to the project as a whole and to the three empirical studies.

#### **Overview**

My professional career, to date, has been largely conducted in explicitly 'left-wing' think tanks, including the Resolution Foundation and The Equality Trust. My 'left-wing' ideology has undoubtedly been shaped by the topics in focus throughout this employment – primarily inequality and poverty – and it is inevitable, regardless of the methodological bulwarks erected,

that my own ideology will have coloured the content of this thesis: the analysis of the literature, the methodological framework and research questions, the interpretation of the results and the consequent conclusions and recommendations. Indeed, I am well aware that the research process itself has modified my own ideological allegiances: I have shifted from a commitment to social democracy toward a belief in the virtue of libertarian socialism, the latter characterised by anti-authoritarianism, the championing of decentralisation and direct democracy, a concern with concepts of all-encompassing liberation of the individual and commitment to a society based upon free association.

Religion, specifically Christianity and Islam, is a key focus of this thesis. I have never held religious views and would describe myself as an atheist; I have a purely intellectual interest in the form and function of Christianity and Islam in contemporary Britain. It is probable that the absence of personal religious belief influenced my analysis of Islam and Christianity in relation to neoliberalism, food aid and the lived experience of food insecurity. The extent to which the analysis was impoverished or enhanced is for the reader to judge.

Finally, I am a white British woman, with under- and post-graduate qualifications from elite universities. I have no experience of poverty, racism or trans-national migration. Whilst I can listen to and consider the experiences of those with lived experience of food insecurity, I cannot identify with them. The text here is no more than an attempt to reflect upon their experiences in the light of their narratives and the relevant literature, within the confines of my own limited life experience.

### **Within the research process**

Studies 1 and 3 involved face-to-face contact between study participants and myself (the researcher). It is highly likely that these interactions were influenced by my own professional background, assumptions, ethnicity and gender. The participants were aware that the interviewer (myself) was a PhD researcher from an academic, non-clinical background. However, unless asked explicitly by participants, I did not disclose my (non-)religious beliefs. It is impossible to know with any certainty the extent to which participants' knowledge about my professional background and consideration of my ethnicity (in some cases, possibly, in opposition to their own) impacted upon their willingness to talk openly about experiences, or how this knowledge may have shaped the focus and content of the dialogue.

In Study 1, participants in the focus groups and interviews were of mixed age, gender, ethnicity and religion. Question responses varied by ethnicity and religion; as discussed in Chapter 4, food aid providers with an affiliation to Christianity discussed religion as a motivation for the provision of food more openly and to a greater extent than those with an affiliation to Islam. It is possible that a perceived religious and ethnic difference between myself and Pakistani-Muslim participants precipitated the latter to downplay the importance of religion in the provision of food aid. While it is possible that my own gender affected participants ease and engagement with me, there is no evidence in the transcripts of variation in responses according to gender – the interviewees were representing an organisation or being interviewed in a purely professional capacity and I was clear about my own professional background and my rationale for conducting the research.

In Study 3, participants were of mixed age, religion and ethnicity (predominantly Pakistani-Muslim and white British-secular) but homogeneous gender. Converse to Study 1, Pakistani-Muslim participants spoke more openly and at greater length about the impact of their faith on their experiences of food and poverty than white British-secular participants. Whilst an obvious reason for this may be the relative importance of religion to the former group, it also possible that my perceived no/different religion and simultaneous interest in Islam led participants to explain the role of religion at greater length than may have been the case if I had myself been Pakistani-Muslim and, thus, knowledge of the issues at hand assumed. Participants disclosed intimate details about their domestic and familial circumstances, often discussing the inclinations and behaviours of their male partners. It is possible that my gender (female) influenced participants' responsiveness on traditionally gendered issues, such as family life and marital conflict.

It may be worth commenting briefly upon my own experience of the research process, highlighting how this may have coloured my interpretation of the data. The fieldwork (Studies 1 and 3) was emotionally draining and often physically tiring. As discussed above, the interviews with food aid providers (Study 1) were conducted in the venue of the provision, for instance the food bank or soup kitchen. I accessed the venues, scattered across the city, by public transport (largely buses) or on foot, often in very cold weather (the interviews were conducted between September and late November). This provided an excellent opportunity to understand the geography of Bradford and assess the accessibility of food provision, however navigating unfamiliar bus routes and roads in the dark, cold weeks of late November was challenging and may have heightened my sympathy for those accessing this food provision.

Participants in Studies 1 and 3 divulged intimate experiences of extreme hardship: in Study 1, interviewees described the experiences of others; in Study 3, participants described their own lives. Listening to and sympathising with these stories was emotionally demanding. As a consequence of my emotional response to the data, it is possible that I may have looked more sympathetically upon the narratives of those experiencing or at risk of food insecurity than those providing food aid. Indeed, as described above, my own 'left-wing' ideology evolved and, to some extent, hardened throughout the research process.

### **Awareness of social setting and the social 'distance' between the researcher and the researched**

In Study 1, the focus groups were conducted face-to-face in Bradford Metropolitan District Council offices and the interviews with food aid providers were conducted in person in the location of the food provision. Whilst the location of the focus groups was appointed by the researcher, the participants, including councillors and council employees, were accustomed to the setting. Similarly, the food aid interviewees would have been very familiar with the research setting. In this latter setting in particular, although invited in as a researcher, I was mindful that I was a guest in the participants' workspace. By deliberately adopting a 'back seat' approach in setting the scene for the interview to take place, I hoped that participants would feel they were exercising a measure of control over the interview process. Study 3 took place in an, arguably, more neutral setting: the building in which the activity/community group took place. This setting was decided upon in conjunction with the activity group convener, however it would have been a more familiar space to participants, all of whom had attended classes in the building for at least a month, than to the researcher. As discussed above, I was mindful to respect participants' familiarity and, possible, ease with the venue whilst directing the focus group sufficiently to ensure an equal balance of voices.

The experiential variation between myself and some of the research participants, most notably those in Study 3, and the consequent divergent cultural systems, may have resulted in an unconscious cognitive barrier within the context of the interviews/focus groups. An aim of the primary research was to critically assess food insecurity and food aid according to a neoliberal framework, thereby calling into question the current meanings attributed to phenomena, however the variegated symbol systems of myself and participants may have limited the true extent/validity of such critical analysis. As noted by Crotty (1998), not only is our symbol system



limited and limiting; it is also a barrier. It stands for things but it also comes to stand between things and us – that is between us, our immediate objects and others.

### **‘Fair dealing’**

Dingwall (1992) has suggested that one way of reducing bias in qualitative research is to ensure that the research design explicitly incorporates a wide range of different perspectives, so that the viewpoint of one group is never presented as if representing the sole truth about any situation, an analytic technique he has referred to as ‘fair dealing’.

The multiple studies within this PhD project were designed to elicit contributions from a broad range of stakeholders in open disclosure. During the analytic process no particular group’s views were ‘privileged’ over those of others; specifically, data analysis included a process of constant comparison between accounts of each group of participants within a particular study, to uncover similarities and differences, as well comparison of the various accounts across the studies in Chapter 7 (Discussion).

A main goal of data analysis was the identification of common themes that emerged from comparison across cases (individual interviews and focus groups). However, equal importance was attached to focusing on the minutiae of individuals’ accounts relating to specific incidents of disclosure. In the analysis, I sought to identify the views and experiences of individuals, as well as the majority, where these were divulged.

### **Awareness of wider social and political context**

Food banks and food poverty are highly topical and political issues, regularly featuring in the media.<sup>13</sup> It is probable that participants, recruited for their expertise in areas relating to food insecurity, had preconceptions about food banks and food poverty and possible commitment to a particular personal or political agenda. Indeed, the data reflects some participant’s conscious or unconscious internalisation of/support for particular political constructions, notably the idea of the ‘other’. The topic guides in Studies 1 and 3 were not necessarily designed to solicit political opinions, however the broader research questions were explicitly examining food aid and food

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<sup>13</sup> The terms ‘food aid’ and ‘food insecurity’ do not commonly feature in debates in political and media arenas on these issues; these terms are primarily employed by the academy and to a lesser extent the Third Sector.

insecurity according to a particular political paradigm. Thus, the appearance of political constructs in the data is scrutinised at length in Chapters 4, 6 and 7.

### **Potential for psychological harm**

I was acutely sensitive to the possibility that focusing on the research topic could potentially provoke anxiety in the research participants concerning the disclosure of adverse events. Participants were fully briefed on the topic of focus before consenting to involvement in the study and, at the end of each interview, I took time to ensure that participants were not feeling distressed by their participation. The specific ethical considerations of the fieldwork are discussed above in relation to particular studies.

### **3.4.2 Reciprocity**

The research process is not necessarily reciprocal, particularly in (contemporary) positivistic cultures of evidence in some health research, however it has the potential to be so. The methodology did not directly involve participants in the design of any of the three empirical studies, nor were stakeholders consulted on the development of the theoretical framework or hypothesis. However, steps were taken to ensure some balance between researcher and participants. I was keenly aware that the focus groups and interviews could potentially be valued by participants as an opportunity to be listened to and given a voice. Hence, the topic guide allowed for flexibility in the direction of the conversation, permitting participants to discuss issues that were of concern to them in relation to the research topic. Study 3 employed member checking as a tool to validate/enhance the data and provide participants' with some authority over the researcher's interpretation: participants involved in the three focus groups and one interview were provided with summaries of the transcripts and asked for feedback.

Unlike many cohort studies, the BiB study has a strong programme of community engagement, holding annual events for members of the cohort and receiving feedback on the research programme from cohort parents in the bi-monthly 'Parent Governors' meeting. Indeed, the extent of BiB's community involvement is arguably a reason for its high levels of retention in various survey waves.

Finally, publication and communication of the results were key considerations both during and after the fieldwork. The results of the three empirical studies were sent to Public Health staff members (with whom I had a working-relationship) within the Bradford Metropolitan District Council, presented at a seminar at the Born in Bradford Research Institute, and discussed with those BSB staff members who led the activity/community group in which the focus group was conducted. Whilst the balance of power may still lie with the researcher, it is hoped that ongoing communication of the results will, at the very least, highlight the experiences of participants.

## Chapter 4

### Study 1: Food Aid, Religion, Race and the State

This chapter draws upon both the initial scoping exercise and data from Phases 1 and 2 of the qualitative primary research involved in Study 1 (see Chapter 3) to assess the extent to which contemporary food aid is the embodiment of a particular form of ‘advanced’ neoliberalism, characterised not only by austerity and securitisation but also by religious involvement in public services and the denial of racial difference. The first section of the chapter (4.1) examines food aid as a function of neoliberal state transformation and governmentality, underlining the equivocal nature of processes of institutionalisation; the second section (4.2) looks specifically at religion and race in relation to food aid, it questions the influence of Christian and Islamic theology on the development and configuration of contemporary food aid and suggests that the ideology of the post-racial may operate within the site of food distribution. Where appropriate, I highlight points of conflict and comparison between the data from Phases 1 and 2. Quotes employed to evidence the analysis contain an indication of the data collection phase.

#### **4.1 Food aid and the state**

This section investigates the extent to which contemporary food aid is both emblematic and a function of neoliberal political economy. It begins by scrutinising the nature and extent of food aid in Bradford, highlighting the heterogeneity of organisational arrangements, activities, funding streams and staffing structures, and questioning whether food aid can be conceptualised as a coherent and viable system (both in itself and as an alternative to the (welfare) state). It then looks to neoliberalism as governmentality, examining policies and technologies of coercion and exclusion operating within food aid. It interrogates the implications of such processes for both the adequacy of food aid provision and the dignity of the service users within and in relation to the food aid site. Following this, I turn to the development of and impetus for food aid in Bradford, questioning – as far as the data allow – the extent to which food aid is a ‘new’ phenomenon. The section closes with a consideration of the institutionalisation of food aid. It examines participant definitions of the nature of need; approved food choices; the reification of selected skills associated with household management; and virtue in order to underline how depictions of the

‘food poor’ presented by service providers intimate an internalisation of supposedly neoliberal narratives of the ‘deserving’ and ‘undeserving’ poor.

#### 4.1.1 Conceptualising food aid

This sub-section sets out the organisational, funding and staffing arrangements of food aid providers in Bradford to examine the extent to which contemporary food aid is a homogenous form of service provision or, rather, a disparate, heterogeneous collection of providers addressing various forms of food insecurity.

#### Food aid as a heterogeneous phenomenon

The initial scoping exercise (see description in Chapter 3) identified 67 community organisations working to alleviate food insecurity in Bradford. This included service organisations providing food onsite and/or to take away to low-income, high needs service users<sup>14</sup> (traditionally know as a ‘soup kitchen’ or ‘soup run’); community centres offering low cost, healthy food; and environmentally-oriented organisations aiming to empower people to grow their own food. Table 4.1 categorises community food aid into emergency and non-emergency assistance and lists organisations according to the severity of the need they addressed. Service organisations providing food onsite or to take away for low income, high needs service users were the most common.

Table 4.1 Overview of organisations in Bradford involved with food insecurity by organisation type

Type of food insecurity assistance	Type of organisation/model	Number of organisations (N=67)
<b>Emergency assistance</b>	Service organisations for low income high needs service users: onsite food and to take away providers (soup kitchens and soup runs)	20
	Service organisations for low income, high needs service users: food banks	8
<b>Non-emergency assistance</b>	Community centres	18
	Social food charities	3
	Environmental organisations	8
	Community supermarket and box schemes	8
	Food recovery organisations	1

<sup>14</sup> The term ‘client’ is adopted by The Trussell Trust to describe the people using their service. This thesis adopts the term ‘service users’ to describe those accessing food charity. The term client was rejected because of its association with systems of market-based production.

Interviews with a representative sample (Phase 2) and focus groups with key stakeholders (Phase 1) allowed for a detailed understanding of community food aid. Study participants are set out in Table 4.2, partly using the system of categorisation adopted in Table 4.1 (above).

Table 4.2 Overview of study participants by organisation type or professional role

Type of food insecurity assistance	Type of organisation	Number of organisations (N=27)
Emergency assistance	Service organisations for low income high needs service users: onsite hot food providers	9
	Service organisations for low income, high needs service users: food banks	6
Non-emergency assistance	Community centres	2
	Social food charities	1
	Environmental organisations	1
	Health centres/services	1
Policy and governance	Local authority services/departments	5
	Food and poverty research, policy, coordination and activism organisations	2

The services provided by the above organisations could be divided into two categories: food and non-food activities. Food activities were associated with the type of organisation and the needs being addressed. ‘Soup kitchens’ and ‘soup runs’ provided free food to be eaten immediately, whilst organisations describing themselves as food banks provide a parcel of cold, predominantly dry, food to be prepared at home. Only one food bank provided fresh food, including milk, fruit and meat. Many organisations performed multiple food activities, such as ‘soup kitchens’ also providing cold, unprepared food for service users to take away.

Amongst emergency food providers, there were two distinct approaches to the distribution of food. One was formal, professional and objective: rules of who could receive food and how it could be received were defined and, ostensibly, were inflexible:

When you come into the desk we ask the person what are their needs for that day, do they need anything – they might just want to see someone in the office. So we would give a ticket to each person who would like a dinner, just to make sure that one person gets one dinner rather than one person getting two dinners and the other going without.

Hot food provider, Manager, P3 (Phase 2)

The other was informal: policies concerning the receipt of food were flexible and subjective, and the relationship between the provider and service user was personal, rather than clinical/transactional:

Well, Susan<sup>15</sup> cooks. She is a nurse by profession but gives one a day a week. Every week we work out who is going to be here the next week and what we will cook. There is no formalised system. We have all been here together for a long time – that is why it works. We meet in Costa every Monday after the session and plan the following week.

Hot food provider, Manager, P10 (Phase 2)

However, in practice, there was considerable flexibility in the operational arrangements of all types of organisation. Whilst all, bar one, of the food banks in this study operated a voucher system – a practice informed by The Trussell Trust foodbank model – all food banks would issue a food parcel to a service user without a voucher, if the service user was judged to be ‘in need’:

Interviewer: And do you have people coming back regularly?

Yes, although we are limited to four parcels per agency we are not that rigid, we do take cases on an individual basis.

Food bank, Manager, P2 (Phase 2)

I think sometimes that people on this Estate are not directly linked with another support organisation and they have heard on the grapevine that the food bank is open and they just turn up at the door. So we will give people one lot of food if they do that.

Food bank, Manager, P18 (Phase 2)

The extent to which an organisation adopted an informal or formal approach was influenced by the structure and operational approach of the organisation – for instance, food banks franchised to The Trussell Trust functioned according to strict rules (health and safety, auditing etc.) – and by the attitude of the leading staff member. In the main, however, community food aid in Bradford was concerned with far more than food. Food parcels, hot meals, gardening tips and food skills were provided in the context of non-food activities. The variety of food and non-food activities are set out in Table 4.3.

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<sup>15</sup> All given names of individuals and organisations are pseudonyms.

Table 4.3 Activities of study organisations

Food activities	Number of organisations	Non-food activities	Number of organisations
Food parcel (direct)	7	Sign-posting (formal)	4
Food parcel (indirect, via agency)	1	Sign-posting (informal)	3
Hot meal (eat on premises)	9	Sign-posting to shelters	9
Hot meal (takeaway)	3	Support agencies available on site	11
Hot meal (cost)	4	Emotional support and warm place	2
Cooking skills	4	Budget recipes	1
Horticulture	2	Laundry	7
Subsidised fresh food	1	Mental and physical health services	7
		Substance and alcohol support	2
		Seasonal treats	1
		Toiletries	3
		Job and debt advice	2
		Hairdresser	2
		Communal eating	12
		Nappies, toys and children's' clothes	1
Prayer	5		

### Funding food aid: What role for the state?

Study organisations relied upon a combination of in-kind and monetary resources from private, public and third sector sources, as well as from individuals. Only one organisation was fully funded by the state, through local authority grants. A minority were part-funded by the state – for instance through free or subsidised use of local authority buildings or small grants for specific elements of their food work. This minority included emergency- and non-emergency food aid, none of which were controlled by or accountable to the local authority. The majority of food aid providers in the study sample were funded primarily by churches or mosques, and a further minority were funded either by donations from both religious and non-religious sources, or received in-kind and monetary resources from non-religious agents only. Interviewees explained that an organisation's income could take the form of regular donations and predictable income



from contracts or could amount only to one-off donations of food or money. Types and sources of in-kind and monetary donations are set out in Table 4.4.

Table 4.4 Sources of income in study organisations

In-kind		Monetary
Type of donations	Source	Source
Intercepted food	FareShare	Individuals
	Retailers	Retailer/business
	Local authority schemes	Public sector grants and contracts
Food donations	Individuals	Grant funding
	Schools	Organisational fundraising
	Religious institutions	Trading activities as part of food aid or separate trading activities
	Other food projects	
Free or subsidised buildings	Religious institutions	
	Local authority	

A majority of food aid organisations were reliant upon a plurality of resources and multiple types of financial support. This approach was motivated simply by pragmatism; the resulting necessity of negotiating multiple income streams could be challenging. Regular, predictable financial income was preferred by all organisations, however, confronted with limited funding and rising demand, organisations tended to accept most sources of income, even when these were accompanied by operational challenges, for example sorting bulk donations:

What we are capitalising on is trying to get mini support from little places rather than going for the big stores because, although a ton of food from Asda is fantastic, it is a lot to deal with. But if it is all steadily flowing in it is much easier to manage. It [a small donation] comes in and then it goes out and you are not going to have this crisis of having a lot of food which you are going to need in two or three months, but in the meantime where do you put all this extra food without having to pay extra rent?

Food bank, Manager, P5 (Phase 2)

A minority of projects rejected ad hoc donations of food or donations of surplus, out-of-date food from retailers. Such rejection of, seemingly necessary, resources was motivated by the perceived indignity imposed upon service users through the provision of out-of-date food and by concerns surrounding the, potentially, malign health implications of 'waste' food.

## Staffing food aid – hierarchical and bureaucratic or organic, self-management?

In their response to food insecurity, community food aid providers tended to employ a complex arrangement of paid staff and volunteers. The majority of organisations were staffed solely by volunteers and all relied upon one or more volunteers to play either a management role or make a considerable, sustained commitment to the work of the organisation. The various staffing arrangements of study organisations are displayed in Table 4.5.

Table 4.5 Staff structures in study organisations

		Staff structure		
		Hierarchical and structured	Hierarchical with staff/volunteer agency	Flat
<b>Paid staff only</b>		1 study project		
<b>Paid and voluntary</b>	<b>80:20</b>	2 study projects		
	<b>50:50</b>	2		
<b>Volunteers only</b>		10	3	1

Accommodating a plurality of staffing arrangements posed considerable challenges. Food banks, more than any other model of provision, were inundated with offers of volunteer support, attributed by one food bank manager to recent publicity surrounding Trussell Trust foodbanks. However, training and managing volunteers in the context of acute, complex service user need was experienced by some projects to be so demanding that the number of volunteers was restricted:

Training, looking after and coordinating the volunteers has been difficult. It takes time and is tricky while you are still working out yourself how to make the project work. We need volunteers but we are still in the process of finding our feet so it is tricky to know exactly how to use them. We need them, but we still need to recruit them and we don't have the time. It is a Catch 22.

Community group representative (social food charity), FG1 (Phase 1)

Managers of projects staffed by volunteers only reported that, whilst there were adequate numbers of part-time, short-term volunteers, there remained a dearth of regular, committed volunteers willing to adopt management roles or coordinate food insecurity provision across the District:

I'm not trying to blow my trumpet but I volunteer here five days a week, pretty much full time, the weekends are my family time, you know. So I just decided that I wasn't going to go [to a food aid network meeting] and I was just going to continue with setting this up and getting it going ... I struggle for other people who have got that managerial oversight role rather than people who can just come and do this bit, this bit, this bit.

Food bank, Manager, P5 (Phase 2)

#### **4.1.2 Viability and coherence: Is food aid a coherent, effectual alternative to the (welfare) state?**

##### **Coherence**

Study participants were aware of the importance of partnership work and many described collaboration with public and private sector organisations and with food and non-food third sector organisations. Food banks were most likely to describe connections with local and national retailers, including 'food drives' in supermarkets or bulk donations of food from supermarkets. For all types of organisation, links with the local authority were rarer than links with local businesses. Connectivity with the local authority came predominantly via the provision of buildings: a small number of emergency food projects were located in properties which were either subsidised or gifted by the Council. Public sector involvement extended no further than this, and there was apparent hostility to public sector interference and top-down management from councillors in their 'ivory towers'.

Council employee: But going back to the question about the partnerships, I think those partnerships have to be down at the bottom.

Community group representative: I agree. There is no point those councillors sitting up there in their ivory towers because they don't know how it is going to work. What do people want, what do people need?

FG1 (Phase 1)

Many organisations providing emergency food had formal or informal links with third sector social services. Food banks adopting The Trussell Trust voucher system were entirely reliant upon the quantity and quality of their relationships with referral agencies in order to receive service users and distribute food. A new food bank (operating for just over a year) described the initial

challenge of establishing connections with and respect from referral agencies. With only a limited number of partnerships established, demand for the food bank's service was low and the food bank opted to temporarily abandon the voucher system:

The most difficult thing is actually getting our referral partners to send people to us. We know there is the need out there and by taking people who come to the door we are breaking The Trussell Trust rules.

Food bank, Manager, P5 (Phase 2)

For many services working with low income, high needs service users, collaboration with social services was not only fundamental to the receipt of service users to feed, but to the achievement of the organisation's long-term goals. 'Success' involved changing long-term outcomes by tackling service user's physical and mental ill health, debt problems, long-term unemployment and, for some, insecure housing. Partnership work was key to achieving such 'success'.

Collaboration also occurred between organisations within the community food sector, such as directing service users to local emergency food services which could help them throughout the week or in the evening, or exchanging unwanted food with other food organisations. Partnerships formed around the coordination and distribution of intercepted food could be with nationwide organisations, such as FareShare, or could operate at a local level. Individual organisations established personal relationships with retailers in order to receive intercepted food and, in addition, one organisation provided space for a storage hub and distribution site for multiple organisations. The successful use of intercepted food was perceived to be contingent upon effective coordination.

Nevertheless, the reliability and sustainability of partnerships was questionable. Food organisations tended to have little knowledge of projects, activities and issues unrelated to their immediate remit and, whilst there was some awareness of city-wide coordinating bodies, involvement in these formal networks was very limited. Partnerships tended to be informal and, between the older organisations (most likely to be serving food onsite to low income, high needs service users and more likely to be Christian), could be hidden. Participants in local health centres, the local authority, policy, coordination and activism organisations (predominantly Phase 1 participants), and food/poverty research projects had little knowledge of the links between long-standing emergency food organisations. Relationships could also be one-sided – for instance, the

one-way travel of food in a supposedly reciprocal exchange – or existed between staff members rather than between organisations and, as a consequence, were unable to withstand changes in personnel.

Barriers to collaboration included the small, short-term nature of many projects; time-pressures from high user demand – particularly acute in volunteer-run organisations; low interest in meetings and discussions; bureaucracy; geography; and energy:

Interviewer: Do you work in partnership with other food organisations?

Probably the answer is no to be honest. I have been to the network meeting once and there was a conference down in Huddersfield [a nearby town] to do with food poverty and I had the advert up and I – it was a weekend and I was just tired, and I couldn't face carrying on doing this.

Food bank, Manager, P18 (Phase 1)

## **Viability**

Rising demand, amidst limited funding, was perceived to place considerable pressure on the viability of many food projects. The difficulty of satisfying high levels of demand was complicated by the ethnic diversity of service users (discussed in detail in section 4.2) and varied dietary needs:

We do a meal once a month for one of the charities that deals with asylum seekers in Bradford, and they have their meeting in the centre of town so we produce food for them, and it's interesting, the woman who sort of leads it had a conversation and said, "Could you produce food like this?" And it's quite difficult because our background, we just cook what we get, you've probably seen, we produce good stuff ... we produce a lot of good vegetarian stuff and she said actually that is not what she described as "worthy food". Equally we couldn't use pork, we couldn't use bacon, and there are issues around beef, so the question is what do you use? You got to understand that we got what we got.

Community group representative, FG1 (Phase 1)

Low knowledge levels amongst both those directly assisting people in food insecurity and stakeholders at a leadership level were described by participants as problematic. Amongst providers, low awareness about the extent or nature of food insecurity in Bradford inhibited their

ability to assist those in acute need, whilst language barriers circumscribed the demography of those they were able to assist. Very low levels of knowledge amongst those at leadership level about the nature of food insecurity in Bradford was perceived to underpin their unrealistic demands, which, in turn, inhibited the improved provision of food aid:

Some of the people at leadership level are not well informed so immediately they want to go to quantities, “How much is being distributed. How many are receiving it?” We could spend time on that but I’m not sure what it would tell us, because even if we know how many people, it doesn’t actually inform us because there are different levels of stuff.

Community group representative, FG3 (Phase 1)

#### **4.1.3 History, development, motivations and objectives**

As discussed in Chapter 1, the extent to which food aid is a new phenomenon or, in fact, a continuation of a long-standing tradition of charitable food distribution to the ‘poor’ remains ambiguous. This sub-section looks at the development of and motivations behind food aid in Bradford. It questions why food aid has developed in Bradford – as told by those providing the service – and looks at organisational objectives, questioning the extent to which providers aim to address food insecurity or, instead, employ food as a route to tackle other issues, such as unemployment, poor health and loneliness.

##### **History and development**

A minority of the organisations interviewed were founded post-2010.<sup>16</sup> Newer organisations were more likely to be food banks and social food charities; some older organisations had recently expanded their food activities into emergency food provision, whilst some long-standing emergency food providers discussed serving a new type of in-work service user. Nevertheless, community food-assistance for people in need was long-established in the case study area and even organisations that appeared new tended to be affiliated to older organisations, often churches, with a long history of charitable work:

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<sup>16</sup> A time-point marking the beginning of government ‘austerity’ and a sharp rise in the use of food banks.

In an ad hoc form the provision has been going for decades – giving people food from a cupboard. We now have formalised provision with a voucher system, like The Trussell Trust, and this has only been going for three years or so.

Food bank, Manager, P12 (Phase 2)

The ‘new’ element of community food aid appeared to relate to bureaucratic process governing access to and engagement in the food aid arena, such as the voucher system (discussed below), and the circumstances of the people served. All types of organisation were assisting a new type of service user: people whose needs were urgent and who could not/no longer seek assistance from the state (Dowler, 2014).

### Objectives and motivations

It was notable that only one organisation in the sample was motivated in its provision of food aid by a single objective: apparent food need. The remaining food providers were motivated by multiple concerns. Whilst addressing food insecurity was a primary objective in a majority of organisations, a sizable minority were principally motivated by concerns other than food insecurity, such as food waste, enacting religion or improving the employment opportunities of service users, as set out in Table 4.6.

Table 4.6 Organisational objective(s)

Primary	Secondary	Tertiary
Need: food insecurity (10 projects)	Long-term outcomes (2)	Cooking skills and health (3)
Hub for community food organisations (2)	English language skills (2)	Serve the community (3)
Enact religion (5)		
Food waste (1)		
Employment outcomes (1)		

The pursuit of multiple objectives via several activities was motivated predominantly by the complexity and unpredictability of service user need and, perhaps paradoxically, by limited financial resources. Organisations were principally motivated by acute need in their local community and the services an organisation provided were responsive to the nature of this need:

The reason for establishing it was we actually observed people looking in the bins outside for food, outside the office here and, in one day, we saw two people going in the bins for scraps of food. So we spoke with the centre manager, looked at the availability of the hall

downstairs and looked at what provision there was in the centre. But also we questioned – because the centre is in the heart of this area which is one of the most deprived wards – we questioned what level of CSR [Corporate Social Responsibility] they were exercising across the District and when it came to looking at people who were destitute or homeless, very little, so we agreed then that we would pilot something.

Hot food provider, Manager, P13 (Phase 2)

Providing free food (i.e. addressing immediate hunger) was perceived as a vehicle through which to address longer-term outcomes and tackle the underlying cause of the demand for emergency food aid, such as mental illness, debt, unemployment, loneliness or substance and alcohol abuse:

We are trying to encourage them to sit in the centre because the actual meal, the meal is for them to become accustomed to the centre so they will use the services that are offered here: the free children's activities and the benefits and job club.

Community group representative, FG2 (Phase 1)

The real need is not what is presented: it may be addiction, loneliness, searching for something in life. We ask the agencies who issue the voucher what they are doing to help the person.

Food bank, Manager, P12 (Phase 2)

However, there was an alternate minority view primarily voiced by Phase 1 rather than Phase 2 participants that portrayed the character of food provision as shaped principally by ideology, in particular commitment to social innovation. Individual beliefs and motivations were also considered important to the development of provision. A dominant, but minority view, suggested provision was reliant upon individual willingness to both establish and manage projects over the long-term and work collaboratively with other projects. This required 'good will' which could be jeopardised by burdensome bureaucracy and administration; in this way, food insecurity provision was discussed as though it were a hobby:

Because not only do you need a person and a pot of money, but somebody who might be quite happily doing an activity is told to fill in a form that they can put on a website and suddenly what was a feel good activity that you were quite keen on doing becomes paper exercise, and you spend more time filling in forms and answering queries and responding



to emails rather than doing what you want to do, which is cook something and feed the kids – you know, something practical.

Council employee, FG2 (Phase 1)

Those who presented this viewpoint were more inclined than other participants, who tended to discuss community support in a clear, practical and limited sense (e.g. in terms of small food donations and geographical community boundaries) to reify the idea of ‘the community’ and individualise ‘the community’s’ motivations:

There are communities that have responded to food poverty. I run a community café and it is mainly kids that come, we provide the snacks and food. People do stuff like that. I don’t know ... there are always good people around.

Community group representative, FG2 (Phase 1)

#### **4.1.4 Coercion, exclusion and adequacy**

##### **Coercion and exclusion**

Structural policies, systems and processes of exclusion operated in many food aid providers, although were most pronounced in food banks. Exclusion was most explicit through the voucher system. All food banks in this sample distributing food directly to service users provided food only upon receipt of a voucher, issued elsewhere by a food bank referral service and/or support worker:

It is not that we haven’t fed them and there is nothing to stop them coming in the sense, there is no barrier that we put in. Everybody and anybody, as long as they have a food voucher, that is all we want, some other organisation has made that assessment that they are the people that need food because we haven’t got that expertise, or the training to check paper work.

Food bank, Manager, P18 (Phase 2)

In some food banks, eligibility for a voucher was based upon inflexible criteria:

They have to go to the doctor and get a doctor's appointment, and then the doctor has to agree to issue a voucher because each of the agencies will have this batch of vouchers, but they have our criteria which is they have to live within our catchment.

Food bank, Manager, P1 (Phase 2)

However, there was, in reality, considerable flexibility to the voucher system. Whilst service users were ostensibly allowed to redeem a maximum of three vouchers in three months, in practice some food banks would redeem a fourth voucher or attend to service users who turned up without a voucher according to perceived 'need':

After they have been three times we then get much more stringent and it is on a discretionary basis thereafter according to what we judge their needs to be or not to be.

Food bank, Manager, P1 (Phase 2)

Amongst food banks describing such a practice, none had a set criterion of need; notions of 'deservingness' could be informed by opinions, prejudice, and religious beliefs:

That [voucher] you saw is to be sent to us by the latest Wednesday. By Wednesday evening we prepare the food parcels; Thursday they collect. However, yesterday, these two young girls had no food at all so obviously we treat each case individually.

Food bank, Manager, P2 (Phase 2)

We had this agency sending us people from Poland, and then we had to say, "Enough is enough" because they used to come up here totally pissed [intoxicated] out of their brains, and collect a food parcel. So I put a stop to it, I said, "Hang on a minute, if the guy can afford to drink then does he deserve a food parcel?"

Food bank, Manager, P2 (Phase 2)

The provision of support to the food insecure was discussed as a vehicle by which those working in food aid could wield power: give or deny food and dictate the type of food their service users should eat. The venue of the food provision, whether it was a community hall, a school, or a religious building, was the site of these power relations and identity politics. In emergency food aid in particular, judgments were, at times, made about the 'deservingness' of service users; failure to satisfy a criterion of being deserving could result in exclusion from food aid. None of the

hot food providers interviewed for this study excluded service users from receiving food upon subjectivities of 'deservingness'. However, service user inclusion could be contingent on their behaviour in the venue, on their acquiescence to religious preaching (see section 4.2 for detailed discussion), or on their responsiveness to staff questions about their circumstances.

The (poor) quality and limited diversity of the food in many emergency food providers, unsuitable to the nutritional needs of some service users, could – unintentionally – exclude those with dietary requirements related to health, as well as undermining the dignity and self-esteem of those receiving a food parcel:

My issue with them is the food. At the food bank the only stuff you get there is tinned stuff, dried stuff – horrible stuff.

Community group representative (social food charity), FG1 (Phase 1)

### **Adequacy**

A minority of interviewees, all emergency food providers, criticised other emergency food organisations for providing an inadequate diet, an unpleasant venue and an undignified experience for service users. The minority of organisations expressing this concern described designing their own services in response to the perceived failings of other organisations:

So we have tried to create something that is not grungy. Because what we found when we did our scoping exercise [was that] most of the churches where these food circles were being run were rundown, they were cold, they had a horrible feel to them, almost like you felt you were with the underclass in society and there was just something not befitting to humanity ... So we thought, just because people have fallen down the poverty scale, the ladder, it does not mean that you treat them in this way. So it is about lifting, it is about confidence and self-esteem – and that is what we try to do.

Hot food provider, Manager, P3 (Phase 2)

However, the data pointed to inadequacies in a majority of emergency and non-emergency food aid organisations in terms of both food quality and food quantity. The food parcel distributed by Trussell Trust foodbanks had been designed in partnership with nutritionists to contain "sufficient nutrition for adults and children, for at least three days of healthy, balanced meals for individuals

and families” (The Trussell Trust, 2018c). All, bar one, of the independent food banks in this sample based the contents of their own food parcel on Trussell Trust guidelines (as in many areas, The Trussell Trust approach was used as a benchmark). Despite its – supposed – nutritional credentials, limitations surrounding the storage of fresh produce and rules preventing the distribution of out-of-date food in many food banks, including Trussell Trust, meant that the parcel contained only dry and long-life food to be taken away and prepared at home. Interviewees did not discuss the nutritional quality of the parcel nor how a service user without a kitchen, electricity or gas may prepare the food in the parcel. Only one food bank (the single Muslim food bank in the sample, albeit there was no indication that the parcel content was religiously informed) provided fresh food, including milk, bread, fruit and meat. In stark contrast to the approach of the majority, this food bank went to great lengths to ensure an adequate, tailored diet for their service users:

And some of the items are not listed there but recently we had two domestic violence young women, one with an eight month old baby, one with an 11 month old baby, so my colleague just called her – because we buy fresh milk, eggs, margarine, cheese, bread on the day of delivery – so we go out and buy those items, those five items, and put them in parcel. We don’t buy and keep them in the fridge because they go out of date. So we go buy that and in that case I will ask her to buy baby food you see. And if we get a fresh fruit request, we put that in.

Food bank, Manager, P2 (Phase 2)

The quality of the prepared hot and cold food distributed in some hot food providers and food banks was also inadequate in satisfying the food and health needs of service users:

Some food banks do a proper meal; we are not geared up to do that here but we do find that people come in regularly who may not have eaten for 24 hours, two days, we have had that. So if we could just give them a bowl of soup and a piece of bread, that is something to be going on with.

Food bank, Manager, P18 (Phase 2)

Whilst a majority of food bank staff perceived the quantity of food in their food parcel to be appropriately tailored to the nature of the service they provided (principally a short-term solution to an acute one-off crisis), the quantity of food in the food bank parcel was recognised by a

minority of interviewees to be inadequate to satisfy the nutritional needs of service users and insufficient to accommodate the structural causes of the emergency food need:

Sanctions sometimes are three months; sometimes are six months, much longer than we are catering for because our bags have food in them for three days, for however many people in the family unit.

Food bank, Manager, P1 (Phase 2)

More fundamentally, the provision of food was itself recognised as inadequate to both accommodate the mental and physical health needs presented and address the underlying causes of the food and mental/physical health needs:

It is not enough to give food. [You] need someone to give help – chat.

Hot food provider, Manager, P14 (Phase 2)

#### **4.1.5 The institutionalisation of food aid: Structural or discursive?**

##### **Who uses community food aid and is welfare reform a factor in their use?**

It was notable that service user demography varied considerably within and between projects according to the model of provision. Onsite food providers tended to serve mostly white British men between the ages of 30 and 50, who were vulnerably housed or homeless. Many members of this group were long-standing users of community food aid and had a history of alcohol and substance abuse, and mental ill health. It was reported that the service users of onsite food provision were becoming more diverse as demand for assistance with food insecurity from the wider community increased. Providers reported that they were increasingly seeing people in part-time, low income work, and people with children.

It is more to do with the increase in the number of people, they may be a little bit different kind of service user than we were used to but we are adapting pretty well.

Interviewer: Different service user in what way?

It is a younger group and people who are working part-time and some sort of employment; I don't think we had very many people like that, even a few years ago.

Hot food provider, Manager, P6 (Phase 2)

Food bank service users were more likely to be in housing, although this could be insecure. The majority were white British people in receipt of social security, with children. A majority of service users were experiencing an acute financial crisis – predominantly induced by social security sanctions, errors and delays set against a backdrop of chronic low income – and required immediate assistance with food. However, a notable minority visited the food bank out of loneliness, whilst others could not afford a balanced diet and visited the food bank to improve the quality of their food. Many food bank service users were considered by staff to have long-term complex mental health issues that led to or were exacerbated by acute financial crises.

The service users of non-emergency food aid were more diverse than those of onsite food providers and food banks. These included people who were homeless or vulnerably housed as well as those who were financially secure, in equal proportion. All types of organisation explained that meeting competing emotional, financial and health needs could pose challenges:

It's about the food, but it's also not about the food for us because it's a person in front of you, and these people are complex, multiple levels of brokenness and dysfunctionality (sic).

Community group representative, FG3 (Phase 1)

Food aid providers attempted to overcome these tensions by providing additional services, such as signposting to advice services or, alternatively, encouraging community kitchen service users to use their cooking skills to gain employment or voluntary experience.

### **Institutionalisation?**

Concern was expressed by vocal minority of both public health professionals (Phase 1) and community food aid providers (predominantly Phase 2) that community initiatives should not replace the welfare state. Food aid providers questioned whose responsibility food insecurity should be: the individual, civil society or the state, and within the state, central government, local government or schools:

I am aware of criticisms of food banks, that they let the government have a lot more breathing room. Whose responsibility is it to feed the poor?

Food bank, Manager, P12 (Phase 2)

These normative concerns were aligned with questions of social identity and power. The citizen involved in food insecurity provision was characterised as the ‘good Samaritan’ and the provision itself was reliant upon the ‘willingness’ of volunteers. This characterisation appeared to be associated with the self-identity of some of the public health professionals and food aid providers. Indeed, a notable and homogeneous minority of the participants perceived themselves as different from their service users. This difference stemmed primarily from their perceived varying levels of affluence and from their perceptions about their service users’ approach to food:

Rather than dancing [around the issue], we have to deal with it and say, “The truth is, the people who do fall down we need to provide for them, but there is a whole bunch of people above that who just have this bad relationship with food”.

Community group representative, FG1 (phase 1)

### **Internalising and enacting neoliberal narratives in food aid**

#### *Hierarchical Definitions of Need*

The approach of some service providers is, thus, marked by a particular form of rationality characterised by individualistic ethics of neoliberal political economy, which manifests in hierarchal definitions of need and dismissive judgements about recipients. Amongst service providers, conceptualisations of the ‘food need’ in the local population tended to be ill-informed, inconstant and moralised. A perceived absence of data on food insecurity, as well as the lack of a clear, accepted conceptualisation of the term, allowed for discussions based on speculation and subjectivities. Service providers disputed whether food insecurity was a question of scales or absolutes; food quality or food quantity; poverty or food poverty:

I get asked this question a lot and ask it a lot to people in Keighley and Bradford, and people feel there are levels of poverty, not food poverty.

Community group representative, FG3 (Phase 1)

This discussion of ‘need’ was situated within a wider neoliberal framework in which poverty was pathologised. Echoing popular discourse, some service providers in Phases 1 and 2 characterised

service users as responsible for their food insecurity, emphasising defective behavioural practices – laziness, greed, fraud – and financial mismanagement. The notion that food insecurity is a ‘choice’ was explicit and repeated:

I think that skills links to culture, there is a culture of not being bothered. I know there are people in extreme situations but I think there are certain people who, kind of by default, are choosing their situation.

Council employee (Public Health), FG1 (Phase 1)

Framing food insecurity as, not an inevitability induced by systemic faults, but a self-inflicted and, thus, avoidable phenomenon, permitted service providers to question the authenticity and legitimacy of the ‘food need’. A notable – and vocal – minority of service providers suggested fraud was a preoccupation in the provision of food charity:

For the coordinator the biggest challenge is not being abused, not having the wool pulled over our eyes – people who shouldn’t be getting food when they are.

Food bank, Manager, P1 (Phase 2)

Such discussions of the authentic, deserving and the illegitimate, undeserving ‘food poor’ cut across organisational and religious boundaries. Christian food banks and hot food providers were just as likely as secular food charities or secular health professionals to question the legitimacy of service users and defend restricted access to food charity, largely implemented via referral vouchers.

### *Approved Food Choices*

Service providers broadly concurred that a ‘healthy’ or ‘good’ diet includes sufficient fruit and vegetables, is low in salt and sugar and requires most food to be freshly prepared. This expensive, time-consuming diet was presented by multiple participants in Phases 1 and 2 as their own diet, in contrast to that of the people using their services who ate ‘salty’, ‘rubbish’ or pre-prepared food. Correspondingly, approved food behaviour involved skilled food preparation and knowledge; service users who were perceived to display ignorance, arrogance or laziness in food choices and food behaviour were condemned:



It's that mindset of thinking, "I don't have to make my own food; I can afford to buy it now because there is a Roti house there". There is that element of turning what we would class as a negative thing that people couldn't be bothered to make their own Rotis, to someone thinking, "I can buy them professionally made".

Council employee (Public Health), FG1 (Phase 1)

Approved food choices were, thus, entwined with the reification of select skills associated with household management. Budgeting, planning meals, buying in season and cooking with raw ingredients were valorised. Incompetence in or failure to perform such skills was attributed to laziness and passivity, ignorance and thoughtlessness:

They don't have a clue. They think they are cooking a decent meal when they buy a jar of sauce. I can't believe one of my volunteers ... I had loads of those bags of already prepared carrot batons but the date was that day so I said, "Do you want to take a load of vegetables home for your family?" She went, "No, I'm not feeding my family vegetables this week. I've been in Farmfoods and I got pizzas and things like that so I won't be giving them vegetables this week" [laugh]. Not even a bean?

Pay-As-You-Feel café, Manager, P7 (Phase 2)

### *Virtue*

Underpinning the moralisation of food need and food choices, and the reification of select household management skills was a particular neoliberal construct of 'virtue', but notably one which applied only to service users. Virtue was conceived by service providers as an individual phenomenon associated with a particular type of behaviour and the performance of certain skills. Virtue was not characterised by civic duty to the state or community but personal responsibility; a virtuous citizen (service user) aligned with Galvin's "ideal neoliberal citizen" (Galvin, 2002, p. 117): autonomous, active – but not politically active – and responsible. Virtue could be inculcated in service users through teaching 'life skills', such as cooking, demanding a certain standard of behaviour (obedience and politeness) in the arena of food aid, and in the immediate act of providing people with food, thereby mitigating other deviant behaviour:

Sometimes we give him food because we think it stops him stealing.

Food bank, Manager, P1 (Phase 2)

When applied to service providers, however, ‘virtue’ was conceptualised by Phases 1 and 2 participants in an alternative manner. Amongst those providing food aid, virtue evolved and was solidified through community engagement and the performance of civic duty, primarily via donations of food, and was situated within a paternalistic framework of responsibility for ‘the poor’:

Our people [the congregation], rich people, generous people. They give money so we don’t ask for money from the public. To do good, we don’t need a lot of money, just good will.

Food bank, Manager, P14 (Phase 2)

### *Ambivalence*

The views of service providers in Phases 1 and 2 incorporated a tension between conceptualisations of service users, largely informed by neoliberal narratives of independence, and the lived experience of assisting people in (food) poverty. Amongst phase one participants, there was widespread acknowledgement that chronic low-income and an increasingly punitive social security system were key causes of food insecurity. ‘Nutritious’ food, in particular, was recognised as unaffordable on a low income, forcing people to consume food that was deemed by service providers to be unhealthy:

So I guess for the person who has a pound and are trying to decide what to do, well, why have they only got a pound? I mean real food is more expensive than actually a low-income can afford.

Community group representative, FG2 (Phase 1)

In addition, there was broad acknowledgement that for many people, not only those on low incomes, the components of a healthy diet could be ambiguous, with competing messages trumpeted by different parties. For a minority of participants in Phases 1 and 2, such structural obstacles were situated within a broader system of inequality ‘between the rich and poor’ which maintained the future necessity of food aid.

## **4.2 Food aid, religion, race and neoliberalism**

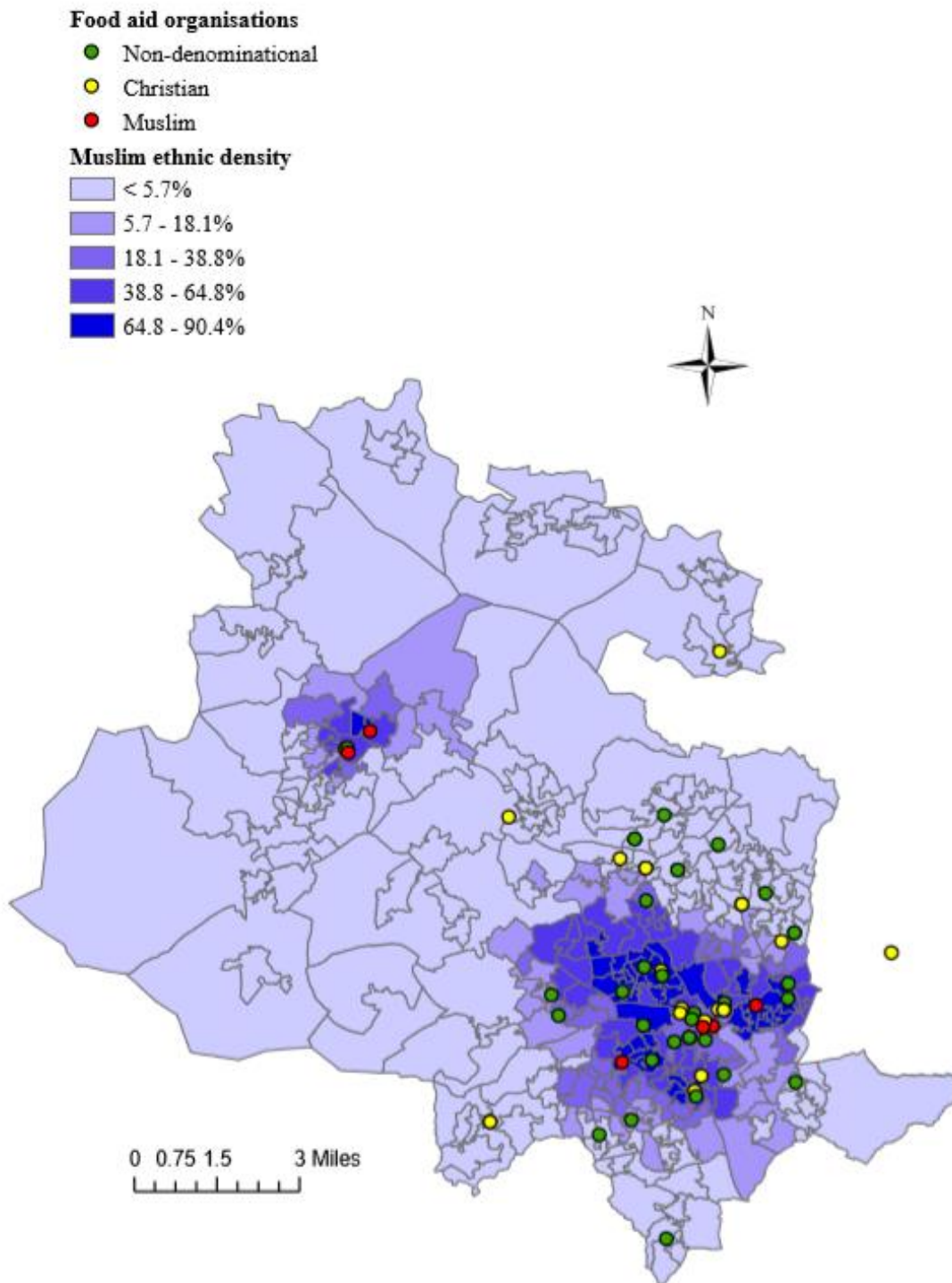
This section scrutinises the nature and implications of religion and race in respect of food aid in Bradford. It begins by setting out the prevalence and character of faith-based food aid in the city, employing a detailed analysis of the organisational characteristics of religious food aid providers in the sample to conceptualise and categorise contemporary faith-based food aid. It looks at the materialisation of religion in the context of food aid itself, highlighting where and how religion is – possibly coercively – imposed upon service users. The section then looks in detail at the motivations underpinning and the rationale provided by participants for the provision of religious food charity. It juxtaposes theological inspiration with pragmatic incentives, in particular the superior resources and capacity of religious compared with third sector food charities, in a context of limited civil society funding. The section closes with a consideration of the racial and religious demographic characteristics of service users within both secular and religious food aid. It calls attention to the apparent ‘whiteness’ of much food aid – staff, service users, food and buildings – and questions whether the ideology of the ‘post-racial’ – the presumption that race is no longer socially and economically relevant – underpins and is conveyed through food aid. The section predominantly draws upon Phase 2 data because religion and race were not a specific focus of the data collection in Phase 1 – see Chapter 3 and the limitations of this in Chapter 7.

### **4.2.1 How does religion materialise in food aid?**

#### **Religious affiliation and organisational structure**

Of the 67 food aid providers identified in Bradford, 48 per cent (N=32) described themselves as faith-based, 36 per cent (N=24) identified as Christian, 12 per cent were Muslim (N=8) and three organisations were categorised as ‘other’. This is unreflective of Bradford’s religious demographic: nearly one quarter of the population (24.7 per cent) identify as Muslim and just over one fifth of the District’s population (20.7 per cent) describe themselves as having no religion. The discrepancy between the percentage of food aid provided by Muslims or affiliated to Islam and the proportion of the population identifying as Muslim raises concerns about how well food aid in Bradford reflects the local demographic. This is brought into sharp relief by Figure 4.1, illustrating the geographical distribution of Bradford’s Muslim population in relation to the religious affiliation of food aid organisations.

Figure 4.1 Geographical distribution of Muslim ethnic density over Lower Layer Super Output Areas (LSOAs) and organisations providing food aid in the Bradford Metropolitan District, coloured according to religion.



In Bradford, organisations providing emergency food – hot food providers and food banks – were more likely to have their origins in religious charities than those providing non-emergency food – community cafes, community kitchens, community supermarkets and environmental organisations – which tended to be secular. Of the 19 hot food providers in the city, 11 were Christian (Catholic, Methodist, Anglican and Evangelical Covenant Church (ECC)), five were Muslim and four were secular; six of the eight food banks were Christian, one was secular and one Muslim.

In the study sample, five of the six food banks were faith-based (Methodist, Anglican, Salvation Army and Muslim), as were six of the eight hot food providers (see Table 4.7). Two of the latter were Muslim and the remaining six were Christian (Catholic, ECC and Anglican). In total, 15 of the 21 organisations involved with food insecurity assistance in the sample were faith-based (see Table 4.8).

Table 4.7 Number of faith-based organisations in sample, according to model of food provision

Emergency or non-emergency	Model	Number of faith-based organisations (N=15)
Emergency	Food bank	5
	Hot food provider	6
Non-emergency	Pay-as-you-feel cafe	2
	Food insecurity provision coordination	1
	Community gardening project	0
	Food insecurity activism	1
	Community café	0
	Community kitchen	0

Table 4.8 Categorisation of study food aid organisations according to religion/denomination

Religion	Denomination	Number of food aid organisations in total sample (Phases 1 and 2)	Percentage of total sample of food aid organisations (N=21)	Percentage of faith-based organisations (N=15)
Christian	Anglican	7	33	47
	Catholic	2	10	13
	ECC	1	5	7
	Methodist	1	5	7
	Salvation Army	1	5	7
Muslim		3	14	20
Secular		6	29	n/a

Faith-based food aid was highly variegated and could be defined by multiple characteristics. In the study sample, the extent to which a food aid provider was religious was principally decided by legal and organisational ties: the provision of food was legally a project of a registered religious charity, such as a church. In this study, all organisations describing themselves as ‘faith-based’ or ‘religious’ could be characterised as such in this regard. A project’s religious legal and organisational affiliation could shape its policies and logistics, further influencing the degree to which the project was ‘faith-based’:

And that is partly to cover them on the Methodist Church insurance policy. They are all volunteers for the Methodist Church officially and if they break their leg down here we will make a claim against the Methodist Church’s cover.

Food bank (Methodist), Manager, P1 (Phase 2)

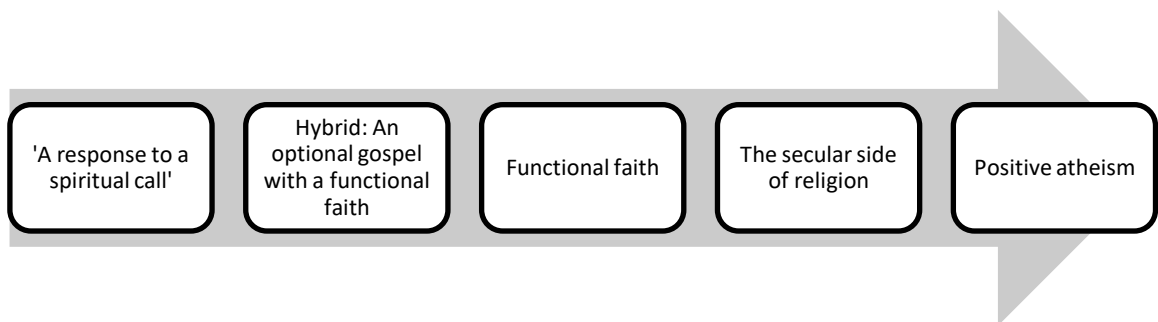
However, organisational ties did not necessarily shape logistics and policies. For instance, Trussell Trust foodbanks – simultaneously affiliated to one or multiple churches and franchised to The Trussell Trust – acted according to Trussell Trust, not church, policies.

Foundational financial and resource support from religious institutions and charities also contributed to the extent to which a food aid project was ‘faith-based’. Indeed, of the 15 faith-based food projects in the sample, nine received integral financial resources from religious institutions or individuals and eight were housed, or had at some point been housed, in a religious building.

An explicit expression by staff of their religious identity and beliefs in relation to or in the provision of food aid was also characteristic of faith-based food aid. In this study, faith-based food aid was predominately staffed by people who were a member of a religious institution. This ranged from food projects with a combination of secular and religious staff members, to those with a majority of religious staff, some of whom were local faith-leaders and a minority of whom preached to service users (discussed below). An expression of religious principles and teachings in the interaction between members of staff and service users, and in communication amongst members of staff, was a feature of the most overtly faith-based forms of food aid. A minority of study organisations promoted a religious message in the provision of food (N=5) and those doing so tended to be Christian hot food providers.

The data indicated that the degree to which a project was 'faith-based' was consequent upon its number of religious characteristics and the predominance of these characteristics. This applied to both Christian and Muslim organisations. Accordingly, there was a spectrum of types of food aid – faith-based and secular – depending upon the strength of an organisation's acceptance or rejection of religious doctrine and religious institutions (see Figure 4.2).

Figure 4.2 Spectrum of food aid according to religious or non-religious characteristics (author's own)



The far left end of this spectrum (Figure 4.2) is occupied by faith-based projects which aim to continue a religious tradition of charitable services for 'the poor' and whose work is evangelical in character. This category is defined above as 'A response to a spiritual call'. Projects situated in this category were inspired by and aimed to enact religious doctrine; they may also have existed as a project of and/or funded by a religious institution and were highly likely to preach to or offer to pray with service users. Second to this exists a hybrid type: faith-based projects which, on occasion, performed their own religion either with their service users or personally through the provision of food, but whose primary relationship with religion in the provision of food was functional – for instance, some food banks operated from a church building but did not reference either the building or Christianity in their engagement with service users, whilst others operated from secular buildings but offered to pray with service users who appeared distressed. 'Functional faith' is the final category of religiously-affiliated food aid organisations. This includes organisations which legally described themselves as faith-based, but whose affiliation to a particular religion was purely functional, such as the use of a religious building or receipt of donations from members of a local church congregation.

A merging of religious and secular boundaries was apparent in some food aid organisations, defined here as 'The secular side of religion'. Some secular organisations celebrated religious festivals with their service users, such as Eid and Christmas, or benefited from increased

donations from individuals during religious festivals. Alternatively, faith-based projects supported secular social services using their venue as a site to meet and assist their service users:

It is also a little bit of a hub for social workers. They would come in to see their service users here, either from City Council or this thing called the Jesus Project.<sup>17</sup>

Hot food provider (Anglican), Manager, P16 (Phase 2)

The far right end of the spectrum is occupied by secular projects (N=2) that assertively reject the involvement of faith-based organisations or religious individuals ('Positive atheism'). Within the sample, this materialised in the repudiation of religious volunteers or religiously motivated/associated donations:

I don't allow politics and religion; you can leave that at the door. I weed out those volunteers who are motivated by religion. I choose the people. I don't want the people to be a 'witness'.

Hot food provider (Secular), Manager, P15 (Phase 2)

### **Expressing religion in community food aid**

#### *Implicit*

Within the arena of faith-based food aid, religion could be expressed implicitly or explicitly. An implicit expression of faith, in which the expression of religion was not premeditated, operated through the building or through the religious identity of staff members. Amongst study projects, food was commonly distributed from a church or mosque and, whilst service users were not asked to engage with the building itself, the material space remained a site of religious imagery. However, it was also possible for religion to be expressed *explicitly* through the material space. For instance, in a minority of Christian projects, service users were required to acknowledge or engage with the religious purpose of the site from which food was distributed:

They know it is a church; it has a church feel. With Council run places you are just a number and they know that. When they come in I say to them, "Know that when you step in here it is God's building".

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<sup>17</sup> All organisational names are pseudonyms.



Hot food provider (ECC), Manager, P10 (Phase 2)

We say, “This is your house”. We show them the chapel. Some of them stay one moment to pray.

Hot food provider (Catholic), Manager, P14 (Phase 2)

Religion was further expressed implicitly through the religious identity of staff members, as displayed through costume. In a minority of study projects, staff members who distributed food and interacted with service users wore religious dress, such as habits or clerical collars. The clothing was an inescapable message of religion.

### *Explicit*

Religion was expressed explicitly through religious music and activities conducted during or immediately before or after the distribution of food, and in the interactions between staff and service users. An explicit expression of religion was most common in hot food providers, as opposed to food banks or non-emergency food aid. Only Christian hot food providers expressed religion explicitly; Muslim providers made no reference whatsoever to the religious aspects of the organisation. Religious activities included Bible classes and prayer circles involving staff and service users. Engagement in prayer was, in some organisations, perceived as voluntary: it was considered an adjunct to the distribution of food and pursued only if resources allowed:

Yes we have had in the past – not recently just because of fewer numbers for us – but we are looking at it again, we used to have prayer in the chapel and bring them up, and people would come regularly.

Hot food provider (Catholic), Manager, P17 (Phase 2)

We are not hiding behind our faith at all but, on the other hand, we are not ramming it down people’s throats either. The priority is that you meet the need that is set before you that is for food or whatever, you listen to the person. If they don’t want to talk to you that is absolutely fine, that is their prerogative. And we offer to pray with them but if they don’t want it then fair enough, again they are treated no differently.

Food bank (Anglican), Manager, P5 (Phase 2)

However, the provision of food could be conditional upon engaging in prayer. This was applicable to two Christian hot food providers.

11.30 ... we pray, then, we start our meal.

Hot food provider (Catholic), Manager, P14 (Phase 2)

Before the meal, we say a word from the Bible and then we say a prayer. People are interested, you could hear a pin drop.

Hot food provider (ECC), Manager, P10 (Phase 2)

The exclusionary implications of mandatory prayer are discussed below.

#### **4.2.2 Why does religion materialise in food aid? Theological, pragmatic, or neoliberal underpinnings?**

The origins of faith-based food aid could be conceptualised as both doctrinal and pragmatic and, as such, were interconnected with the shifting role, responsibility and resources of religious institutions in 'advanced' neoliberalism. Religious doctrine contributed at a macro-, meso- and micro-level to organisational objectives and staff motivations. In this study, the influence of religious doctrine on organisational objectives was only applicable to Christian emergency food aid. Neither the Muslim food bank nor the Muslim hot food providers interviewed discussed religious doctrine. Religious doctrine did not appear to be a motivating factor amongst the faith-based non-emergency food providers in the sample. Unfortunately, the small sample and the absence of follow-up interviews precludes comment on the influence of religious doctrine on Muslim food aid providers (further discussed in Chapter 7).

At a macro-level, food aid was characterised as encompassing the central principles of Christian – especially Catholic – social teaching: dignity of the human person; common good; solidarity; and participation:

I'm learning and beginning to understand grace. By operating in this way we also encourage others to do so.

Community group representative (Anglican), Manager, FG1 (Phase 1)

In particular, Christian ideas of salvation – of society and the self – underpinned and motivated the provision of food aid. Providing food assistance to service users within a food bank or ‘soup kitchen’ was a means through which to ‘save’ the service user and affirm the religious credentials of the site of food distribution:

In providing food, support and social services we are bringing heaven down to earth. Most people think that doing good work when alive means that they will go to heaven when they die but this is a misunderstanding of the Lord’s Prayer. It is about saving people on earth, so that you bring heaven down to earth.

Food bank (Salvation Army), Manager, P12 (Phase 2)

You know the building used to be an old club. They were growing cannabis on the roof and they got shut down. So it has gone to a drug den to a Christian centre of salvation and restoration. From drugs to salvation!

Hot food provider (Anglican), Manager, P16 (Phase 2)

A religiously founded holistic concept of the human person, encompassing dignity and spirituality, also motivated staff to assist individuals in need:

You can’t compartmentalise who we are as people, you can’t separate the spiritual from the physical being. The spiritual person and the physical person make a whole. We try to help the person and in helping the person we are drawing upon spirituality and helping the spirituality in them. It is just like you can’t separate the mental from the physical being: mental illness has physical implications.

Food bank (Salvation Army), Manager, P12 (Phase 2)

More directly, Christian doctrine advocated activities through which staff in food aid could ‘serve the Lord’. Food aid provided an ‘opportunity’ for the performance of ‘good’ behaviour, through donating to charity, serving and helping the poor and hungry, spreading the gospel and preventing surplus food going to waste:

They started to think, “We are not alone”. They don’t need money. We are lucky to have the opportunity to help these people.

Hot food provider (Catholic), Manager, P14 (Phase 2)

It is not so much limiting, but our work is always to be focused on those in the lowest places ... Our main hope is as long as the destitute are in Bradford and in this neighborhood we would like to be able to serve them and meet their needs in whatever way we can.

Hot food provider (Catholic), Manager, P17 (Phase 2)

At a meso-level, a specific conception of the ideal form and the responsibilities of the religious community – itself informed by Christian principles of solidarity and participation – motivated partnerships between churches, encouraged charity towards the destitute and supported the public expression of personal religion in the community via food aid. ‘Serving’ those in need was not only a means through which to ‘serve the Lord’ (see above) but also functioned to promote or cement the social inclusion of those who ‘served’:

Interviewer: Do you think faith is a motivation for people to help?

Definitely, oh definitely, yes. I think there is quite a strong influence in the church at the moment of living out your faith in your community. I think people, and sometimes the churches, have been accused of being in little huddles and being separate from the rest of society.

Food bank (Anglican), Manager, P18 (Phase 2)

This is the good situation that God gave us, to serve somebody. We are not one, an island, we are with many others.

Hot food provider (Catholic), Manager, P14 (Phase 2)

At a micro level, members of staff in some faith-based projects experienced a personal religion which motivated their involvement in food aid. The act of providing food aid was described by staff members in three emergency food providers (one food bank and two hot food providers) as a ‘response to a spiritual call’. In addition, the comfort and solace found in religion enabled staff members to cope with the upsetting nature of the work:

It is religious for sure; it is based on our faith. It is certainly not, we don’t see it so much as a social work, as much as like a response to a spiritual call and serving the Lord and the poor. Yes, we couldn’t do it without our spiritual base really.

Hot food provider (Catholic), Manager, P17 (Phase 2)

Nevertheless, faith-based food aid, both Christian and Muslim, existed where secular projects could not predominantly because existing religious organisational structures, networks and resources facilitated the development of food aid and supported its ongoing existence. Pre-existing organisational structures expedited the development of faith-based food aid. For instance, and as previously described, faith-based food aid was commonly sustained and, occasionally, initiated by religious charities:

It came primarily from the local Methodist church, which linked up with other churches and primarily with St Mary's church, which is Anglican.

Food bank (Methodist), Manager, P1 (Phase 2)

This was applicable to faith-based emergency and non-emergency providers, and both Christian and Muslim organisations. Similarly, networks between faith-based institutions facilitated collaboration, which itself eased the development of food aid and supported its survival in the long-term through assistance with financial donations and human resources:

Then we had just got to the point of signing up The Trussell Trust, we got loads of churches ... and said, "We are thinking of looking at this, would any of you like to be involved?" And I think it was out of 24 churches in total we got 13 churches who were dead keen on doing it, which was really good. So we got a steering group together and we started investigating how we might do it, whether we would go with The Trussell Trust or not, and decided we would.

Food bank (Anglican), Manager, P5 (Phase 2)

Christian and Muslim charities and religious institutions, thus, contributed to the initial development and ongoing existence of faith-based food aid through the provision of sustained finance, buildings and volunteers. This was fundamental to the feasibility of food aid in a climate of limited, short-term third sector funding (Clifford, 2016). All faith-based and two secular projects in this study received in-kind (food) and financial donations from members of local religious congregations; often this was a primary source of income and/or essential to the development a project:

A very kind member of the church said they would pay the initial franchise fee which is £1500, so we had that £1500 right from the word go.

Food bank (Anglican), Manager, P5 (Phase 2)

We get more donations here [in the mosque] as well. If I make an announcement to our congregation on Friday I will be inundated. Initially we got huge donations, bags and bags of rice, everything, crates and crates of kidney beans.

Food bank (Muslim), Manager, P2 (Phase 2)

It was common for faith-based food aid to benefit from the use of a religious building rent free, often including free utilities and facilities. This applied to seven study projects and without it their existence would not have been possible:

We started it off in St Augustine [a church] but recently had to move from there as the building was deemed not fit for purpose. We struggled to find another building but were eventually helped by the Bradford Mission.

Hot food provider (Anglican), Manager, P16 (Phase 2)

Patron Muhammed came to my house one evening and I ask him I say, "Look I am working on food bank and what I need is a space where we can dish out the food from". So he said, "That is a very good idea. Do you want to come on board with us?" I said, "Yes". He said, "I will give you the room, you will have to raise the funds for it and then we can work to together". So they gave me that room in front.

Food bank (Muslim), Manager, P2 (Phase 2)

Religious institutions were also the primary source of full- and part-time staff and volunteers. Two food projects were initiated on the insistence of a religious leader external to Bradford, whilst the development of four food aid providers was the result of the activities of a single individual from within the local religious community:

We came to Bradford at the invitation of the Bishop in 2005 – Bishop John at the time. He invited us to come here because of our work with the poor – we do hands on work with the poor and this was a particularly deprived area.

Hot food provider (Catholic), Manager, P17 (Phase 2)

A majority of staff members and volunteers in faith-based projects were members of local religious institutions. Religion was a uniting and motivating factor which contributed to religious volunteer commitment, availability and reliability. In addition, religious institutions made possible awareness-raising about the need for volunteers or provided a ready source of volunteers:

Now we have a church college here, which is like a Theology College, and we take students from that college who want to get involved in the pastoral side of things. We take those on the street without any qualms, it is part and parcel of their serving ethos.  
Hot food provider (Anglican), Manager, P9 (Phase 2)

The extent to which faith-based food aid providers were well-financed, staffed and resourced in comparison with their secular counterparts, underlined the importance and the intensity of support from religious institutions and individuals.

#### **4.2.3 The perceived service user experience**

##### **Overview of racial and religious demography of service users**

The population of Bradford District is ethnically and religiously diverse. The District has the largest proportion of people of Pakistani ethnic origin (20.3 per cent) in England – disproportionately represented in Bradford's city centre wards – which contributes to its large Muslim population (24.7 per cent) (ONS, 2011). The other ethnic minority groups of any size are 1.9 per cent Bangladeshi and 1.9 per cent other Asian (excluding Indian), implying that the large majority of Pakistani Bradfordians are Muslims.

Despite Bradford's ethnic and religious diversity, there was limited ethnic and religious diversity amongst service users at food aid in Bradford and, especially, faith-based food aid. Emergency food providers, in particular, reported serving very few Pakistani Muslim service users and Christian food banks had a considerably less diverse user base than those that were Muslim or secular. The one Muslim food bank interviewed had a more religiously and ethnically diverse user base than its Christian counterparts, with a large minority of Pakistani Muslim female service users; albeit, this was partly associated with the characteristics of the food bank's main referral partner (a domestic violence refuge). The user base at food banks and soup kitchens was

predominantly white British, although staff described a large minority of service users from Central and Eastern Europe, a minority of refugees and asylum seekers, and a small number of Roma:

I would say at least 50 to 60 per cent are white British young men and then lately we have seen a massive influx of eastern Europeans so you are seeing young, old, and travelling communities as well.

Hot food provider (Muslim), Manager, P13 (Phase 2)

Interviewees either did not consider this lack of diversity – particularly the apparent absence of Pakistani Muslim service users – to be an issue or believed that the service user demographic was reflective of those in need and, concomitantly, there was less need amongst the local Pakistani Muslim community. There was also a common perception, particularly amongst food aid organisations in majority white British areas, that the service user demographic reflected the local demographic, which in itself was seen to abdicate organisations from questions of accessibility and exclusion:

But the BNP [British National Party], their main office is in this area. This is an area that is very white and the local secondary school has got you know a handful of ethnic non-British people at it, simply because it is not in an area where those people are, not because there is any restriction on them coming just because they are not around.

Food bank (Anglican), Manager, P5 (Phase 2)

This area is almost exclusively white; this area and one other area of Bradford are very unusual in their ethnic mix – so no, we haven't had many ethnic minorities at all.

Food bank (Anglican), Manager, P18 (Phase 2)

However, as illuminated by Figures 4.1 (above) and 4.3 (below), the concentration of food aid in areas with a high number of Muslim and high number of Pakistani residents casts doubt on the above reasoning for the low number of Pakistani Muslim service users at emergency food aid. Further, the qualitative data intimated possible forms of inadvertent exclusion, discussed below.

Questioned explicitly about how the ethnic and/or religious affiliation of a particular project may affect the service user demographic, some interviewees were defensive or uncommunicative:



Interviewer: Do you think the fact that you are in a mosque changes who comes or has any implications?

No, no implications. On the contrary we get more donations here as well.

Food bank (Muslim), Manager, P1 (Phase 2)

Alternatively, interviewees either failed to engage with the issue or suggested that service users respected, engaged with and appreciated the religious elements of the food provision. The possibility that interviewees perceived service user indifference to the religious aspects of the organisation as respect for religion was raised by the responses of a minority of volunteers in Christian hot food providers:

I don't know whether it makes a difference whether people come or not, it is tricky to comment really. At least when I worked at the food bank people didn't realise it was a church because it does not look like church.

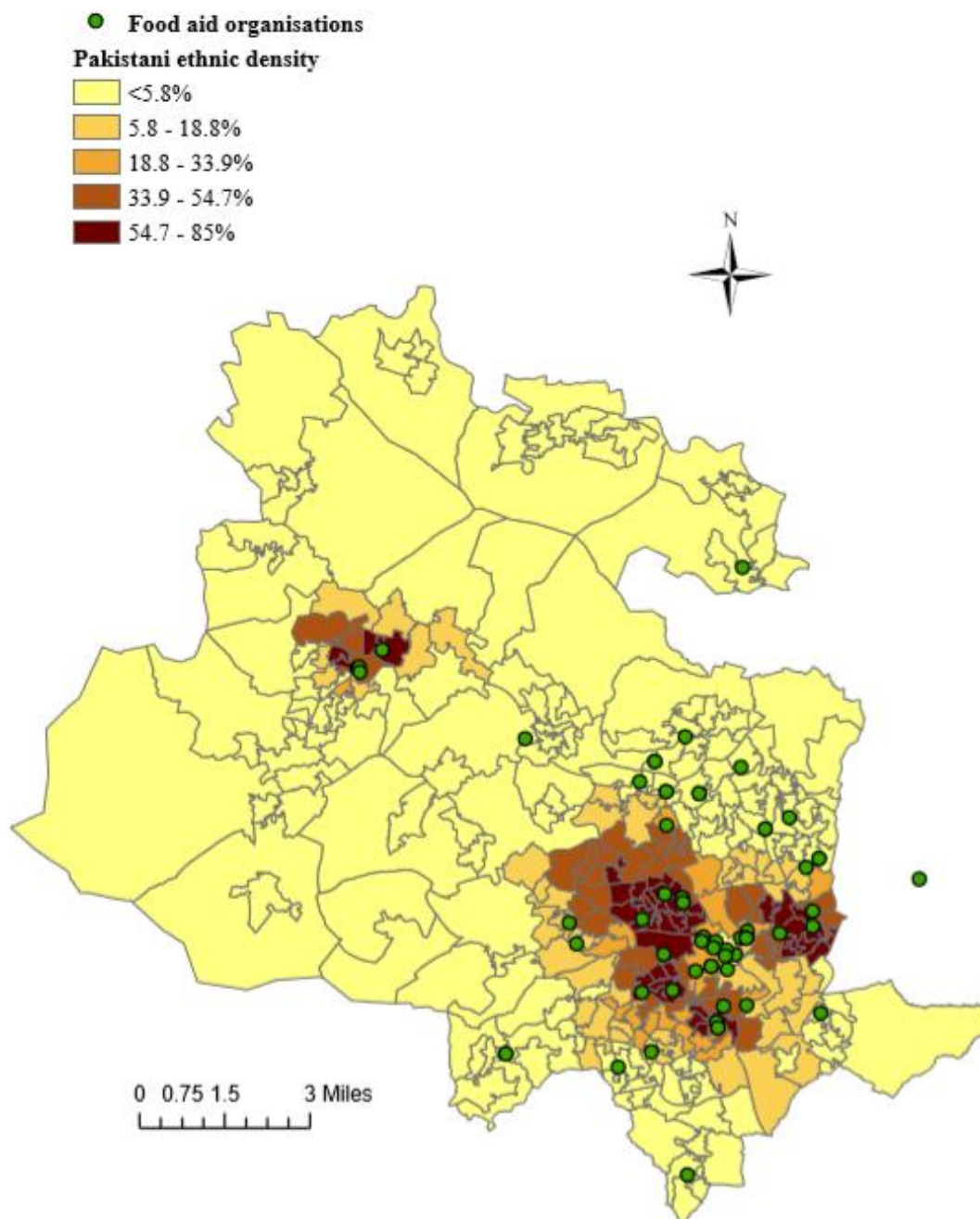
Food bank (Anglican), Manager, P18 (Phase 2)

Interviewer: Do they engage with that [religion] at all, the people who come?

Definitely yes. And it is kind of, it's a subtle approach but they just see it and know it from the Brothers.

Hot food provider (Catholic), Manager, P17 (Phase 2)

Figure 4.3 Geographical distribution of Pakistani ethnic density over Lower Layer Super Output Areas (LSOAs) and organisations providing food aid in the Bradford Metropolitan District



### Service user experience of religion in food aid

Without interviews with people using faith-based food aid, service user experience could only be inferred from the perceptions of the interviewees (a staff member or manager of food aid) and from analysis of these perceptions. (This limitation is partly addressed by Study 3). It was clear that the potential for exclusion arose from the 'white' character of the food provided in the

majority of food aid organisations. Despite Bradford's religious demographic, only the Muslim food providers and the one secular food bank in the sample provided halal food. Most of the non-Muslim soup kitchens provided a vegetarian, but not a halal, option; food banks described removing the tinned meat produce from their food parcel to accommodate Muslim service users. Inability to provide a halal option was, however, not considered problematic by some food aid providers due to the infrequency of Muslim service users:

No the food isn't halal because of the price and availability of it, but people do get the choice of an alternative or vegetarian [option]. Because it is a drop-in centre, we don't operate on order. Something, you know, like the day before, if you can order by 11am then we can make sure that there will be alternative option.

Hot food provider (Secular), Project Manager, P6 (Phase 2)

I know that when a Muslim person comes in I'm going to have to change the food in the parcel – none of the meat is halal. I have no halal food so I just have to replace it with other stuff. But it is so rare to have a Muslim person in the food bank that this just isn't something that's often a problem.

Food bank (Salvation Army), Manager, P12 (Phase 2)

There was a common perception amongst interviewees in Christian providers that faith-based food aid was more welcoming, caring, personal and respectful towards service users than secular food aid, particularly secular food aid funded or provided by local government. The failure of staff in Muslim food aid to discuss the engagement of service users with the religious dimensions – if any – of the organisation may be related to the relative inconspicuousness of religion in the Muslim organisations interviewed, in comparison with their Christian counterparts.

The perceived welcome and care in Christian food aid was directly attributed to the influence of religion – for instance, staff behavior was deemed inclusive because of Christian teachings of respect and dignity of the human person. Although the religious 'feel' of the building was considered a further method of inclusion, on closer inspection the 'feel' of the building was largely attributable to the behavior of staff when in the building not to the material space itself:

I like to think that it might have something to do with the faith basis that kind of animates it. Not that they are looking for religion but they are looking for the difference that

religion makes, in the way they are served and the way they are welcomed and the way they are kind of treated while they are here.

Hot food provider (Catholic), Manager, P17 (Phase 2)

It is different to other places doing this stuff. They know it is a church; it has a church feel. With Council run places you are just a number and they know that ... There is no distinction between us and them, no recognition of status. When it is the Council or government they let them know they are just a number; it's all about ticking boxes.

Hot food provider (Anglican), Manager, P16 (Phase 2)

Requests for prayer from some service users and regular attendance at some long-standing faith-based food providers suggested that service users may benefit from the possibilities – solace, change and friendship – offered by religion within the provision of food aid:

They have tried sex, drugs and alcohol. But they haven't tried God and that way of life, because that way of life can change your life. They step into this world. The more they hear, the more they think, "I can change". They twig. It is warm, they are cared for; they feel a sense of belonging. There is a ripple effect, more people see this and come.

Hot food provider (Anglican), Manager, P16 (Phase 2)

However, the extent of service user engagement with and respect for, as opposed to indifference to, religion in the context of food aid was questionable. Faith-based food aid could be an opportunity for preaching to or praying with service users, occasionally with the objective of religious conversion:

The church is something they can belong to every day. It is a choice you can make. We are the people who will help them in the long term, their backup. We constantly reinforce the message that you can change your life, you can have a different plan, but you have got to want it.

Hot food provider (ECC), Manager, P10 (Phase 2)

Then the other thing which some people find difficult but which we do offer, we make it clear that we are a group of churches running it and that The Trussell Trust is a Christian organization. We believe in the power of prayer and we offer to pray with people.

Food bank (Anglican), Manager, P5 (Phase 2)

In a minority of organisations, service user respect for religion and ‘good’ behaviour was maintained through the possibility that food and welcome could be withdrawn at any point. In some cases, as discussed above, the receipt of food was conditional upon praying or listening to a sermon, whilst the long-term trajectory of the service user could be controlled through the provision of professional support from religious social services and charities:

There is very warm hospitality by ourselves, they can see this is their house. We see someone outside, we open, we sit down with them. We don’t give them food, but tea, no coffee, good tea with sugar. Then we start our prayer. They say this prayer. This is important. We have to say thank you, God.

Hot food provider (Catholic), Manager, P14 (Phase 2)

They are respectful of faith even though it is not their religion because they know we are there for them. They know that we don’t have to be there, we choose to help them. It makes them feel worth something.

Hot food provider (Anglican), Manager, P16 (Phase 2)

A more nuanced form of exclusion was described by public health professionals in Phase 1 who suggested that food provision could be limited to certain dominant groups within a particular religion. A minority mentioned that restrictions amongst some conservative religious communities may restrict who plays a role in religious life and who provides or can access food aid. This potential is further considered in Study 3 (Chapter 6).

### **4.3 Conclusion**

This chapter has sought to explore contemporary food aid as symptomatic of a particular form of ‘advanced’ neoliberalism. It was clear that food aid in Bradford had expanded in response to rising and immediate food need, and food banks, in particular, were serving an increasing number of people whose destitution was predominantly attributable to inefficiencies and inadequacies in the social security system. There was some evidence that food aid, especially food banks, was becoming formalised as part of a denuded welfare system: a minority of organisations received direct funding from local authorities through local community grants or the (free/subsidised) use

of local authority buildings, and public sector care and welfare professionals were an important distributor of food bank vouchers (Cloke et al., 2016).

Some forms of food aid embraced market principles (of competition and audit) in their distribution of food and closely surveyed, classified and controlled service users through a system of vouchers and bureaucratised processes of food distribution. Where flexibility in the distribution of food was permitted – as was the case in a majority of organisations, despite the supposed inflexibility of the voucher system – it was often accompanied by stigmatising attitudes towards a particular type of service user. Such narratives appeared to be closely aligned with a neoliberal framework which individualised and pathologised poverty. For instance, conceptualisations of the ‘food need’ in the local population were subjective and moralised. Amongst a large minority of service providers, food insecurity was portrayed as self-inflicted, the product of defective behaviour, which permitted scrutiny of the authenticity of the food need presented in food aid – and the, possible, denial of food charity. Whilst not expressed by the majority of participants, this pathologisation of food insecurity (or, more specifically, the need for food aid) cut across organisational and religious boundaries and was distinctly the dominant narrative; amongst the remaining majority, views were variegated and narratives diffuse. Concomitantly, virtue was not characterised by civic duty to the state or community but personal responsibility; a virtuous citizen was autonomous, active and responsible (see Galvin 2002). As such, virtue could be taught through defined and delimited activities, such as cooking or career classes.

Religious organisations or organisations with roots in religious charities were dominant providers of food aid in Bradford. Christian food aid far outnumbered those of an Islamic faith, despite the demography of the city. Whilst all forms of faith-based food were motivated, in some way, by the presentation of urgent food need, Christian – but notably *not* Muslim – organisations were also fundamentally inspired by theology. Food charity was a vehicle through which to bring salvation to – and thereby reform both the physical and spiritual capacities of – the service user. Simultaneously, the distribution of food was itself a form of prayer, a medium through which to enhance the service provider in the eyes of ‘the Lord’, according to a particular conception of Christianity, one which was hierarchical and actualised in institutions.

Faith-based food aid, like its secular counterpart, was responding to pressing and local food need, which it felt well placed to address. This food need was associated with processes of ‘roll-back’ state transformation since the 1980s and, more recent, social policy changes, however, there was

no evidence that religious food aid was motivated by a belief in the rationality of religiously delivered charity as a replacement for state welfare. There was also no evidence whatsoever of financial relationships between the state and faith-based food aid in Bradford.

The influence of Christianity on the provision of food charity in Bradford compromised the inclusiveness of provision. Despite the large minority of Pakistani Muslim people living in the city, the demography of service users was predominantly white; ethnic minority groups were more likely to be from Central and Eastern Europe than of Pakistani heritage. Amongst both secular and Christian food aid, 'whites' were over-represented amongst the staff, leadership and users of the sector; the food distributed and the diets promoted aligned with 'white' notions of healthful food and bodies; and, when asked about the apparent absence of ethnic diversity amongst service users, service providers denied racial difference as an inhibiting factor thereby obscuring the "racist, classist and gendered features of the food system" (Slocum, 2006, p.330).

However, the extent to which food aid was indeed a neoliberal phenomenon remained debatable. Food aid was heterogeneous and multifaceted, encompassing emergency and non-emergency providers, and spanning the formalised, bureaucratic processes of Trussell Trust food banks to the informality, localism and egalitarianism of community gardens. Food aid was supporting service users in receipt of – unsatisfactory – social security but it also served those in work, people seeking company and those who were vulnerably housed and not engaged with the social security system. Whilst food banks – bureaucratic and professionalised – did appear to be part of a new, localised system of food provision, only a minority of the organisations interviewed were founded post-2010. Food aid in its entirety, arguably, best emulated a system of nineteenth-century philanthropy: a diverse mass of voluntary, self-governing, local, parochial and philanthropic provision which, in responding to apparent hunger and poverty, attempted, in a myriad of different ways, to 'assist, reform or coerce those in need' (Harris, 1992, p.116). Thus, and discussed at length in Chapter 7, food aid in the case-study area could not strictly be described as a 'shadow state'. Only one study organisation aligned with the definition of a 'shadow state' organisation: it performed service responsibilities previously borne by the public sector and was controlled by the state through service contracts (Wolch, 1989).

The following chapter, Chapter 5, addresses food insecurity specifically. It explores whether, like food aid, it can/cannot be conceptualised as a neoliberal phenomenon and investigates how demographic factors, beyond socioeconomic status, influence its nature and prevalence.

## Chapter 5

### Study 2: Food insecurity amongst two ethnic groups: Demographic characteristics and mediating factors

This chapter explores the characteristics and complexities of food insecurity in the BiB1000 dataset. It does this via an analysis of the demographic characteristics of food insecurity and an investigation of the latter's relationship with general health and with mental health. It focuses in the detail on Pakistani and white British women to investigate the impact of ethnicity on the nature and dynamics of food insecurity; in doing so, it shows that food insecurity is not simply a product of socioeconomic status. Unfortunately, demographic data on participant's religious affiliation was collected for only a small minority of the sample precluding analysis of the relationship between religion and food insecurity, as a complement to the exploration of religion and ethnicity. The limitations of this are considered in Chapter 7.

The chapter is composed of three sections. The first explores the prevalence and characteristics of food insecurity in the BiB1000 dataset, highlighting differences between Pakistani and white British women. The second investigates the relationship of food insecurity with general health and with mental health – again highlighting how this relationship differs between Pakistani and white British women. The third section concludes.

#### **5.1 Prevalence and socio demographics of food insecurity: What factors make a difference and what are the implications of this for understanding food insecurity as a neoliberal phenomenon?**

##### **5.1.1 Prevalence of food insecurity in BiB1000**

The 18 item HFSSM is not designed for questions to be interpreted separately, nevertheless descriptive analysis of the questionnaire results can shed some light on the nature of food insecurity in the sample and highlight issues regarding varying interpretation of food insecurity by ethnicity. The questionnaire is split into three sections, household-level, adult-level and child-level food insecurity. The scale is calculated sequentially, meaning all those respondents reporting



adult-level food insecurity will also have answered affirmatively to the household-level food insecurity questions.

Figure 5.1 shows the proportion of the total sample responding affirmatively to questions focusing on household-level food insecurity. Food insecurity defined as poor food quality was higher than food insecurity defined as low food quantity: 8.7% (N=194) reported that there was 'enough but not always the kind of food we want to eat', whereas only 2.3% (N=29) described 'sometimes' or 'often' not having 'enough to eat'. Similarly, anxiety about the possible experience of food insecurity ('often or sometimes worrying about food running out before having money to buy more') was much higher than the experience of food insecurity itself. The relatively high proportion of the total sample (9.8%, N=126) reporting that they 'sometimes or often couldn't afford to eat balanced, healthy meals' raises concerns about the impact of low income on food purchasing and individual/household health.

Figure 5.1 Percentage of total sample responding affirmatively to household-level food insecurity questions

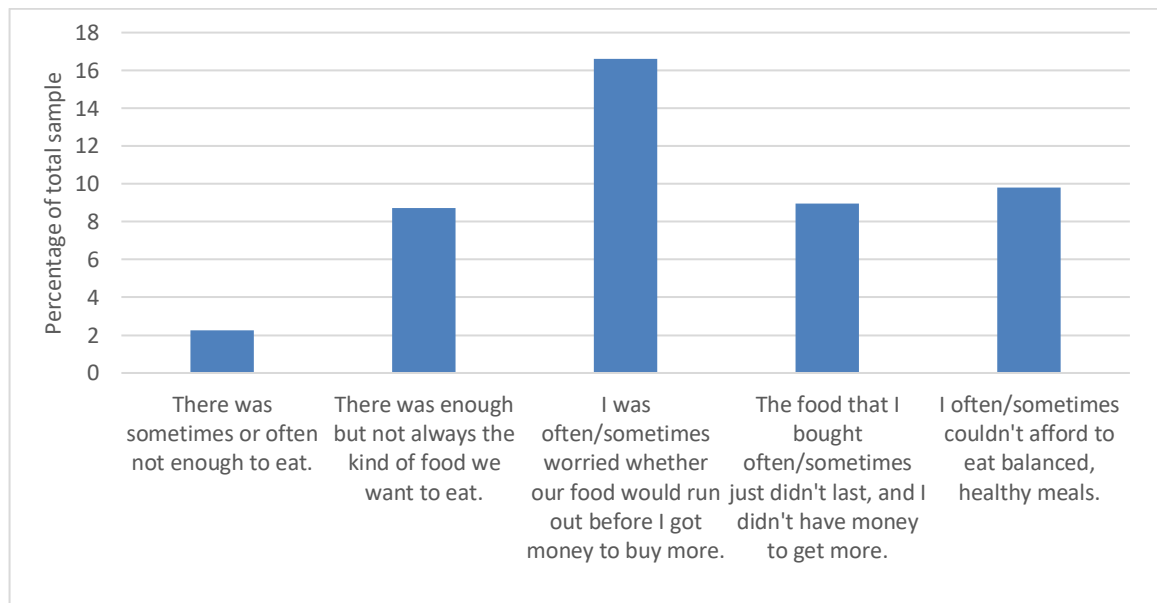


Figure 5.2 shows responses to the household-level food insecurity questions by ethnic group (white British and Pakistani). White British and Pakistani households differed in the extent to which they 'worry about food running out before there is money to buy more'. 20.5% (N=99) of white British households reported this compared with 13.3% (N=84) of Pakistani households. Despite this, a similar proportion of white British and Pakistani households reported that the 'food I bought didn't last and I didn't have money to get more' (9.1% and 8.7% respectively).

There was a large difference in proportion of white British and Pakistani households responding affirmatively to food insecurity questions about food quality ('there was enough but not always the kind of food we want to eat'): 8.4% of Pakistani households reported this compared with 23.3% of white British households. Pakistani and white British households also differed in the extent to which they reported having insufficient money to afford to 'eat balanced healthy meals' (7.1% and 12.8% respectively). This may be the result of differences in interpretation, for instance about 'desired foods' and varying perceptions about 'balanced healthy meals', or it could be a reflection of less variation in food quality and foods cooked between Pakistani households of different income groups, compared with white British households of varying income groups. However, differences could also be a reflection of actual ethnic group differences in the ability to afford high quality food. As noted above, there was limited variation in the proportion of white British and Pakistani households responding to questions about food quantity, suggesting that severe food insecurity is experienced similarly and in similar numbers by different ethnic groups. This limited variation may also suggest that cultural perceptions affect answers to a lesser extent when the concern is insufficient food quantity – food not lasting, or sometimes/often not having enough to eat – rather than food quality.

Figure 5.2 Percentage of Pakistani and white British participants reporting affirmatively to adult-level food insecurity questions

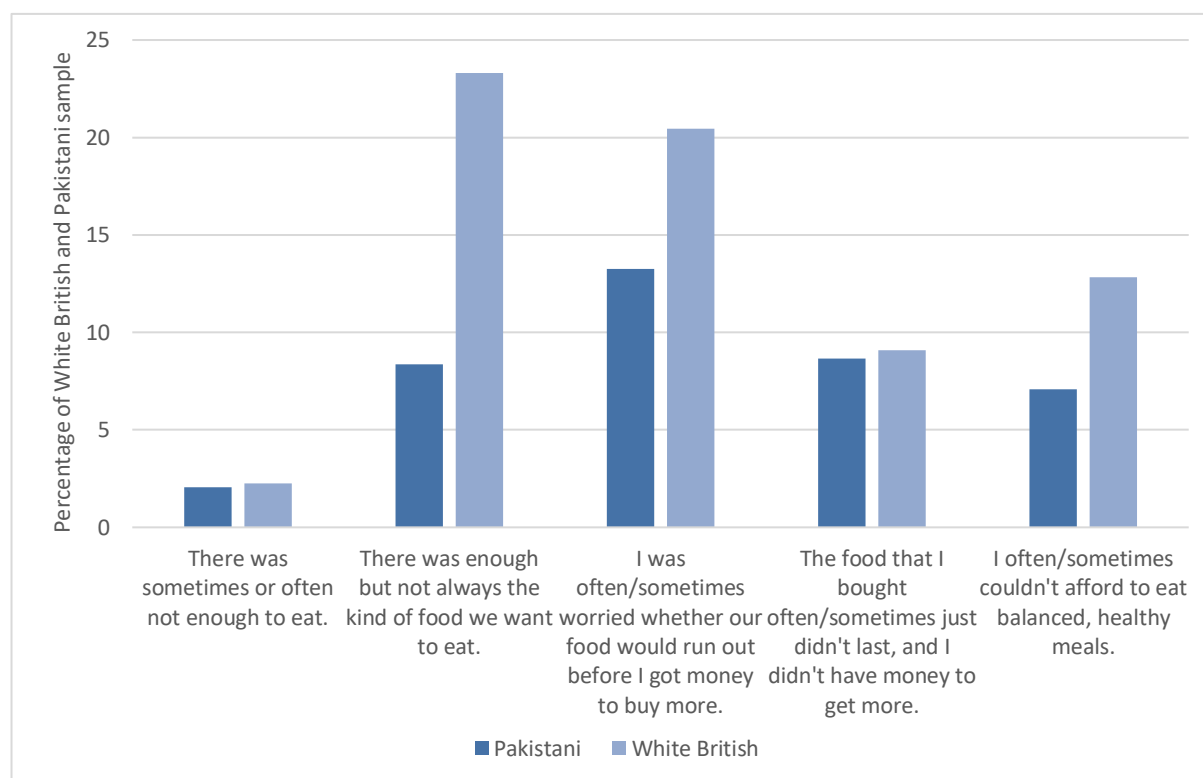


Figure 5.3 shows adult- and child-level food insecurity by ethnic group. Only respondents who answered affirmatively to the household-level food insecurity questions (above) were asked the adult- and child-level food insecurity questions and, therefore, the relevant sample is the food insecurity sample only. There was some evidence of severe food insecurity – 4.7% (N=12) of the food insecurity sample reported losing weight because there was insufficient money for food – and this differed by ethnicity with more white British than Pakistani women reporting this (7.7% versus 1.9%).

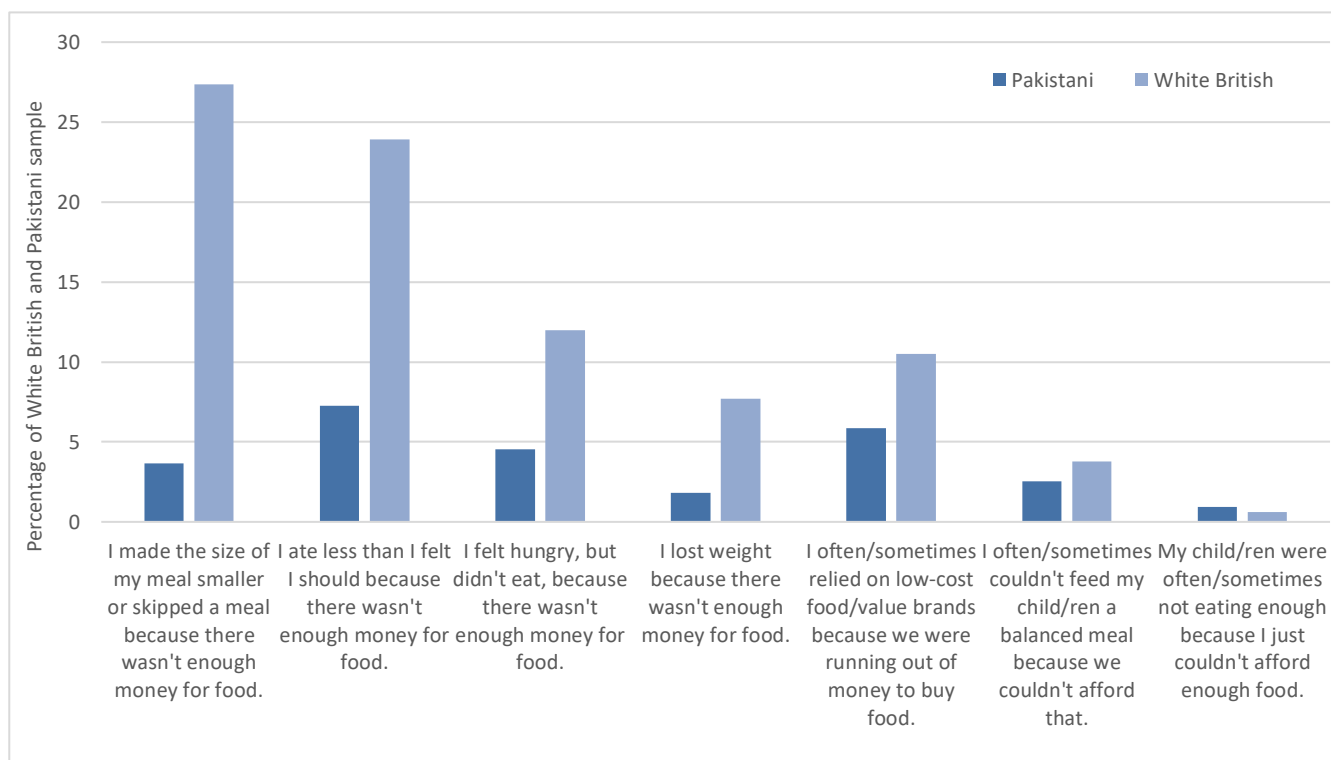
White British households reported higher adult-level food insecurity than Pakistani households, for instance 23.9% (N=28) of white British women in the food insecurity sample reported eating 'less than they felt they should because there wasn't money for food' compared with 7.3% (N=8) of Pakistani women. There were considerable ethnic group differences in the proportion of women reporting that they 'made the size of their meal smaller/skipped a meal' and 'ate less than they felt they should' because there wasn't enough money for food, however less so in answers to questions on severe food insecurity, such as losing weight because of insufficient money.

The extent to which varying answers by ethnic group were a reflection of reality or perception is unknown. There is mixed evidence on the differential functioning of the 'balanced meal' item according to ethnic group. Some reports find that Indo-Caribbean respondents give answers suggesting a lower relative severity for this item than other ethnic groups (Gulliford et al., 2004; Gulliford et al., 2005). However, more recent data indicate that there is no differential functioning of the 'balanced meal' item by ethnicity (Gulliford et al., 2006). There are, unfortunately, no studies that specifically address varying interpretations of the 18 item HFSSM between Pakistani and white British households.

The high number of households in the total sample and, especially, in the food insecurity sample often or sometimes reliant on low cost food or value brands because they were running out of money to buy food, raises concerns about the impact of financial pressures on children's diets and on child health. 7.6% (N=97) of the total sample and a third of the food insecurity sample described this 'sometimes or often' happening, and a higher proportion of white British than Pakistani households reported this (10.51% versus 5.8%). Despite this, it appeared that most families were able to provide their children with balanced meals despite relying on low cost food. Only 3.1% (N=39) of the total sample reported that they 'often/sometimes couldn't feed their children a balanced meal because they couldn't afford that'.

In line with a growing body of literature suggesting that children are protected from household-level food security (Radimer et al., 1990; Tarasuk, 2001; Hamelin et al., 2002; McIntyre et al., 2003; Tarasuk et al., 2007), fewer children than adults in this sample experienced food insecurity. Nevertheless, a small minority of adults (N=10) did report their children often or sometimes not eating enough because they could not afford food. Surprisingly, more Pakistani women (N=6) than White British (N=3) women reported this, albeit the numbers are very small.

Figure 5.3 Percentage of White British and Pakistani participants reporting affirmatively to adult-level and child-level food insecurity questions



### 5.1.2 Socio-demographic characteristics in relation to food insecurity

#### Maternal characteristics according to household food security status

There was a relatively high prevalence of respondents who reported some form of food insecurity (14.0%), however, the majority of food insecure respondents reported moderate, rather than severe, food insecurity (see Chapter 1 for a description of the food insecurity categories and Chapter 2 for a breakdown of the food insecurity figures). Food insecurity was reported more frequently amongst white British (18.1%) than Pakistani women (10.3%) (Chi2 14.23, p<0.001).

Table 5.1 Maternal characteristics according to household food insecurity status

Explanatory variable	All	Pakistani	White British
<b>N</b>	1280	624	480
Ethnicity			
<b>White British</b>	18.10% (87)		
<b>Pakistani</b>	10.25% (64)		
<b>p value*</b>	0.000		
Paternal occupation			
<b>Non-manual</b>	10.85% (59)	9.71% (20)	11.86% (30)
<b>Manual</b>	17.59% (70)	12.20% (30)	29.36% (32)
<b>Self-employed</b>	6.62% (10)	3.33% (3)	8.89% (4)
<b>Unemployed</b>	23.02% (32)	13.85% (9)	32.73% (18)
<b>Other</b>	19.35% (6)	0.00% (0)	30.00% (3)
<b>p value*</b>	0.000	0.099	0.000
Receipt of means-tested benefits			
<b>Yes</b>	20.62% (106)	12.89% (37)	32.74% (5)
<b>No</b>	9.53% (73)	8.01% (27)	10.26% (32)
<b>p value*</b>	0.000	0.045	0.000
Mother's education			
<b>&lt;5 GCSE equivalent</b>	19.20% (53)	14.56% (23)	26.37% (24)
<b>5 GCSE equivalent</b>	15.93% (65)	8.54% (17)	22.41% (39)
<b>A-level equivalent</b>	13.71% (24)	10.00% (7)	16.67% (13)
<b>Higher than A-level</b>	6.73% (22)	7.10% (12)	6.06% (6)
<b>p value*</b>	0.001	0.094	0.003
Subjective poverty			
<b>Living comfortably</b>	4.94% (17)	3.95% (7)	5.26% (6)
<b>Doing alright</b>	10.26% (55)	9.31% (23)	11.16% (24)
<b>Just about getting by</b>	23.21% (68)	14.94% (23)	33.91% (39)
<b>Finding it difficult to manage</b>	36.27% (37)	25.58% (11)	48.57% (17)
<b>p value*</b>	0.000	0.000	0.000
Household size (12 months)			
<b>2-4</b>	14.45% (89)	8.99% (16)	17.15% (59)
<b>5-15</b>	13.07% (69)	10.34% (39)	21.11% (19)
<b>p value*</b>	0.500	0.618	0.384
Cohabitation status			
<b>Living with the baby's father or another partner</b>	12.12% (134)	10.15% (60)	15.79% (57)
<b>Not living with a partner</b>	26.16% (44)	12.50% (4)	25.86% (30)
<b>p value*</b>	0.000	0.670	0.040

\*Significance of Pearson chi-square test.

### Descriptive statistics on social security and household size

This section looks in detail at social security and household size to better explore variations in food insecurity by socio-demographic characteristics and question the extent to which social security is implicated in food insecurity.

## Social security

Table 5.2 disaggregates ‘means-tested benefits’ into its component parts and reports the characteristics of food insecurity by each component: Working Tax Credit, Income Support, income-tested Job Seekers Allowance (JSA) and Housing Benefit. It also reports each component by the largest two ethnic groups in the sample (Pakistani and white British). Three of the four benefits were significantly associated with food insecurity: Income Support, JSA and Housing Benefit. 33.3% of women in receipt of Income Support, 26.0% of women in receipt of JSA and 32.9% of women in receipt of Housing Benefit were food insecure, albeit the numbers in each group are relatively small.

There were similarities between ethnic groups in the association between specific benefits and food insecurity – notably Income Support which was significantly associated with food insecurity in both groups: 23.3% of Pakistani women in receipt of Income Support and 37.5% of their white British counterparts reported food insecurity. However, there were also multiple differences in food insecurity and benefit receipt by ethnic group. Housing Benefit, JSA and Working Tax Credit were only associated with food insecurity amongst white British households. Strikingly, 41.2% of white British households in receipt of JSA and 43.2% in receipt of Housing Benefit reported food insecurity – although again, the numbers in these groups are very small, 14 and 19 respectively. All these findings should be interpreted with consideration of the very low sample sizes, which preclude robust comparisons.

Table 5.2 Proportion food insecure (12 months) by social security (baseline)

Receipt of Working Tax Credit	All	Pakistani	White British
<b>Yes</b>	14.86% (48)	11.21% (24)	26.67% (20)
<b>No</b>	13.75% (132)	9.73% (40)	16.71% (68)
<b><i>p value*</i></b>	<i>0.619</i>	<i>0.562</i>	<i>0.040</i>
Receipt of Income Support			
<b>Yes</b>	33.30% (41)	23.26% (10)	37.50% (24)
<b>No</b>	11.98% (139)	9.28% (54)	15.31% (54)
<b><i>p value*</i></b>	<i>0.000</i>	<i>0.004</i>	<i>0.000</i>
Receipt of Income Tested Job Seekers Allowance (JSA)			
<b>Yes</b>	26.00% (20)	8.82% (3)	41.20% (14)
<b>No</b>	13.27% (160)	10.32% (61)	16.52% (74)
<b><i>p value*</i></b>	<i>0.002</i>	<i>0.779</i>	<i>0.000</i>
Receipt of Housing Benefit			
<b>Yes</b>	32.90% (24)	9.09% (2)	43.20% (19)
<b>No</b>	12.89% (156)	10.28% (62)	15.75% (69)
<b><i>p value*</i></b>	<i>0.000</i>	<i>0.856</i>	<i>0.000</i>

\*Significance of Pearson chi-square test.

### Household size

Table 5.3 reports household food insecurity by the number of people in the household displayed as five categories and in which two, three and four person households are classed as separate groups. Like the results in Table 5.2, using this categorisation there was no significant difference in food insecurity by household size. Nevertheless, there was a linear trend across the categories: household food insecurity was highest in two person households (25.0%) and lowest in eight to 15 person households (9.4%). The relationship between household size and food insecurity was not significant in either Pakistani or white British households.

Table 5.3 Proportion food insecure (12 months) by household size (12 months)

Number of people in household	All	Pakistani	White British
<b>2</b>	25.00% (10)	25.00% (1)	17.24% (5)
<b>3</b>	13.31% (35)	10.17% (6)	16.17% (27)
<b>4</b>	14.06% (44)	7.83% (6)	18.24% (27)
<b>5-7</b>	4.36% (56)	10.80% (27)	21.84% (19)
<b>8-15</b>	9.42% (56)	9.45% (12)	0.00% (0)
<b><i>p value*</i></b>	<i>0.158</i>	<i>0.766</i>	<i>0.749</i>

\*Significance of Pearson chi-square test.

### Bivariate and multivariate regression

White British women were more likely than Pakistani women to report food insecurity (crude OR 1.94, 95% CI 1.37; 2.74 and adjusted OR 2.15, 95% CI 1.45; 3.17) (Table 5.4). In bivariate analyses, food insecurity was associated with ethnicity, not living with a partner, receiving means-tested benefits, paternal manual employment and unemployment compared with non-manual employment, low maternal education and subjective poverty. The number of people in the household and the age of the mother were not associated with the likelihood of food insecurity.

The increased odds of food insecurity for women not living with a partner (crude OR 2.56, 95% CI 1.74; 3.78) were no longer significant in the adjusted model (OR 0.96, 95% CI 0.53; 1.74) [Model 1]. Of the socioeconomic measures, subjective poverty had by far the strongest adjusted association with food insecurity (adjusted OR 8.91, 95% CI 4.14; 19.16 for finding it difficult/very difficult compared to living comfortably). However, receipt of means-tested benefits was also highly associated with food insecurity (adjusted OR 2.11, 95% CI 1.41; 3.15), independent of other

socio-demographic factors. A mother reporting the receipt of means-tested benefits had an estimated 17.7% probability of reporting food insecurity (95% CI 14.31; 21.20), compared with a 9.8% probability for a mother reporting no receipt. In the multivariate model, no categories of paternal employment and only one education category (higher than A-level education) was associated with food insecurity (adjusted OR 0.50, 95% CI 0.27; 0.92 for higher than A-level education compared with fewer than 5 GCSEs or equivalent).

Table 5.4 Logistic regression analysis of food insecurity (12 months) by explanatory variables at baseline (except for household size, which is captured at 12 months)

Explanatory variables	All women			Pakistani origin		White British	
	Unadjusted bivariate OR	Multivariate OR (a)	Multivariate OR (b)	Unadjusted bivariate OR	Multivariate OR	Unadjusted bivariate OR	Multivariate OR
<b>Ethnicity</b>							
<b>Pakistani</b>	1.00	1.00	1.00	n/a	n/a	n/a	n/a
<b>White British</b>	1.94 (1.37;2.74)	2.54 (1.55;4.16)	2.15 (1.45;3.17)	n/a	n/a	n/a	n/a
<b>p value</b>	<0.001	<0.001	<0.001	n/a	n/a	n/a	n/a
<b>Household size</b>							
<b>2-4</b>	1.00	1.00	n/a	1.00	1.00	1.00	n/a
<b>5-15</b>	1.12 (0.80;1.57)	0.97 (0.59;1.59)	n/a	1.17 (0.63;2.15)	n/a	1.29 (0.72;2.30)	n/a
<b>p value</b>	0.500	0.895		0.618		0.385	
<b>Age</b>	0.97 (0.95;1.00)	1.01 (0.97;1.05)	n/a	1.07 (1.02;1.12)	1.06 (1.00;1.12)	0.93 (0.89; 0.97)	0.95 (0.90;1.01)
<b>p value</b>	0.091	0.641		0.007	0.041	0.001	0.107
<b>Cohabitation status</b>							
<b>Living with the baby's father or another partner</b>	1.00	1.00	n/a	1.00	1.00	1.00	1.00
<b>Not living with a partner</b>	2.56 (1.74; 3.78)	0.96 (0.53;1.74)	n/a	1.26 (0.43;3.73)	n/a	1.87 (1.13;3.09)	0.91 (0.48;1.74)
<b>p value</b>	< 0.001	0.886	n/a	0.671	n/a	0.014	0.779
<b>Measures of SES</b>							
<b>Receipt of means-tested benefits</b>							
<b>No</b>	1.00	1.00	1.00	1.00	1.00	1.00	1.00
<b>Yes</b>	2.47 (1.79;3.40)	2.00 (1.27;3.14)	2.11 (1.41;3.15)	1.70 (1.01;2.87)	1.31 (0.74;2.34)	4.26 (2.61;6.93)	2.77 (1.50;5.11)
<b>p value</b>	< 0.001	0.003	< 0.001	0.047	0.353	<0.001	0.001
<b>Paternal employment</b>							
<b>Non-manual</b>	1.00	1.00	1.00	1.00	1.00	1.00	1.00
<b>Manual</b>	1.75 (1.21;2.55)*	1.59 (0.96;2.63)	n/a	1.29 (0.71;2.35)	n/a	3.09 (1.76;5.41)*	2.29 (1.17;4.49)*
<b>Self-employed</b>	0.58 (0.29;1.17)	0.60 (0.25;1.44)	n/a	0.32 (0.09;1.11)	n/a	0.72 (0.24;2.17)	0.74 (0.22;2.43)



<b>Unemployed</b>	2.46 (1.52;3.97)*	1.38 (0.71;2.69)	n/a	1.49 (0.64;3.47)	n/a	3.62 (1.83;7.14)*	1.26 (0.55;2.91)
<b>Other</b>	1.97 (0.78;5.00)	1.41 (0.28;6.97)	n/a	-	-	3.18 (0.78;12.99)	1.32 (0.24;7.32)
<b>Mother's education</b>							
<b>&lt;5 GCSE equivalent</b>	1.00	1.00	1.00	1.00	1.00	1.00	1.00
<b>5 GCSE equivalent</b>	0.81 (0.54;1.21)	0.83 (0.49;1.41)	0.80 (0.50;1.28)	0.55 (0.28; 1.07)	0.59 (0.29;1.18)	0.83 (0.46;1.50)	1.34 (0.66;2.73)
<b>A level equivalent</b>	0.68 (0.40;1.16)	0.88 (0.44;1.77)	0.81 (0.44;1.51)	0.66 (0.27; 1.63)	0.87 (0.34;2.22)	0.57 (0.27;1.23)	1.01 (0.41;2.52)
<b>Higher than A level</b>	0.31 (0.18;0.52)*	0.47 (0.23;0.96)*	0.50 (0.27;0.92)*	0.45 (0.21;0.94)*	0.44 (0.20;0.95)*	0.18 (0.07;0.48)*	0.75 (0.24;2.37)
<b>Subjective poverty</b>							
<b>Living comfortably</b>	1.00	1.00	1.00	1.00	1.00	1.00	1.00
<b>Doing alright</b>	2.20 (1.25;3.85)*	2.46 (1.15;5.24)*	1.86 (0.97;3.56)	2.48 (1.04;5.91)*	2.11 (0.87;5.15)	2.27 (0.90;5.73)	1.58 (0.60;4.22)
<b>Just about getting by</b>	5.71 (3.26;9.98)*	6.13 (2.86;13.13) *	4.61 (2.42;8.78)*	4.24 (1.76;10.18) *	3.41 (1.38;8.43)*	9.00 (3.62;22.35) *	5.90 (2.24;15.52) *
<b>Finding it difficult/very difficult to manage</b>	10.91 (5.80;20.56) *	12.14 (4.99;29.53) *	8.91 (4.14;19.16) *	8.30 (2.99;23.02) *	8.39 (2.93;23.99) *	17.00 (5.91;48.87) *	11.84 (3.61;38.80) *

(a) Multivariate model controlling for ethnicity, household size, age, cohabitation status and paternal employment [Model 1].

(b) Final multivariate model with predictors from Model 1 with  $p < 0.1$  [Model 2].

\*  $p$  value  $< 0.05$ .

### 5.1.3 Ethnicity and food insecurity

As explained in Chapter 1, ethnicity is a variable of particular relevance to an analysis of food insecurity in the light of a) international evidence of ethnic differences in food insecurity amongst members of the same socioeconomic group (Coleman-Jensen et al., 2014), b) in the UK, the higher risk of ethnic minority groups to poverty and, yet, their lower use than the ethnic majority group of poverty related services, such as food aid (Fitzpatrick et al., 2016), and c) related to the latter, the particular construction and persecution of ethnic minorities within 'neoliberal' societies which may impact upon their likelihood of disadvantage, for instance food insecurity (Goldberg, 2008).

Table 5.6 expands the analysis of food insecurity and ethnicity to report food insecurity by six ethnic groups: Black, Bangladeshi, Indian, Mixed Other, Pakistani and white British. There was a significant difference in food insecurity between the six ethnic groups. A very high proportion of Black women (32.0%) reported food insecurity, whilst a very low proportion of Indian women (5.4%) were food insecure. Unfortunately, very small numbers in both groups precludes logistic regression. Table 5.5 highlights the considerable difference in food insecurity between ethnic groups (Pakistani, Indian and Bangladeshi) which may traditionally be categorised collectively as

‘South Asian’, raising concern about the validity of models which analyse food insecurity and ethnicity using this categorisation.

Table 5.5 Proportion food insecure by ethnic group (six categories)

Ethnic group	Food insecurity
<b>Bangladeshi</b>	12.50% (3)
<b>Black</b>	32.0% (8)
<b>Indian</b>	5.36% (3)
<b>Mixed Other</b>	20.00% (14)
<b>Pakistani</b>	10.25% (64)
<b>White British</b>	18.10% (87)
<b><i>p value*</i></b>	<i>0.000</i>

\*Significance of Pearson chi-square test

When stratified by ethnicity (two largest ethnic groups only: Pakistani and white British), older maternal age was associated with higher food insecurity amongst Pakistani women (adjusted OR 1.06, 95% CI 1.00; 1.12). In contrast, younger maternal age was associated with lower levels of food insecurity amongst white British women and only in the unadjusted model (unadjusted OR 0.93, 95% CI 0.89; 0.97 and adjusted OR 0.95, 95% CI 0.90; 1.01). Not living with a partner, as opposed to living with either the baby’s father or another partner (cohabitation), was associated with food insecurity amongst white British women only and only in the unadjusted model (unadjusted OR 1.87, 95% CI 0.13; 3.09). The relationships between socioeconomic measures and food insecurity were stronger for white British than for Pakistani women. In adjusted models, food insecurity was associated with receiving benefits amongst white British women only (adjusted OR 2.77, 95% CI 1.50; 5.11). To illustrate further, the probability of food insecurity according to the adjusted model was 25.9% (95% CI 19.45; 32.40) for white British women with means-tested benefits compared with 13.0% (95% CI 8.72; 17.20) for those without. For Pakistani women, the probability of food insecurity was 11.0% (95% CI 7.45; 14.47) for those reporting means-tested benefits and 8.9% (95% CI 5.62; 12.16) for those without.

In unadjusted and adjusted models no categories of paternal employment were associated with food insecurity amongst Pakistani women. Amongst white British women, only paternal manual employment was associated with increased odds of food insecurity (adjusted OR 2.29, 95% CI 1.17; 4.49 for paternal manual employment compared to paternal non-manual employment). Unemployment was only associated with food insecurity for white British women in the unadjusted model (crude OR 3.62, 95% CI 1.83; 7.14 and adjusted OR 1.26, 95% CI 0.55; 2.91). As in the full sample, only one education category (higher than A-level) was associated with lower

food insecurity amongst Pakistani women (adjusted OR 0.44, 95% CI 0.20; 0.95); amongst white British women, education was not associated with food insecurity in the adjusted analyses. As above, of the socioeconomic measures, subjective poverty had by far the strongest adjusted association with food insecurity amongst both ethnic groups. Whilst the association was stronger for white British than for Pakistani women, the odds of food insecurity amongst the latter group were still 8.39 for Pakistani women who reported 'finding it difficult/very difficult to manage', compared with those who were 'living comfortably' (adjusted OR 8.39, 95% CI 2.93; 23.99). It is worth noting that the wide confidence intervals surrounding the ORs for the various categories of subjective poverty are due to small sample sizes, particularly in the upper categories of the variable. The implications and limitations of this are discussed in Chapter 7.

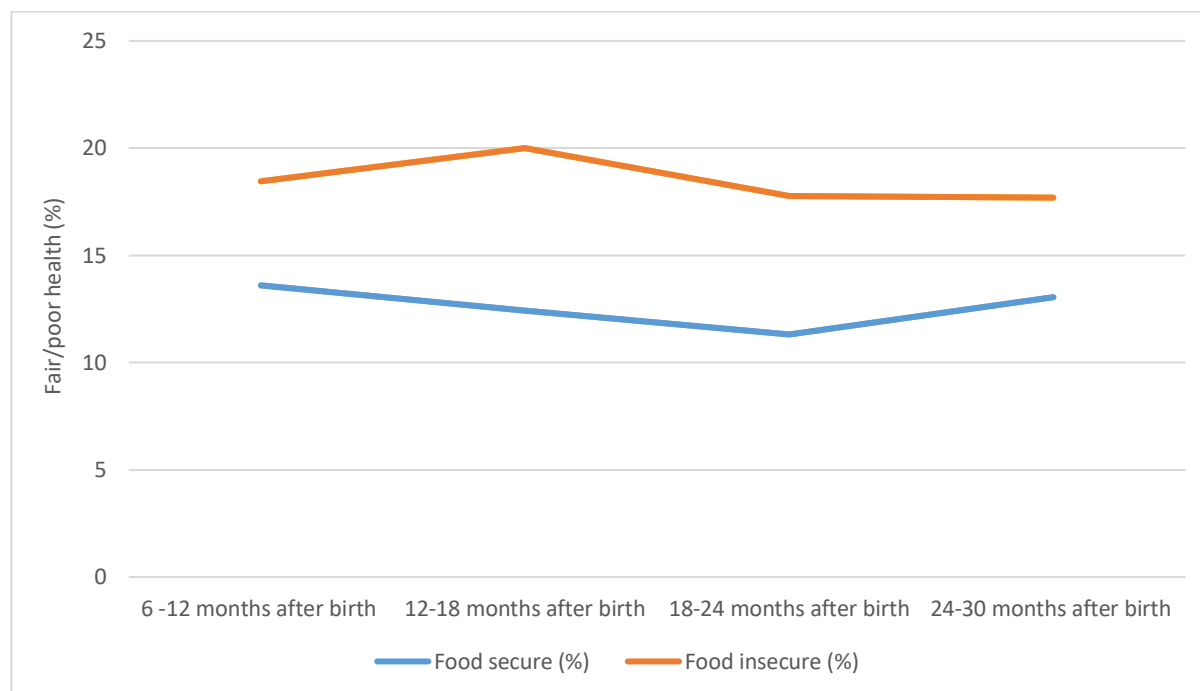
## **5.2 Food insecurity and health outcomes: How do socio-demographic factors mediate the relationship, and what does this imply?**

### **5.2.1 General health and food insecurity over time amongst Pakistani and white British women**

#### **General health trajectories by food insecurity status**

Figure 5.4 shows the self-reported general health trajectory of women by food insecurity status. Compared to women who were food secure at 12 months postpartum, women who were food insecure at 12 months postpartum reported worse health at all time periods across the 24 month study period. There was a strong significant association between food security and health in two of the four time periods (12 to 18 months and 18 to 24 months), with a higher proportion of food insecure than food secure women reporting fair/poor, as opposed to excellent, very good or good health. The exceptions were the period six to 12 months postnatal (Chi2 2.3449,  $p=0.126$ ) and 24 to 30 months postnatal (Chi2 2.3039,  $p=0.129$ ), in which there was no significant association between food insecurity and reported poor health.

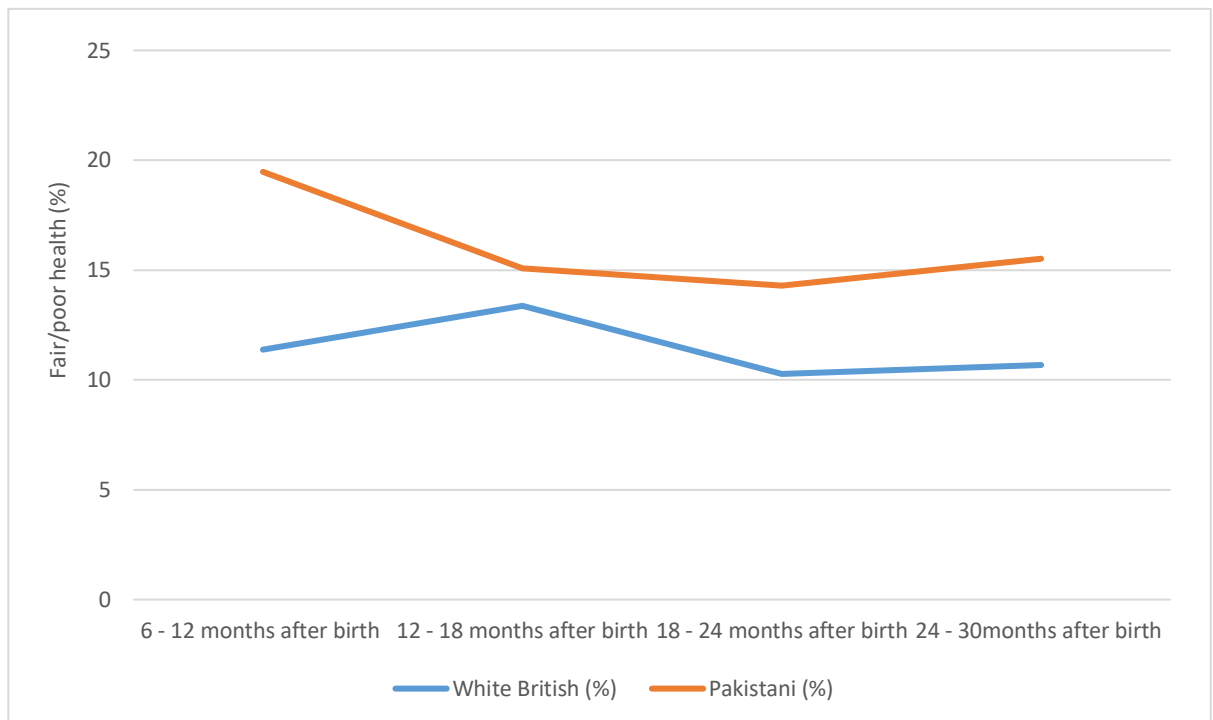
Figure 5.4 Percentage of respondents reporting fair/poor general health by six month period for food secure and food insecure women



### General health trajectories by ethnicity

Figure 5.5 shows the health trajectory of women by the two largest ethnic groups in the sample: white British and Pakistani. Pakistani women reported worse health than white British women from six months to 30 months postnatal, however the trajectory of each group was not as stable as that of the food secure and food insecure groups (see Figure 5.4). The proportion of women reporting fair/poor health in the two groups became similar at 12 to 18 months before diverging. There was a significant association between ethnicity and health at six to 12, 18 to 24 and 24 to 30 months postnatal, with a significantly higher proportion of Pakistani than white British women reporting fair/poor health, rather than excellent/good health. However, at 12 to 18 months (Chi<sup>2</sup> 0.6630, p=0.415), the time at which the food insecurity was measured, there was no significant association between ethnicity and health.

Figure 5.5 Percentage of respondents reporting fair/poor general health by six month period for white British and Pakistani women



### General health trajectories by food insecurity status and ethnicity

In the bivariate model, food insecurity was associated with fair/poor, as opposed to excellent/very good/good, health in two of the four time points, 12 to 18 months and 18 to 24 months postnatal (unadjusted OR 1.76, 95% CI 1.17; 2.65 and unadjusted OR 1.69, 95% CI 1.07; 2.96). As seen in the adjusted model<sup>18</sup> in Table 5.6, subjective poverty seemed to explain a large part of the association between food insecurity and fair/poor health. Adjusting for subjective poverty, food insecurity was not significant in relation to fair/poor health in any of the four periods, with the greatest reduction in risk estimates found in the period 18 to 24 months postnatal.

<sup>18</sup> The model is adjusted for subjective poverty only, as explained in Chapter 3.

Table 5.6 Logistic regression analysis of fair/poor general health by food insecurity status

Time period	Unadjusted OR	Adjusted OR
6 to 12 months postnatal	1.44 (0.90; 2.29)	1.13 (0.69; 1.85)
12 to 18 months postnatal	1.76 (1.17; 2.65)	1.36 (0.88; 2.10)
18 to 24 months postnatal	1.69 (1.07; 2.69)	1.28 (0.78; 2.09)
24 to 30 months postnatal	1.43 (0.90; 2.28)	1.21 (0.74; 1.96)

In the unadjusted stratified models, amongst white British women, food insecurity was associated with fair/poor health at three of the four time points from six to 30 months after birth. The strongest association between food insecurity and poor health was found at 18 to 24 months (unadjusted OR 2.86, 95% CI 1.44; 5.67) (Table 5.7). This increased reporting of fair/poor health was not statistically significant for six to 12 months postnatal (unadjusted OR 1.77, 95% CI 0.84; 3.72) (Table 5.8). Amongst Pakistani women, OR were lower and the increased odds of fair/poor health were not statistically significant at any time point (Table 5.8).

Table 5.7 Logistic regression analysis of fair/poor general health by food insecurity status for white British and Pakistan women, unadjusted

Time period	White British OR	Pakistani OR
6 to 12 months postnatal	1.77 (0.84; 3.73)	1.49 (0.75; 2.97)
12 to 18 months postnatal	2.08 (1.15; 3.77)	1.68 (0.89; 3.19)
18 to 24 months postnatal	2.86 (1.44; 5.67)	1.33 (0.64; 2.76)
24 to 30 months postnatal	2 (0.97; 4.14)	1.42 (0.72; 2.82)

As seen in the adjusted models in Figure 5.6 and Figure 5.7, and in Table 5.8, subjective poverty seemed to explain a large part of the associations between food insecurity and fair/poor health amongst both ethnic groups but with the greatest reduction in risk estimates found in the white British group (Figure 5.6). The adjusted association was not significant at any time point for both white British women and Pakistani women.

Table 5.8 Logistic regression analysis of fair/poor general health by food insecurity status for white British and Pakistani women, adjusted

Time period	White British OR	Pakistani OR
6 to 12 months postnatal	1.59 (0.69; 3.67)	1.15 (0.56; 2.36)
12 to 18 months postnatal	1.38 (0.72; 2.58)	1.42 (0.73; 2.75)
18 to 24 months postnatal	1.79 (0.83; 3.85)	1.13 (0.53; 2.41)
24 to 30 months postnatal	1.41 (0.64; 3.11)	1.35 (0.67; 2.72)

Figure 5.6 Fair/poor health for food insecure versus food secure white British women

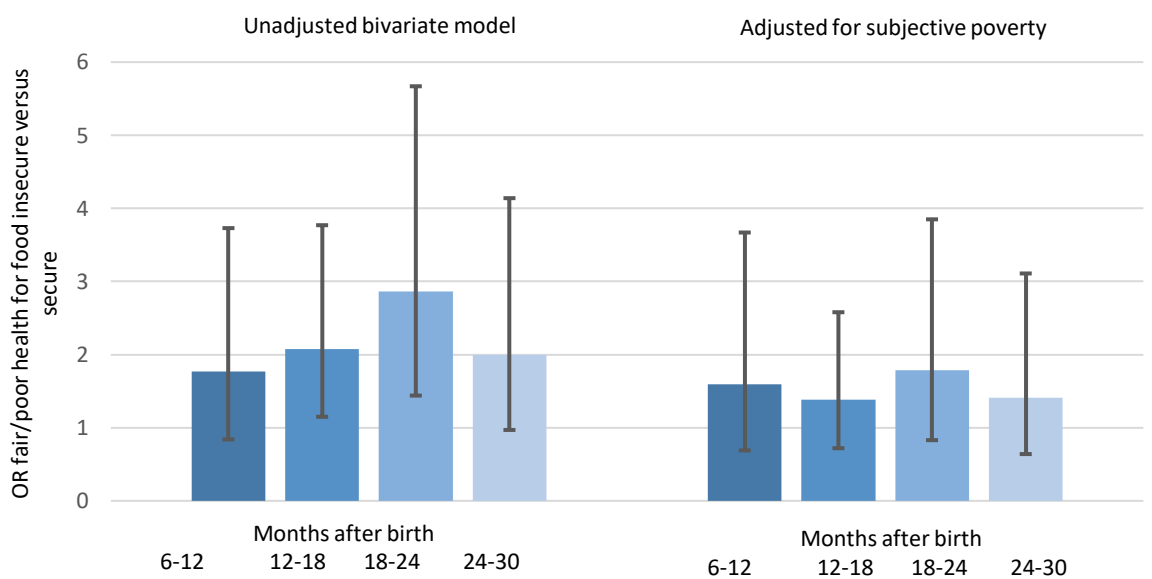
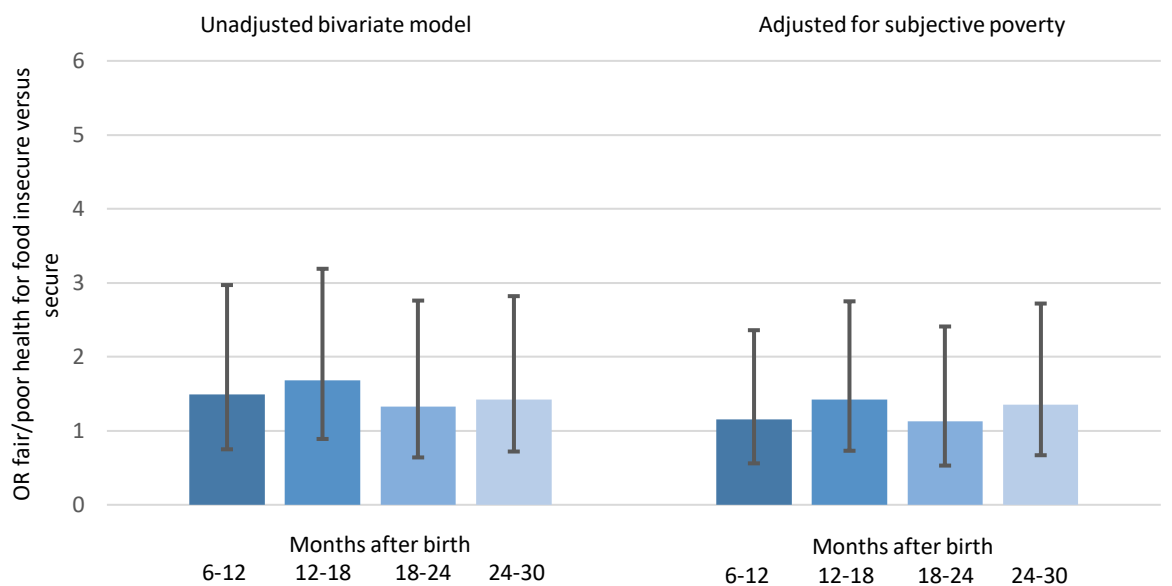


Figure 5.7 Fair/poor health for food insecure versus food secure Pakistani women

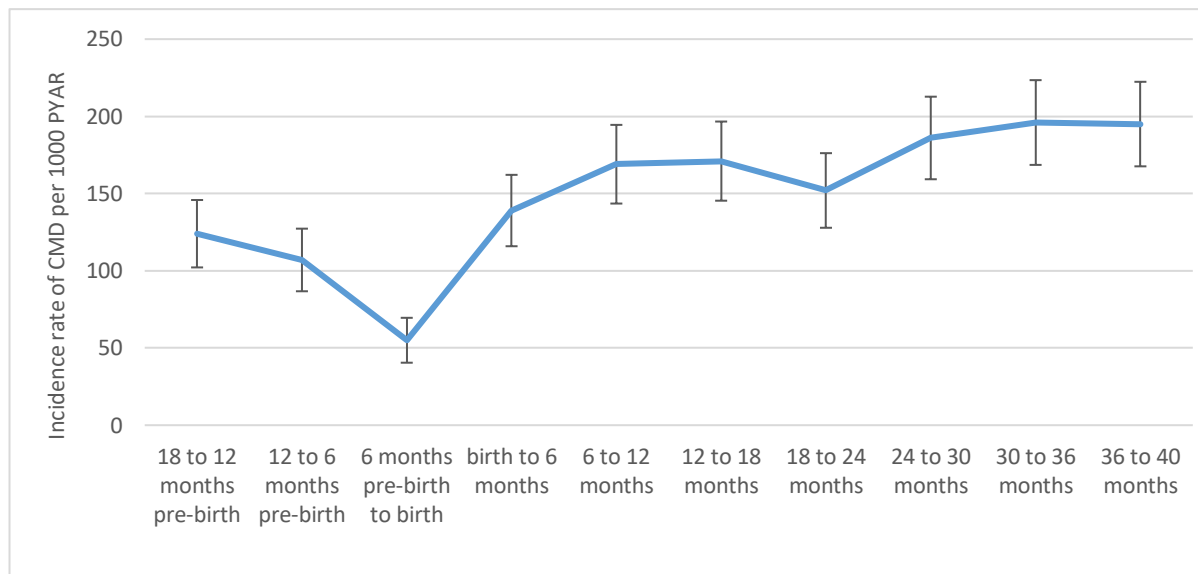


## 5.2.2 Mental health and food insecurity over time amongst white British and Pakistani women

### Mental health trajectories by food insecurity status

Figure 5.8 shows the number of cases of CMD by six month period for food secure and food insecure women combined, running from 18 months before giving birth to 40 months after birth. As seen below, the number of cases dipped sharply around birth before rising steeply and remaining fairly constant in the 40 months after birth.

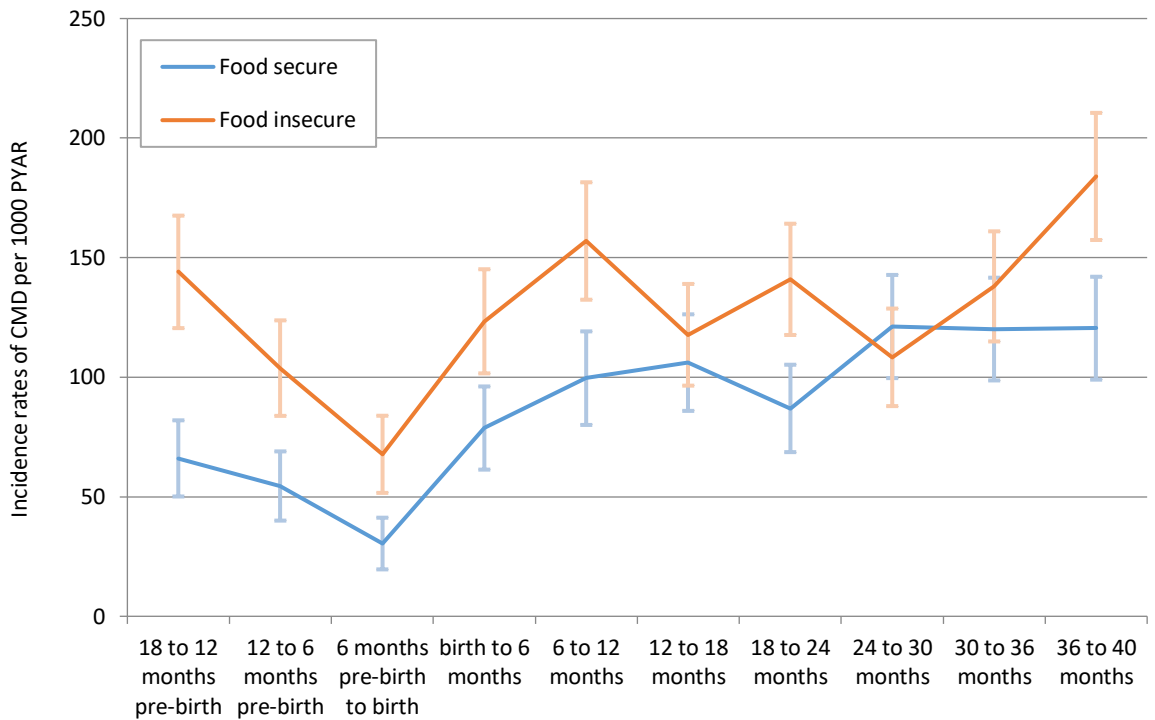
Figure 5.8 Number of CMD cases by time period



Household food insecurity was preceded by poor mental health and succeeded by poor mental health. Food insecurity was associated with a consistently increased risk of CMD amongst the full sample except for the postnatal period of 24 to 30 months (Figure 5.9). This increased risk was statistically significant for all three periods up to giving birth and three out of the seven periods after birth (six to 12, 18 to 24 and 36 to 40 months).



Figure 5.9 Exposure-adjusted incidence rates of CMD per 1000 PYAR for food secure and food insecure women



Combining the three prenatal periods and seven postnatal periods, food insecurity was associated with an increased risk of CMD before and during pregnancy (IRR 1.9, 95% CI 1.3; 2.8,  $p=0.001$ ) and after giving birth (IRR 1.3, 95% CI 1.0; 1.7,  $p=0.029$ ). This increased risk was higher before and during than after pregnancy.

#### **Ethnic differences in mental health by food insecurity status**

White British women were up to three times more likely than Pakistani women to be a CMD case. Figure 5.10 shows that the increased likelihood of CMD is consistent across the 58 month study period, bar a sharp leveling prior to birth.

Figure 5.10 Exposure-adjusted incidence rates of CMD per 1000 PYAR for Pakistani and white British women



The increased risk of CMD for Pakistani food insecure compared to food secure women was not statistically significant either before birth (IRR 1.8, 95% CI 0.9; 3.6,  $p=0.087$ ) or after birth (IRR 1.2, 95% CI 0.8; 2.0,  $p=0.341$ ). In contrast, for white British food insecure compared with food secure women the increased risk of CMD was statistically significant before birth (IRR 1.70, 95% CI 0.2; 2.8,  $p=0.043$ ). However, the increased risk was not statistically significant after birth (IRR 1.3, 95% CI 0.9; 1.9,  $p=0.099$ ).

### 5.3 Conclusion

In this low income, multi-ethnic UK sample 14.0% reported being food insecure. Food insecurity was associated with multiple markers of socioeconomic status: receiving means-tested benefits, paternal manual employment and unemployment, low maternal education and a perception of moderate or high financial insecurity. Of the multiple socioeconomic measures studied, a woman’s perception of her financial security had by far the strongest association with food insecurity, even when adjusted for other demographic characteristics such as ethnicity, age and cohabitation status. However, receipt of means-tested benefits was also highly associated with food insecurity. The data on receipt of means-tested benefits was collected in 2007-2009, prior to

the global financial crisis and the government's subsequent programme of austerity. However, these data on social security are not entirely unhelpful; by 2009, the UK social security system had been subject to three decades of legislative changes, successively tightening the criteria for entitlement and reducing the financial value of benefit received. It is arguable that the relationship between not only financial insecurity – in the form of subjective poverty – and food insecurity but also receipt of social security and food insecurity is a reflection of the neoliberalisation of the economy and welfare state since 1980. This will be further explored in the discussion chapter.

However, in this dataset, food insecurity is not simply a function of socio-economic status; it is also associated with ethnic group. The proportion of women who were food insecure compared with those who were food secure was much higher in the white British (18.1%) than in the Pakistani group (10.3%), over and above other socio-demographic factors, such as age, the mother's education and a woman's perception of her financial insecurity. Of the six ethnic groups in the sample, food insecurity was most prevalent in the Black group (32.0%) and least prevalent in the Indian group (5.4%). The sample size of all ethnic groups except white British and Pakistani precluded regression analyses and necessitates caution in the interpretation of these prevalence rates. Further research addressing the demographic characteristics of food insecurity amongst all UK ethnic groups is urgently required to assess whether the very high food insecurity amongst Black women seen here is a reflection of their high vulnerability to food insecurity or is an idiosyncrasy of the relatively small proportion of Black women in the sample.

In addition, the demographics of food insecurity differed substantially between Pakistani and white British women. In adjusted analyses, maternal age was only associated with food insecurity amongst Pakistani women and the relationships between various socioeconomic measures and food insecurity were stronger for white British than for Pakistani women. The exception to this was maternal education which was more strongly associated with food insecurity amongst Pakistani women. Whilst paternal employment and receipt of benefits were not associated with food insecurity amongst Pakistani women, receipt of benefits and, to a lesser extent, paternal manual employment, was predictive of food insecurity amongst white British women. Financial insecurity was strongly associated with food insecurity amongst both ethnic groups, but to a greater extent amongst white British women.

Ethnicity also appeared to modify the relationship between food insecurity and (poor) health. Food insecure women were more likely than food secure women to report poor general health in four separate postnatal periods running from six months to 30 months following birth. However, the association between food insecurity and health was weaker amongst Pakistani women than amongst white British women. Whilst a woman's perception of her financial situation seemed to explain much of the association between food insecurity and fair/poor health amongst both white British and Pakistani women, this was to a considerably greater extent amongst the former group. Similarly, whilst white British food insecure women were at increased risk of common mental disorders in the period before birth, for Pakistani women, poor mental health was not statistically significant in relation to food insecurity at any time point in the included period.

## Chapter 6

### Study 3: The lived experience of food insecurity amongst two ethnic groups: Channeling and resisting neoliberalism

This chapter moves outside the food aid arena and adopts a closer lens than population-level statistics. It explores the lived experience of food insecurity and food aid use, as described by white British and Pakistani Muslim<sup>19</sup> women. The two meta-themes – a) responses to food insecurity amongst two ethnic groups: individual ‘coping’ and social solidarity, and b) control of a ‘feckless’ poor: surveillance, shame and the ‘Other’ – are addressed separately. Quotes are foregrounded throughout the chapter: the so-called debates about poverty or food insecurity, whether in parliament or in the media, are almost entirely characterised by the absence of the poor themselves; they appear only as objects. Whilst the content and categorisation of text below is very much determined by myself, it is hoped that the length and regularity of the quotes gives the participants something of a voice, albeit a severely limited one.

The chapter is divided into three sections. The first explores the lived experience of food in contexts of poverty, including the lived experience of food aid use. It highlights points of similarity and difference between white British and Pakistani Muslim women, questioning what this implies for an understand of food insecurity and food aid use as neoliberal phenomena. The second section brings the neoliberal construction of the ‘self’ sharply into focus through an analysis of processes of surveillance within and surrounding food aid, and portrayals of the ‘food poor’ by interviewees. Section three concludes.

#### **6.1 Responses to food insecurity amongst two ethnic groups: Individual ‘coping’ and social solidarity**

The nature, prevalence and, reported, concealment of food insecurity will first be described, followed by a discussion of the lived experience of food insecurity – including consideration of how and why the prevalence and experience of food insecurity differs by ethnicity. The sub-

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<sup>19</sup> All Pakistani participants also described themselves as Muslim and, hence, are denoted in the text as ‘Pakistani Muslim’. Their identity was one based upon the combination of Pakistani heritage and an Islamic religion. A majority of white British described themselves as having no religion. A minority of white British women described themselves as ‘occasionally’ Christian: they may attend church at religious festivals and had been married or had their children baptised in a church. However, when asked, these women stated that Christianity did not impact their diurnal affairs.

section ends with a focus on charitable food aid, looking at participants' experiences, opinions and avoidance.

### **6.1.1 The nature and concealment of food insecurity**

The number of focus group participants was too small to allow for concrete or generalisable conclusions about food insecurity prevalence amongst women in Bradford. However the apparent varying prevalence rates of food insecurity amongst differing focus group participants will be the subject of a brief discussion for it underlines two themes present in the literature: a) ethnic differences in the experience of food insecurity and b) variability of food insecurity experiences.

The reported experience of food insecurity varied starkly by ethnic group.<sup>20</sup> Only one of the eight Pakistani Muslim women interviewed reported previous experiences of food shortages within the household. Notably, this disclosure occurred in the single one-to-one interview conducted (interview/focus group 3), raising questions about the impact of the methodology on the openness of some – particularly Pakistani Muslim – participants. The remaining seven Pakistani Muslim participants (all in focus group 1) reported no issues with food insufficiency or financial barriers to accessing food. The possibility of food insecurity was assertively rejected by participants: the price of food was described as “not a problem for us”, participants asserted “we can afford whatever we need” or stated “we have no problem affording food”. A minority of Pakistani Muslim participants, both of whom spoke very limited English and conversed only in Urdu throughout the course of the focus group, apparently struggled to understand a financial concept of food insecurity: questions about barriers to accessing food were answered in terms of language and knowledge barriers to purchasing food; financial obstacles to food access were absent from the discussion.

This compared with five out of eight white British women who reported previous or present experiences of food insecurity. Only one women reported food insecurity with severe hunger (see Chapter 1 for a detailed explanation of the four food security categories employed in this study); this featured regular, reduced food intake amongst adults in the household, such as skipping meals, and compromised food quality and reduced food intake amongst children. This household

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<sup>20</sup> Capacity limitations precluded the opportunity to formally assess participant's food security using the HFSSM. Judgements about each participant's food security were consequently based upon comments made in the course of the focus group/interview. No food insecurity was assumed unless a participant explicitly described an experience that aligned with the HFSSM classification, described in Chapter 1. The limitations of this are discussed in Chapter 7.

included eight children, ranging from 12 years to 11 weeks, placing considerable pressure on the household budget:

Moderator: How many kids have you got?

Gail: Eight.

Moderator: What is the age range?

Gail: 12, 11, eight, six, five, three, two and 11 weeks.

Moderator: How do you manage?

Gail: If I've not got food in to feed the seven kids and she needs nappies or milk, the money will go on her.

Focus group 2 (FG2)

Food insecurity with moderate hunger was reported by three participants (including the Pakistani Muslim participant discussed above). This involved reduced food intake for adults in the household, to the extent that they had experienced the physical sensation of hunger, but no reductions in food intake amongst children in the household. The food quality of children's diets tended, however, to be compromised, as described by both Sabira and Danielle:

There were times when I was living with my ex-husband that it was really hard – the bailiffs were often knocking on the door. Money was particularly tight towards the end of the month, and it was then that food was very short.

Sabira, FG3

That is what it is like in my house, even though there is only me and Jack [her son], it is the same thing, I'll go without the food.

Danielle, FG2

Food insecurity without hunger was reported by two participants, both in focus group 4 – and in each case statements indicating food insecurity were made only towards the latter stages of the focus group. Whilst these participants did not report a reduction in household members' food intake, food insecurity was evident in households' concerns and in adjustments to household food management, including reduced diet quality amongst both adults and children:

It is like with us, we, I won't say that I'm great with food and stuff, sometimes we do have

really bad weeks where we do struggle but we literally, we've never been to a food bank, but we have always looked in the freezer to see what we got and if we didn't have enough to make a big meal he'd ring his mum and say, "Have you got a bit of this that I can borrow?" Just to put in to add it up. Like the other week, the kids had fish fingers, chicken nuggets, sausages. We got it all in on a Thursday, because he gets paid on a Friday, on Thursday we were like, "We've got no food", so we just threw everything together.

Gemma, FG4

Common to all categories of food insecurity was a persistent anxiety over food sufficiency or shortage of food, with associated adaptation and mitigation strategies (discussed below).

All, bar one, of the Pakistani Muslim participants presented a narrative which implied food insecurity was avoided. However, conversations in both focus group 1 and the one-to-one interview (focus group/interview 3) intimated that food insecurity was indeed experienced by Pakistani Muslim households, but it was concealed either from the wider South Asian community itself or from charitable and state support systems outside the community, such as food banks. Sabira, the only Pakistani Muslim woman to disclose food insecurity, described hiding her experiences from members of the local community and from local food banks, instead seeking support from her immediate family:

Even when life was very hard and money short, I would not go to a food bank because of shame and pride. You don't want people to see you like that. There may be people you know there who will talk.

Sabira, FG3

Feelings of shame and embarrassment reportedly prevented other members of the South Asian community from disclosing their food insecurity beyond immediate friends and family:

Moderator: Are many people in a deprived situation like you were?

Sabira: Yes, but they hide it. They are ashamed.

FG3



Albeit not explicitly, as above, the notion that feelings of shame and pride provoked members of the Pakistani – and wider South Asian community – to conceal experiences of food insecurity was also mooted in focus group 1:

I have not heard of anyone going to a food bank – but anyway it would be hush-hush in the South Asian community. There is so much honour and pride, and providing food for the family is just so important.

Maisa, FG1

However, the concealment of food insecurity from the local community or from food charities was not unique to the South Asian community, nor was embarrassment stemming from food insecurity ethnically determined. Amongst the two focus groups with entirely white British participants (focus group 2 and focus group 4), it was explained that food insecurity was concealed from the food bank, the community and, on occasion, the family:

The food bank:

Moderator: Do you think food banks have become normalised or do you think there is still quite a lot of shame and stigma about going?

Kate: I think that.

Gemma: I know a lot of people who have said that they feel embarrassed and stuff.

FG4

The community:

Gail: People do struggle.

Danielle: Everybody's proud...

Group: Yeah, yeah...

Becky: You don't want to have to admit to everyone else that you can't afford something.

FG2

The family:

I wouldn't even be able to tell my own sister that I had had to go [to a food bank].

Gemma, FG4

The negative implications of concealing food insecurity amongst adults – beyond the detrimental emotional and physiological effects of shame and embarrassment – such as the exacerbation of poor health from a consistently inadequate diet, and the possible aggravation of destitution were not mentioned. However, concern was expressed by multiple participants across two focus groups (FG2 and FG4) that child food insecurity – which was presumed to jeopardise child health – was highly prevalent in the area but hidden:

Gail: We had children that used to go home to parents. We did have a community here but we then realised that children weren't getting fed.

Moderator: Yeah?

Gail: They get fed when they are at school but not when they get home.

Moderator: So are there problems in the holidays?

Gail: I'd say so.

Jade: They get breakfast at school.

Moderator: And is it much worse at holiday times?

Jade: Yeah. Tricky with the summer holiday coming up. The impact on health as well is always concerning.

FG2

How and where food was accessed and purchased was discussed readily, easily, and in the early stages of the focus groups by all participants. Descriptions of accessing food through socially acceptable, 'normal' channels – food delivery, large supermarkets and local shops – could be conceptually divorced by most participants from financial restrictions to food access (food insecurity), alleviating sensitivities associated with food insecurity. Structural barriers to accessing sufficient or desired food reported in all, but one, focus group (focus group 3) included time constraints, such as employment hours misaligned with supermarket opening times; limited transport to access large supermarkets; and the absence of certain cheaper food products, available in large supermarkets, in local, smaller retailers:

Jade: They [the supermarket] were meant to bring them down; well they call them 'wobbly boxes' 'cos the veg' aren't straight, they're a bit wobbly.

Moderator: Who does that?

Jade: They were meant to bring them down to Asda, down here, but they only take them to big supermarkets. It was £3.50 for a big box of veg'. But we haven't got them down here or if we have, they haven't put them out.

FG2

Obstacles to food access differed by ethnicity – more precisely by immigration – with Pakistani post-school migrant (Urdu-speaking) participants in focus group 1, foregrounding language and knowledge issues:

I find shopping overwhelmingly difficult because I don't know where to buy food. So I rely on my family to get food for me.

Ghada, FG1 (translated from Urdu)

In halal food the meat is bled slowly so that the blood drains: the meat has less pain. But when this is rushed the meat is not good. It shows that the animal has suffered. I am worried about where I source my meat from.

Faiza, FG1 (translated from Urdu)

Caring responsibilities were only mentioned as a barrier to (personally) purchasing food by Pakistani Muslim participants in focus group 1 (N=3, all of whom were post-school immigrants from Pakistan). It was clear that these women considered their primary role to be in the home, caring for their family, particularly young children. Excursions outside of the household were consequently restricted:

My twins are a handful and I have to rely on others to get food for me. But sometimes I do get food from Asian supermarkets; this is mainly where I go.

Basma, FG1 (translated from Urdu)

Finance was discussed as a direct barrier to food access in only two focus groups (focus group 2 and focus group 4). Notably, it was only the most economically deprived white British participants who conceptualised food access in this manner:

But down at Asda it is £2 for a bag of potatoes. That is one meal in my house.

Jade, FG2

We always do a big shop every month and it gets to the last day of the month before payday and we are like, "What are we going to eat today?"

Gemma, FG4

### **Causes of food insecurity**

Shortages of food within the household, or anxiety around potential food shortages, could be attributed to long-term, ongoing circumstances and to specific events or changes within the household. Specific events or issues reported by participants as precipitating food insecurity included the birth of a baby; school holidays during which free school meals were unavailable; and changes to social security payments, such as benefit sanctions and the automatic reduction of social security payments following the non-payment of bills:

Danielle: Well, if you're signing on, if you forget your book, or if you forget to put down your work...

Gail: You're meant to search...

Jade: Searching for a job – three, four a week at a time.

Danielle: And you'll have no money, it will stop and you're just stuck with it.

FG2

Yeah, Yorkshire Water will get in touch with your benefits to take it off. 'Cos we're meant to get £200 a fortnight for me and my husband and we only get £100 a fortnight 'cos all the deductions are taken off.

Jade, FG2

Longer-term events cited included the financial behaviour of the woman's partner/husband – in the case of one Pakistani Muslim woman (focus group 3) and one white British woman (focus group 2) the partner's control and misuse of finances rendered the household short of income for food; in both cases, food insecurity ceased when the woman left her partner/husband:

When I was living with my husband, money and food were a problem. He had control

over most of the money and I just don't know where it went! ... Having a daughter made me see my situation more clearly [she already had two sons]. I didn't think any daughter should be in my position, so I left my husband.

Sabira, FG3

As previously mentioned in relation to food access, rising food prices and limited transport to access larger shops in which cheaper food was available led to food shortages and poorer food quality in some households. Low income – in particular people's ability 'to cope' on a low income – and mental health were described by people in food secure and moderately food insecure households as causes of food insecurity (focus group 2 and focus group 4). Unlike, low income, which as a cause of food insecurity was supposedly attributable to individual failings (discussed in detail below), mental health – considered by a minority to be a significant hidden issue in the area – was described as both a cause and consequence of food insecurity, with the negative (food) impacts of mental health exacerbated and calcified by inadequate and unavailable public services:

Gail: With addictions as well they give them an appointment first thing in the morning and that person can't get there.

Moderator: So do the mental health problems often come before food problems, and that sort of thing?

Gail: I'd say that is an underlying problem.

Moderator: Yeah?

Gail: There is lots of issues but they just let it build up and build up.

FG2

### **6.1.2 Management of food in the context of poverty: Similarities and variations between white British and Pakistani Muslim women**

Women in the sample employed a variety of strategies to provide adequate food for those in their household, whilst also meeting other financial obligations. These strategies could be grouped under two headings: strategies which sought to 'make ends meet' within the household income; and those which looked outside the household for assistance.

## **'Making ends meet' with the household**

Cooking food from scratch, cooking in bulk and forming a meal from food already available within the household were discussed by participants from both ethnic groups and in all the focus groups/interview as important strategies in 'making ends meet' and making food go further:

There are 13 people in my house and we all cook and eat together. I am the main cook but everyone else helps and cleans up. We prepare [food] together, everyone supports. There are different chefs for different foods.

Basma, FG1 (translated from Urdu)

Kate: It seems that just cooking from scratch is the key.

Emily: And it is much cheaper as well.

Moderator: Yeah?

Emily: You can make things in bulk and sort of freeze them.

FG4

However, cooking – particularly from scratch or in bulk – was discussed more widely and with greater fervour in the two focus groups containing the relatively affluent participants (focus group 1 and focus group 4). In focus group 2, the most deprived of all the groups, cooking using fresh ingredients and/or in bulk was subordinated to cooking not “healthy stuff” but “just what I could get really”, or prioritising cheap and easy food:

I've got ten people in my house and trying to cook on a budget is – I get a packet of pasta, a tub of sauce, and that's your tea.

Jade, FG3

Tight control of material resources within the household and keen attention to financial budgeting and planning was a crucial – and cross-cultural – strategy in the struggle to provide sufficient food. Weekly food shopping was carefully planned; household budgets were drawn up on a weekly, monthly and, even, yearly basis; food was bought in bulk and at discounted rates; and cheaper versions of food products were sought out:

Every week we do a shop. If something is on offer we get a few bits of whatever is on

offer so we have always got something stored, and then this lasts a long time.

Uzma, FG1

Like with the food, we write out our meals and the shopping list, 'cos I know that I am not going to stray off getting things. I think if you are quite strict with yourself, we still have so much at the end of the week.

Emily, FG4

As above in relation to cooking, the use of budgeting and planning to avoid food insecurity was more commonly discussed in the two more affluent focus groups; this topic was not discussed in focus group/Interview 3 and the only reference to it in focus group 2 was a comment concerning the efforts taken to obtain inexpensive fruit and vegetables. Amongst members of focus group 2, food was in fact the last priority; all other household expenses would be paid before purchasing food:

Moderator: So is food the last priority?

Danielle and Jade: Yeah.

Moderator: Is it?

Jade: You've got to keep gas and electric; keep for your house warm; keep lights on for kids. You got to keep them in clothes; get them up and get them ready.

FG2

All participants described prioritising the needs of their children before their own needs. Amongst the least socioeconomically deprived participants, this involved ensuring their children consumed three substantial meals per day, at least one of which should involve fresh fruit and vegetables and be cooked from scratch. Although these participants would consume sufficient food, meal times could be more erratic and the food less healthy than that of their children. By contrast, the most socioeconomically deprived participants – and those who disclosed previous or present food insecurity – described severely reducing their own consumption of food in order to protect the living standards and wellbeing of their children:

Jade: I won't eat breakfast, I won't eat dinner, I won't eat tea, just to make sure there is enough food for the kids.

Moderator: How often would that happen?

Jade: Couple of times a week.

FG2

Only one of the four food insecure (with hunger) women cohabited with a partner, and none of these women presented contemporary or historical evidence of partners also reducing their food consumption to protect the living standards of children in the household. On the contrary, and as explained above, partners' control of household resources, in fact, constrained women's attempts to manage their own diet and that of their children within the limits of the resources available.

#### *Looking outside the household for assistance*

Family, predominantly parents and occasionally grandparents, were identified as crucially important to survival in hard times. The apparently unconditional support available from the families of many participants stood in stark contrast to hierarchical, financially-bound relationships of exchange in the neoliberal capitalist economy, described in the context of the supermarket, Jobcentre Plus, and employment:

To cope [with food shortages], I went to my mum's for emotional support and for food – I would always be able to go to my mum's.

Sabira, FG3

Family members provided emotional, childcare and material support, most often food; they helped avoid isolation in times of hardship; and provided skills that could be used to avoid or mitigate food insecurity, such as cooking skills:

There are five people in my house, but sometimes my mother in law comes to look after the child.

Maisa, FG1

His [her partner's] mum has just got a big fridge so she has brought a load of food over and said, "We got this and we don't want to throw it away". So it is sat in the freezer and it is like, "We are alright now".

Gemma, FG4



Pakistani Muslim participants were more likely to rely on extended family members, particularly their mother-in-law. This was partly related to housing and migration circumstances – for instance, one participant lived in a large household of 13 family members, including their husband’s parents and siblings, whilst two described the regular involvement of their mother-in-law in the day-to-day life of their family:

Most families are extended and people rely on their extended family. Like, everyone in my family chips in, if one pays a bill, one does a shop.

Basma, FG1 (translated from Urdu)

The three participants who had migrated from Pakistan to the UK post-school for marriage were heavily reliant upon their husband’s family for accessing food outside of the home (discussed above in respect of food access). It was notable that the one Pakistani Muslim participant who disclosed food insecurity, reported that she sought material support from her parents only and, whilst she would rely on her mother for emotional and food support, she sought financial support only from her father.

However, parents were not necessarily an unproblematic source of help. Seeking help transgressed the ethic of independence which permeated some families. Requesting help from the family could, thereby, undermine a participant’s sense of agency and self-esteem:

I don’t see my mum; I don’t really talk to her. I don’t really want to ask her for help, because I don’t want her to see me like this.

Jade, FG2

Participants who drew upon parental support in times of food insecurity either described previously assisting their parents with material resources or substituting their unpaid labour for the resources received, thereby retaining a sense of independence and self-worth:

I would help out a lot at home to repay the debt. I would work really hard, I would clean and cook, it would be nothing just to make an extra chapatti – four rather than three. They really appreciated it. They all said afterwards how helpful I was.

Sabira, FG3

The ability to seek assistance from family members may, however, be precluded by inter-generational poverty, as in the case of two participants:

Moderator: Do you get supported by you friends and your family – are they helpful?

Danielle: My mum can't help me 'cos she is in that situation that I was in before.

Moderator: Yeah?

Danielle: But I know she will help me just as good.

FG2

Mutual support systems were almost completely mediated through women, reflecting and reinforcing the gendered organisation of care within families. Most of the day-to-day help received by the participants came from other women. Their mother and their partner's mother played an especially important role in this informal economy of care, providing childcare and material support, in kind rather than cash, as noted above. For those women who could not access family support, due to either an ethic of independence or inter-generational poverty (predominantly participants of focus group 2), key members of the local community provided invaluable assistance:

If it weren't for Julie last Christmas – she gave us a food bank parcel – if it weren't for Julie, we would have had no meal; we wouldn't have eaten all week.

Jade, FG2

Moderator: What makes it [food insecurity] better? What is a better situation?

Danielle: Gail.

Jade: She tries to help out; you try to help out the community don't you.

Gail: Yeah.

Jade: Even if she makes herself poorly she still helps.

Gail: No 'cos I've seen their...

Jade: It is like Jesus!

FG2

Hence, key members of the community (e.g. Gail) who provided food and emotional support to others, were also those who themselves experienced food insecurity (e.g. Gail), forwarding a holistic sense of the community, rising and falling together. Yet, it was notable that 'community'

support was apparently ethnically mediated. Pakistani Muslim participants in focus groups 1 and 3 regularly described receiving food support from the local South Asian community, including cooked food passed directly over the garden fence or credit from local shops which was repaid only when money was available. White British participants in focus groups 2 and 4 either did not discuss community support (focus group 4), or discussed receiving support from key members of the local, predominately 'white' community, as explained above (focus group 2).

Child Benefit was a major source of independent income, paid direct to the mother, which proved to be a lifeline when other sources of income were withheld – for instance, in the case of benefit sanctions – or in situations of domestic/financial abuse. This applied to both white British and Pakistani Muslim women:

Moderator: And what do you do in that period [of benefit sanctions]?

Jade: You've got to survive on your Child Benefit.

Moderator: Only that?

Jade: Yeah, if it is only Child Benefit you get, it is only Child Benefit for the week.

FG2

It is different in England because you [the woman] gets your Child Benefits and your Tax Credits and you manage the money. He goes to work and he brings home money but you also have control.

Sabira, FG3

As Sabira's quote (above) illustrates, Child Benefit was a key distinguishing factor between the UK and Pakistan, not only providing a basic minimum income, but also endowing women with a form of autonomy and control. Distinctions made by Pakistani Muslim participants between Pakistan and the UK were, arguably, connected to the low reporting of food insecurity amongst Pakistani Muslim women in the sample, as explored below.

### **Apparent reasons for the lower prevalence – or lower reporting – of food insecurity amongst Pakistani Muslim participants**

The apparently lower prevalence of food insecurity amongst Pakistani Muslim than amongst white British participants was scrutinised during the course of the focus groups, especially focus

group 1 which incorporated seven Pakistani Muslim women. The reasons for the reported near absence of food insecurity could be grouped under three headings: social and familial networks; cultural and religious frameworks; and resource management within the household.

### *Social and familial networks*

As intimated above, well-established family networks were central to the day-to-day life of most Pakistani Muslim participants. Participants lived with or very close to extended family members (predominantly members of their husband's family due to patterns of migration from Pakistan to the UK for marriage); family members shared caring and food responsibilities within the household and provided accessible support networks. Amongst food secure Pakistani Muslim participants, there was no shame whatsoever in sharing food and caring responsibilities or requesting assistance from extended family members – most notably in the case of women who were unable to purchase food from local shops due to language or knowledge barriers and who drew upon family members to do so on their behalf. The single food insecure Pakistani Muslim participant (focus group/interview 3) did not consider accessing food and financial support from her immediate family (parents) shameful, but support from extended family was not mentioned (family support was sought following divorce from her husband thereby, possibly, excluding support from family-in-law).

Food itself was commonly shared not only with family members but also with neighbours. Multiple women (N=4) described cooking more food than was required for household members to share with neighbours or visitors:

If you live in the heart of an Asian community food is always circulating. Neighbours give to neighbours; you cook a little extra as standard and give to others.

Maisa, FG1

We regularly give food to neighbours. If you are cooking a special meal you will always give some to your neighbours. There is no expectation that they will reciprocate but it is nice if they do.

Uzma, FG1

As illustrated by Uzma (above), the giving of food was not contingent upon reciprocation; nevertheless, prepared food was commonly reciprocated by and welcomed from neighbours (also Pakistani and/or South Asian).

### *Cultural and religious frameworks*

The sharing of food was both culturally and religiously<sup>21</sup> informed. Food was most commonly shared between neighbours during religious festivals, especially Ramadan and Eid when food was also regularly donated to and freely available from local mosques:

In Ramadan, I cook for four or five families to be generous. In Ramadan, there is a particular blessing for providing food for the fasting person. It is called Iftar.

Maisa, FG1

We don't celebrate birthdays but during Eid we have a big party and we invite all our neighbours.

Hana, FG1

Religiously informed sharing of food also operated outside of religious festivals. Three of the four participants who discussed the reciprocation of food between community members, explained the religious doctrines of hospitality and redistribution underpinning this apparently cultural practice:

It is part of Islam to give to your neighbours, even if your neighbours are non-Muslims. It is written in the Qur'an that you must give to them if you have a full stomach and they have gone hungry. But you give anyway, even if you don't know if they are hungry – you can't ask!

Abida, FG1

Food is a big part of religion: providing food for your guests. It is religious courtesy, religious etiquette. My mum would always say, "You should make sure you have loaf of bread and eight eggs at home at all times so that you can provide if people come over". Islam is a way of life: you are conditioned to follow practices, it is etiquette and courtesy.

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<sup>21</sup> All Pakistani participants described themselves as Muslim, thus, the religion in question was Islam.

There is a concept of sharing food, you cook enough so that you can pass some to your neighbours.

Maisa, FG1

Whilst the reported absence of food insecurity within the local South Asian community – rather than within the household of the individual – was attributed directly to the circulation and reciprocation of food, which prevented ‘food issues’, participants’ own absence of food insecurity was, by a minority (N=3), ascribed to religious good fortune:

We are fortunate, god blesses us: we can afford whatever we need. Like when the child came we were able to buy whatever we liked.

Ghada, FG1 (translated from Urdu)

Albeit, this stood in stark contrast to the opinion of the single food insecure Pakistani Muslim participant who firmly denied her ability to manage her food (in)security was religiously informed:

Moderator: Is your faith important? Is the way you deal with food poverty something about being Muslim?

Sabira: No it is nothing to do with Islam, I am just a bubbly person. I’m optimistic and I know I’ll get through hard times.

FG3

However, more dominant in the discussion of food insecurity than religious doctrine and practice was the wider importance of food to the proper functioning and maintenance of honour within Pakistani Muslim and, more generally, South Asian households. Providing food for household members and maintaining the financial security of the household was considered central to the self-esteem and honour of the individual, particularly the mother who held overall responsibility for care and food. Accordingly, the inability to provide food for family members or guests – due to financial constraints – was profoundly shameful. Indeed, this sense of shame and honour was so acute that personal consumption and household items would be eschewed in order to ensure adequate food could be secured for family members and guests:

In South Asian families, one thing that is very important is that there is food on the table. This is the culture in Asian families.

Abida, FG1

I would rather have good food on the table than go on holiday or have flashy gadgets. Living within your means is key ... Providing adequate food is just so fundamental to South Asian families.

Uzma, FG1

Whilst the shame of food insecurity was not, by any means, unique to Pakistani Muslim women, its power over diurnal purchasing choices and women's openness about food insufficiency (discussed in relation to food aid below) appeared to be more profound than amongst the white British women interviewed. As described above, food insecure white British women in the sample tended to prioritise household items and utilities before food; by contrast Pakistani Muslim women described prioritising food above all else, albeit there was no suggestion that utility payments were not made/defaulted on.

#### *Resource management within the household*

As above in relation to the whole sample, careful budgeting of household income and meal planning over the course of the week were key elements of a woman's approach to resource management within the household. Amongst a minority (N=2), "living within your means" was looked upon with nostalgia and endowed with a form of arcane virtue:

It might be a generational thing. First and second generation migrants would be like this in any community. Upbringing determines how you are. Our parents lived within their means.

Maisa, FG1

As explained above, there was apparently a greater tendency amongst Pakistani Muslim than amongst white British women to cook a single meal for the entire family and eat communally; in large, multi-generational families this often meant cooking in bulk. However, contrary to the assumptions made by focus group participants (Phase 1) in Study 1, that food insecurity was lower in Pakistani Muslim households not only because of a greater tendency to cook in bulk, but

because of a higher frequency of cooking 'cheaper' types of food, such as 'lentils', South Asian participants described cooking a wide variety of foods, including 'Western food' such as pizza and fish and chips. Lentils tended to be cooked only a couple of times a week and most meals incorporated meat:

Meat is loved; vegetable dishes are not loved [laughs]. We also cook English dishes. We cook lentils once a week. It is mainly meat.

Basma, FG1 (translated from Urdu)

My family eats chicken three times a week and we also have fish. The men prefer meat and the women prefer vegetables. Twice a week we eat food from outside, like Panini or fish and chips.

Hana, FG1

### **6.1.3 Food aid in the context of poverty: Similarities and variations between white British and Pakistani Muslim women**

A minority of participants had accessed food aid (N=3). Jade, Danielle and Gail (all focus group 2) had received food from a food bank: Danielle and Jade had visited the food bank, whilst food parcels were delivered to Gail by the founder of the food bank, who was also a personal friend. Danielle had used the food bank on more than one occasion but only Jade regularly visited the food bank; notably, it was Jade who spoke most openly and easily about her experiences of seeking food aid – and did so in the early stages of the focus group. Knowledge about local food aid, other than the single food bank attended, was limited. Only Danielle had accessed alternative forms of food aid (a soup kitchen). Knowledge about pay-as-you-fee cafes was non-existent and soup kitchens were perceived, by a minority, to be an exclusive form of food aid:

There is a couple of places in town that opened up like Easter and Christmas and that lot, that do it for the homeless to give them a couple of warm meals a day, a cup of tea and what not – but they shut it down to the public.

Jade, FG2

The two participants who had visited the food bank described the experience as unpleasant and undignified; processes within the food bank and the behaviour of staff reinforced existing



inequalities between service users and food bank volunteers. Members of staff were reportedly condescending towards service users:

The one in town, the people upstairs are really nice but the people who sort your food out are nasty, horrible. They talk down their nose to you.

Jade, FG2

The process of collecting the food parcel was described as inflexible and isolating, whilst proselytising by staff members undermined service user agency and was widely disliked:

Jade: You get your voucher, take it down and you have to say why you need it, and they preach to God and that lot, if you tell them you're not...

Becky: That's well bad...

Gail: I didn't think they did that, I thought they take the voucher, you gave them it and that's it.

FG2

The indignity of receiving a food parcel was reinforced by the content of the food parcel itself, which was reported to be disassociated from the needs of service users and/or contained out-of-date food:

Jade: I've got a tin of spinach at home and little jars of curry paste.

Danielle: It is stuff that you can't really make meals out of.

Moderator: So is it not really useful?

Danielle: It depends what it is...

Jade: You can get your cereal and milk, so they [her children] got breakfast, you may get a pack of biscuits so they've got a treat, couple of tins of soup, that's one meal and the pasta and sauce that is another. But then everything else just goes in the cupboard because what can you make out of a tin of tomatoes and a couple of tins of chickpeas.

FG2

Practical barriers to the receipt of meaningful food assistance from the food bank included the content of the food parcel, the limited regularity of receipt of food and the location of the food bank, as described by Jade and Emily:

Now it's only three every six months you can go for. I think they might have extended the time. I need to go more with six week [school] holidays, I've got ten people in my house.

Jade, FG2

She [a friend] had to go like, it were in, she had to go to town and then just out a little bit so it was like the opposite side of town, so when she didn't have much money to get her food in, it were even more hassle getting money for the bus fare to make it up there. 'Cos if you've not got money for food, how have you got money for the bus?

Emily, FG4

However, despite the criticisms expressed above, food aid was appreciated and its continuation supported. Participants explained that it was "better they are there 'cos you know that if you need there is someone there to support you" (Gail, focus group 2). Indeed, participants described the warmth and assistance received from some members of staff favourably.

Only one participant (Danielle) was in a position to make direct comparisons, based upon personal experience, between a food bank and a soup kitchen.<sup>22</sup> The soup kitchen was described more favourably than the food bank: service user agency and dignity were maintained by the absence of a voucher system, the ability to receive an additional portion of food ('seconds'), the opportunity to request items of clothing if needed, and the company of other service users and staff. There was no suggestion that staff were condescending or the process stigmatising:

Moderator: Was it different to the food bank?

Danielle: Yeah. Because your meal will be sat there, you will have, they will tell you what is on the menu, if there is any left you can go back and get. And if you needed something they would give you it there and then, like hats, coats...

Moderator: Ah OK. So was that a better experience than the food bank?

Danielle: Yeah, I'd say that.

Moderator: Really, why?

Danielle: I don't know, I think it was 'cos you got the company as well.

FG2

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<sup>22</sup> In Study 1, 'soup kitchens' are termed 'hot food providers', however 'soup kitchen' rather than 'hot food provider' is used throughout this chapter to reflect the vernacular of participants.

It was notable that only three of the six participants categorised as previously or presently food insecure had visited a food bank and/or soup kitchen. There appeared to be three reasons for the non-use of food aid: because it was not required; because it was avoided; and because knowledge of food aid was limited or non-existent.

*Food aid is not required*

The text above discussed extensively the variety of strategies drawn upon by participants to manage food shortages within the household and so avoid accessing formal charitable or state support systems. In particular, the material support provided by family members, predominantly mothers, enabled women to evade food aid:

If we did really, really struggle and his mum couldn't help us we would go to the food bank but like I say, his mum helps out and we always manage to get something together.  
Gemma, FG4

Careful management of household income and food supplies, especially towards the end of the month before payday, could also mitigate food insecurity to the extent that food aid was not required.

*Food aid is avoided*

The humiliation and shame associated with accessing food aid was presented as a major reason for its avoidance. As discussed above in relation to Pakistani Muslim women, intense shame associated with financial insecurity and food insufficiency prevented even women in severe food insecurity from accessing support outside the immediate family:

Even if life was very hard and money short, I would not go to a food bank because of shame, pride and embarrassment. You don't want people to see you like that. There may be people you know there who will talk ... Three of my friends who had kids were at rock bottom and really struggling to get food, but would not go to a food bank. They were all too embarrassed and would seek support from elsewhere.  
Sabira, FG3

The – imagined – shame of using a food bank was not limited to the individual but also impacted upon the family, who would intervene before charitable food aid was sought:

There would definitely be some form of intervention before it got to the stage where someone was going to a food bank. The family would intervene and help out financially.

Maisa, FG1

However, the impact of shame on non-use of food aid was by no means specific to Pakistani Muslim women, white British food insecure participants described the food bank as a last resort, which was avoided “nine times out of ten” (Jade, focus group 2). Participants who reported food shortages and anxiety about food sufficiency (both focus group 4) discussed the embarrassment associated with visiting a food bank – such embarrassment was conceived as the product of poor financial management. Food aid would, therefore, only be used if one could remain anonymous:

If I really needed to go to the food bank, I would go but I probably would not tell anyone that I know. I would feel embarrassed.

Emily, FG4

The shame and stigma associated with the use of food aid is further considered in section 6.2.

#### *Knowledge about food aid is limited or non-existent*

Knowledge of food aid was extremely limited amongst all Pakistani Muslim participants and apparently non-existent amongst the least affluent Pakistani Muslim women in the sample. Whilst this may have been a factor in their non-use of food aid, it is arguably more likely that food aid was not used because of the reasons presented above: the shame associated with food insecurity and seeking food aid outside of the immediate family; robust familial and social support networks; and the apparently low prevalence of food insecurity amongst the Pakistani Muslim and wider South Asian community in Bradford. Poor knowledge of food banks was not a factor in non-use amongst white British participants – all of whom were aware of the concept of a food bank and knew of their existence (and location) in Bradford – however, poor awareness of other forms of food aid, such as soup kitchens and pay-as-you-feel cafes may have been a factor in the low uptake of these forms of food support, particularly amongst the most food insecure women in the

sample. Limitations placed upon the knowledge, horizons and agency of participants, especially those in severe poverty, are explored in the following section.

## **6.2 Control of a 'feckless' poor: Surveillance, shame and the 'Other'**

Section 6.1 sought to present an overview of the qualitative data, analysing and categorising the text with a view to addressing how and why food insecurity and the use of food aid differs between Pakistani Muslim and white British women. It highlighted variegated responses to food insecurity within and outside the household, and underlined forms of mutual aid which appeared to mitigate food insecurity, as well as the cultural and religious underpinnings of such (systems of) reciprocity. This section applies a different and, arguably, more targeted lens to the data. It brings the concepts of surveillance, shame and the 'Other', discussed in Chapter 1, more explicitly into the analysis. Furthering the findings of Study 1 on processes of surveillance and power inequalities in respect of food insecurity and food aid, the section employs the motifs of surveillance, shame and the 'Other' to unpick the nature and performance of coercive power in the lives of the participants, as well as interrogating more directly the political power of the state and the economic power of retailers in the context of food insecurity. The various arenas in which surveillance and, correspondingly, power operate in relation to the participants are reported separately. This includes the state, the economy, the community, food aid and, finally, the self. First, however, I interrogate how participant's discursive constructions of food insecurity align with neoliberal narratives of 'the poor' discussed in Chapter 1.

### **6.2.1 Language and perspectives on food insecurity**

Food insecure participants struggled to reconcile structural barriers to accessing food in the context of poverty with an ethic of individual independence. Food insecure women highlighted their 'will power', optimism and complex household resource management strategies enabling them to live through and, in the case of one participant (focus group/interview 3), escape food insecurity. The ability to 'live within your means' and prudently 'manage money' was presented as a form of virtuous active unemployment:

My mum is on benefits 'cos she has got quite severe mental health problems. I've got three brothers and she manages money really well. She gets little money and she still drives a nice car, she still cooks fresh meals every day, she always has done so. I think it is

just about managing the money, because she does manage her money brilliantly, she has never had a problem with it and she has been on benefits for maybe four years now.

Emily, FG4

Accordingly, household resource management was heavily moralised. The superior resource management of some participants was juxtaposed with the financial incompetence of those struggling to afford food. This approach – exemplified by both Hana and Emily – was not unique to white British or Pakistani Muslim women.

I am fortunate that I have never been on benefits and that we have an income. My husband works in a bank and he has had people calling him saying they need money; he has advised them that they should be careful about money.

Hana, FG1

Chris [her partner] does all the money for us. But Chris is really good at budgeting, 'cos we don't actually earn a lot of money between us but he budgets the money pretty well ...Yeah 'cos I am not sure she [a friend who went to a food bank] were really, she would have her money straight away and then spend it, she wouldn't think about the rest of the week or the rest of the month. She wouldn't go out and do a proper shop, she would think I've got my money, I haven't had a decent meal for a while and buy a takeaway, blow it like that.

Emily, FG4

As discussed above, none of the Pakistani Muslim women in focus group 1 reported knowing anyone currently or previously in food insecurity. Sabira, the one Pakistani Muslim participant to report food insecurity (focus group/interview 3), in addition to reporting her own experiences, described three friends who had experienced acute food insufficiency, intimating the reality of food insecurity in the Bradford's Pakistani Muslim community – and the possible relationship between personal affluence/pride and denial of local food insecurity:

Three of my friends who had kids were at rock bottom and really struggling to get food, but would not go to a food bank.

Sabira, FG3

White British participants were both more likely to disclose their own food insufficiency or anxieties around food security and to describe the experiences of others struggling to afford food. However, amongst those participants not severely food insecure (food insecurity without hunger), there was an attempt to distance themselves from food insecurity and food aid through assertions of prudent household resource management and disregard of the systemic causes of food insecurity. This is considered in detail below.

### **6.2.2 Arenas of securitisation and surveillance: Internalising, enacting, and resisting neoliberal narratives**

#### **The state**

The most explicit and comprehensive form of power exercised upon participants was that of the state. The nature of life was modified and behaviour manipulated by the bureaucratic structures and systems of the state. This coercive strand in state policy was directed with the greatest fervency at those in the most severe poverty, configuring in the place of a welfare state a disciplinary state. The processes and policies surrounding social security shaped the lives of participants, especially those who were unemployed and/or living in poverty, in important ways. Amongst participants whose sole source of income was social security – in families with multiple children such social security could include Income Support, Housing Benefit, Child Benefit, Child Tax Credit, Healthy Start vouchers, Free School Meals and vouchers for school uniforms – day-to-day life orientated around the obligation to apply for a sufficient number of jobs per week, whilst simultaneously managing a very small household budget and caring for children:

Danielle: Well, if you're signing on, if you forget your book, or if you forget to put down your work...

Jade: You're meant to search.

Danielle: Searching for a job, three, four a week at a time.

Jade: And you'll have no money, it will stop and you're just stuck with it.

FG2

The ability of individuals to manage their household income effectively was monitored through a system of surveillance linking Jobcentre Plus and utility companies – for instance, failure to pay utility bills could result in a deduction of income from social security:

I didn't pay mine [water bills] for a year but now it is coming out of my benefits. You get reductions off your benefits, which means you are [sic] lower.

Jade, FG2

The Coalition and the Conservative government's programme of welfare reform had instigated a social security system that was viewed by participants as "a lot more tough" than the system pre-2010, as well as more unpredictable and unreliable. The current level of income from social security was described as "barely enough to keep you going" (Danielle, focus group 2); the benefit cap, in particular, placed acute and unprecedented pressure on household finances. 'Benefit sanctions' were portrayed as unwarranted and punitive, pushing claimants into destitution and eroding individual agency:

Gail: If they sanction you, they take away your money.

Danielle: Yeah they do stop it.

Moderator: So is that why people are going to food banks?

Danielle: It is getting a lot worse from what it were, it is a lot worse.

FG2

Rapid changes and restrictions to the social security system since 2010, as part of the national welfare reform programme, left some participants in a state of uncertainty, exacerbating stress and precluding any ability to plan over the long-term. Components of welfare reform, primarily the benefit cap and benefit sanctions, were described as key factors in the increasing need for food banks:

Moderator: Why do you think people need food banks more now?

Jade: Because there is a benefit cap.

Moderator: Yeah?

Jade: If you've got kids, if you've got a partner. Before I got the [baby], the maximum I was allowed a week was £500 and that is including the Child Benefit, Child Tax Credit, my Job Seekers.

Moderator: And was it better five years ago?

Jade: It was better before benefit cap.

FG2



Less widely publicised by opponents of the Coalition and Conservative government's programme of austerity, but considered a serious concern by two participants, was the apparent reduction in the financial value of Healthy Start vouchers (and the withdrawal of this support when the child was aged four rather than five years); a type of social security essential to the viability of household budgets, particularly in large families with young children. However, it is worth noting that select types of social security endowed women with a particular – and valuable – form of agency. As discussed above, Child Benefit furnished those women eligible (following the introduction of eligibility restraints in January 2013 this, once universal, benefit was available in full only to those women who earned less or whose partner earned less than £50,000) with some (financial) agency and was, hence, of particular importance in financially abusive (domestic) relationships.

Social services, beyond Jobcentre Plus, were described as not only inadequate in themselves, but the reduction in and the poor functioning of such services was itself portrayed as a form of structural violence (Galtung, 1969):

Gail: My biggest thing, my son, when Oliver got diagnosed with autism, you went down (to social services) and got your diagnosis but there is no support there.

Jade: They turn around and don't say, "Your kid's got this we are going to do this for you", they say, "Your kid's got this, right bye", gone, then move on to the next one.

Gail: You don't know what your rights are.

Jade: They haven't got enough money for everyone.

Becky: They are cutting back on services aren't they? So it is like they might have been able to help bigger populations, now they are just prioritising people. People at the advice centre, I know for a fact that it was a three week wait at least on the waiting list.

Jade: There were people stood there at 7 o'clock in the morning

Gail: Yeah 8 o'clock. Somebody with mental health they are not going to do that are they. And with drugs as well they give them an appointment first thing in the morning and that person can't get there.

FG2

Indeed, participants were dispossessed of agency through the structures and processes of social security to such an extent that there was not only an absence of awareness amongst participants

about their social (and political) rights, but a keen sense that a reversal of current trends surrounding welfare reform was inconceivable. Amongst the three white British women in severe food insecurity, living through 'hard times' was a fact of life; for them, the food bank was just a new way of surviving the persistent struggle of a life in poverty.

The absence of a direct financial relationship between other state institutions, such as schools and hospitals, and people in poverty and/or food insecurity limited the extent to which behaviour could be coerced and horizons controlled outside the physical arena of the institution itself. However, such state institutions were important sites of surveillance and, consequently, also potential channels through which the state, in the form of social services, could monitor and intervene in the private life of the family. Participants who either worked in state institutions themselves or whose partner did so described the exaggerated attention attributed to children in or at risk of food insecurity:

I know Chris works, my partner, he works in school where some of the kids are involved with social services or have behaviour problems and he has got a few that have used the food bank. He has a few kids turning up to school who have not had anything to eat.

Emily, FG4

State institutions worked in partnership to monitor and intervene in cases of child food insecurity, with 'social services' contacted if the child was deemed to be at risk. The younger the child the more likely this was to occur:

You do tend to have social services and stuff involved. A lot of the families where we think there are issues, social services are there. A lot of the time, it is better if there is a younger child who is under a Health Visitor because then we can get help through them. Because sometimes the school pick it up as well, the children are not getting the meals that they need.

Fiona (nurse), FG4

## **The economy**

Less tangible but no less real in the lives of participants was the coercive power of the neoliberal capitalist economy. Participants were beholden to macro-level economic price changes, which, for

those already on a low income, could seriously complicate the management of household finances (it is worth noting that Pakistani Muslim participants in focus group 1 were aware of rising food prices but denied this restricted food purchasing and consumption). Rising food prices were a particular issue for some – especially white British – participants:

Moderator: Has it [your living situation] got worse? Is it food prices or is it...

Jade: Food prices...

Danielle: Even if I just go and get the cheap tins it don't last. Your money just goes like that!

FG2

At a micro-level, local supermarket price changes and stocking decisions constrained food purchases. Participants, particularly those living in or at risk of food insufficiency, considered themselves subject to shifting retailer priorities. Nevertheless, the inability to purchase desired foods because of, for instance, supermarket stocking choices was attributed not to the priorities of the retailer, but, by a small minority of participants, to the demands of other ethnic groups. The priorities of powerful economic agents, thereby, undermined community solidarity at the local level:

Jade: Yeah, you can't go down to Asda and buy fresh burgers. They've now got up to three aisles, halal food. Don't get fresh burgers, you can get mince but they only put 16 packets of mince out in the morning and then 16 in the afternoon, if they have all gone there is no more mince.

Becky: Does that explain it because when I nipped down to Asda there was only one packet of mince left?

Jade: Yeah, 'cos they are not putting them all out.

Moderator: So why are they doing it? Why are they changing it?

Jade: Because the Asians are complaining that our meat is next to their halal meat.

FG2

## **Food aid**

The text in section 6.1 alluded to participants' absence of agency and dignity in the site of and in relation to the food bank; the following sub-section will describe more explicitly the processes

through which agency and dignity were denied, drawing upon the motifs of surveillance, shame and the 'Other'.

Participant behaviour within and access to the food bank was closely governed by a surveillance system composed of a series of, apparently rigid, bureaucratic rules maintained by food bank staff. It was explained that food bank service users were limited to the receipt of three rounds of food parcels in six months (households with children could collect multiple bags of food in one round), contingent upon presentation of a food bank voucher – a certification of neediness – and, additionally, an explanation of why the food parcel was required. The content of the food parcel was standardised, meaning that some necessary items such as sanitary pads needed to be requested, often at great embarrassment to the service user:

Jade: They don't put it in bags; you've got to ask them for sanitary pads.

Gail: No, they are not allowed to put it in the bag.

Jade: When I go down, I ask them for what I need down there, but with the attitude they had last time...

FG2

Unlike the food bank, the soup kitchen – described by one participant only – did not operate a (exclusive) voucher system, however the receipt of food remained limited, surveyed and controlled:

When I was going you didn't [have to pay], when I was going you just turned up but obviously if there were more than food they had cooked, they had to turn people away. If you get there for a certain time, they would open the door for a certain time and say this is what you get.

Danielle, FG2

Within the food bank, the service user was processed through a system which disassociated acts of care and welcome from the receipt of the food parcel, allowing those distributing the parcel to remain emotionally disconnected from and, to possibly be, condescending towards the service users:

Now you go upstairs and talk to them so they get all your details, then you've got to take your voucher, go outside, around the back ... so you go upstairs and they stamp your voucher and then you take it outside and around the back. This is the plan, you've got the thing there, you get your food and that's it, you're left on your own.

Danielle, FG2

Participant reports suggested that the state, in the form of 'social services', penetrated the physical arena of food aid, intimating a further channel of state surveillance. However, the sympathetic behaviour of 'social workers' in comparison with some food aid staff rendered them popular. Service users described being stigmatised by some members of staff; staff members were portrayed as condescending towards service users, ejecting them once the food parcel had been collected. The inability of service users to reciprocate the 'gift' of the food parcel in the context of the food bank appeared to precipitate a form of 'claims stigma' (Walker, 2005). Individuals who failed to reciprocate gifts either through personal gratitude or in kind donations (including labour: in some food banks, service users also act as volunteers), incurred sanctions in the form of condescension or rejection.

However, in the case of one participant, rather than responding to the process of accessing food aid through an internalisation of 'personal stigma' (Stuber and Kronebusch, 2004), agency and dignity were repossessed via a formal complaints process. The service user submitted a complaint to the food bank about staff behaviour, thereby reclaiming a form of citizenship based upon social rights and litigation:

I was so disgusted that we actually rung their boss up and put in a complaint against them.

Jade, FG2

### **The community**

The community – whether based upon ethnicity, geography, class or gender – was a site of surveillance. As discussed above, staff working in hospitals and schools (state institutions) monitored children under their care for signs of food insecurity. Participants also adopted surveillance roles surrounding potential child food insecurity within the community itself. Notably, only white British participant described adopting such a role. There was no indication that

Pakistani Muslim participants monitored the welfare of children within the local Pakistani Muslim community (for these participants, community was primarily ethnically defined).

I knew that she were embarrassed to say that she were a bit skint. Whatever we made, sometimes I would dish some up for her little boy and take it down so. 'Cos sometimes I used to wonder if he was getting enough.

Emily, FG4

Participants in focus groups 2 and 4, thus, entered into an inverted form of 'sousveillance' (Mann et al., 2003), surveying not the state/bureaucratic organisations but each other, and intervening to avert or correct deviant behaviour through social sanctions or condemnation (Manji, 2016). Of particular interest to those conducting such surveillance was the financial affairs of neighbours and friends. Whilst this could precipitate benign – albeit unsolicited – interventions to supposedly protect the welfare of children, as illustrated by Emily (above), it could also take a more malign form. Resentment against members of the community who were perceived to be receiving more favourable treatment (Young, 2003) could spill over into vindictiveness when mistrust was directed towards individuals rather than the faceless 'Other' (Manji, 2016):

It is like my next door neighbour, they're from – I can't remember where it is. They both work but they both claim [social security] as well which, it is quite annoying where there is me and my husband and he works every hour God sends to get money to bring home just to live off and next door they have got all this money, they have got brand new TV, they have just got a brand new 60 inch telly, a U-shaped sofa.

Gemma, FG4

### **The self and the 'Other'**

The most potent channel through which control of the individual operated was the beliefs, behaviour and discourses of participants themselves. Feelings of shame in respect of poverty and/or food insecurity were expressed by a minority of participants. Shame was most explicit in discussions around accessing formal food aid i.e. the food bank; in this context, shame was co-constructed through the convergence of an individual's internal sense of inadequacy and externally imposed disapproval for failing to satisfy societal expectations. Accessing the food bank

was an acknowledgement of an inability to measure up to externally imposed expectations of financial independence:

Gail: People do struggle.

Danielle: Everybody's proud.

All: Yeah.

Becky: You don't want to have to admit that you can't afford something.

FG2

The most economically deprived participants (N=4) – all of whom were presently or had previously lived through severe food insecurity – avoided contact and engagements with family and friends, or community gatherings, to conceal their food insecurity. However, in doing so – and in relinquishing possible food or emotional support from these sources – they, paradoxically, exacerbated their food insecurity.

The most widely adopted method by participants to avert shame involved attempts to align themselves with dominant discourses, in particular the 'culture of poverty' (Lister, 2004), and define themselves in opposition to the demonised 'Other'. Individuals who were apparently unashamed of accessing food aid were subject to persistent disparagement. Openness about food insecurity was itself assumed to be a reflection of an absence of need/deservingness and these women were inherently considered to be 'playing the system':

There is one kid that we know at school and the mum brags that she goes there to get things, "I don't go food shopping because I just go to food bank".

Emily, FG4

This discourse was not limited to food secure participants: participants living with food insecurity also criticised people who used food aid (food banks and pay-as-you-feel cafes):

Gail: Some people take the mick out of it [pay-as-you-feel cafes].

Moderator: Yeah?

Gail: Probably can afford it [food] but go.

FG2

Moderator: Do you think it is a universal thing, people feeling shame and pride and not wanting to go to a food bank?

Sabira: No, some people go because they want free stuff, people always want free stuff – you know.

FG3

It was notable that neither of the above two participants, although food insecure themselves, had sought assistance from these types of food aid.

Participants who were food secure or who expressed anxieties around food insufficiency but had not personally experienced hunger constructed a food insecure 'Other' in opposition to themselves. This discourse was most prominent amongst white British participants, primarily those in focus group 4. The food insecure 'Other' was culpable for their food insecurity, which was itself attributable to personal failings, notably their incompetent or selfish use of household income and poor cooking skills:

I don't know them know them but I know of them, she's got six kids, she is on Income Support and the baby's dad don't help her at all but she goes out every weekend and she uses food bank because she ends up spending the money on clothes and beer.

Gemma, FG4

Participants contrasted their own superior resource management abilities with those of their image of the food insecure individual, carefully explaining the complicated budgeting strategies they employed to avoid food insecurity. Central to this explanation was the view that the poor and food insecure respond to personal and societal changes in ways that others do not. Thus, with the ascendancy of individualistically determinist explanations disappeared compassion. The plight of the food insecure was reconstituted as due to willful attitudes or personal incompetence. Accordingly, such individuals could only be responded to with social ostracism and denunciation.

The image presented of the food insecure individual was explicitly gendered. All examples provided were of women, whose 'feckless' behaviour jeopardised their children's welfare. It was notable that the participant in focus group 4 who initially boasted about her husband's role as the main cook within the household was gently mocked by another participant as a lazy housewife, prompting a defensive response:



Fiona: I've been to her house and I've been when I've got my slow cooker, my food is on cooking at home and I've nipped down to their house and he has come in after a 12 hour shift with his Asda bag because he has just been shopping on his way home. I'm like "You've been at home all day, he's been at work and now he's done the shopping and he is going to cook the tea".

Gemma: Yeah, no, it is not that I can't cook, it is that he likes doing it.

FG4

The idea of a racialised 'Other' was very much a minority view. Indeed, only one participant presented a racialised 'Other'; explicitly racialised as a 'Muslim'. This 'Other' was not food insecure but accused of committing benefit fraud, which was portrayed as a reason for the 'Other's' relative affluence. This construction of a racialised 'Other' was, however, fervently contested by another participant within the same group:

Kate: Are you sure what you are saying is true?

Gemma: Yeah.

Kate: 'Cos this does not sound like refugees to me.

Gemma: No not refugees.

Kate: What then?

Gemma: They are from, oh I don't know where they are from, not refugees.

Kate: So immigrants.

Gemma: Muslims, yeah.

Kate: They don't get benefits, they are usually very poor. I know it is easy for us to judge.

FG4

The predominant interpretation of an 'Other' by Pakistani Muslim participants was not of another individual – only addressed in the abstract by one Pakistani Muslim participant – but of another place. Pakistan was an important reference point for many Pakistani Muslim participants. Perception that Pakistan, not England, was a place of extreme poverty limited the extent to which women accepted and acknowledged either their own food insecurity or the food insecurity of others:

But we always had something, in England you always have something to eat, no one goes hungry forever.

Sabira, FG3

Indeed, the more affluent Pakistani Muslim participants described directing charity, especially donations gathered from zakat, to poverty in Pakistan, rather than the UK:

There isn't poverty in the UK as there is in the third world. Most [Muslim] charity is donated and most of the money from zakat goes there. The UK is comparatively well off: people have health and a roof over their head.

Ghada, FG1

### **6.3 Conclusion**

The small sample and method of data collection precluded clear conclusions about food insecurity prevalence in the sample, however the data did point to variations in experiences of and approaches to food within contexts of poverty between white British and Pakistani Muslim women in Bradford. Systems of mutual aid amongst family and community members mitigated food insecurity, especially amongst Pakistani Muslim participants for whom the (re)distribution and reciprocation of food was both a cultural and religious practice. Again, whilst the numbers are only indicative, it was clear that food aid was eschewed by a majority of the sample, including those who were food insecure. Those who accessed such food support described it as a stigmatising experience and, hence, avoided if at all possible.

The data suggested multiple, powerful systems of surveillance and coercion, which shaped both the horizons and the diurnal activities of participants – especially those who were in or at risk of food insecurity. The most influential form of coercive power appeared to operate not via the state or civil society but the self, in the form of self-regulation and self-surveillance. It is, thus, arguable that the pauperisation, obedience and humiliation of the poor and food insecure is created, and then cemented, by state policy and by an economic structure whose inequalities in the ownership of wealth and the distribution of income are self-perpetuating, but it is, in fact, maintained by a set of social relations that keep this system in place (Jones and Novak, 1999). It is when the (dominant) economic and political system is most under threat – when its claim to fairness is most visibly denied by the distress and unfairness it manifestly creates, most starkly brought to light by

troupes of people requesting charitable food aid – that poor people are subject to the most criticism and attack, from both the establishment and their peers (Jones and Novak, 1999).

However, the notion of the culpable, ‘feckless’ food insecure woman fundamentally misrepresents what is occurring in society, blaming the food insecure for much more complex and wide-ranging social problems; pin-pointing the victims of these processes, and caricaturing and abusing them as an example to others. Obedience to abide by the rules and regulations of the system – to earn an income from wage-labour, to cohabit with the parent of your child, to criticise the establishment only in the appropriate arenas and forms, and even then, only in a superficial manner – is maintained by the threat of being demonised as the food insecure ‘Other’: the woman who is culpable for her own destitution. The following chapter continues these arguments, drawing upon both the findings of Studies 1 and 2 and the theoretical framework set out in Chapter 1.

## Chapter 7

### Discussion

Employing the multi-faith, multi-ethnic Metropolitan District of Bradford as a case study, this thesis has sought to explore the extent to which rising food insecurity and recent configurations of food charity are emblematic of an ‘advanced’ stage of neoliberalism, itself associated with a particular form of religion, a – falsified – ‘post-racial’ society and a securitised state. This, penultimate, chapter attempts to present a response to this enquiry. It situates the three empirical studies within the theoretical framework explicated in Chapter 1. It argues that whilst contemporary configurations of food insecurity and food charity are both resultant and characteristic of an ‘advanced’ stage of neoliberalism, neoliberal political economy does not necessarily constitute a meta-narrative to explain the varying and diffuse facets and manifestations of contemporary food charity and food insecurity. Indeed, to understand approaches to food insecurity outside the arena of formalised food charity – the food bank – we must look, not to theories of neoliberalism, but to ideas of mutual aid, most closely associated with anarcho-communism.

The first part of the chapter discusses the main findings in the context of both the theoretical framework and the wider literature, explicitly addressing the hypothesis outlined in Chapter 1 and highlighting points of conflict and corroboration between the three studies. The second part describes the limitations of the three empirical studies and the thesis as a whole; it asks whether a mixed methods approach was the appropriate methodology for an enquiry of this type and reviews its execution. Avenues for further research are posited in light of the limitations. The third part addresses the implications of the findings for practice and policy. The final part of the chapter concludes.

#### **7.1 Main findings**

Before discussing the extent to which food aid and food insecurity can be conceived as neoliberal phenomena it is informative to reiterate the specific conceptualisation of ‘advanced’ neoliberalism underpinning the hypothesis set out in Chapter 1 and the analyses of Chapters 4, 5 and 6. The particular conceptualisation is primarily – although not entirely – attributable to Michal

Foucault. It is characterised by the withdrawal of the state from social assistance; the injection of market principles into all spheres of public, social and cultural life; surveillance and securitisation; a historically distinct form of subjectivity, comprising a reciprocal process of regulation between the state and the self; and specific constructions of religion and race. The extent to which contemporary food aid and food insecurity align with this configuration of neoliberalism will be the subject of this section.

### **7.1.1 Food aid and food insecurity are neoliberal phenomena**

#### **Food aid: A function of neoliberal state transformation and an embodiment of Foucauldian governmentality**

Food aid in the case study area had expanded in response to rising and immediate food need and, food banks, in particular, were serving an increasing number of people whose destitution was predominantly attributable to inefficiencies and inadequacies in the social security system – echoing the findings of Perry et al. (2014), Loopstra et al. (2015), Lambie-Mumford (2014) and Garthwaite (2016a). The degree of urgency in the type and level of service user need, arguably, rendered food aid in Bradford historically distinct within Bradford’s own history. All types of organisation were assisting a new type of service user: people whose needs were urgent, who felt desperate and who were unable to receive (further) assistance from state services (Dowler and Lambie-Mumford, 2015). There was some evidence that food aid, especially food banks, were becoming formalised as part of a denuded welfare system: a minority of organisations received direct funding from local authorities through local community grants or the (free) use of local authority buildings, and public sector care and welfare professionals were an important distributor of food bank vouchers, as also identified by Cloke et al. (2016).

Food banks – but not food aid in its entirety – embraced market principles in the distribution of food, closely surveying, categorising and controlling service users through a system of vouchers and bureaucratised processes of food distribution. Whilst flexibility in the distribution of food did exist, it did not encourage the development of social solidarity between the service provider and user, but rather facilitated stigmatising attitudes towards a particular type of service user. Such narratives drew legitimacy from and further legitimated a neoliberal paradigm which presupposed a certain conception of the citizen or the ‘self’ (Nettleton, 1997): a self that is autonomous, subjective and active (Rose, 1992; Foucault, 2008). In doing so, these discourses

pathologised and individualised food poverty, whilst concealing their own ideological values – deserving and undeserving poor<sup>23</sup>; dependency and responsibility – within the bureaucratic process of the food bank. The small number of food aid users in Study 3 were keenly aware of class-based hierarchies within the food bank – most clearly expressed in the condescending attitudes of staff members – and, as a consequence, disinclined to access this food support.

Concomitantly, constructs of ‘virtue’ were informed by neoliberal ideals of independence and economic activity – a virtuous citizen was autonomous, active and responsible (see Galvin 2002) – and, as such, virtue could be taught through defined and delimited activities. This construct of virtue was, however, applied by service providers in Study 1 to service users only. Service providers judged themselves according to an alternate form of virtue, one situated within a paternalistic – Christian – framework. Responsibility, in this alternative paradigm, was directed not to the self but to ‘the poor’ and, thus, virtue could materialise in the performance of civic duty, such as food charity.

Whilst the numbers are too small to allow for firm conclusions, it was notable that a small minority of participants in Study 3, and only half of those categorised as food insecure, accessed charitable food aid. This is in line with the disparity between FSA food insecurity figures (FSA, 2017) and Trussell Trust food distribution numbers (Trussell Trust, 2017), and with Canadian research suggesting only a minority of food insecure individuals utilise charitable food aid (Loopstra and Tarasuk, 2015). In line with international and domestic evidence, the experience of accessing food aid from the food bank was described as humiliating. Staff behaved condescendingly towards service users (van der Horst et al., 2014); the content of the food parcel was disassociated from service user needs (Tarasuk and Eakin, 2003); and the personal shame – an emotion itself derived from externally and internally imposed expectations of economic independence and activity – associated with seeking food aid were very pronounced (Garthwaite, 2016a).

In keeping with previous literature (Sosenko et al., 2013; Lambie-Mumford et al., 2014), religious organisations or organisations with roots in religious charities were dominant providers of food aid in the case study area. The majority of faith-based food aid was Christian, which is consistent with the high involvement of Christian organisations in faith-based public services and community engagement in the UK (Bekkers et al., 2008; Jarvis et al., 2010). Food banks were more likely to be

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<sup>23</sup> An ideological value/binary associated with neoliberal political economy but one with a distinctly Calvinist heritage.

faith-based than any other model, although hot food providers were also predominantly faith-based. Muslim food aid was in the minority, despite the local context, and non-emergency food aid was largely secular.

Whilst all forms of faith-based food aid were motivated, in some way, by the presentation of urgent food need, Christian – but apparently *not* Muslim – organisations were also fundamentally inspired by theology. As reported elsewhere (Cairns et al., 2007), religion was inextricably linked with a project's community-based charitable engagement: the act of providing food was an integral component of living a Christian life (Cairns et al., 2007; Salonen, 2016c). The self-sacrificial giving of food was medium through which to nourish – to save – and, thereby, to improve the service user, whilst also constituting a form of prayer.

Faith-based food aid, like its secular counterpart, was responding to pressing and local food need, which it felt well placed to address. This food need was associated with processes of 'roll-back' state transformation since the 1980s and, more recent, social policy changes (Lambie-Mumford, 2014). Pressure exerted by New Labour and the Coalition government on third sector organisations, including faith-based providers, to deliver services amidst the wider retrenchment of welfare and service provision (Milbourne and Cushman, 2015) may have contributed to the high involvement of faith-based food aid in Bradford. Christian food aid, in particular, arguably reflected processes of state transformation, most recently the Coalition's Big Society agenda, in its localised, non-state solution to issues – poverty and hunger – that were, according to the 1945 welfare model, the prerogative of the state (Jones and Rodney, 2002); and in the moralised character of service delivery, inculcating a 'moral code' – and one closely aligned with a particular Foucauldian conception of the neoliberal ethical self – in those assisted. And yet, it also had a much older forebear: the provision of food charity within Christian organisations also represented a form of pastoralship or 'pastoral power' – an individualising power requiring detailed knowledge of the mental and physical attributes of its subjects (Foucault, 1982). Christian food aid exhibited key characteristics of pastoralship as it materialised in the sixteenth and seventeenth century Christian Church: it assured – or at least attempted to assure – individual salvation; it did not just command sacrifice but was necessarily prepared to make sacrifices for its subjects; and it exercised the need to know people's minds, souls and details of their actions (Nettleton, 1997). Whilst today the state continues to function as the predominant site of pastoral power (Foucault, 1982), the importance and efficacy of Christian pastoralship appears to be re-establishing itself through the medium of contemporary food charity, especially the Trussell Trust foodbank model.

The influence of Christianity on the provision of food charity in Bradford, as well as the dominance of 'white' norms, within secular food aid, compromised the inclusiveness of provision. Despite the large minority of Pakistani Muslim people living in the city, the demography of service users was predominantly white. The values and social conditions to be emulated in both secular and Christian food aid – represented by the staff and leadership, the food distributed, and the diets promoted – were those of the racial dominant, of whiteness. The widely held presumption by staff that race was irrelevant in the performance of food charity echoed arguments of the post-racial (Goldberg, 2013). In keeping with the post-racial, staff denied racial difference as an inhibiting factor thereby negating the agency of ethnic minority groups and undermining both racial connectivity and any “ontological claim to racial groups more broadly” (Goldberg, 2013, p.17). By refusing responsibility for structural conditions and reducing the use of food aid to individualised accounts, staff in food aid obscured – and thereby exacerbated – the generalised contemporary circumstance of racially expanding precarity in the aftermath of the economic crisis (Kapoor and Kalra, 2013).

### **Food insecurity: Socioeconomic status and surveillance**

#### *Socioeconomic status*

In Study 2, food insecurity was found to be highly associated with socioeconomic status. Of the multiple socioeconomic measures studied, a woman's perception of her financial security had the strongest association with food insecurity, even when adjusted for other demographic characteristics such as ethnicity, age and cohabitation status. Similarly, in Study 3, food insecurity appeared to increase in line with the deprivation of participants, echoing a well-established body of research on the relationship between poverty and food insecurity (Blaylock and Blisard, 1995; Rose, 1999a; Gunderson and Gruber, 2001; Laraia et al., 2006; Loopstra and Tarasuk, 2013; FSA, 2017). Specific events – of which benefit sanctions were the most discussed – did appear to exacerbate food insecurity, however both severe and moderate food insecurity was predominantly attributable to persistently low income. This is consistent with the findings of the Southampton Women's Survey cohort study, which identified a threefold increase in the risk of being food insecure amongst mothers of low social class, compared to the highest two social classes (Pilgrim et al., 2012). With the Resolution Foundation predicting that the next five years will be the worst in terms of living standards for the poorest half of households since comparable records began in the mid-1960s and the worst since sharp rises in inequality under Thatcher



between 1985 and 1990 (Corlett and Clarke, 2017), it is likely that low income will become an increasingly prominent factor in household food insecurity over the coming years.

Receipt of means-tested benefits was also highly associated with food insecurity. In Study 2, the receipt of benefits was a strong predictor of food insecurity: adjusted for socio-demographic characteristics, women in receipt of means-tested benefits, had 2.11 times the odds of food insecurity of a woman not receiving benefits. One third (33.3 per cent) of women in receipt of Income Support and over a quarter (26.1 per cent) of women in receipt of JSA reported food insecurity, underlining the insufficiency of this state support for a minimum standard of living. In keeping with the importance of social security to financial security, Child Benefit was cited a key source of income by participants in Study 3, particularly in situations of domestic/financial abuse in which it not only endowed the woman with some financial security but also with a degree of autonomy and choice.

The data on receipt of means-tested benefits in Study 2 was collected between 2007 and 2009, prior to the fallout of the global financial crisis and the government's subsequent programme of austerity, rendering its relevance questionable. However, not only is it confirmed by both contemporary analyses of the relationship between food bank use and welfare reform (Loopstra et al., 2016) and recent evidence highlighting the increasing inadequacy of social security payments for a minimum standard of living (Padley and Hirsch, 2017), but it is corroborated by the findings of Study 3. Inadequacies and insufficiencies in the delivery of social security were cited as a key reasons by participants in Study 3 for rising food bank use. The tight, dynamic relationship between food bank use and welfare reform may suggest that contemporary food insecurity – as materialising in the use of food banks – is, in fact, a historically unique phenomenon. For instance, the main reasons for referral to Trussell Trust foodbanks between April and September 2018 were benefit payments not covering the cost of essentials (31 per cent), benefit delays (22 per cent) and benefit changes (17 per cent) (The Trussell Trust, 2018b).

### *Surveillance*

The data – most notably that of Study 3 – intimated multiple, powerful systems of surveillance and coercion which shaped the boundaries and diurnal activities of those in or at risk of food insecurity, maintaining adherence to the particular status quo of 'advanced' neoliberalism. State surveillance operated within and between distinct institutions of the state – Jobcentre Plus,

schools, hospitals – but comprised a “whole set of instruments, procedures and levels of application” (Foucault, 1977, p.215) operating across state institutions to monitor and control ‘poor’ citizens. For instance, the techniques and processes of Jobcentre Plus itself and social security more broadly, closely defined the parameters of a claimant’s life and constantly threatened destitution and food insecurity. State surveillance via social security has a long history in the UK (Jones and Novak, 1999), one which arguably stretches back as far as the Elizabethan Poor Laws (Dean and Taylor-Gooby, 1992) and, as discussed in Chapter 1, was embodied in the nineteenth century by the penitentiary. However, procedural surveillance via social security appeared to be increasing in line with government welfare reforms (Edmiston, 2016). The threat of sanctions obliged benefit recipients to emulate ‘homo economicus’ (Foucault, 2008) by engaging in a form of ‘active unemployment’ (Garthwaite, 2016b), studiously submitting job applications and existing within the weekly or monthly structure defined by Jobcentre Plus. Failure to satisfy such expectations precipitated benefit sanctions, leaving the recipient with no money for food and in the hands of a stigmatising system of food aid – identified in the UK by Purdam et al. (Purdam et al., 2015) and further illuminated by Study 1. Within (and between) hospitals and schools staff surveyed the welfare of children, contacting ‘social services’ if a child was deemed to be in or at risk of food insecurity, which could, on occasion, lead to direct intervention into the private life of the family.

An inverted form of ‘sousveillance’ (the term was originally coined by Mann et al. (2003) to describe an inverse – emancipatory – form of state surveillance, one in which communities used “technology to mirror and confront bureaucratic organisations” (p.333)) operated within and between communities, with individuals surveying the financial – and, hence, also the food – security of each other. Deviant behaviour, such as the apparent inability to prevent or mitigate food insecurity through prudent household resource management, was stigmatised and, correspondingly, corrected through condemnation or sanctions (Goffman, 1963), such as social ostracism. As also identified by Manji (2016) in her study of disabled social security recipients, expectations were informed by norms and conditionality of the economic market and, accordingly, the social security system, with virtue – as in Study 1 – defined by economic employment and/or austere financial management. Such neighbourhood elements of conditionality rendered food insecure individuals, as they did disabled benefit recipients in Manji’s study, more socially isolated and less able to participate in their communities on an equal basis (Manji, 2016, p.312). Whilst it is impossible to comment with certainty, the ease with which participants pinpointed and condemned deviant behaviour, as well as the extensive

documentation of such opinions elsewhere (Lister, 2004; Chase and Walker, 2012; Shildrick and MacDonald, 2013), suggested that these were widely circulated opinions, voiced beyond the context of the focus group.

Self-surveillance – modifying behaviour to fit the expectations of society or the state (Foucault, 1977) – was highly prevalent amongst both the, apparently, food secure and food insecure members of this study's sample. Amongst food secure participants (most of whom appeared to be Pakistani Muslim), this involved asserting financial security and denying all forms of food insecurity. Amongst a majority of those participants who either intimated or explicitly indicated that they were in or at risk of food insecurity, self-surveillance was most evident in participants' ascription to dominant narratives of the 'culture of poverty' (Lewis, 1969), opposing their own attitudes and behaviour to that of the food insecure 'Other' (Lister, 2004), who was profoundly stigmatised and whose food insecurity was attributed to personal failings. This narrative conflicted with the structural obstacles to food security experienced by all, but particularly by the most socioeconomically deprived, participants and undermined commonality and trust within and between disadvantaged – and, arguably, also exploited – communities. Whilst the most severely food insecure participants were the least likely to engage in such narratives of blame, such self-surveillance, as well as the threat of stigmatisation, impacted significantly upon their interactions and activities, inducing some participants to withdraw from familial and community interactions and undermining the potential for solidarity precipitated by (the awareness of) political and economic exploitation. Societal and state power was, thus, a reciprocal, continuous process, mediated by external expectations (from the state) and internally reinforced via participant's comparison between themselves and the expected 'norm' (Henderson et al., 2010).

Writing in 1789, the year of the French Revolution, the Reverend Joseph Townsend argued:

There must be a degree of pressure [for people to participate in wage labour] and that which is attended with the least violence will be the best. When hunger is either felt or feared, the desire of obtaining bread will quietly dispose the mind to undergo the greatest hardships, and will sweeten the severest labours ... The wisest legislature will never be able to devise a more equitable, a more effectual, or in any respect a more suitable punishment than hunger is for the disobedient servant.

'A Dissertation on the Poor Laws', (1789). Cited in Poynter (1969, p.xvi)

The key difference between Townsend's analysis and the contemporary situation is that, today, it is not chiefly hunger itself that propels people into insecure and exploitative wage labour, but both actual hunger and the *appearance* of hunger. Central to the preservation of 'advanced' neoliberalism (the economic and political status quo) are, thus, both the shame and stigma intimately associated with hunger and multiple inter-connected systems of surveillance, maintaining the status quo via securing the obedience – the self-governance – of people living in poverty and, correspondingly, those in or at risk of food insecurity.

### **7.1.2 Food aid and food insecurity are not neoliberal phenomena**

#### **Food aid: A heterogeneous, historical phenomenon**

The data in Studies 1 and 3 raised doubts about the extent to which a neoliberal meta-narrative explained contemporary food aid. In Study 1, food aid was identified as heterogeneous and multifaceted; a phenomenon whose origins and character could not be captured by a singular explanation. 'Food aid' encompassed two distinct types of food insecurity assistance, emergency and non-emergency, and seven types of organisations undertaking food security-related work. It comprised both the formalised, bureaucratic processes of Trussell Trust food banks and the informality, localism and – occasionally – solidarity of community gardens. The majority of organisations within Study 1 operated at least one food activity – possibly simultaneously offering emergency and non-emergency provision – and the majority also included a non-food-related activity.

The relationship between food aid and the state was equivocal. Food aid was supporting service users in receipt of – frequently unsatisfactory – social security, but it also served those in work, people seeking company and those who were vulnerably housed and not engaged with the social security system. Further, whilst food aid in the case study area did appear to be filling a gap left by central and local government withdrawal from and/or diminution of social assistance – most notably by providing support and advice to those whose food insecurity was attributable to social security inadequacies, delays or sanctions and/or who had been unable to secure short-term assistance from the local authority – it could not strictly be described as a 'shadow state'. Only one study organisation fitted the definition of a 'shadow state' organisation: a third sector organisation undertaking service responsibilities previously shouldered by the public sector, fully funded and informally controlled by the state through service contracts (Wolch, 1989). This

organisation was distinct from other study organisations: it was professional and detached in its engagement with service users, accountable to the state and financially sustainable. There were no systematic differences in operations or organisational autonomy amongst organisations part-funded by the state and those with no state support. Whilst the voucher system, implemented by food banks, could be seen to open up the possibility of state accountability frameworks, emergency food providers, not the state, retained full control over both the process of issuing vouchers and receiving service users, and the collection and analysis of service user data.

The perceptions and opinions of food aid providers appeared to be informed by a particular conceptualisation of service users, itself shaped by neoliberal narratives of independence and a, concomitant, pathologisation of poverty – as also identified by Williams et al. (2016) and noted above. Amongst a large minority of service providers, food insecurity was portrayed as self-inflicted, the product of defective behaviour, which permitted scrutiny of the authenticity of the food need presented in food aid. Nevertheless, whilst this was distinctly the dominant narrative, it was *not* the majority view; amongst the remaining majority, views were variegated, narratives diffuse and ambivalence about the causes and consequences of food insecurity was apparent.

The extent to which faith-based food aid can be described as an example of religious neoliberalism remains ambiguous. There was a limited – if not, non-existent – financial relationship between the state, either as central government or as local authority, and faith-based food providers and no evidence that religious food aid was motivated by a belief in the rationality of religiously delivered charity as a replacement for state welfare. Similarly, there was no explicit evidence of pious – Islamic – neoliberalism. Asked directly (by the interviewer) about their motivations for providing food charity, representatives of Muslim food aid did not mention Islamic doctrine, instead staff spoke of motivation stemming primarily from unmet need and secular principles of charity. Given the importance of compulsory (zakat) and voluntary charity (sadaqa) in Islam (Dean and Khan, 1997; Khan and Murdock, 2011), the absence of any reference to Islam and Islamic philanthropy by Pakistani Muslim interviewees in Study 1 was unexpected, and conflicted with the centrality of Islam to the lived experience of food in contexts of poverty amongst Pakistani Muslim women in Bradford, as revealed by Study 3 and discussed below.

The apparent ethnic and religious exclusivity of food aid visible in Study 1 was not, necessarily, corroborated by participants in Study 3. It was notable that, whilst one participant criticised staff for ‘proselytising’ within the food bank, religion and ethnicity – for instance, the predominance of

'white' norms – were not mentioned explicitly by any participant as a barrier to accessing charitable food aid. None of the three factors underpinning the avoidance of food aid – food aid was not required because of effective resource management strategies within the household and assistance from familial and social networks; food aid was avoided out of shame and embarrassment, with women sacrificing their own food for the wellbeing of their children; and knowledge about the existence of food aid was either poor or non-existent – related to religion or ethnicity. The final reason for the non-use of food aid (low or absent knowledge about the existence of food aid) applied only to Pakistani Muslim women, and yet their apparent food security and the intense dishonour surrounding potential food insecurity, discussed below, appeared to be far more important obstacles to accessing food aid than their poor knowledge of charitable food support within Bradford. The applicability of the discourse of post-raciality to food aid is, thus, debatable. The apparent absence of ethnic and religious diversity at faith-based food aid might reflect perceived exclusivity, however evidence suggests that religious beliefs and traditions, where not ignored entirely by service users (Salonen, 2016a; Salonen, 2016d), may have a positive, as well as a malign, impact on the actions of both individual service users and service providers (Furness and Gilligan, 2012).

In this study, food aid had a distinct historical precedent. It embodied the philanthropy, pastorship and paternalism of nineteenth-century charity. Whilst food banks – bureaucratic, formalised and, largely, well-connected – did appear to be part of a new, localised system of food provision, only a minority of the organisations interviewed were founded post-2010. Food aid in its entirety, arguably, reproduced a system of nineteenth-century philanthropy: a heterogeneous group of autonomous, philanthropic and, often, pastoral provision (Harris, 1992), largely purveyed through face-to-face relationships within the medium of civil society. Like the Charity Organisation Society in 1869, the attempted shift to a more 'organised' form of food charity, advanced by the Trussell Trust from 2001 (and particularly from 2010) in the form of the 'foodbank', instrumentalised the already present distinction between the 'deserving' and 'undeserving' poor. In correspondence with the Charity Organisation Society, relief in the Trussell Trust model was to be provided only after a case has been (rigorously) investigated to ascertain an applicant's eligibility – or worthiness? – for food support (Humphreys, 1995).

**Food insecurity: Religion and ethnicity complicate the apparently simple picture of rising food insecurity – or, more precisely, rising food aid use – amidst neoliberal hegemony**

The data in Studies 2 and 3 queried the apparently simple picture of rising food insecurity and food aid use amidst neoliberal hegemony. Despite the impact of socioeconomic status on food insecurity in Study 2 – and in line with existing evidence (Rose, 1999a; Heflin et al., 2005) – a one-to-one relationship between food insecurity and financial insecurity was not present in the data. 4.9 per cent of women in this study's sample reporting to be 'living comfortably' described food insecurity, as did 10.9 per cent of women with a partner in a non-manual occupation. Further, in adjusted models, unemployment was not associated with food insecurity. Further, in Study 2, food insecurity was associated not only with socioeconomic status, but also with ethnic group.

In the BiB1000 cohort, white British women were considerably more likely to report food insecurity than Pakistani women, over and above other socio-demographic factors, such as age, the mother's education and a woman's perception of her financial insecurity. A finding echoed by Study 3, in which – and notwithstanding the small sample size – five of the eight white British participants reported some form of present or previous food insecurity in contrast with only one of the eight Pakistani Muslim participants. The – reported – near absence of food insecurity amongst Pakistani Muslim participants conflicted with the moderate prevalence of food insecurity amongst Pakistani women identified in the BiB1000. Conversations with Pakistani Muslim participants in the context of the one-to-one interview and in the latter stages of focus group 1, Study 3, suggested that food insecurity was, indeed, experienced by Pakistani households, but was concealed either from the local South Asian community itself or from charitable and state support systems outside the community, such as food banks. This may partly explain the very low presence of South Asian, including Pakistani Muslim, women (and men) at charitable food aid organisations in Bradford, as identified by Study 1. The specific cultural norms that encouraged the almost complete concealment of food insecurity amongst Pakistani Muslim participants are discussed in detail below.

Reflecting these results, international evidence finds ethnic variations in the prevalence and experience of food insecurity (Stuff et al., 2004; Haering and Syedm, 2009; Wood and Felker-Kantor, 2013), albeit in a reverse direction to those identified here. In the US, Black and Mexican American households are more likely to be food insecure than the general population (Coleman-

Jensen et al., 2014)<sup>24</sup> and are over-represented at US food pantries (Slocum, 2006; Slocum, 2007). The data in Studies 2 and 3 suggests that, despite greater deprivation and poorer health outcomes amongst Pakistanis (the ethnic minority population) in comparison with the white ethnic majority (Atkin, 2009), it is the latter, not the former, who are at higher risk of food insecurity. In further contrast with North American research, Study 2 found that the Indian group, not the white ethnic majority group, exhibited the lowest food insecurity prevalence. Analysis of ethnic differences in food insecurity in Brazil indicates that Brazil's indigenous population suffers the highest and the Asian-descent population experience the lowest level of food insecurity (Wood and Felker-Kantor, 2013). Whilst this may appear to be in line with the finding of lower food insecurity amongst the Asian community in Bradford, comparability is, in fact, severely circumscribed by the demography of the Asian population of Brazil – majority Japanese ethnic origin – and the Asian population of Bradford – majority Pakistani ethnic origin (Small, 2012). No studies on food insecurity and ethnicity have, to my knowledge, disaggregated South Asians into Indians, Pakistanis and Bangladeshis, limiting comparison and/or validation of these findings.

In Study 2, the demographics of food insecurity differed substantially between Pakistani and white British women. In adjusted analyses, maternal age was associated with food insecurity amongst Pakistani women only and the relationships between various socioeconomic measures and food insecurity were stronger for white British than for Pakistani women. The exception to this was maternal education which was more strongly associated with food insecurity amongst Pakistani women. Paternal employment and receipt of benefits were not associated with food insecurity amongst Pakistani women. In contrast, receipt of benefits and, to a lesser extent, paternal manual employment *was* predictive of food insecurity amongst white British women. Financial insecurity was strongly associated with food insecurity amongst both ethnic groups, but to a greater extent amongst white British women.

Whilst the weaker influence of socioeconomic status on food insecurity amongst Pakistani than white British households may be attributable to social and familial networks (discussed below), the lower strength and, for some measures, absence of an association between socioeconomic status and food insecurity amongst Pakistani women may, in part, be attributable to difficulties associated with utilising prevailing models of social class and deprivation amongst people of South

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<sup>24</sup> Comparison with North American research is limited by the categorisations used in the latter. Specifically, South Asian populations are included in the 'Other' category; the four ethnic categories commonly employed are White, non-Hispanic; Black, non-Hispanic; Hispanic; Other.



Asian origin in the UK (Small, 2012). For instance, Study 2's finding that, amongst Pakistani women, neither the receipt of means-tested benefits nor paternal employment are associated with food insecurity may be related to the high discrepancy in the BiB sample between eligibility and actual receipt of means-tested benefits in Pakistani families (Wright et al., 2013; Fairley et al., 2014), as well as established concerns that employment patterns amongst South Asians in the UK do not fit traditional models (Williams et al., 1998; Martin et al., 2010).

Ethnicity also appeared to modify the relationship between food insecurity and (poor) health. Food insecure women were more likely than food secure women to report poor general health in four separate postnatal periods running from six months to 30 months following birth. However, the association between food insecurity and health was weaker amongst Pakistani women than white British women. A woman's perception of her financial situation seemed to explain much of the association between food insecurity and fair/poor health amongst both white British and Pakistani women, yet this was to a considerably greater extent amongst the former group. Similarly, whilst white British food insecure women were at increased risk of common mental disorders in the period before birth, for Pakistani women, poor mental health was not statistically significant in relation to food insecurity at any time point in the included period.

The finding of a weaker association between food insecurity and both general and mental health amongst Pakistani women than white British women is partially supported by evidence of health variations by ethnicity amongst food insecure groups in the US, with food insecure African Americans reporting better health than food insecure whites (Stuff et al., 2004). Several explanations – methodological and cultural/sociological – may account for the different effects of food security status on health by ethnicity. Analyses of survey responses in culturally diverse American populations identify systematic differences in the way members of varying ethnic groups respond to questionnaires and scales. Ethnicity has been found to be associated with the nature of response patterns on Likert response scales, with African Americans more likely to have acquiescent response styles (Bachman and O'Malley, 1984). In addition, there is evidence to suggest that ethnic minority populations may view chronic illness as a condition to be accepted, rather than as amenable to intervention, and are consequently less likely to report poor health (Groce and Zola, 1993). In the UK, some minority ethnic groups, including those of Pakistani origin, are more likely to experience poor health outcomes, such as cardiovascular disease and type 2 diabetes, compared with the white British population (Nazroo, 1997; Atkin, 2009). The aetiology of this may be multifaceted, including the impact of acculturation, genetic

predisposition and access/use of health care, which may impact upon diet and other health behaviours (Bryant et al., 2014). The weaker link between food insecurity and health amongst the Pakistani group may be partly attributable to their higher likelihood of poor health outcomes independent of socio-demographics.

There is an absence of research on food insecurity and mental health amongst Pakistani women, impeding comparison and validation of the findings relating to food insecurity and mental health specifically. The varying relationship between food insecurity and mental health amongst white British and Pakistani women may potentially be attributable to under-reporting and low detection of common mental disorders in the primary care setting amongst Pakistani women. In the UK, minority ethnic groups may have a higher burden of common mental disorders than the majority white population but are less likely to have their disorder detected and treated (Bhui et al., 2004; Cooper et al., 2010; Prady et al., 2016b). Ethnic minority groups access primary care services at similar rates to majority populations, but may be less likely to consult GPs with a mental health concern, indicating that consultations may be less than effective for the recording and prescription of mental healthcare (Gater et al., 2008). There are increasing numbers of minority ethnic women in the UK who may be vulnerable in relation to common mental disorders because of increased risk of poverty, deprivation and physical health problems (Wright et al., 2013). This, combined with higher fertility rates in some groups, could imply that a disproportionate number of minority ethnic women have an increased likelihood of undetected common mental disorders before or after pregnancy (Prady et al., 2016).

However, the weaker link between food insecurity and general health, and the finding of no association between food insecurity and mental health in any time period amongst the Pakistani sub-sample, may also be attributable to impact of ethnic density or, more precisely, the protective effect of social and familial networks on health outcomes in Pakistani – and Pakistani Muslim – communities, which may mitigate the effect of food insecurity on health outcomes, such as mental health (Shaw et al., 2012b). Indeed, in Study 3, whilst the small sample and methodology precluded clear conclusions about food insecurity prevalence amongst participants, the data did indicate variations in experiences of and approaches to food within contexts of poverty between white British and Pakistani Muslim women in Bradford. Social and familial solidarities – systems of mutual aid – were fundamental to the maintenance of food security in hard times, especially amongst Pakistani Muslim participants, for whom the (re)distribution and reciprocation of food was not only a cultural but also a religious practice. In Study 3, Pakistani

Muslim participants existed within established and reliable family networks. Food was often cooked by multiple family members and for large family units, including grandparents, siblings and children, which arguably distributed responsibility for food throughout the family and limited both the risk and impact of food insecurity. Food was regularly reciprocated between neighbours, regardless of food need, possibly reducing food shortages in one or many parts of the community. Such reciprocation, a widespread cultural practice, was informed by Islamic doctrine of food sharing with neighbours and those in need; accordingly, the sharing of food was particularly pronounced during religious festivals.

In conflict with Study 3, the quantitative analysis of Study 2 found that, although Pakistani women were more likely to live with a larger number of household members, the number of people in the household was not itself associated with food insecurity. Accounts of reciprocal food distribution within and amongst households in Bradford's South Asian community in Study 3 suggest that it may not be household size itself, but rather behaviour within and between households that is responsible for the mitigation of food insecurity. This theory is corroborated by the work of Cabieses et al. (2014). The latter find that that extended living,<sup>25</sup> the traditional norm in many immigrant communities of South Asian origin, may enable households to better share the burden of financial restrictions and provide emotional support to manage poverty, thereby mitigating the effects of socioeconomic status on health outcomes (Cabieses et al., 2014).

White British participants in Study 3 also identified familial and community support as essential in mitigating food insecurity. However, amongst white British participants, familial assistance appeared fraught with complications, including the impact of an individual's "ethic of independence" on their likelihood of seeking family assistance (Graham, 1993, p. 165), the attendant perceived need to reciprocate despite poverty, as well as the impact of inter-generational poverty on the very availability of assistance (see also Burke et al. (2018)). The nature of community, rather than familial, support differed between white British and Pakistani participants, with the former receiving in-kind support from specific members of the local – predominantly white British and female – community and the latter regularly sharing food between the members of Bradford's South Asian community, regardless of food needs.

As identified by Mellin-Olsen and Wandel (2005) in their study of Pakistani Muslim immigrant women in Oslo, hospitality was of importance and enjoyment, with food being a vehicle for its

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<sup>25</sup> Defined as three or more generations of a family living in the same household.

expression. As a consequence, food insecurity – or, more specifically, the inability to provide food for family members and guests – was profoundly shameful in Pakistani Muslim communities. The intense dishonour of failing to provide food spurred Pakistani Muslim women in this study to sacrifice general household items and luxuries in favour of food, and to conceal any indication of food insecurity from all but immediate family members. (It was notable that there was no sense of shame in accessing food or financial assistance from family members in contexts of food *security*). The limited research on food budgeting within South Asian, including British Pakistani Muslim, households suggests that most women go to considerable lengths to satisfy household food requirements, prioritising food shopping and employing a range of strategies for the optimal utilisation of food budgets (Harriss, 2008). The discrepancy between the moderate prevalence of food insecurity amongst Pakistani women in Chapter 5 and the apparent non-existence of food insecurity amongst Pakistani Muslim women in Chapter 6 may be attributable to the perceived shame – dishonour – of food insecurity within the Pakistani Muslim community and a, concomitant, reticence to disclose any sign of household food insufficiencies. A paucity of literature on food and poverty in Pakistani Muslim households, precludes comparison and/or validation of this finding. Obstacles to food access not associated with finance were discussed readily and openly by Pakistani Muslim participants. Women who had recently migrated from Pakistani experienced knowledge and language barriers to accessing appropriate food, such as halal meat, as also identified by Moffat et al. (2017) in their study of migrant communities in Canada. These women were, consequently, very dependent on family members to purchase food on their behalf. There was no shame surrounding this form of familial dependence.

It was notable that women living in or at risk of food insecurity in Study 3, some of whom were service users, offered starkly different analyses of the causes and experience of food insecurity to that of service providers in Study 1. As has been reported elsewhere (Lambie-Mumford et al. 2014), food insecurity was induced or exacerbated by one-off events or crises, but it could also be a chronic experience, caused by high food prices, limited transport, isolation and persistent low income, especially the prolonged financial inadequacy of social security payments (Loopstra and Lalor 2017). Such structural causes of food insecurity were experienced by both Pakistani Muslim and white British women, who adopted common strategies in their response to food insecurity, studiously budgeting resources within the household and looking to outside sources of support.

### **7.1.3 Resistance and alternatives: Mutual aid**

It would appear that a neoliberal meta-narrative does not necessarily explain the presence, absence or experience of contemporary food insecurity. In this study, systems of mutual aid, embodied by social and familial solidarities, were fundamental to the maintenance of food security in hard times. Family members provided emotional, childcare and material support and helped avoid isolation. Familial and social solidarity was sustained through food technologies, which, amongst the Pakistani Muslim community, appeared to be underpinned by religious tenets – specifically, Islamic doctrines of food sharing with neighbours and those in need.

In contrast with the arguments of Lambie-Mumford (2017), Cloke et al. (2016) and Williams et al. (2016), the dialogue in Studies 1 and 3 – albeit of a limited project in a particular context – suggests there is minimal potential for the development of social solidarities and/or the emancipation of service users within the arena of ‘emergency’ food aid, such as food banks and soup kitchens. In this study, ‘emergency’ food aid, as most conspicuously exemplified by food banks, did not offer the potential for new political narratives or emancipation; the development of new ethical and political beliefs and identities that challenge neoliberal austerity (as posited by Cloke et al. (2016)) was not possible in such a context where shared understandings and the coordination of action based upon this were precluded by institutionalised classism and racism, and the related neoliberal – or Calvinist – narratives of the deserving/undeserving poor.

Thus, food banks, as currently constructed in the UK, may be limited, from the point of view of the service user, in their emancipatory potential. However, alternative models of food banking and/or other forms of community food aid, which adopt an advocacy role, provide job skills and employment opportunities for people in food insecurity and/or harness the socialising, if not universalising, power of food through communal, open-access meals and community gardens, may offer opportunities for resistance against classist and racist structures, and provide arenas for new ethical and political encounters (see Fisher (2017) for an extended consideration). The over-sampling of ‘emergency’ food providers in Study 1, at the expense of other ‘non-emergency’ forms of community food aid, precluded investigation of the emancipatory possibilities of the latter.

Nevertheless, new ethical possibilities are more likely to be inculcated via social and familial solidarities outside the food aid arena, as intimated by forms of mutual aid enacted within the

households and communities of white British and, especially, Pakistani Muslim women in Bradford. Amongst the latter group, the normality and regularity of sharing food between households, regardless of affluence, cemented the – celebrated – interdependency of the community. Relationships of exchange were based not upon self-interest but pursued in the interest of the wellbeing of each individual, who together composed the community. Thus, whilst neoliberalism has arguably colonised elements of food aid and food insecurity through the food bank model and the, attendant, retreat of formal, state welfare, it has not eradicated co-existing constructs of being; oppositional movements and communal existence, based upon solidarity and reciprocation, persist.

Addressed briefly in Chapter 1, such new or alternative ethical possibilities are not necessarily underpinned by theories of ‘care’ (Lambie-Mumford, 2017) or ‘in-the-meantime’ philosophies (see Cloke et al., 2016; Williams et al., 2016) but, arguably, by a relatively neglected strain of revolutionary theory, namely anarcho-communism – historically most evident in Kropotkin’s Mutual Aid ([1902] 1987). In opposition to Darwin’s theory of evolution, Kropotkin argued that mutual aid, not competition, is the principle factor in natural and human evolution, essential to this is our innate moral sense which makes us capable of altruism:

We maintain that under any circumstances sociability is the greatest advantage in the struggle for life. Those species which willingly or unwillingly abandon it are doomed to decay; while those animals which know how best to combine have the greatest chance of survival and further evolution.

(Kropotkin, 1899, p.293)

Kropotkin’s anarchism is, thus, firmly based in a particular view of human nature (Marshall, 2008): humans are naturally social, co-operative and moral:

And finally – whatever its varieties – there is a third system of morality which sees in moral actions – those actions which are most powerful in rendering men best fitted for life in society – a mere necessity of the individual to enjoy the joys of his brethren, to suffer when some of his brethren are suffering; a habit and a second nature, slowly elaborated and perfected by life in society. That is the morality of mankind and that is also the morality of anarchy.

(Kropotkin, [1927] 1987a, p.58)

And yet, whilst society is a natural phenomenon, Kropotkin saw the state and its coercive institutions as an “artificial and malignant growth” (Marshall, 2008, p. 323), a cause of unbridled, egoistical individualism. Kropotkin’s system for organising the economy surpassed Proudhon’s mutualism and Bakunin’s collectivism to present a form of anarcho-communism, politically a society without government, and economically the complete negation of the wage system and the ownership of the means of production in common (Marshall, 2008).

I am not arguing that the alternative movements and forms of being operating within Pakistani Muslim communities in Bradford are in themselves a rejection of the state (anarchy) or a pure example of communal ownership (communism). However, within the local community, cooperation and redistribution according to need did operate in parallel with and in spite of the state, and altruism, not individualism, was the predominant human characteristic, providing an exemplar of how relationships and forms of exchange may be operated differently. Whilst it is possible that the performance of mutual aid within this particular ethnic and religious minority community was a reaction to experiences of racism and discrimination, none of the Pakistani Muslim women interviewed for Study 3 described such experiences and the only example of racism – in the form of assertions regarding the racial ‘Other’s’ delinquency – came from a white British interviewee, whose views were strongly disputed by another white British participant within the same focus group. It is possible that ethnic density, living amongst members of the same ethnic group, enabled and bolstered mutual aid in spite of neoliberal inequalities. Indeed, it was notable that such mutual aid was largely – if not unintentionally – confined to members of the same ethnic and religious group.

## **7.2 Strengths, limitations and recommendations for further research**

The section below looks at the strengths and limitations of the individual empirical studies, followed by a consideration of the strengths and limitations of the PhD as a whole. Suggestions for further research are also included in this section.

### **7.2.1 Study 1**

Study 1 is the first academic study in the UK to look in detail at the diversity of secular and faith-based (Christian and Muslim) food aid providers; to investigate how the apparent growth of faith-

based food aid may relate to the wider neoliberalisation of society and economy; and to explore systemic forms of exclusion within the food aid sector. As such, it raises concerns about the accessibility of community food aid and offers a new analysis of religion, race and neoliberal political economy in the UK context.

Nevertheless, Study 1 is a small-scale study of community food aid in one city and the extent to which it is generalisable is questionable. For instance, whilst the scoping exercise was conducted as systematically as possible, using multiple sources – Internet, local authority resources and dialogue with key stakeholders – it is possible that the exercise overlooked some organisations distributing food. This may have been attributable to the absence of certain organisations from the Internet, the focus of the particular resources studied, and/or the specific and subjective nature of the knowledge of certain stakeholders. Many of the smaller scale, informal forms of food provision were not on the Internet and, possibly due to capacity limitations, did not answer their telephone. Whilst these organisations could be included in the catalogue, no detail on their organisational and staffing arrangements, the number of people they served or the challenges they faced could be gathered.

### **Phase 1: Focus groups**

The focus group methodology in Phase 1 allowed for an insight into group discourse and processes, providing new evidence of stigmatising attitudes amongst service providers towards the beneficiaries of their services. It may, however, have been limited as a method of information gathering (on food aid in Bradford) and unsuited to discussion of the, potentially, sensitive topic of food insecurity/food aid. The small number of focus groups allowed for theoretical, as opposed to empirical or statistical, generalisation and, as a result of the focus group format, it was possible to infer collective, but not individual, phenomena from the data (Robson, 2011).

Phase 1 was conducted to suit the aims of two research projects (this project and that of a University of York MPH student) and, therefore, the topic guide was not relevant at all points to the research questions of this thesis. Although purposive sampling was utilised and the final sample was heterogeneous, the sample was not representative of all stakeholders in policy, health and community-based food projects in the Bradford District: council employees were over- and community-based food projects under-represented. The focus groups were conducted jointly by Madeleine Power and a student on the University of York MPH programme, which had some



drawbacks. The input of two moderators, occasionally, restricted the discussion: injections by one moderator to steer the discussion back in their preferred direction cut short a dialogue of interest to the other researcher, whilst some topics were not fully explored because of the necessity of addressing multiple lines of questioning within the duration of a single focus group.

Some of the participants knew both each other and one of the moderators (the MPH student) as colleagues, which may have influenced the nature of the collective data. Such groups have their own dynamics, relationships and hierarchies, which may have affected the contributions. In particular, familiarity between participants may have impacted the degree to which there was convergence of opinion between some participants and divergence between others, and/or it may have influenced the topics around which the conversation converged most frequently. There was evidence in the transcripts of dominance by one or two people and of concentration on certain topics – food insecurity and characteristics of the food insecure – at the expense of others, notably food aid. This may be partly attributable to a mismatch between some of the researchers' topics of interest and the participants' ability to discuss those topics (Morgan and Krueger, 1993). It could also, however, have been attributable to participant's concerns about confidentiality in relation to certain topics when speaking in a group setting.

## **Phase 2: Interviews**

Phase 2 employed interviews rather than focus groups. This allowed for a detailed insight into the personal opinions and organisational operations of food aid providers, and provided a varied perspective to that of Phase 1. Similarities and differences between the results of Phases 1 and 2 are highlighted in Chapter 4; albeit, the varying methodologies of the two phases circumscribed the extent to which such a comparison could be conducted.

The Phase 2 sample of community food aid providers was biased towards food banks and hot food providers, including only one 'cook-and-eat' project and no community growing projects, and encompassed only secular, Muslim and Christian organisations. The skew towards 'emergency' food provision was not a significant concern – a key focus of the study was food insecurity, and food banks and soup kitchens were thought to address this more directly than other models – however, it did circumscribe potential analysis of social solidarity and mutual aid within non-emergency food aid. More research is required, focusing in depth on non-emergency

food aid, to understand the extent to which the latter may, unlike emergency food aid, be potential sites of new political and ethical possibilities.

The religious demography of the organisations in the sample reflects the religious demography of faith-based food aid in Bradford, however it impedes analysis of other types of faith-based food aid, for instance Sikh or Jewish provision – an important line of further research. At its outset, this project did not seek to investigate expressions of mutuality such as the unofficial, ad hoc distribution of food in mosques, and the design of the sequential mixed methods study prevented follow up along this line of inquiry. Unfortunately, I therefore cannot comment with certainty on whether the relatively low provision of Muslim food aid in Bradford is a fair reflection of responses to food insecurity by Bradford's Muslim community or, in fact, only a partial reflection of Muslim food aid in the city.

The sample size and representativeness restricted predictions about opinions in the wider population; external generalisability and external validity were, therefore, of limited relevance to the study. The research, however, does allow for theoretical generalisability within a pre-existing framework – the development of a theory which may assist an understanding of other cases or situations – and some internal generalisability, specifically an analysis of the extent to which findings from one case are relevant across the whole dataset. Nevertheless, there were considerations regarding internal validity: differences between the interviewer and some of the respondents in age and cultural frameworks may have limited the scope of the dialogue, with interviewee and interviewer sharing different “meaning systems” and, consequently, implying “different things in their use of words” (Robson, 2011, p.281). Given the secular background of the researcher, this may have been most pronounced in interviews with faith-based projects. Further, coercive systems and processes within food banks were concluded from the single interviews in Studies 1 and 3; further interviews and/or ethnographic research would provide much needed insight into this finding.

As the interviews progressed, the researcher became increasingly aware that respondents, many of whom were managers of the project in question, may be presenting a ‘rose-tinted’ portrayal of their work. Intimate views tended to emerge towards the end of the interview, possibly suggesting difficulty presenting a particular portrayal of the organisation consistently for at least 45 minutes. Unfortunately, the design of the study as a whole did not allow for data triangulation from follow-up interviews, however, this would be a useful avenue for further research.

## **Data analysis method**

The focus group transcripts were coded separately by myself and by the MPH student, with the codes were crosschecked for accuracy; the interview transcripts were coded by myself alone. There is a possibility that researcher subjectivity could have influenced the analysis, with bias towards some aspects of the data obscuring potentially important themes. I sought to avoid this via extensive prior engagement with the literature to enhance the analysis by sensitising myself to features of these data that might have otherwise have been missed (Tuckett, 2005). There was some concern that if not used systematically and carefully the flexibility of the thematic approach, allowing for a broad, unfocused analysis, could circumscribe the level of interpretation (Robson, 2011). I attempted to mitigate the danger of this by constructing a code derived closely from words in the text and systematically including the focus groups and interviews in the sample.

In relation to the focus group analysis, there was a potential threat to internal consistency from dominant voices and the repetition of some themes (Sadler, 2002). This was mitigated via a systematic analysis of the transcripts, the development of codes derived from a close reading of each transcript and the crosschecking of codes/themes. There were some concerns about using a computer software package (Nvivo) for data analysis, in particular the possible inflexibility of categories once established and the danger that a focus on coding and technical aspects over interpretation could precipitate a superficial engagement with these data. However, given the quantity of data from the focus groups and interviews combined, the advantages of this method were thought to outweigh the drawbacks.

### **7.2.2 Study 2**

#### **Sample**

The sample consists of a select cohort: women in Bradford obtaining antenatal care at the Bradford Royal Infirmary in 2007-09. The sample is more ethnically diverse and has higher levels of deprivation than the UK average and, therefore, the findings about food insecurity prevalence and health outcomes may have limited relevance for more affluent, ethnically homogenous areas in the UK. Sample size limitations restricted the number of ethnic groups available for detailed analysis and, hence, this thesis focused on the two largest ethnic groups only: white British and Pakistani. It is recognised that this constitutes only one South Asian group and, thus, due to the

heterogeneous nature of this larger ethnic group, the data cannot be generalised to other South Asian women. Sample size was a limitation given the very high food insecurity identified amongst Black women (32 per cent); the very small size of the food insecure Black women sample (N=8) precluded any further analysis – for instance, investigation of the health effects of food insecurity amongst Black women. Further exploration of food insecurity is required for other ethnic groups, particularly Black groups and other South Asian groups.

Whilst the proportion of food insecure women in the sample (14 per cent) is a figure to warrant concern, this proportion actually denotes a fairly small number of women (N=180), limiting the extent to which the findings regarding food insecurity prevalence and characteristics are generalisable. The relatively small sample of food insecure women restricted the analyses of food insecurity and general health and, particularly, food insecurity and mental health. In the analysis of food insecurity and general health it was only viable to study the relationship amongst the two largest ethnic groups (Pakistani and white British) and it was only possible to adjust for socioeconomic status (in the form of subjective poverty). In the analysis of mental health and food insecurity, it was not possible to control for socioeconomic status. There is a possibility of a link between mental health outcomes and socioeconomic status given previous literature on this topic (Marmot, 2010), however, as the analysis did not adjust for socioeconomic status, it is not possible to comment upon the relative strength of food insecurity and of financial insecurity on mental health.

Unfortunately, the demographics of the sample restrict the groups available for analysis – a limitation of secondary data analysis - allowing for conclusions about food insecurity amongst women only. There is evidence that men and women experience food insecurity differently, in relation to both food insecurity prevalence and its association with socio-demographic characteristics and health outcomes. For instance, the association between food insecurity and illness has been seen at lower levels of stress and stronger levels of community belonging for women but not for men (Martin et al., 2016), and a significant interaction has been found between sex and number of chronic health conditions in relation to household food insecurity (Tarasuk et al., 2013). Whilst this may reflect the inter-relationship between chronic illness, gendered roles and responsibilities in the household (Tarasuk et al., 2013), it is not a topic that this thesis is able to explore but an interesting and important avenue for further research.

### **Food insecurity questionnaire and measure**

The food insecurity questionnaire was conducted at only one time point (when the child was between 12 and 18 months), precluding longitudinal analysis, and hunger was self-reported, raising questions about the reliability of the measure. Rose and Oliveria's (1997) identification of food insecurity, as measured by the 18 item HFSSM, to be significantly associated with (lower) energy and nutrient intakes (Rose and Oliveira, 1997), to some extent supports the use of self-reported food insecurity measures as valid indicators of increased risk of dietary inadequacy. Nevertheless, the suggestion in Study 3 of both possible concealment of food insecurity amongst Pakistani Muslim women in Bradford and varying conceptualisations of food insecurity between white British and Pakistani Muslim women place in doubt the extent to which the measurement of food insecurity amongst Pakistani women in Study 2 is an accurate reflection of their food insecurity status and, thus, comparable with food insecurity as reported by white British women. Further research is required to validate the use of the 18 item HFSSM amongst Pakistani populations.

The format of the food insecurity questionnaire does not allow for data on and analysis of respondents' roles and responsibilities within their household. Given the characteristics of the population – new mothers – it is possible that the measure of household food insecurity is only a partial reflection of the food security status of the women in the sample. Evidence suggests that, amongst pregnant women (and new mothers), household food insecurity may not be associated with personal overall diet quality (Gamba et al., 2016). The measure adopted in the multivariate analysis is a binary measure of (composite) household food insecurity. Adult items are not considered separately from child items and, thus, it is possible that differences in the reporting of child experiences of hunger could underpin differences in the prevalence of food insecurity.

### **Measures of socioeconomic status**

Unfortunately, it was not possible to obtain a valid measure of income for sample participants. Overall, 23 per cent of women said that they did not know their family income, although this varied substantially by ethnicity and country of birth: 8 per cent of white British women reported this compared with 21 per cent of UK born Pakistani women and 49 per cent of Pakistani women born in Pakistan. Paternal employment was adopted as a marker of a woman's socioeconomic status because a high proportion of Pakistani women had never been employed. 92 per cent of

white British women had been in paid employment, compared with 51 per cent of Pakistani women born in Pakistan and 82 per cent of UK born Pakistani women.

The receipt of means-tested benefits was utilised as a marker of socioeconomic status, however, the discrepancy in the BiB sample between eligibility and actual receipt of means-tested benefits necessitates caution in interpretation of this variable. In the BiB sample, more than 40 per cent of the Pakistani families with an unemployed father reported that they did not receive means-tested benefits, yet they are likely to be eligible for JSA and Housing Benefit (Uphoff et al., 2016). Perceived financial security was considered the preferred measure for illustrating gradients amongst Pakistanis and can also be used as a reliable measure for assessing socioeconomic status amongst white British households (Uphoff et al., 2016). Nevertheless the variable is a) subjective/self-reported, b) correlated with food insecurity, raising the possibility of collinearity, and c) subject to small sample sizes in the more severe categories resulting in large confidence intervals.

### **Measurement of health outcomes, and their relationship with food insecurity**

In the analysis of food insecurity and general health, both exposure and outcome variables were based upon self-reported conditions, posing questions of reliability. The self-reported health measure did not distinguish between physical and mental health and, thus, can only be interpreted as a reflection of general health as perceived by the respondent. It is, therefore, not possible to conclude whether food insecurity is associated with physical health, mental health or both, limiting the analysis – albeit this is partially addressed by the analysis of food insecurity and mental health. That said, the amalgamation of physical and mental health in a single measure may, in fact, be of only limited concern as there is robust evidence to suggest the inter-relationship of food insufficiency and health is not condition-specific (Vozoris and Tarasuk, 2003).

Food insecurity is measured at household level whilst general health is measured at the level of the individual. It is, therefore, possible that the household's food insecurity is different to the food insecurity of the individual. Nevertheless, it is well established that women within the household tend to adopt the burden of food insecurity, reducing their own food intake in order for children and male members of the household to have sufficient food (Radimer et al., 1990; Tarasuk, 2001; McIntyre et al., 2003; McLaughlin et al., 2003) and intimating that household food security is likely to correlate with the food security of adult female household members. Finally,

the assessment of food insecurity at only one point in time restricts determination of the temporal direction of the association between food insecurity and poor general health.

The analysis of mental health and food insecurity adopted a general approach to morbidity (common mental disorders) in contrast with most research that focuses on either depression or anxiety, because mixed episodes are common (Austin et al., 2010) and single episodes are less reliably separated in GP records using the coding criteria here (Prady et al., 2016a). It is considered unlikely that more minority ethnic women have their mental health managed by health visitors and midwives outside the electronic record, and, in any case, GPs should be notified of suspected cases (NICE, 2014).

At the same time, the use of these data brings with it certain limitations. This study's identification of 'cases of common mental disorder' relied upon the quality of GP records and it is, therefore, possible that cases have been misclassified or missed. The quantity of missing data from the primary care setting is unknown and data on morbidity or treatment noted by free-text or letter were not available, meaning that results could have been related to differences in free-text recording by GPs. Indeed, studies using GP records typically report fewer cases than diagnostic studies because of under-detection and coding problems (Khan et al., 2010; Walters et al., 2012). Further, an incomplete history of common mental disorders in the medical record and the absence of causal ordering meant it was not possible to be certain which screening records were case-finding for the incident disorder and which were used for monitoring existing psychopathology (NICE, 2014; Prady et al., 2016). Adding to the extent to which the results may be circumscribed, there is evidence to suggest that minority ethnic women with common mental disorders are twice as likely as white British women to be missed in primary care (Prady et al., 2016), which may have biased results. Finally, as with general health, food insecurity is measured at the household level whilst mental health is assessed at the level of the individual, raising questions about the validity of the associations identified, and it is not possible to determine the temporal direction of the association between food insecurity and common mental disorders.

### **7.2.3 Study 3**

Study 3 is the first exploration of varying approaches to and experiences surrounding food in the context of poverty/low income amongst white British and Pakistani Muslim women in the UK. It presents new evidence on perceptions of food insecurity amongst Pakistani Muslim households

and on systems of mutual aid with minority communities, and scrutinises why Pakistani Muslim and white British households do and do not use food aid. It also provides a new insight into the interplay of Islam, social and familial solidarities, and food in low income communities.

However, the study has limitations. Capacity restrictions precluded the opportunity to formally assess participants' food security with the HFSSM, as used in the BiB1000 12 month survey wave. Judgements about each participant's food security were consequently based upon comments made within the course of the focus group/interview concerning food insufficiency. Whilst food insecurity was not assumed unless a participant explicitly described an experience that aligned with the HFSSM classification, food security categorisations were, ultimately, the product of the researcher's judgment and, therefore, may be misplaced. This is possible in view of the apparent shame surrounding and the, associated, potential concealment of food insecurity, suggested by the dialogue of Study 3.

The small sample precluded both meaningful conclusions on experiences surrounding food insecurity and a valid assessment of food insecurity prevalence rates; narratives of food insecurity are, thus, best considered within the context of this study, they are not generalisable. The sample of those accessing charitable food aid was small and, therefore, whilst the views and experiences of these women are interesting in their own right, they cannot necessarily be considered the 'norm'. Despite evidence of high food insecurity amongst Black women in Study 2, the Study 3 sample included white British and Pakistani women only. This thesis focuses explicitly on two ethnic/ethno-religious groups; the inclusion of Black women in Study 3, whilst important and interesting, would have distracted from this specific focus. Qualitative research investigating food insecurity experiences amongst Black women is an urgent line of future research given the high food insecurity prevalence rates revealed by Study 2.

The choice of focus groups was partly guided by the possibility of capitalising upon pre-existing networks, which would be used to facilitate groups in a context of limited capacity; it was, thus, partially pragmatic. Focus groups are a method of choice when the objective of the research is primarily to study talk, either conceptualised as a 'window' on participants lives and their underlying beliefs and opinions, or as constituting a social context in its own right, amenable to direct observation. In this study, talk – or discourse – conceptualised as a 'window' on both participants' lives and their underlying beliefs and opinions was a key focus; however, the study



aimed to compare both talk and beliefs/experiences across individuals and groups. Whilst still useful, focus groups are more limited for this purpose (Wilkinson, 2004).

The focus groups/interview were held in settings familiar to the participants and utilised pre-existing networks. Pre-existing networks may provide better insights into peer-group dynamics than focus groups in which individuals are strangers, as well as mitigating the 'volatile', 'fleeting' nature of the relationship between group members and between the researcher and group members in some focus groups (Denzin, 1970). However, pre-existing relationships may also impinge upon the network itself, with revelations made by individuals impacting future relationships (Barbour, 2008). Further, given the shame associated with food insecurity (as discussed in Chapter 6), especially amongst Pakistani Muslim women, it is possible that the context of the focus group (containing friends and acquaintances, as well as the facilitator of the community group) dissuaded some women from describing experiences of food insecurity and was, thus, a limited methodology. The only disclosure of food insecurity by a Pakistani Muslim participant occurred within the context of the one-to-one interview, intimating the possibility that food insecurity was hidden within the focus group and interviews would have been a more beneficial methodology for the purposes of this study. Further research using one-to-one interviews to discuss food insecurity would be valuable in assessing the validity of this theory.

The study used gatekeepers to identify and convene groups, raising the possibility of inadvertent or unintentional exclusion of individuals and groups deemed inappropriate for group discussion. It is possible that groups with quieter members or with language difficulties were excluded. Whilst any such exclusion may have been well meaning, it may lead to a partial dataset and, potentially, theoretically restricted analysis.

A minority of the participants spoke only Urdu; in groups where these participants were present a translator asked the moderator's questions and translated the participant's answer into English. Whilst it is impossible to know with certainty, there is a danger that the translator changed the participant's language or paraphrased the answer. Asking questions through a translator also limited the moderator's ability to use prompts or follow-up questions. The translator was simultaneously the community group facilitator, which introduced power dynamics into the discussion, and may have both restricted the extent to which Urdu-speaking participants disclosed sensitive or contentious issues – particularly in the light of the apparently marked honour and shame surrounding food and financial insufficiencies amongst Bradford's Pakistani Muslim

community – and shaped the topics discussed within the conversation. The data from Urdu-only participants is, therefore, compromised.

As in Study 1, Phase 2, the transcripts were coded by a single researcher, introducing the possibility of bias. The researcher sought to avoid this via prior engagement with the literature and member-checking<sup>26</sup>; however there is no guarantee that the subjectivities of the researcher did not influence the emphasis.

#### **7.2.4 Strengths and limitations of the PhD as a whole; directions for future research**

This section looks at the strengths and shortcomings across the PhD as a whole, highlighting avenues for further research.

##### **Sample**

This thesis constitutes an analysis of race and religion, in the context of contemporary food aid and food insecurity, in respect of two ethnic/ethno-religious groups: white British and Pakistani/Pakistani Muslim. It is possible that other races (or ethnic groups) and other religions may have a different relationship with contemporary food insecurity and food aid, however this thesis is unable to comment. There is an urgent need for research on the varying food insecurity experiences, usage and delivery of food aid amongst other ethnic and religious minority groups.

The racial and religious composition of the sample varied between the three studies. Study 1 included organisations and individuals that were secular white British; Christian white British; and Pakistani Muslim. Study 2 was composed of white British and Pakistani Muslim women only – as previously noted, there was no data on the religious demography of participants but, in line with the demography of Bradford, the majority of Pakistani participants were assumed to also be Muslim. Study 3 included secular white British; Christian white British; and Pakistani Muslim women; the influence of religion on their (food) behaviour was not discussed by the Christian white British women in Study 3 and, therefore, discussions about the influence of religion on food insecurity relate to Islam only. In addition, Study 1 included all genders whereas Studies 2 and 3 included women only.

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<sup>26</sup> A summary document of each focus group/interview was provided to participants, who were informed that they had the right to demand amends if the summary was not perceived to be a fair reflection of their experiences and perceptions. All participants were satisfied with the summary provided.

There was no detailed analysis of the *varying* influence of religion and of race on the behaviours and opinions of participants in Studies 1 and 3. For instance, in Study 3, Muslim women were not questioned about their *level* of religiosity; if described as such, their identity was accepted as a combined identity of Pakistani and Muslim ('Pakistani Muslim'). In Study 1, all Muslim food aid was provided by people of Pakistani ethnic origin and, thus, whilst it was possible to comment on the distinctions between secular and religious (all Christian) white British food aid, it was not possible to assess the differences between Pakistani Muslim and Pakistani secular food aid. The combined religious and ethnic identities in Studies 1 and 3, arguably, rendered any discussion of racial neoliberalism actually a discussion of racial-religious neoliberalism.

The size of the sample within each of the three studies circumscribed the scope of the project. In Study 1, although 27 people were interviewed in total, the representatives of certain types of food aid were in the minority. In Study 2, and as mentioned above, the number of those with food insecurity was deemed viable for some multivariable analyses, however, in others – most importantly in the analysis of food insecurity and mental health – the sample was too small to allow for the inclusion of control variables. Furthermore, the small number of people in the sample reporting food insecurity (N=180) raises doubts about the reliability of the differences between ethnic groups identified and compromises (potential) comparison of the food insecurity prevalence rates and effects between Studies 2 and 3. In Study 3, the sample of 16 was too small to allow for a valid assessment of food insecurity prevalence rates or to enable comparisons across age and socioeconomic status. Only three of the 16 participants had accessed food aid, limiting the analysis of service user experience of food aid to individual narratives and undermining comparisons between the views of food aid service providers in Study 1 and the experiences of service users in Study 3. Whilst there was evidence of stigmatising attitudes and stigmatised experiences surrounding food aid in Studies 1 and 3, the small sample size means that it is not possible to completely discount the arguments of (Williams et al., 2016; Cloke et al., 2016; Lambie-Mumford, 2017) depicting food banks as potential sites of morality, social solidarity and care. Additional in depth interviews and/or ethnographic research with food aid providers of all types is required to further assess this contention.

## Time

The BiB1000 food insecurity data were captured in 2009/10; the data, thus, precede the full effects of the Coalition and Conservative government's programme of austerity and may be of limited comparability to the data of Studies 1 and 3, collected between 2015 and 2017. The absence of longitudinal data on food insecurity in the UK, circumscribes longitudinal analyses surrounding food insecurity and, thereby, curbs the extent of knowledge on the topic, as evidenced here by the inability to assess the direction of the temporal relationship between food insecurity and general health/mental health. The follow-up of the original BiB cohort (currently in motion), which includes a six item food insecurity questionnaire (based upon the 18 item HFSSM), provides an opportunity for future longitudinal analyses, albeit this data is unlikely to be published until 2020.

The 43 people interviewed (either singularly or within a group) for the thesis were interviewed only once. Capacity restrictions precluded follow-up interviews. Data accumulated within these interviews, thus, present a snapshot of experiences and opinions. Furthermore, the limited time available within the single interview to dismantle barriers – academic knowledge about the topic, age, gender, class, religion, ethnicity and culture – between the interviewer and interviewee may have resulted in dissimulation by the interviewee or a rose-tinted portrayal of organisational operations/personal experiences. As a consequence, it is arguable that the mixed methods approach enabled width at the expense of depth. Follow-up interviews of all participants in Studies 1 and 3 would be valuable in, not only surmounting partial narratives, but also in assessing how the circumstances and wellbeing of food aid organisations and of food insecure individuals have – or, indeed, have not – changed.

The study was unable to investigate in depth the possible concealment of food insecurity amongst members of Bradford's Pakistani Muslim community. Further research and follow-up interviews – *not* focus groups – exploring this with a larger sample of Pakistani Muslim women, including both the participants interviewed for Study 3 and new women, would be valuable in assessing unmet need amongst Bradford's Pakistani Muslim community, as well as working towards the potential of a more open conversation about food insecurity and shame amongst various ethnic groups.

## **External validity**

This study of food insecurity/food aid within a single and, arguably, specific city and using a particular cohort study is of limited relevance to other settings. Whilst the findings may provide an insight into the dynamics of food insecurity, the operations of some food aid providers and relationships surrounding food insecurity and food within low income households, they are not generalisable. Comparison of this study's findings with a demographically similar city or area, such as Tower Hamlets, London, may be a fruitful line of future research to broaden and critique the results.

## **Neglect of key issues**

The issue of gender is, arguably, neglected throughout the thesis, despite the entirely female composition of the sample in Studies 2 and 3. Whilst Study 2 inevitably mentions gender to some extent by virtue of the female composition of BiB1000, there is no comparison of the findings with food insecurity amongst men – a fruitful line of future research should data become available – nor is there an explicit consideration of why and how the experience of participants in BiB1000 may be unique as women. In Study 3, whilst gender is mentioned at various points throughout Chapter 6 – for instance, the construction of the ‘Other’ as a ‘feckless’, irresponsible mother and the sacrifices women undergo within the household to protect the diet and living standards of their children – it is not discussed at length.

The neglect of gender as a theme is attributable to a number of factors. There is a well-established body of evidence on women’s – and particularly mother’s – experiences surrounding food in the context of low income and poverty (Graham, 1984; Charles and Kerr, 1988; Graham, 1993; Caplan, 1997; Dowler et al., 2001; Goode, 2012; Young Women's Trust, 2017, amongst many). This long line of literature shows that women sacrifice their own food and wellbeing for the wellbeing of their children (Charles and Kerr, 1988); women, especially single mothers, are at particular risk of food insecurity (Tarasuk, 2001); and women tend to hold responsibility for food preparation and budgeting within the household, with implications for their emotional and physical wellbeing when finance and food are insecure (Graham, 1993). In addition, at the start of this PhD project, the author was made aware of a large study on the interplay of women’s control over resources, gendered norms, and expectations of intimacy in the context of household food consumption amongst South Asian households, the findings of which were published in 2017

(Chowbey, 2017). This thesis sought to augment rather than duplicate these findings, hence the focus on women in the context of other factors including race, religion and neoliberal political economy.

The possibility that the presence and performance of religion within the food aid arena may operate as a barrier to accessing food charity was discernable from the narratives of food aid providers in Study 1. However, there was no explicit evidence in Study 3 that religion within the food aid arena itself was a barrier to access. It may be that participants viewed religion as inconsequential and/or that other factors were of greater importance in the non-use of food aid. Nevertheless, it is also possible that the study was too small and the level of understanding gained insufficient to allow for a rich insight into the ways in which religion may discourage users from accessing food charity – another example of where the mixed methods methodology may have provided width but at the expense of depth. Further research, employing individual interviews, with those in or at risk of food insecurity would be valuable in assessing the extent to which religion is a barrier to the use of food aid. This point also applies to racism within the food aid arena.

The theoretical framework adopted in this thesis is premised upon a specific conception of neoliberalism. It is arguable that the use of an alternative conception of neoliberalism would have led to very different conclusions. An interesting line of further research could involve the application of varying theoretical frameworks – Habermasian theories of communicative action; Marxian hegemony; and Deleuze's commentary on 'societies of control', amongst many – to an analysis of contemporary food aid and food insecurity.

Despite these limitations, the empirical studies in this thesis in the context of the particular theoretical framework provide a new analysis of food insecurity and food aid in the UK, bringing previously unaddressed questions – the relationship of religion, race and neoliberalism to food aid; the impact of mutual aid on the performance of food aid and the experience of food insecurity; and ethnic differences in the prevalence of food insecurity within income groups – to the fore. It is one of the first studies in the UK to apply a mixed methods approach to an analysis of contemporary food aid and food insecurity, allowing for an insight from multiple perspectives; elucidating conflict between the views of service providers and service users; and highlighting the extent to which analyses of food aid – particularly food banks – provide only a partial picture of contemporary food insecurity in the UK.

### **7.3 Recommendations for policy and practice**

I offer some recommendations on the basis of the research findings presented in previous chapters and the ideas considered above. The recommendations are intended for a range of stakeholders, including food aid providers, policy makers, local communities and individuals, and researchers.

The empirical work undertaken for this thesis was conducted in one, unique city between 2015 and 2017, whilst the quantitative data informing Study 2 was collected, again in one city only, between 2007 and 2010. As a consequence, and to avoid over claiming, the policy recommendations are largely derived from the results of the empirical studies; where appropriate, I look to newer research and more recent policy and practical developments to augment or inform the recommendations.

#### **Food aid**

Emergency food providers should emphasise their social and political contribution to effecting progressive responses to food insecurity (Lambie-Mumford, 2014a). They should concentrate on their advocacy and campaigning work at local, devolved and national levels, focusing on the economic and political causes of food insecurity. They should highlight, both to staff within organisations and in their advocacy work more broadly, the relationship between emergency food provision and the welfare state (Lambie-Mumford, 2014), and the need to take all measures to avoid becoming a permanent substitute for the (welfare) state. Amongst those overseeing and coordinating food bank networks, such as The Trussell Trust and the Independent Food Aid Network, attention should focus on ways of obstructing the establishment of further emergency food providers, as well as the development of pathways to disbanding existing organisations.

Providers, especially those religiously affiliated, should be alive to potential religious and racial barriers to food access and take steps to remove such barriers, including ensuring adequate provision of culturally specific foods and avoiding public declarations of religion in any element of the food collection/consumption process. Within (and across) emergency food providers, conversations should be initiated about the shame experienced by people accessing food aid, the sense of indignity many undergo within the process of collecting the food, and the ways and extent to which the act and process of accessing charitable food support undermines the agency

of the individual. Staff within organisations should work to address such issues, including treating food bank service users as their own equal, and allowing service users the opportunity to choose food items.

Caution is required in focusing on the betterment of emergency food, both in itself and at expense of the root causes status of food insecurity. As asserted by Poppendieck (1998), the food aid system act as a “moral safety valve”:

It reduces the discomfort evoked by visible destitution in our midst by creating the illusion of effective action and offering us myriad ways of participating in it. It creates a culture of charity that normalises destitution and legitimates personal generosity as a response to major social and economic dislocation (Poppendieck, 1998, p.5).

The more professional and established emergency food providers become the more difficult it will be to disband a set of organisations that are, unconsciously, promoting the very problem they are trying to address.

Non-emergency food aid was, ultimately, a secondary focus of this project and, therefore, recommendations are more limited and less well-informed than those in relation to emergency food provision. Like its emergency sister, non-emergency food aid should focus on its social and political contribution to effecting progressive responses to food insecurity, and should work to reduce potential structural and cultural barriers to entry. However, consideration should also be given to how non-emergency food providers, such as community gardening projects, which reclaim unused local land, and communal cooking and eating groups, which reaffirm solidarity by transcending class, age and ethnic divides, may represent and help advance mutuality and solidarity.

### **Policy makers**

The empirical studies within this PhD project suggest that key – although not the only – drivers of food insecurity and the use of food aid are low income/poverty, the rising cost of living and the operation and inadequacy of the social security system. Study 2 showed a consistent and strong association between financial insecurity and food insecurity, a link corroborated by the qualitative work of Study 3. Full-time earnings on the National Living Wage are inadequate to reach the



Minimum Income Standard, as calculated by Padley and Hirsch (2017). For a lone parent with a young child, income adequacy on the minimum wage has fallen particularly sharply since 2010. Whilst the income of a family with two working parents can potentially meet the Minimum Income Standard level, especially if they receive Universal Credit, which provides more generous help with childcare, the well-documented unpredictability of Universal Credit payments places this financial viability of two parent families in jeopardy. For those working part-time or with only one parent working, this gain has been modest. I welcome the additional £1.7 billion allocated to increase the work allowances in Universal Credit, announced in the 2018 Budget. However, to mitigate the impact of (low) income on food insecurity amongst families the Government should also lift the freeze on working-age tax credits and Universal Credit, whilst further increasing the National Living Wage.

Studies 2 and 3 highlighted the importance of welfare benefits, especially Child Benefit, to women's financial and domestic autonomy. The increasing inadequacy of the welfare state in the UK, a feature and consequence of the government's austerity programme, jeopardises this autonomy. The unfreezing of Child Benefit and its uprating in line with inflation rates, both for the child element in Universal Credit and for Child Tax Credits, should be prioritised, alongside a reconsideration – if not the abolition – of conditionality within the social security system (the benefit sanctions policy).

Nevertheless, such policy programmes will only be effective alongside a shift in the dominant narrative about why some people do – and some do not – use food banks. The possibility of hidden food insecurity amongst certain groups was a key finding of this PhD project. There is an urgent need for routine, national measurement and monitoring of household food insecurity in the UK to identify the extent of “hidden hunger” and improve targeted policy interventions, such as increasing uptake of welfare entitlements amongst South Asian populations (Prady et al., 2016a).

### **Local communities and individuals**

Local communities and individuals should engage in non-emergency food projects, regardless of need, to reclaim unused land and reaffirm solidarity through food, across class and racial divides. They should not only assist other community members with in-kind and material support when need is visible, but do so regularly and uncoupled from immediate need. In addition, individuals

should join wider discussions and campaigns at local authority, devolved and national policy levels around (i) the structural barriers to food security and the systemic stigmatisation of both poverty and hunger, and (ii) the possible ways in which gender, religion and/or ethnicity may effect – possibly negatively – an individual’s experience of food (in)security.

## **Researchers**

Researchers should continue to advocate for the establishment of a fully funded, routine, systematic measure of food insecurity in the UK. Whilst recognising the magnanimity of many of those involved, they should adopt more critical approaches to the study of food aid, scrutinising, for instance, stigmatising discourses and processes of social control which occur within some emergency food providers. Researchers should employ methodological approaches using multiple datasets (data linkage), as well as longitudinal analyses, to move beyond descriptions of food insecurity towards an understanding of its dynamics and impacts. They should attempt to undermine the power dynamics associated with research in this area by drawing upon participatory research methods to more fully involve food insecure individuals in the design and conduct of studies on both food aid and food insecurity.

## **7.4 Conclusion**

It is evident that this doctoral thesis is circumscribed, not least by the age and consequent questionable relevance of the BiB and BiB1000 data, as well as the differences between the three empirical studies. Nevertheless, the thesis does provide an insight into the interplay of food aid, food insecurity and ‘advanced’ neoliberalism, whilst the specific focus on Pakistani (Muslim) and white British (Christian and secular) populations introduces a new angle of race and religion to debates on contemporary food aid/food insecurity and neoliberal political economy. The next, brief, concluding chapter combines the various strands of argumentation to provide a response to the hypothesis set out in Chapter 1.

## Chapter 8

### Conclusion

Neoliberal political economy as a meta-narrative may explain components of contemporary food aid and food insecurity but, arguably, cannot describe the phenomena in their entirety. Rising food insecurity and recent configurations of food charity are emblematic of an 'advanced' stage of neoliberalism in the relationship between socioeconomic status – low income and inadequate, punitive social security – and both food insecurity itself and the rising use of food aid; in the pathologisation and individualisation of (food) poverty by food aid service providers and service users, and those in or at risk of food insecurity but who circumvent formal food aid; in the denial of racial difference and racial precarity within the food aid arena; in the shifting responsibility for social assistance from the state to secular and religious food charities; and in the surveillance and coercion of the 'food poor' within and outside the food aid arena – the food bank may be more purely 'neoliberal' than other forms of food aid in the extent to which systematic surveillance and coercion shapes the distribution of food and care, and the user experience.

However, in the city of Bradford, a neoliberal meta-narrative does not serve as a neat explanation of contemporary events. The use of food aid is attributable to a more diverse set of factors than simply socioeconomic status and social security, whilst the prevalence and experience of food insecurity itself is shaped not only by low income but also by ethnic and religious identity – further, there is no evidence that ethnic and religious discrimination within the 'so-called' post-racial neoliberal political and economic system is responsible for varied religious and ethnic experiences of food insecurity. The extent to which secular and religious food aid is occupying gaps left by the state amidst the retrenchment of public services remains equivocal. Food aid is a multifaceted, incoherent phenomenon, not one which can be defined as a 'shadow state', whilst religious involvement in the delivery in food aid appears not to be underpinned by ideas of sphere sovereignty and subsidiarity (fundamental to religious neoliberalism) nor motivated by a belief in the superiority of religious to state welfare but by a Christian, *caritas* framework of salvation, solidarity and participation. Food aid in its entirety may best emulate a nineteenth-century system of philanthropy, one shaped in its delivery of food charity by Calvinist – not originally neoliberal – ideas of the deserving and undeserving poor. Outside the arena of food aid – especially the food bank – systems of mutual aid – arguably underpinned by principles first

outlined by theorists of anarcho-communism – operate in parallel with and in spite of the neoliberal state, with altruism, not individualism, prevailing in human interaction.

This is a small-scale study of food insecurity and food aid in one English city. The field work, conducted between 2014 and early 2017, and the BiB and BiB1000 cohort data does not chronicle the impact of Universal Credit on food insecurity and so the conclusion may downplay the current impact of welfare reform on rising food aid use. And yet, the study may provide some insight into the complexities of contemporary food aid and food insecurity in the UK, as well as the potential for alternative ways of thinking and being, visible amongst marginalised class and ethno-religious groups, to the discursive formations and social, political and economic systems of ‘advanced’ neoliberalism.

## Appendix 1 Study 1 Phase 1 Focus Groups Topic Guide and Information Sheet

### 1a. Information sheet

Title of Study: Food poverty in Bradford – a Health Needs Assessment. What is the burden in Bradford and how can we develop a coherent strategy to tackle it?

#### Participant Information Sheet

I would like to invite you to take part in the above named study but before you decide, please read the following information.

#### What is the purpose of this study?

The Food Standards Agency defines food poverty as “the inability of individuals and households to obtain an adequate and nutritious diet” (FSA). A review of the health impacts of food poverty highlights the range of potential health problems that can result including dietary deficiencies, behavioural disturbances, poor general health, low academic performance and underweight or overweight (Black, 2012).

A recent All Party Parliamentary Inquiry emphasised the growing burden of food poverty in the United Kingdom and the importance of a coherent approach to tackling the problem (Field et al., 2014). A DEFRA funded review highlights the lack of a best practice model (Lambie-Mumford et al, 2014).

We aim to answer the following questions:

- To clarify who is likely to be affected by food poverty in Bradford District
- To determine the health burden of food poverty in Bradford District
- To assess what steps are currently being taken in Bradford District
- To explore how we could take coordinated action on tackling food poverty in Bradford District

#### Who is doing the study?

Dr. Yannish Jones Naik and Madeleine Power are undertaking this study as part of a Master's in Public Health at the University of York and a PhD in Health Sciences at the University of York respectively.

### Why have I been asked to participate?

You have been chosen as a key stakeholder in the field and it is felt your contribution will be valuable.

### Do I have to take part?

Participation is entirely voluntary. You are free to decline. If you do accept, you will be asked to sign a consent form.

### What will be involved if I take part in this study?

You will be asked to attend a focus group at City of Bradford Metropolitan District Council (CBMDC) for a maximum of 3 hours between April and June, during which we hope to elicit your views to answer the aims of the project.

### What are the advantages/benefits and disadvantages/risks of taking part?

There are no expected risks. We hope to contribute to local knowledge of the health impacts of food poverty and develop local solutions to tackle it. Unfortunately it is not possible to reimburse any expenses incurred to attend or take part in this project.

### Can I withdraw from the study at any time?

You will be able to withdraw at any point, without having to give a reason and without any negative consequences. However any information you have provided will have been recorded anonymously. Given that it will not be possible to identify and exclude your responses they will still be used in the analysis and any dissemination.

### Will the information I give be kept confidential?

Yes. Focus groups will be recorded anonymously and the device and consent forms stored in a secure locker in the Public Health Department at CBMDC. Data will be password protected and kept in a designated area of the secure network with access to only the study team.

Your responses may be used in publications and presentations though they will be anonymised.

### What will happen to the results of the study?

The results will be written as a report which will be submitted for assessment and modified for internal and external publication by Yannish Naik. The results will contribute to a PhD thesis and external academic publications (Madeleine Power).

Who has reviewed this study?

*This study has been reviewed by the University of York Health Sciences Ethics committee*

Who do I contact in the event of a complaint?

Please contact one of the supervisors

University of York - lorna.fraser@york.ac.uk, kate.pickett@york.ac.uk

CBMDC – Shirley.brierley@bradford.gov.uk

If you agree to take part, would like more information or have any questions or concerns about the study please contact Yannish Naik on yjn500@york.ac.uk or Madeleine Power on msp517@york.ac.uk .

*Thank you for taking the time to read this information sheet.*

*References*

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### Participant Consent Form

Title of Study: Food poverty in Bradford – a Health Needs Assessment. What is the burden in Bradford and how can we develop a coherent strategy to tackle it?

	Please confirm agreement to the statements by putting your initials in the boxes below
I have read and understood the participant information sheet	
I have had the opportunity to ask questions and discuss this study	
I have received satisfactory answers to all of my questions	
I have received enough information about the study	
<p>I understand my participation in the study is voluntary and that I am free to withdraw from the study:-</p> <ol style="list-style-type: none"> <li>1 At any time</li> <li>2 Without having to give a reason for withdrawing and without negative consequences</li> <li>3 <i>That data recorded during the focus group will still be used in the analysis and publication as it will not be possible to identify my responses and to exclude them.</i></li> </ol>	
I understand that my focus group will be audio-recorded	
I understand that any information I provide, including personal details, will be kept confidential, stored securely and only accessed by those carrying out the study.	
I understand that any information I give may be included in published documents and presentations but all information will be anonymised.	
I agree to take part in this study	
Participant Signature .....	Date
Name of Participant	
Researcher Signature .....	Date



Name of Researcher

**1b. Topic guide**

- How many people do you think are affected by food poverty in Bradford District and which areas do you think they are most likely to live?
- What do you think the health burden of food poverty is currently in Bradford District?
- What actions are currently being taken to tackle food poverty in Bradford District?
- What are the barriers to tackling food poverty in Bradford District?
- How can we take coordinated action to tackle food poverty in Bradford District?

## Appendix 2 Study 1 Phase 2 Interviews Topic Guide and Information Sheet

### 2a. Information sheet

#### Addressing the diversity of food aid and its interaction with culture and faith

I would like to invite you to take part in the above named study but before you decide, please read the following information.

#### What is the purpose of this study?

Food poverty has increased sharply in the UK over the last decade, particularly since 2010. The charitable response to food poverty has been impressive and much commented upon - positively and critically - in political, public and media circles, however this comment has focused almost entirely on foodbanks, which are only one part of a wider landscape of emergency food, or food aid.

The UK has a long-standing tradition of charitable and community food-based support for people in need and yet little is known about the current food aid landscape. Food aid in the UK is diverse and dynamic; many projects are influenced by culture and faith, while others are socially innovative in their delivery of food.

The project looks to address important questions about food poverty and food aid in the UK and provide not only an understanding of the landscape and variety of UK food poverty provision, but a sense of the contrasting ways in which projects organise and deliver aid to people in need and how different projects respond to their cultural and religious environment.

Bradford is a central focus throughout the project. The city has high levels of deprivation and food bank use, a multi-ethnic demographic and a dynamic food aid landscape; it is hoped that this thesis will not only add to academic knowledge of the city, but also inform policy and practice to improve the lives of Bradford's population

#### Who is doing the study?

Madeleine Power is conducting this study, as part of wider PhD project on food poverty, food aid, ethnicity, faith and culture. The interviews contribute to Part 1 of a three part study and looks in detail at available food aid in Bradford. The project is funded by a White Rose Scholarship and supervised by Professor Kate Pickett, Professor Bob Doherty and Professor Barbara Stewart-Knox. The project is based at the University of York.

#### Why have I been asked to participate?

You have been chosen as a key stakeholder in the field of food aid in Bradford and it is felt your contribution will be valuable.

#### Do I have to take part?

Participation is entirely voluntary. You are free to decline. If you do accept, you will be asked to sign a consent form.

#### What will be involved if I take part in this study?

You will be asked to attend an individual interview with the researcher, Madeleine Power. It will last a maximum of 45 minutes and take place at either Bradford Institute of Health Research or the site of your food project, whichever is most convenient, in July or August 2015. During the interview I would hope to elicit your views to answer the aims of the project.

#### What are the advantages/benefits and disadvantages/risks of taking part?

There are no expected risks. We hope to contribute to local knowledge of the availability and operation of food aid in Bradford and contribute to knowledge about best practice. Unfortunately it is not possible to reimburse any expenses incurred to attend or take part in this project.

#### Can I withdraw from the study at any time?

You will be able to withdraw at any point, without having to give a reason and without any negative consequences. Any information you have provided will be immediately deleted from the electronic device on which it was recorded, and if relevant, the University of York network on which it is stored.

#### Will the information I give be kept confidential?

Yes. The interview will be recorded anonymously and the device will be kept in secure lockers at the University of York. Data will be password protected and kept on a secure network at the site with access to only the researcher.

#### What will happen to the results of the study?

The results will be written into a paper which will be presented at the International Social Innovation Research Conference on September 07 2015. The paper will also be submitted for external academic publication. The results will also contribute to two chapters of the PhD thesis.

#### Who has reviewed this study?

*This study has been reviewed by the University of York Health Sciences Ethics committee.*

Who do I contact in the event of a complaint?

Provide contact one of the supervisors:

Professor Kate Pickett: kate.pickett@york.ac.uk

Professor Bob Doherty: bob.doherty@york.ac.uk

Professor Barbara Stewart-Knox: B.Stewart-Knox@bradford.ac.uk

*If you agree to take part, would like more information or have any questions or concerns about the study please contact Madeleine Power, email: msp517@york.ac.uk*

***Thank you for taking the time to read this information sheet.***

## Participant Consent Form

Title of Study: Addressing the diversity of food aid and its interaction with culture and faith

	Please confirm agreement to the statements by putting your initials in the boxes below
I have read and understood the participant information sheet	
I have had the opportunity to ask questions and discuss this study	
I have received satisfactory answers to all of my questions	
I have received enough information about the study	
<p>I understand my participation in the study is voluntary and that I am free to withdraw from the study:-</p> <p>4 At any time/up to 8 weeks post-interview</p> <p>5 Without having to give a reason for withdrawing</p> <p>6 Following withdrawal from the study all data provided by you will be immediately deleted from the electronic device on which it is stored, if still applicable, and from the University network. Your consent form and any written notes about the interview will also be destroyed.</p>	
I understand that my interview will be audio-recorded.	
I understand that any information I provide, including personal details, will be kept confidential, stored securely and only accessed by those carrying out the study.	
I understand that any information I give may be included in published documents but all information will be anonymised.	
I agree to take part in this study	
Participant Signature .....	Date
Name of Participant	
Researcher Signature .....	Date

Name of Researcher

## 2b. Topic guide

### Section 1: About the organisation

1. Can you tell me about the work you do here?
  - a. How does it support vulnerable people access food?
  - b. How does the project work? New/old styles of provision?
  - c. Does it provide any other services/support? What?
  - d. Funding? Income?
  - e. When established? (Part providing food)
  - f. Number of staff/volunteers? Staff structure e.g. hierarchical?
  
  - g. What is the impact of the project on clients and staff/volunteers? Benefits/dis-benefits?
  
  - h. What challenges or tensions do you face?
  
  - i. What makes a project successful/unsuccessful? What would help to improve your work/address food poverty?

### Section 2: Faith and culture

2. What is the role/importance of faith and culture in the work you do?
  - a. How does the organisation respond to the ethnic, religious and cultural diversity of Bradford?
  - b. What is the demography (ethnic, cultural, religion) of your clients?
  - c. Do you target any specific groups? If so, how and why?
  
  - d. Does motivate/affect your work and if so how?
  
  - e. What are the implications of being faith-based on the organisation/the staff/the clients?



## Appendix 3 Study 3 Information Sheet and Topic Guide

### 3a. Participant information sheet

#### Understandings and experiences of food insecurity in a multi-ethnic context

##### **Participant Information Sheet**

I would like to invite you to take part in the above named study but before you decide, please read the following information.

#### Understandings and experiences of food insecurity in a multi-ethnic context

I would like to invite you to take part in this study but before you decide, please read the following information.

#### What is the purpose of this study?

Food is central to our wellbeing, our relationships and our health. But at times providing a nutritious diet for yourself and your family can be hard when food prices are high. This study explores families' experiences around accessing, cooking and eating food in Bradford. It will talk about food banks, their importance in Bradford, what it may be like to go to one, and what might help someone avoid going to one.

#### Who is doing the study?

Madeleine Power is doing this study, as part of wider PhD project on food poverty, food aid, ethnicity, faith and culture. The interviews contribute to Part 3 of a three year study on food and poverty in Bradford. The project is funded by a White Rose Scholarship and supervised by Professor Kate Pickett, Professor Bob Doherty and Professor Barbara Stewart-Knox. The project is based at the University of York and linked to Born in Bradford and the Better Start Innovation Hub.

#### Who is being asked to participate? or Why have I been asked to participate?

You have been chosen as a member of the community in Bradford and it is felt your contribution will be valuable.

#### Do I have to take part?

Participation is entirely voluntary. You are free to decline. If you do accept, you will be asked to sign a consent form.

#### What will be involved if I take part in this study?

You will be asked to attend a focus group with the researcher, Madeleine Power. This will last a maximum of 1 hour, and take place at the site of [insert name of community project], in July, August, September or October 2016. During the interview/focus group, I would hope to hear your opinions and perceptions, and learn about your experiences.

What are the advantages/benefits and disadvantages/risks of taking part?

There are no expected risks. We hope to contribute to local knowledge about food and people's experiences around food in Bradford. If a need for change is identified, the researcher in collaboration with the Better Start Innovation Hub and Bradford Metropolitan District Council will strive to secure change to improve the lives of people in Bradford. Unfortunately, it is not possible to reimburse any expenses incurred to attend or take part in this project.

Can I withdraw from the study at any time?

You will be able to withdraw at any point, without having to give a reason and without any negative consequences. Any information you have provided will be immediately deleted from the electronic device on which it was recorded, and if relevant, the University of York network on which it is stored.

Will the information I give be kept confidential?

Yes. The interview will be recorded anonymously and the device will be kept in secure lockers at the University of York. Data will be password protected and kept on a secure network at the site with access to only the researcher.

What will happen to the results of the study?

The results will contribute to two chapters of the PhD thesis. A short summary of the findings and recommendations will be produced and distributed to you, the project you are involved with and Bradford Metropolitan District Council.

Who has reviewed this study?

This study has been reviewed by the University of York Health Sciences' Research Governance Committee.

Who do I contact in the event of a complaint?

Provide contact one of the supervisors:

Professor Kate Pickett: kate.pickett@york.ac.uk

Tel: 01904 32(1377)

Professor Bob Doherty: bob.doherty@york.ac.uk

Tel: +44 (2010) 1904 325038

Professor Barbara Stewart-Knox: B.Stewart-Knox@bradford.ac.uk

If you agree to take part, would like more information or have any questions or concerns about the study please contact Madeleine Power, email: msp517@york.ac.uk

*Thank you for taking the time to read this information sheet.*

## Participant Consent Form

Title of Study: Understandings and experiences of food insecurity in a multi-ethnic context

	<b>Please confirm agreement to the statements by putting your initials in the boxes below</b>
I have read and understood the participant information sheet [date 22 April 2016, version 1]	
I have had the opportunity to ask questions and discuss this study	
I have received satisfactory answers to all of my questions	
I have received enough information about the study	
<p>I understand my participation in the study is voluntary and that I am free to withdraw from the study:-</p> <p>7 At any time/up to 12 weeks post-interview</p> <p>8 Without having to give a reason for withdrawing</p> <p>9 Following withdrawal from the study all data provided by you will be immediately deleted from the electronic device on which it is stored, if still applicable, and from the University network. Your consent form and any written notes about the interview will also be destroyed.</p>	
I understand that my interview will be audio-recorded.	
I understand that any information I provide, including personal details, will be kept confidential, stored securely and only accessed by those carrying out the study.	
I understand that any information I give may be included in published documents but all information will be anonymised.	
I agree to take part in this study	
Participant Signature .....	Date
Name of Participant	

Researcher Signature .....	Date
Name of Researcher	

### 3b. Topic guide

- We know that people are finding it increasingly hard to find enough good food for them and their family because we see more and more charities providing food aid in Bradford. Why do you think that this may be happening?
  - Do you know about places in the community where you can get food at no or low cost, like food banks?
  - What might it like to be to go to a food bank?
  - Why might someone go or not go?
  - Do you know anyone who goes? Do you go?
  
- For some people it is difficult providing enough good quality food for the family. Can you provide for your family what you would like to provide in an ideal world?
  - If you can't, what is stopping you? Expense, storage, children's preferences?
  - If you haven't experienced this:
    - What do you imagine it might be like to not be able to provide food for your family?
    - Has that happened to people you know?
  - How do you or how might someone get around some of these difficulties?
    - If time and money is short who gets fed first? How do you deal with this?
  
- There is clearly a big connection between the food you eat and being healthy.
  - Do you worry about your and your family's health?
  - Does food and do the decisions around food cause you any stress or unhappiness?
  
- What might be the things that would make a difference to being able to provide the food you want?
  - What might be the solutions to these problems that (you and) others experience?
  - Prompts: Income, regular employment, cost of food, cost and ease of getting to the shops, physical cooking space, social context and high price of local shops?
  - What shops do you use – wholesalers, buying at the end of the day?

**SECTION I FOOD IN THE HOME**

*The following questions are about the food eaten in your household in the last 12 months, since (name of current month) and whether you were able to afford the food you need.*

**Interviewer:** If one person in household, use "I" in parenthesis, otherwise use "we"

1. Which of these statements best describes the food eaten in your household in the last 12 months:

- Enough of the kinds of foods we want to eat
- Enough but not always the kinds of foods we want
- Sometimes not enough to eat
- Often not enough to eat
- Does not know or refused

*Now I am going to read you several statements that people have made about their food situation*

*For these statements please tell me whether the statement was:*

*often true, sometimes true, or never true in the last 12 months that is since last (name of current month).*

The first statement is :

"(I/We) worried whether (my/our) food would run out before (I/we) got money to buy more"

2. Was that often true, sometimes true, or never true in the last 12 months that is since last (name of current month).

- Often true
- Sometimes true
- Never true
- Don't know or refused

3. "The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more".  
Was that often true, sometimes true, or never true in the last 12 months.

- Often true
- Sometimes true
- Never true
- Don't know or refused

4 "(I/we) couldn't afford to eat balanced meals." Was that often, sometimes, or never true in the last 12 months?

- Often true
- Sometimes true
- Never true
- Don't know or refused

Interviewer: If answered "often true" or "sometimes true" to any of questions Q2, Q3 or Q4 OR answered "sometimes not enough to eat" or "often not enough to eat" continue to Q5 [Adult Stage 2], otherwise go to Q9

Adult Stage 2

5 In the last 12 months, since last (name of current month), did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?

- Yes
- No
- Don't know

If answers No or don't know go to Q6

5a [If YES ABOVE, ASK] How often did this happen

- Almost every month
- Some months but not every month
- Only 1 or 2 months
- DK



6 In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?

- Yes
- No
- Don't know

7 In the last 12 months, were you ever hungry but didn't eat because there wasn't enough money for food?

- Yes
- No
- Don't know

8 In the last 12 months, did you lose weight because there wasn't enough money for food?

- Yes
- No
- Don't know

Interviewer: If answers Yes to Q5, 6, 7 or 8 go to Q 9

Adult Stage 3

9 In the last months, did (you/you or other adults I in your household) ever not eat for a whole day because there wasn't enough money for food?

- Yes
- No
- Don't know

Interviewer: If answers No or don't know go to Q10

9a [If YES ABOVE, ASK] How often did this happen –

- Almost every month
- Some months but not every month
- Only 1 or 2 months
- DK

*I'm going to read you several statements that people have made about the food situation of their children. For these statements, please tell me whether the statement was*

*OFTEN true, SOMETIMES true, or NEVER true in the last 12 months for (your child/children living in the household who are under 18 years old).*

**Interviewer:** If single adult in household, use "I", "my" and "you" in parentheses, otherwise use "we".

10. "(I/we) relied on only a few kinds of low-cost food to feed (my/our) child/the children) because (I was/we were) running out of money to buy food."

Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- Often true
- Sometimes true
- Never true
- Don't know or refused

11. "(I/We) couldn't feed (my/our) child/the children) a balanced meal, because (I/we) couldn't afford that."

Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- Often true
- Sometimes true
- Never true
- Don't know or refused

12. "(My/Our child was/The children were) not eating enough because (I/we) just couldn't afford enough food."

Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- Often true
- Sometimes true
- Never true
- Don't know or refused

Interviewer: If answers "often true" or "sometimes true" to one or more of these questions (Q10, Q11, Q12) continue to Q13. Otherwise continue to next Section

13 In the last 12 months, since (current month) of last year, did you ever cut the size of (your child's/any of the children's) meals because there wasn't enough money for food?

- Yes
- No
- Don't know

14 In the last 12 months, did (child's name/any of the children) ever skip meals because there wasn't enough money for food?

- Yes
- No
- Don't know

If answers Yes go to next question

If answers No or Don't Know go to Q15

14a [IF YES TO ABOVE] How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

- Almost every month
- Some months but not every month
- Only 1 or 2 months
- Don't know

15. In the last 12 months, (was your child/were the children) ever hungry but you just couldn't afford more food?

- Yes
- No
- Don't know

16. In the last 12 months, did (your child/any of the children) ever not eat for a whole day because there wasn't enough money for food?

- Yes
- No

Don't know

**END OF SECTION**

**Interviewer:** Please ask the mother to complete the next two sections herself

## **Abbreviations**

Better Start Bradford (BSB)

Born in Bradford (BiB)

Born in Bradford 1000 (BiB1000)

British National Party (BNP)

Cardiovascular disease (CVD)

Common Mental Disorder (CMD)

Confidence Interval (CI)

Current Population Survey (CPS)

Department for Environment, Food and Rural Affairs (Defra)

Focus Group (FG)

Food Standards Agency (FSA)

Food and Agriculture Organisation (FAO)

General Certificate of Secondary Education (GCSE)

General Health Questionnaire (GHQ)

General Practitioner (GP)

Health Sciences Research Governance Committee (HSRGC)

Health Survey for England (HSE)

Household Food Security Survey (HFSS)

Household Food Security Survey Measure (HFSSM)

Human Immunodeficiency Virus (HIV)

Hypothalamic-Pituitary-Adrenal (HPA)

Job Seekers Allowance (JSA)

Joseph Rowntree Foundation (JRF)

Index of Multiple Deprivation (IMD)

Incidence Rate Ratios (IRR)

Local Authority (LA)

Low Income Diet and Nutrition Survey (LIDNS)

Lower Layer Super Output Area (LSOA)

Masters of Public Health (MPH)

National Health Service (NHS)

National Institute for Health and Care Excellence (NICE)

Non-Governmental Organisation (NGO)

Odds Ratio (OR)

Office for National Statistics (ONS)

Organisation for Economic Co-operation and Development (OECD)

Participant (P)

Pay-as-you-feel (PAYF)

Person Years At Risk (PYAR)

Serious Mental Illness (SMI)

Socioeconomic status (SES)

Risk Rate Ratios (RRR)

Southampton Women's Survey (SWS)

Standard Deviation (SD)

United Kingdom (UK)

United Nations (UN)

United States (US)

United States Department of Agriculture (USDA)

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