The role of a community kitchen for clients in a socio-economically disadvantaged neighbourhood

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Abstract

Issue addressed: To investigate the role of a community kitchen for clients living in a socio-economically disadvantaged neighbourhood.

Methods: In 2005, semi-structured interviews were conducted with 21 clients attending a community kitchen located in a socio-economically disadvantaged neighbourhood in New South Wales. Participants were asked their reasons for attending the kitchen. Qualitative content analysis was used to categorise verbatim responses to the open-ended questions.

Results: The main reasons participants attended the community kitchen were to alleviate food insecurity and the opportunity to interact socially in a safe place, followed by obtaining advice on a broad range of services to address health and social problems.

Conclusions: The community kitchen had a positive effect on the lives of socially isolated people who are usually hard to reach, by providing meals, and facilitating social interaction and access to a wide range of services.

Key words: Community kitchen, disadvantaged area, food insecurity, social support.

So What

While a community kitchen has a crucial role in alleviating food insecurity, it also has the potential to redress health and social problems associated with poverty and disadvantage.
transcripts to identify the main issues and achieved agreement on the issues raised and on the most appropriate quotes to illustrate findings. Agreement was also achieved on the selection of verbatim quotes that best illustrated the findings. The study was approved by the University of Wollongong/Illawarra Area Health Service Human Research Ethics Committee.

Results

Participants’ socio-demographic characteristics
Twenty-one clients were interviewed. There were more male (n=13) than female (n=8) participants. The average age was 44 years, but there was a wide age range (22-75 years). Most of the participants (n=19) were single, divorced or separated. Two thirds lived in public housing (n=14) and most lived alone (n=17). At the time of our study, there were, on average, 45 men, 11 women and five children attending daily for lunch. The socio-demographic characteristics of kitchen clients were represented in our study sample, but our sample included a higher proportion of women.

Reasons for attending the kitchen

Food insecurity
The main reason participants attended the kitchen was the necessity to obtain food due to inadequate finances. All participants talked about feeling hungry and relying on charities for food.

“To begin with it was food … but some days I just come over to talk to the ladies … because most of us don’t talk to each other outside of this centre …” 30-year-old female.

“Instead of sitting in the squalor over there in the housing estate, to come to be able to socialise, rather than sitting in their own piece of nowhere …” 36-year-old male.

Social interaction
The second-most frequently reported reason for attending the kitchen was to meet and interact with people. Clients choose the amount of social interaction that they wish to have with other clients during lunch or when attending programs at the Centre. Some participants from public housing said they felt isolated from the community because of the fear of crime in the neighbourhood and also the lack of opportunities to socialise. The kitchen was perceived as a safe place to meet.

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Discussion

While the main reasons for attending the kitchen are consistent with those reported elsewhere, the clients at the kitchen in our study did not fit the soup kitchen stereotype of old homeless men. The model of having a community kitchen within a community centre appears to have not only benefited the clients in our study in addressing food insecurity, but provided the opportunity for social interaction, as well as access to a range of needed health and social services. As studies have reported that socio-economically disadvantaged people have poor access to health and dental services, the partnership between the kitchen and the Community Centre with government departments and other organisations in the provision of information and referral to health and social services appears to have had a positive impact on their clients’ lives.

There is evidence that the characteristics of an area and of the people who live there can have a major impact on people’s health. Fears about personal safety in neighbourhoods and its negative impact on health have been documented. Participants in our study clearly appreciated the opportunity to increase their social interactions through communal eating and congregating in a community facility where they felt safe.
In conclusion, the community kitchen had a positive effect on the lives of socially isolated people, who are usually hard to reach, by providing meals and facilitating social interaction and access to a wide range of health and social services. The provision of meals within a community centre has the potential to redress health and social problems associated with poverty and disadvantage.

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**Ethics**

The study on which the article is based was conducted under appropriate ethical review.

**References**


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