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

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Introduction

Food insecurity occurs in vulnerable groups of people, particularly those on low-incomes and those who are homeless.[1] One strategy to address food insecurity is the provision of community or soup kitchens,[2] however there is scant research on the role these types of kitchens play in reducing food insecurity and providing other benefits. In 2002, the Premier's Department in NSW organised a forum with local residents at the Warrawong Community Centre to discuss the problems facing the community. The forum included homeless people, long-term residents, people from public housing estates and local service providers. Residents and service providers said that hunger was a widespread problem in the community. In 2003, the Warrawong Community Centre received funding from the Premier's Department to set up a community kitchen within its Centre. The kitchen provides free lunches four days a week to around 60 to 80 clients per day (2009) and is based in the local Community Centre, which provides information about and referrals to early intervention, prevention and treatment services. The kitchen is located in one of the most socio-economically disadvantaged areas of New South Wales, with high unemployment rates,[3] and is situated across the road from a large public housing estate. The aim of this study was to investigate the role of a community kitchen for clients living in a socio-economically disadvantaged neighbourhood.

Methods

An announcement was made by the kitchen lunch coordinator inviting clients to participate in the study. Twenty-one clients agreed to participate, none of whom were cognitively impaired. A qualitative approach was selected as appropriate to investigate participants' views and perceptions.[4] A semi-structured interview guide was developed by the researchers and interviews were conducted at the kitchen by two of the researchers. Participants were asked their reasons for attending the kitchen, as well as specific questions about food insecurity.[5] Socio-demographic information was collected at the end of the interview.

Each interview was conducted in a private room and audio recorded. Data saturation was reached by the 21st interview, as no new issues were raised. Qualitative content analysis[4,6] was used to categorise verbatim responses to the open-ended questions. Two researchers independently analysed the

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.

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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.

> *"Two weeks ago I never ate for a week straight, I was down and out, I had nothing … I was emotionally upset and she [staff] was so nice … gave me lunch … and a little bit of canned food to take home … because I absolutely had nothing …" 28-year-old female.*

> *"Well, we'd just get by … I don't use the public transport, even though it's only $2.50, but when you can't afford it, well you walk …" 59-year-old male.*

> *"… anxiety about if your money is going to last the fortnight…" 30-year-old female.*

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.

> *"The only time I come out of my unit is when I come down here …" 53-year-old male.*

> *"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.*

Access to services

The Community Centre works in partnership with several agencies to improve its clients' access to services. Clients approach the kitchen lunch coordinator and the manager of Warrawong Community Projects for information about health and welfare issues, and to obtain referrals to appropriate services. During 2005 clients were referred to: alcohol and other drugs services; a dental program; the Department of Community Services; counselling services; and the Department of Housing. Our study participants valued the assistance that they received from kitchen and Community Centre staff about the available services.

> *"Like with my teeth, I'm booked in to get my teeth out Wednesday, which I did through here, which is beneficial …" 48-year-old male.*

> *"… I come here for all sorts of reasons … This is how I got introduced to getting housing, through this place …" 28-year-old female.*

> *"I put in a referral for the $800 no-interest loan through [staff]…" 36-year-old male.*

Discussion

While the main reasons for attending the kitchen are consistent with those reported elsewhere,[2] the clients at the kitchen in our study did not fit the soup kitchen stereotype of old homeless men.[7,8] 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[9] and dental services,[10] 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.[11-13] Fears about personal safety in neighbourhoods and its negative impact on health have been documented.[13] 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.

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