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# USING EMERGENCY FOOD SERVICES IN GUELPH-WELLINGTON

APRIL, 2013

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The authors would like to acknowledge Randalin Ellery and the members of the Guelph & Wellington Task Force for Poverty Elimination's Research & Policy Working Group for their support throughout all phases of the research presented in this report. Our deep appreciation also extends to the service users who generously shared their time and stories with us, and to the various service providers who assisted with data collection – Chalmers Community Services Centre, the CSA Food Bank, Brant Ave Neighbourhood Group, Waverley Neighbourhood Group, Wyndham House, Community Voices, and Erin Harvey from Family and Children's Services.

Finally, thanks to Institute for Community Engaged Scholarship/Research Shop Director Linda Hawkins for her guidance, and to Rachel Salt and Rafael Silver, both of whom assisted with data collection



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## EXECUTIVE SUMMARY

This report builds on previous research into Guelph-Wellington's emergency food system conducted by the University of Guelph's Research Shop in collaboration with community organizations. The specific work presented here was done by the Research Shop in partnership with the Guelph & Wellington Task Force for Poverty Elimination (PTF) – particularly its Research and Policy Working Group. It responds to the PTF's Emergency Food Ad Hoc Committee's recommendation that the experiences and opinions of emergency food service users be examined, and incorporated into any decision-making processes regarding possible changes to the existing emergency food system.

The objectives of the research conducted with emergency food service users were: 1) To establish a basic demographic profile of who is using emergency food services in Guelph-Wellington; 2) To identify elements of the current emergency food service system that service users perceive to be working well; 3) To identify elements of the current emergency food service system that service users feel need improvement, as well as recommendations for that improvement; and 4) To assess emergency food service users' opinions regarding the concept of the food hub. Those objectives were addressed through a combination of surveys and focus groups.

Overall, participants tend to favour emergency food services that provide them with choices – particularly with respect to the food they receive. As such, the kind of “grocery shopping” model employed by services such as Hope House was preferred over less flexible, more prescriptive models. Participants also advocated for, among other things: increased clarity, consistency, and transparency with respect to eligibility requirements; partnerships with produce distributors to increase the availability of fresh food; and, actions to ease food transportation and access difficulties (e.g. allowance of more frequent visits, altered operating hours). The response to the concept of the food hub was very positive, with high levels of support in particular for the integration of community gardens and kitchens and educational opportunities at emergency food provision sites.

While many recommendations addressed specific barriers to, or gaps in, service, three main themes emerged: 1) A desire for increased transparency, not just regarding eligibility criteria, but also processes of determining eligibility, and decision-making about food collection and distribution; 2) A desire for increased opportunities for the community at large – but especially service users – to participate in decisions regarding how to shape emergency food provision; and 3) A desire to see complementary services incorporated into emergency food provision. All three of these priorities were perceived as ways to mitigate the current most significant barrier to emergency food access, which is the stigma and judgment associated with service use.



## INTRODUCTION

This report presents the results of research conducted regarding the experiences of people using emergency food services in Guelph and Wellington County. The work was carried out by staff and interns at the University of Guelph's Research Shop in collaboration with the Guelph & Wellington Task Force for Poverty Elimination (PTF). The report begins by outlining the context within which the research was conducted as well as the project's specific purpose, goals, and methods. Major findings are then discussed, including a profile of who is using emergency food services in Guelph-Wellington, how these services are used, what service users feel is working well, and how they feel the emergency food service system could be improved. The report concludes with a description of the project's limitations in addition to a general summary of the research results and their potential implications.

## BACKGROUND

The research project presented here builds on previous work conducted by the PTF, the Research Shop, and others that has been aimed at improving emergency food provision in Guelph-Wellington. This work has included: a number of discussions and presentations at PTF meetings dating back to April, 2010; a report prepared by the United Way Social Planning Department based on a survey of emergency food providers in Guelph (Martin, 2010); and, a Research Shop report published in November, 2011 that presented information from interviews and surveys with 23 emergency food providers across Guelph and Wellington County (Nelson et al., 2011).

Following the publication of the Research Shop's 2011 report – "Emergency Food Services in Guelph-Wellington: A Scan of the Current System and Thoughts on the Future" – the PTF struck an ad hoc committee to consider how to move forward based on the research and consultations that had been carried out. That 8-member committee, which included people familiar with emergency food provision in the community but no emergency food providers, produced a set of recommendations that were endorsed by the PTF in June 2012. One set of recommendations related to the issue of eligibility requirements for access to emergency food. Work on that recommendation included a report prepared by the Research Shop (Salt, 2012) and a workshop on issues of stigma and service eligibility run by the PTF and attended by emergency food providers. Another recommendation of the ad hoc committee was that the PTF and other community actors continue on-going public education efforts aimed at reducing the stigma attached to emergency food use and increasing understanding of the root causes of poverty.

The third set of recommendations made by the PTF ad hoc committee included a call to seek input from service users themselves regarding Guelph-Wellington's emergency food system. Specifically, the committee recommended that information be collected to better understand current experiences of emergency food use (including barriers to, and gaps in, service), service users' opinions on how to improve local food security, and service user ideas about the concept



of a ‘food hub’<sup>1</sup> – something that was identified through previous research as a potentially useful model for improving emergency food provision and community food security (Martin, 2010; Nelson et al., 2011). This report, and the research conducted for it, is meant to address this particular recommendation.

## RESEARCH PURPOSE AND GOALS

The overall purpose of this project was to contribute to a growing body of information on emergency food services in Guelph-Wellington in order to help inform decision-making by the PTF, and other community actors, regarding how to take concrete steps toward improving emergency food provision and food security in the community. The research also sought to provide an opportunity for service users to express their feelings and share their experiences regarding emergency food provision in the community. Specifically, the research objectives, which were developed in collaboration between the PTF and the Research Shop, were:

1. To establish a basic demographic profile of who is using emergency food services in Guelph-Wellington;
2. To identify elements of the current emergency food service system that service users perceive to be working well;
3. To identify elements of the current emergency food service system that service users feel need improvement, as well as recommendations for that improvement;
4. To assess emergency food service users’ opinions regarding the concept of the food hub.

## METHODS

### SURVEYS

One of the main methods of data collection for this project was a survey, which was designed to gather data related to: 1) **demographic characteristics** of emergency food users (e.g. family status, income, sources of financial assistance accessed, housing status, emergency food services accessed, etc.); and 2) **experience with emergency food service use** (e.g. specific providers used, reasons for use, frequency of use, barriers to access, gaps in service, etc.). (See Appendix 1 for the full survey.)

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<sup>1</sup> The term ‘food hub’ refers to “a place (that can be physical or virtual) where a number of different food-related activities are concentrated and coordinated in order to maximize efficiency and impact” (Nelson et al., 2010: 9).



In Guelph, the majority of the surveys were conducted on-site at different emergency food provision locations (Chalmers Community Services Centre, Brant Neighbourhood Group, the Shelldale Centre, the CSA Food Bank, and Wyndham House<sup>2</sup>). Service coordinators helped identify voluntary participants, who then worked with researchers to fill out the survey or, in some cases, filled it out independently. An online survey was also made available, and was advertised by service providers such as Family and Children’s Services, Wyndham House, and a number of neighbourhood groups. In Wellington County, surveys were administered by the Community Resource Centre of North and Centre Wellington outreach workers. In all cases, it was made clear that participation in the survey was entirely voluntary. Individuals who chose to participate had their names entered in a draw for one of five gift vouchers for use at the Stone Road Mall. In total, **80 surveys were completed** by emergency food service users in Guelph and Wellington. Of these, 9 surveys were completed online.<sup>3</sup>

## FOCUS GROUPS

In order to supplement the primarily quantitative data gathered through survey research, two focus groups were held – one as part of a Community Voices meeting at the Shelldale Centre, and the other at Wyndham House. While both of these focus groups took advantage of pre-existing community meetings, they were advertised at local emergency food pantries in order to encourage broader participation. Individuals were provided with grocery store gift cards as thanks for their voluntary participation. In total, 14 people participated in the focus group held at Shelldale Centre, and 9 participated in the Wyndham House meeting, for a **total of 23 focus group participants**.

The focus group questions were all open-ended, with participants encouraged to share their experiences with different emergency food provision models. Specifically, people were asked what they felt was working well and what areas needed improvement. They were also asked about specific recommendations for improvement. (For the full outline of focus group questions, see Appendix II.)

Results from focus group discussions are reported here in terms of overall themes that emerged across the two focus groups. Convergent and divergent experiences are noted when applicable. Quotations from participants are included to illustrate themes within this report, but these quotations are stripped of any identifying information.

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<sup>2</sup> Although it is the largest emergency food provider in Guelph, surveys were not administered at the Guelph Food Bank because that agency has a policy restricting on-site research. The policy is designed to protect client confidentiality.

<sup>3</sup> An additional 6 online surveys were partially completed; however, because those 6 participants did not fill out a minimum 50% of survey questions, the data was not included in the results.



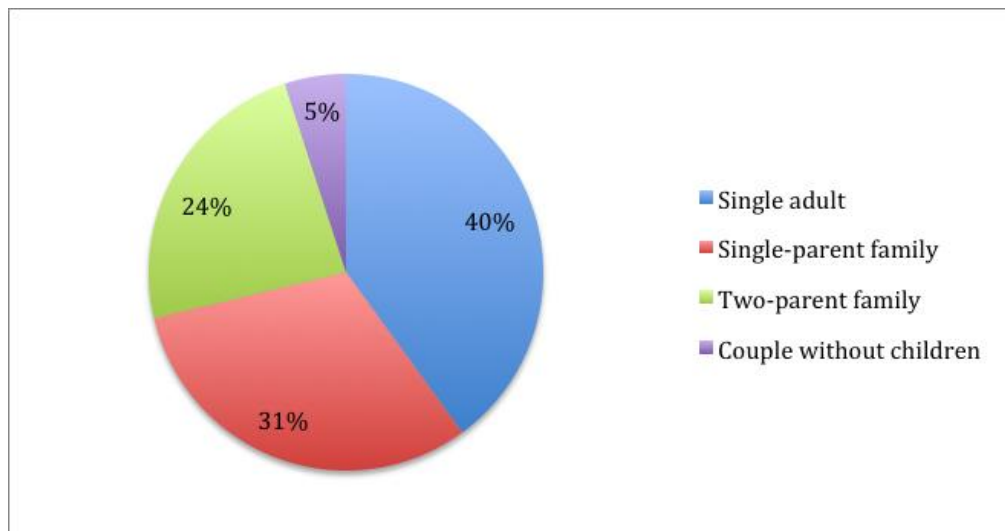


## RESULTS

### WHO IS USING EMERGENCY FOOD SERVICES?

#### Demographic Data Based on Survey Results

The majority of survey respondents (72.5%) identified themselves as female, while just over one quarter (26.25%) identified as male, and 1.25% preferred not to identify as either female or male. A variety of family structures were reported, though the majority of respondents (71%) were either single parents or single adults (see Figure 1). The average number of household members reported was 2.7. Taking into account all survey respondents and the members of their households, **the information presented here represents 210 people who live in households that access emergency food services.**



**Figure 1: Family Structure** (based on 80 responses to this survey question)

Just over three quarters of survey respondents (76%) stated that they live in the City of Guelph, while 24% reported living in Wellington County. Of the representation from Wellington County, 8 respondents were from the Town of Minto, 5 from the Township of Wellington, 2 from Centre Wellington Township, 2 from the Township of Eramosa, 1 from the Township of Mapleton, and 1 from the Township of Puslinch (see Figure 2).

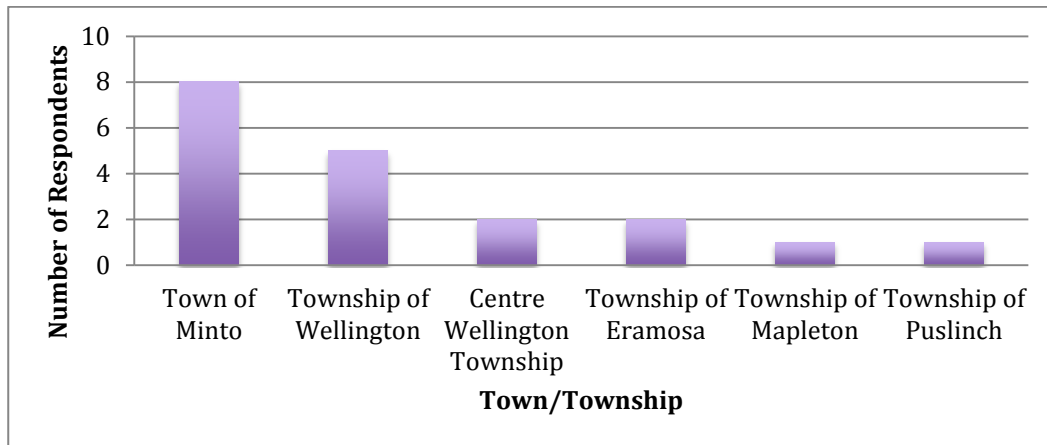


Figure 2: Location of Residence for the 19 respondents from Wellington County

Respondents also reported on their citizenship status, and the status of other household members. The majority of individuals (83%) were identified as Canadian citizens, 12% were identified as Permanent Residents, while 1.5% had Aboriginal status, and 0.5% Temporary Foreign Worker status.

In terms of housing status, almost half of the respondents (48%) reported paying rent at regular market rates, while 36% had their rent subsidized in some way (either through rent geared to income, or social housing). Just 5% reported owning their own home, and 12% reported having no stable housing – living either with family or friends, in shelters or group homes, or having no housing at all (see Figure 3).

### Income & Employment

Survey respondents reported a range of household incomes; however, almost all households (95%) indicated a monthly household income of \$2 000 or less (see Figure 4). When asked about specific sources of household income, respondents were asked to provide information about any household members aged 15 or over. In total, the employment status of 169 individuals age 15 and over was reported. Almost one third (30%) of these 169 individuals were employed either full time (18%) or part time (12%) (see Figure 5). A slightly larger percentage (42%) reported being unemployed. Of the unemployed respondents, approximately half were actively looking for work, while the other half were unable to look for work. Additionally, the financial assistance status for individuals age 15 and over was reported for 137 individuals. Most people indicated that multiple income sources contributed to their monthly household income. In many cases, these sources included a mixture of employment and various social assistance programs (see Figure 6).



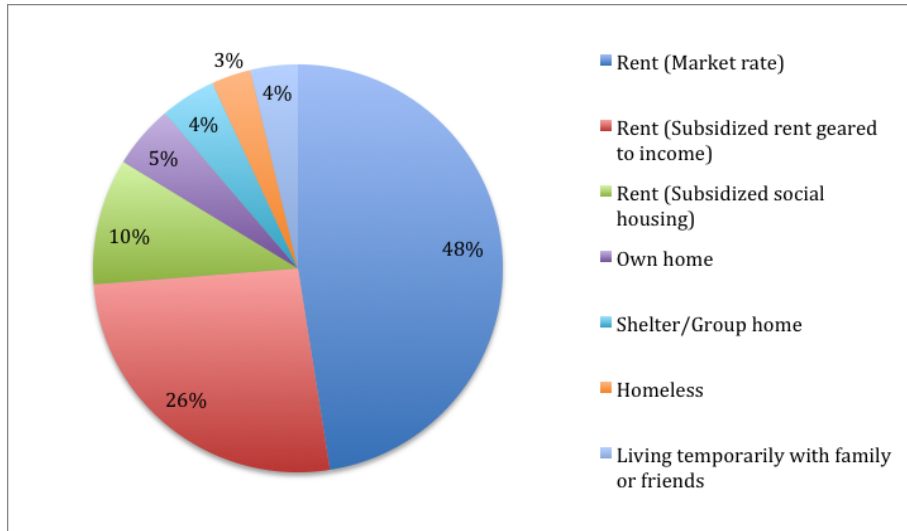


Figure 3: Housing Status (based on 80 responses to this survey question)

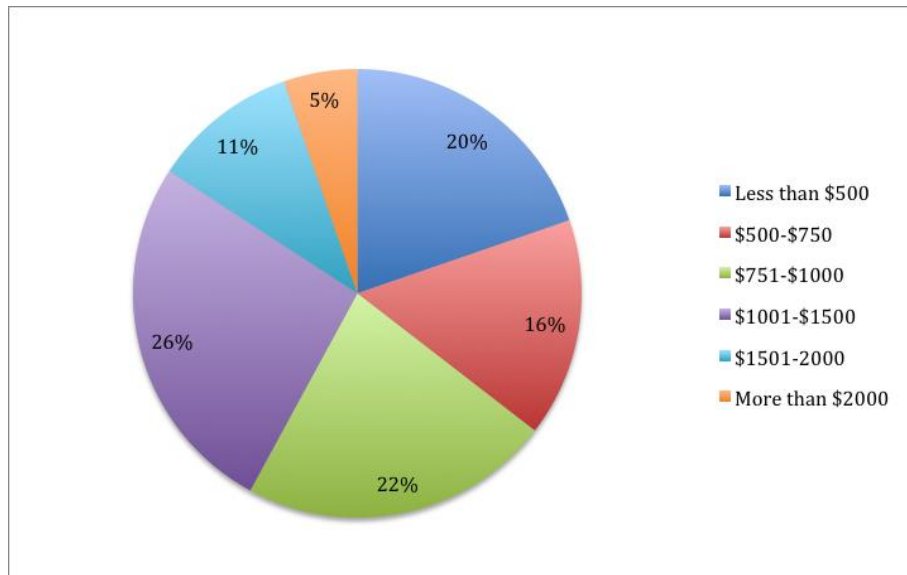
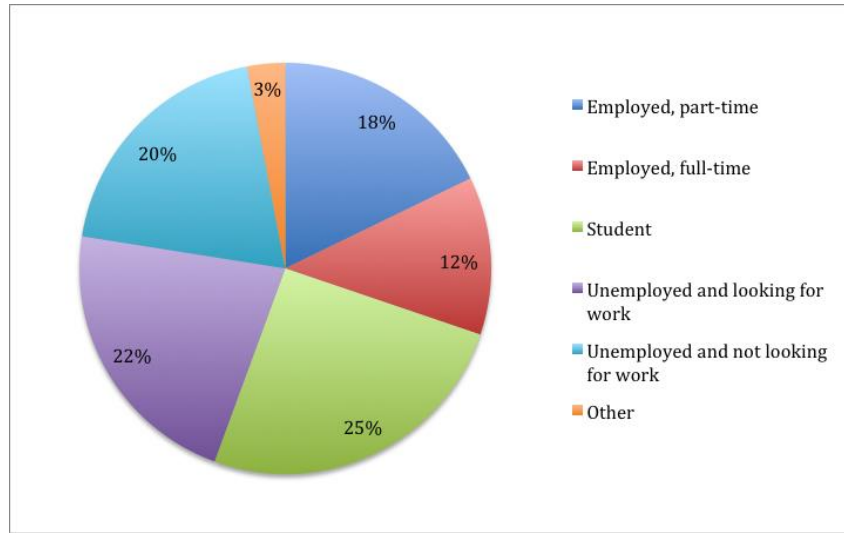
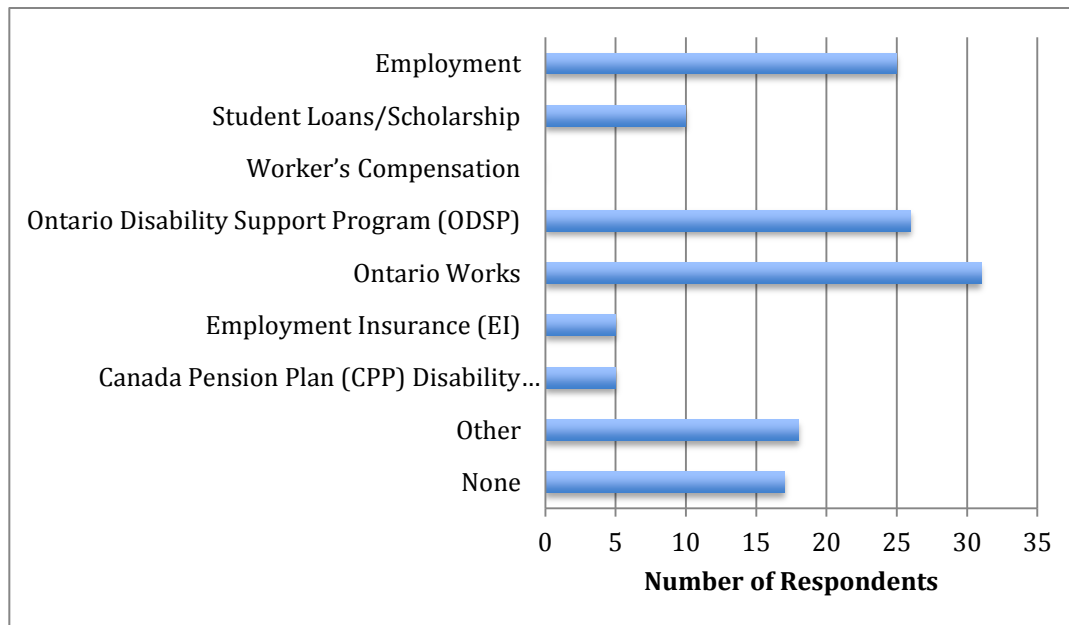


Figure 4: Monthly Household Income (based on 76 responses to this survey question)



**Figure 5: Employment Status** (of 169 individuals age 15 and older)

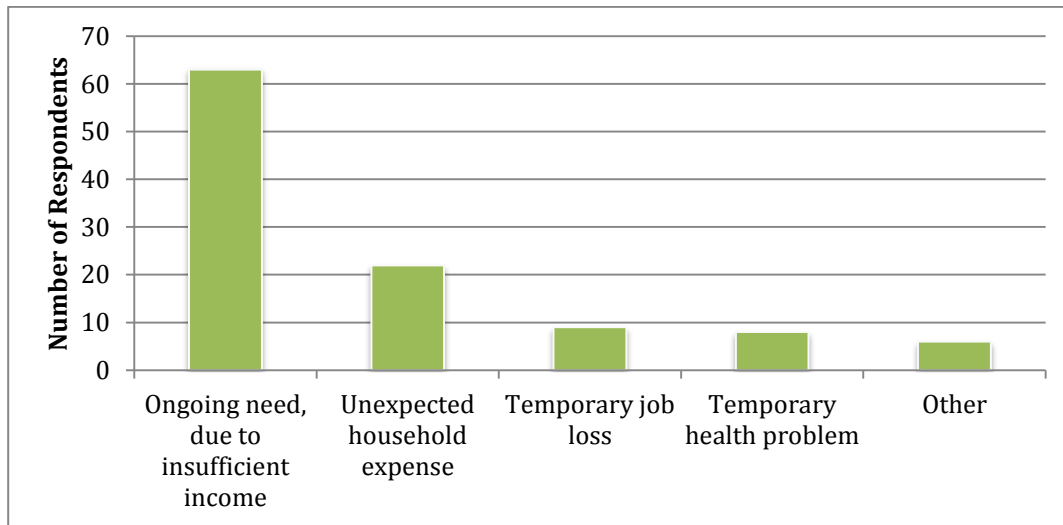


**Figure 6: Income Sources** (for 137 individuals age 15 and older)



## EMERGENCY FOOD SERVICE USE INFORMATION

At the time the survey was administered, respondents were asked to provide the reason or reasons that they needed to access emergency food. With respondents able to provide more than one reason, 80% indicated that they had an ongoing need for emergency food due to insufficient income. Other reasons included an unexpected household expense (28%), a temporary job loss (11%), and a temporary health problem (10%) (see Figure 7).



**Figure 7: Reason for accessing emergency food services at the time of survey completion**  
(based on 79 responses to this survey question)

On average, survey respondents indicated that they were able to meet their household food needs for only 19 days per month. This means that for the majority of emergency food service users who responded to the survey, multiple visits per year to one or several emergency food services was needed to meet their food needs. Service users accessed an average of 1.8 services per year in the City of Guelph and 1 service per year in Wellington County. Survey respondents also reported that they visited one specific emergency food service an average of 19 times per year.

In the City of Guelph, the emergency food service most commonly visited by survey respondents was the Guelph Food Bank. In addition, Chalmers Community Services Centre, the CSA Food Bank, and several neighbourhood group pantries were also regularly visited. Some survey respondents reported accessing daily supper or snack programs such as Agape Café through Royal City Church. In Wellington County, respondents were most likely to access the Arthur Food Bank and the Harriston Food Bank. In addition, the Palmerston, Drayton, and Mt. Forest Food Banks were also used by survey respondents who lived in Wellington County.



## WHAT PEOPLE FEEL IS WORKING WELL

### The Ability to Make Choices

Focus group participants generally noted that certain approaches to emergency food service were preferable. Specifically, a majority expressed a preference for accessing emergency food from neighbourhood pantries or community-based models, as opposed to larger-scale emergency food providers. People particularly appreciated that, within the pantry or community-based model, they were often able to get multiple things – including donated clothing as well as food – in one place. One participant said of one food pantry: “It’s a one stop shop because most people can’t get around to all these different places.”

Participants also emphasized that they **preferred situations where they were able to pick out their own food**. A number of people specifically mentioned that accessing emergency food at Chalmers and Hope House was a relatively positive experience because choice is a large component in service delivery at both locations. Some participants suggested this felt like “grocery shopping”, which was not only more practical, but – very importantly – felt less stigmatizing. Overall, there was a consensus that providing choice to service users is a very positive attribute of some service delivery models within the community.

In addition to being able to make choices about the food items they would like, research participants also **appreciated the ability to make choices about how and when to use emergency food services, and which services to use**. As mentioned above, on average, survey respondents indicated that they were able to meet the total daily food needs of their household for 19 days per month. To make up for the shortfall, respondents appreciated being able to access multiple services, as one service did not always meet household need. It should be noted that this was not the case in Wellington County, likely because the large distances between service providers make accessing multiple services challenging.

### Overall Availability of Food

Participants in both focus groups emphasized repeatedly that they had a sense that there was always emergency food available in Guelph and Wellington – provided that an individual met eligibility requirements and knew where to find service. They also emphasized that for an individual who might be perpetually in need, there would continue to be food available. For example one participant said: “If you can’t find something you need at one [service provider], you can go to another one and find what you need there”.

### Recognition of Need on a Case-by-Case Basis

Some participants appreciated that some service providers recognized need on an individual basis. Specifically, in a few cases (though not the majority), people felt that they were given more food, or an appropriate amount of food, based on recognition of special circumstances, as opposed to uniform rules and regulations. For example, one participant spoke about being



able to go through their household budget with a service provider and indicate that they were in need due to having to purchase pet food. Overall, this was not a consistent finding and participants disagreed about whether different models addressed this issue better.

## WHAT PEOPLE FEEL NEEDS IMPROVEMENT

### Stigma

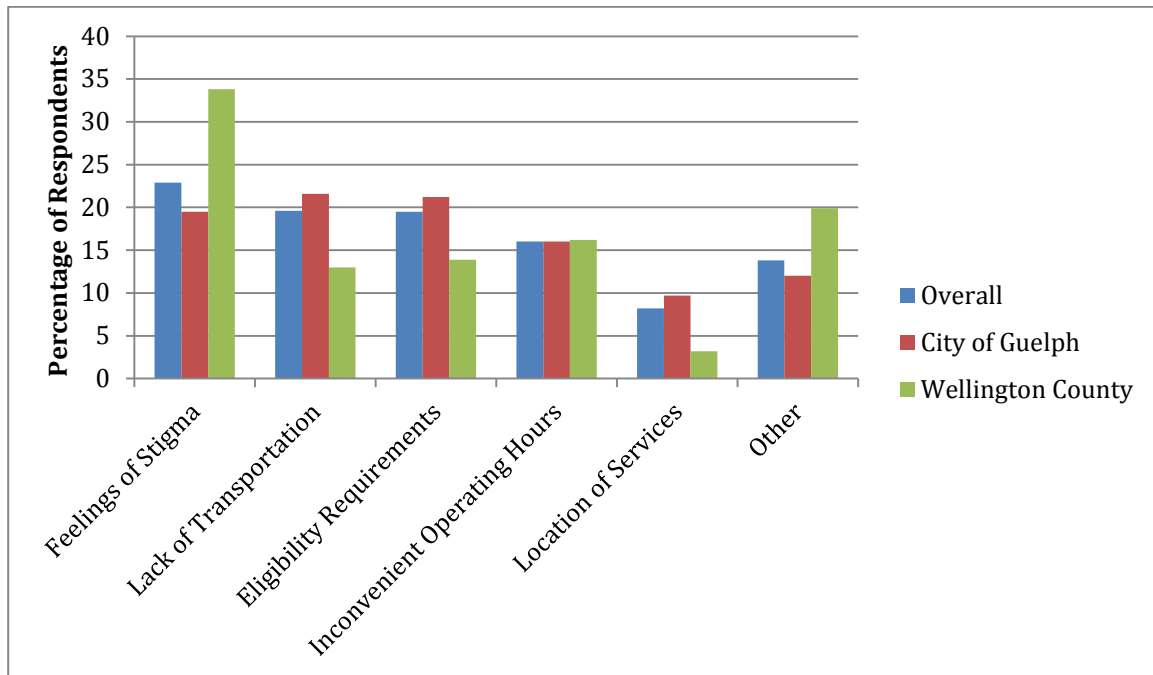
*“It’s wrong what they are doing there. It’s like ‘No! Stay back. You’re not poor enough’. If I have worked up the courage to come to this place, and humble myself, then yes I need to be here” (Emergency Food Service User, Guelph).*

Both survey respondents and focus group participants emphasized stigma as something that restricts their access to emergency food services and makes service use a particularly negative experience. When asked to choose the most important barrier to service, 23% of survey respondents said that it was stigma (see Figure 8). The issue was particularly pronounced in Wellington County, where 34% of respondents felt that stigma was the most important barrier, making it the most important barrier overall in the county. In the case of Guelph, stigma ranked as the third most important barrier (very slightly behind eligibility requirements and transportation).

Focus group participants elaborated on how feelings of stigma and judgment affect them. For example, many shared stories about moments when treatment by emergency food providers led them to feel guilty or judged for using the service. In particular, in places where service providers asked a lot of questions about a user’s economic situation, participants often said they felt like they had to prove that they were deserving of emergency food. Two accounts are as follows:

*“...walking in there and having to explain to them every purchase you’ve made from your bank account and what it was for. I know a lady who was denied because she had to rent a carpet cleaner because there was a spot on the carpet because her child was sick and she was told: ‘If you can rent a carpet cleaner, then you do not need food’” (Emergency Food Service User, Guelph).*

*“I knew a family who had a child that was 5 or 6 but was in diapers because he had special needs. They refused to give that family any diapers because as far as they were concerned that child could be potty trained” (Emergency Food Service User, Guelph).*



**Figure 8: The most important barrier to service access**  
(based on 61 responses from Guelph and 18 responses from Wellington) <sup>4</sup>

A number of participants also spoke of feeling that they had to “look the part” (e.g. dress a certain way) in order to access service. Those individuals felt that if they were not perceived as “looking the part”, volunteers might question why they were seeking emergency food.

<sup>4</sup> Although respondents were asked to indicate only the most important barrier to accessing emergency food services, 23 respondents provided more than one response (and in some cases three or four responses). If a respondent provided more than one response to the question, her or his answers were equally split between the different barriers (e.g. if a respondent indicated that both a lack of transportation and feelings of stigma were the most important barriers, both ‘lack of transportation’ and ‘feelings of stigma’ received 0.5 of this respondent’s answer).





Specific suggestions from focus group participants for improvement with respect to stigma were:

1. Ensure that staff and volunteers receive sensitivity training;
2. Review eligibility requirements and try to avoid requirements that could be perceived as invasive or judgmental;
3. Encourage a positive atmosphere at the service delivery site.

### Consistency and Transparency of Eligibility Requirements

*“I’m not saying that [service providers] should have no criteria, but it should be clear so that I know if I can [access food from a particular service], and you know if you can...if we make the same amount of money, and live in the same apartment building, and pay the same amount of rent, why are you eligible, and I’m not?” (Emergency Food Service User, Guelph).*

Survey respondents from both Guelph and Wellington indicated that eligibility requirements represent an important barrier restricting their access to emergency food services. In Wellington County, 14% of respondents felt that unclear or inconsistent eligibility requirements were the primary barrier that they experience in accessing emergency food. Eligibility requirements were a more serious barrier in Guelph, where 21% of respondents felt that these criteria represent the primary barrier to accessing emergency food services.

The issue of eligibility requirements was also an important topic of discussion in both focus groups. Overall, **individuals repeatedly stated that they found eligibility requirements to be confusing, inconsistent and unfair**. A number of people shared experiences of trying to access food and either being denied completely, or told that they did not have the proper information needed. In some cases, there were issues with individuals attempting to access services and not actually possessing required documents, such as a child’s birth certificate.

Focus group participants also expressed frustration that eligibility requirements were inconsistent across emergency food services, and that even within the same service there would sometimes be discrepancies, with people in similar financial situations receiving different treatment. Furthermore, some participants noted having different experiences at the same location over time. For example, one time they might go to a service for food and be asked to provide only a statement of income, and on another visit they might be asked to provide rent receipts.



Focus group participants stated that they felt some of the processes used to determine eligibility were invasive and punitive. An example of an invasive procedure would be when service providers or volunteers ask to see bank statements and review all purchases made by the service user, or when they ask to visit the individual's living space to determine eligibility. There was a sense in these cases that the process might be arbitrary or up to an individual volunteer's discretion, which participants felt could lead to judgment and bias.

Finally, many focus group participants felt that processes used to determine eligibility at the majority of emergency food services were not transparent. Participants explained how service users often discuss income and expenses amongst themselves in order to attempt to determine what a particular provider's requirements actually are. Even one participant who was a community development worker assisting people with service access stated that she was unclear as to how eligibility was determined at many of the locations:

*"I am a community development worker and I don't even know the rules. I have people coming to me and saying 'Should I call the Food Bank?' And I don't know what to tell them because I know people that are on ODSP and in supported housing that can't get [service], and I know other people in the same situation that can. So I don't even know the rules" (Community Development Worker, Guelph).*

Specific suggestions from focus group participants for improvement with respect to eligibility requirements were:

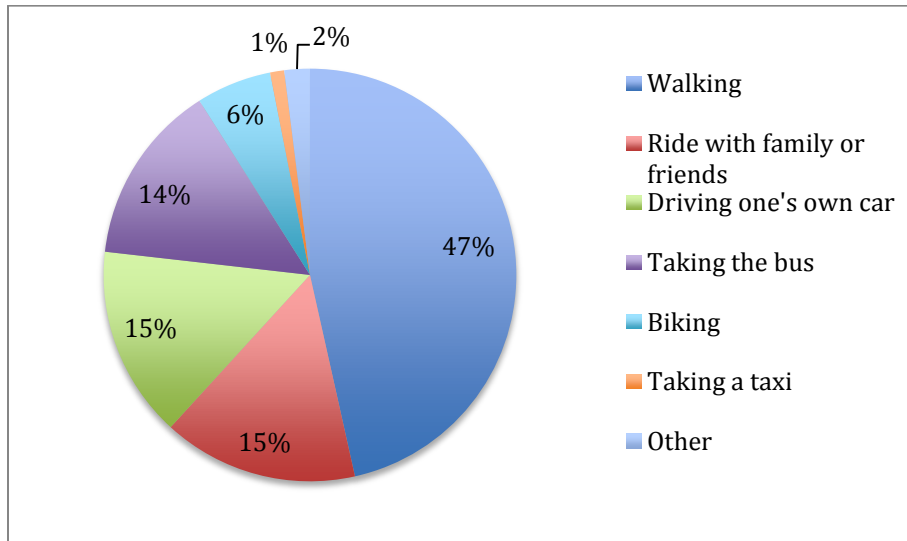
1. Ensure that eligibility criteria are clearly outlined;
2. Ensure that eligibility criteria are consistent, particularly within an individual service provider;
3. Ensure that needs assessments are done in a manner that is minimally invasive.

### Accessibility

A third major theme to emerge from survey results and focus group discussions was the issue of service accessibility. Survey respondents were asked to rate how easy or difficult it was for them to physically get to an emergency food service on a scale of 1 (very easy) to 5 (very difficult). For respondents from Guelph, the average rating was 3 (neither easy nor difficult), while in Wellington County the average rating was 4 (somewhat difficult). In terms of



methods of transportation to and from emergency food services, almost half of survey respondents indicated that their primary method was to walk to the service. Getting a ride with family or friends (15%), using one's own car (15%), and taking the bus (14%) were other common methods (see Figure 9).<sup>5</sup> A lack of transportation and the location of services were also identified by survey results as two barriers to access, with 20% of respondents citing a lack of transportation as the primary barrier experienced, and 8% citing location of services as the most important barrier.



**Figure 9: Primary methods of transportation to emergency food services**  
(based on 79 responses to this survey question)

<sup>5</sup> Although respondents were asked to indicate only their primary method of getting to and from emergency food services, 19% of respondents provided more than one response (and in some cases three or four responses). If a respondent provided more than one response to the question, her or his answers were equally split between the different methods (e.g. if a respondent indicated using both the bus and walking, both 'bus' and 'walk' received 0.5 of this respondent's answer). This issue was further explained within the focus groups, where participants reported that to get to some locations they would have to take a bus and walk, as there was no city bus that stopped close to the site.



Participants in both focus groups confirmed these survey results, stating that **a major barrier to accessing emergency foods was transporting it**. Firstly, many people noted that some major providers are not located in central – or easily accessible – locations. This makes them hard to get to, and even harder to transport food from. This problem is further complicated for people who may have to go to multiple sites. One focus group participant explained: “The Food Bank is hard to get to – you have to get off the bus and it is a 15-20 minute walk to get there and, once you’re there, they hand you three big boxes of canned goods.”

For a period of time, a bus had been arranged to take participants from various neighbourhood groups to and from the Guelph Food Bank; however, it was cancelled due to lack of use. Some focus group participants explained that they knew about the service and felt it was needed, but the pick-up times and/or locations did not work for them. For example, some people noted it would take just as long to get to the nearest neighbourhood group as it would to get to the Food Bank, depending on the transportation used.

In addition to transportation and location, another issue that affects service accessibility is operating hours, with inconvenient hours cited by 16% of respondents as the primary barrier to access. Focus group participants elaborated on some of the specific challenges with regards to hours, explaining that each food bank or pantry has different operating hours that are limited in a number of ways. Firstly, they are often limited to daytime hours, which make it very challenging for people with daytime jobs to access these services. Even participants whose own schedules were more flexible pointed out that it can be difficult to find a ride to and from a food bank or pantry during these times. In addition to operating hours, there was also a lot of discussion at both focus groups about how challenging it can be to make an appointment with a service provider. Some individuals told stories of trying repeatedly to call a particular provider and shared frustration about having to spend many hours trying to reach someone and make an appointment for service. Overall, focus group participants indicated that **if a person does not have a flexible schedule with significant amounts of ‘free’ time it may be difficult for them to access some service providers**.

Specific suggestions from focus group participants for improvement with respect to transportation and accessibility were:

1. Try to ensure that food banks and pantries are in central locations, easily accessible by public transit;
2. Allow service users to access smaller quantities of food more frequently so that carrying goods is less challenging;
3. Increase operating hours, in particular to accommodate people who work during the day.



### Food Quality

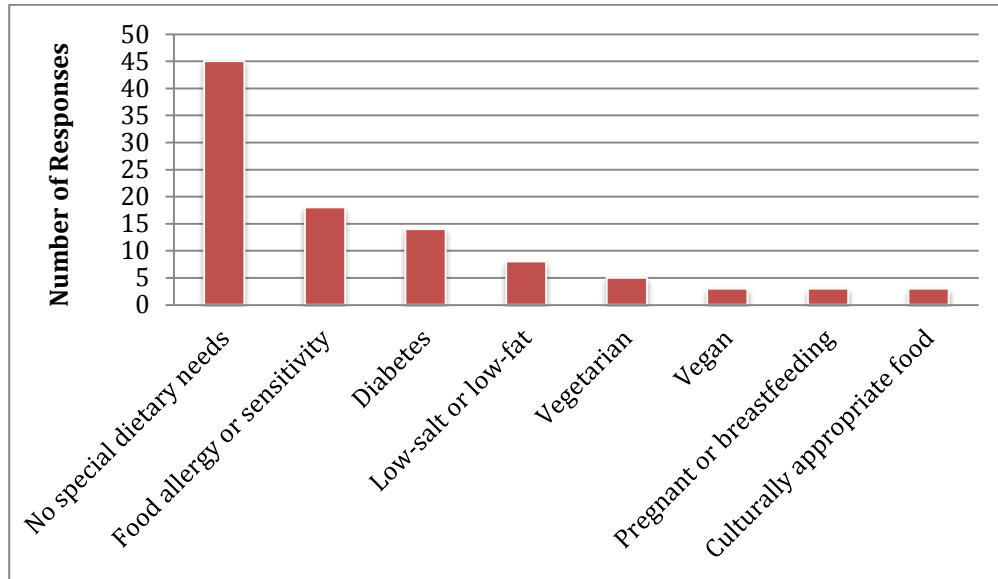
*“I’ve never had trouble finding food, it is just the quality of what you get that is lacking” (Emergency Food User, Guelph).*

After eligibility requirements, the second most popular theme of focus group discussion was the quality of food available. Participants were especially frustrated by a **lack of diversity of available food**, particularly a lack of available meat, dairy and fresh produce. Individuals indicated that it would be extremely difficult to maintain a balanced diet based on food accessed at emergency providers. Some participants also stated that food would often be expired, and this was perceived as disrespectful to service users: “They [staff and volunteers] can see that the cans are rusting and that the Kraft Dinner box [design] has changed three times since that one, but it feels like they just don’t care.”

Many focus group participants were also frustrated by service models that did not allow them to choose the food they were getting – i.e. models in which food is given in a box or basket put together by a volunteer. As discussed earlier in this report, **the “grocery shop” method used by some service providers was much preferred**. In cases where service providers offer a pre-assembled box or basket, some research participants felt that did not allow people to get food meeting their dietary needs, taste preferences and/or other special considerations.

Special dietary needs, restrictions and preferences were also investigated using the survey tool (see Figure 10). Of particular importance, 24% of respondents indicated that someone in their household had a food allergy or sensitivity. Additionally, 19% of respondents needed food that met the dietary needs of a diabetic household member, while 11% required low-salt or low-fat food. Other special dietary needs that respondents identified included vegetarianism (7%), veganism (4%), pregnancy or breastfeeding (4%), and culturally appropriate food (4%). In total, 60% of respondents indicated that no one their household had special dietary needs or restrictions.

In cases where service users were unable to choose their own food, some focus group participants expressed concerns about food waste. Some individuals stated that, at some service providers, if they did not take all the food they were given or if they attempted to trade food with other users based on preferences, they would be penalized: “They caught me in the past trading with someone, and they have got me in trouble for doing that before I leave.”



**Figure 10: Dietary needs of respondents and their household members**  
(based on 75 responses to this survey question)

Overall, focus group participants consistently expressed the idea that they could generally get food, but that often did not reflect a healthy or appropriate diet. Many also felt that the pre-assembled box/basket model meant having to sometimes take things they did not like or would not eat. The lack of attention to the quality of food and the presence of expired food made some participants feel as if the service providers did not care about their needs.

Specific suggestions from focus group participants for improvement with respect to food quality were:

1. Establish partnerships with produce distributors in town in order to increase the availability of fresh produce;
2. Ensure that expired food is not being distributed;
3. Use a service provision model that allows individuals to select the food items that they need or want to take.



**IMPROVING THE EMERGENCY FOOD SYSTEM IN GUELPH-WELLINGTON**

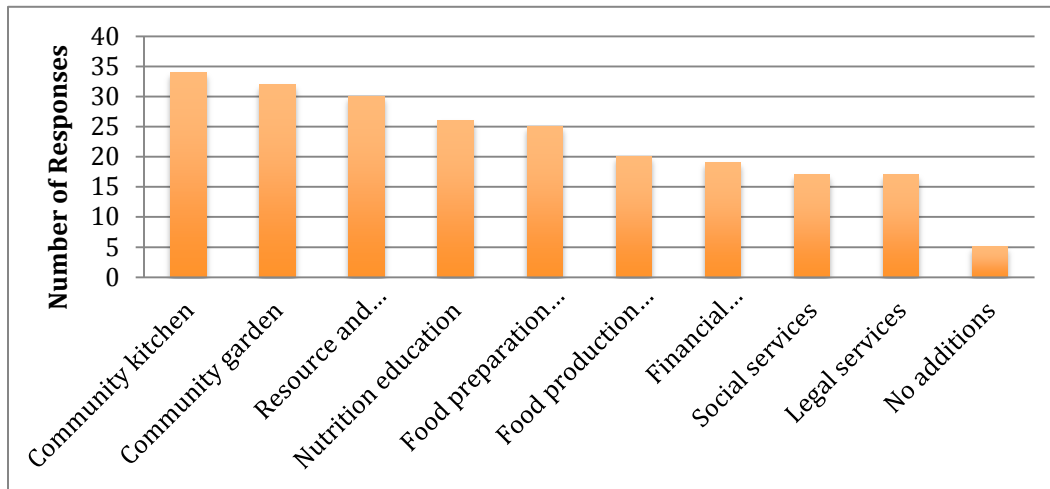
During both focus groups, participants were asked to discuss how the overall emergency food system in Guelph-Wellington could be improved. The most frequently cited recommendations were:

1. Increase transparency with respect to eligibility requirements;
2. Increase transparency with respect to how emergency food is collected and distributed in the community (e.g. How is it shared between different service providers? How are decisions made? What structures are in place? Who makes decisions?);
3. Create opportunities for community members – particularly service users – to participate in decision-making about emergency food distribution in Guelph-Wellington;
4. Provide complementary services alongside emergency food delivery (e.g. community gardens, canning, recipes-sharing).

Following a general discussion about improvements, the focus group facilitator introduced the idea of a food hub model. Reactions to the food hub model were generally very positive. For example, in the words of one participant:

*“When you are involved with something like that you take ownership and you are helping others access food; it is empowering. Even if I ask you where you live and how much money you make it doesn’t feel the same in that type of atmosphere”  
(Emergency Food Service User, Guelph).*

Participants indicated that they would enjoy participating in something that resembled the food hub model because it would make them feel empowered and give them a sense of ownership over their experience. They described such a model as being “more respectful” and a “beautiful idea”. Participants particularly liked the decentralized aspect of a food hub. It was important to them that they could access emergency food at the neighbourhood level, which would eliminate many of the problems currently experienced related to transportation and stigma. Some individuals did express concerns about a potential food hub. The main concerns were: 1) How food would be distributed? and 2) How would neighbourhood level groups or pantries address the issue of food storage?



**Figure 11: Additional services respondents would like to see at food banks or pantries** (based on 70 responses to this survey question) Note: Respondents were able to select more than one service.

Related to the food hub question, when asked what additional services they might like to see at a local food bank or food pantry, survey respondents enthusiastically endorsed the expansion of service delivery (see Figure 11). The most popular suggestions for service expansion were: community kitchens (cited by 49% of respondents); community gardens (cited by 46%), and a resource and information centre (cited by 43%). Other services that survey respondents would like to see incorporated into emergency food provision sites included nutrition education, food preparation workshops, food production workshops, financial management education, social services, and legal services. Seven percent of respondents felt that no additional services should be added at emergency food provision sites.

## CONCLUSIONS

### LIMITATIONS

The primary limitation of this report relates to access to emergency food users for participation in the study. In Guelph, access was limited due to the inability to collect data at the city’s largest emergency food provider – the Guelph Food Bank. This resulted in a lower number of completed surveys than had initially been hoped for. The issue of access was even more pronounced in Wellington County, where it proved impossible to organize a focus group. As a result, there was no opportunity to have in-depth discussion specifically focused on the emergency food service context in the county, which has some significantly different characteristics when compared to the city of Guelph.



## SUMMARY OF FINDINGS

The findings of this report were consistent across data collection methods and were also generally reflective of the results of ongoing research into the Guelph-Wellington emergency food system. Specifically, while a number of things are working well, there is a sense amongst service providers and users alike that room for improvement remains. In particular, service users felt that there is a need for improvement with respect to:

1. Reducing the stigma attached to emergency food use;
2. Ensuring clarity, consistency and transparency of eligibility requirements;
3. Addressing access issues related to lack of transportation and inconvenient service locations and/or operating hours; and
4. Improving the quality and diversity of food available, particularly increasing the availability of fresh, healthy foods.

While a number of specific recommendations for improvement were highlighted throughout the report, in-depth focus group discussion revealed three major themes around which those recommendations largely focus:

1. The importance of increasing transparency with respect to how decisions are made about e.g. eligibility requirements, processes of determining eligibility, and distribution of food amongst different service providers.
2. Related to the above, a desire on the part of service users to be more included in decision-making regarding emergency food delivery, and to have increased opportunities for general community participation in decisions about issues such as eligibility and distribution; and
3. Interest in expansion of service to include increased opportunities for e.g. fresh food access, food skills development, food production, etc. organized in conjunction with emergency food provision.



## REFERENCES

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## APPENDICES

### APPENDIX I: EMERGENCY FOOD USER SURVEY

Thank you for taking a few minutes of your time to answer questions about your use of emergency food services in Guelph/Wellington Country. This survey is **anonymous**. Your answers are very important to us and **will not** impact your ability to use any emergency food services. Thank you for your input!

#### General Household Information

**1. Please indicate your gender:**

- Female
- Male
- Prefer not to answer

**2. Where do you live? (Please check only one)**

- City of Guelph
- Centre Wellington  
Township
- Town of Erin
- Township of  
Guelph/Eramosa
- Township of Mapleton
- Town of Minto
- Township of Puslinch
- Township of Wellington  
North

**3. Which best describes your family? (Please check only one)**

- Single-Parent  
Family
- Two Parent Family
- Couple without  
Children
- Single Adult

**4. How many people are in your household? Please write the number of people in each of the age group categories in this chart. INCLUDE YOURSELF.**

Age Group	People in Household	
	# of Females	# of Males
Children age 2 and under		
Children ages 3-5		



Children ages 6-17		
Adults ages 18-30		
Adults ages 31-65		
Adults over age 65		

**5. What is your TOTAL monthly household income? (This information will NOT impact your ability to use the food bank).**

- Less than \$500     
  \$500-\$750     
  \$751-\$1,000     
  \$1,001-\$1,500  
 \$1,501-\$2,000     
  More than \$2,000

**6. How many individuals in your household over the age of 15 receive assistance from the sources listed below? (Please include all household members over the age of 15)**

Source of Assistance	# of People in Household Receiving this Assistance
Canada Pension Plan (CPP) Disability Benefits	
Employment Insurance (EI)	
Ontario Works	
The Ontario Disability Support Program	
Worker's Compensation	
Student Loans/Scholarships	
Employment	
None	
Other (Please Specify)	





**7. What is your household's PRIMARY source of financial assistance? (Please check only one)**

- Canada Pension Plan (CPP) Disability Benefits
  - Employment Insurance (EI)
  - Ontario Works
  - The Ontario Disability Support Program
  - Worker's Compensation
  - Student loans/scholarships
  - Employment
  - None
- Other \_\_\_\_\_

**8. Please indicate the employment status of members of your household over the age of 15. INCLUDE YOURSELF.**

Employment Status	# of People in Household
Employed – Part Time	
Employed – Full Time	
Student	
Unemployed and looking for work	
Unemployed and not looking for work	
Other _____	



**9. Please indicate your housing status (*Please check only one*)**

- Rent (Market Rate)
- Rent (Subsidized –  
Rent Geared to  
Income)
- Rent (Subsidized  
Social Housing)
- Own Home
- Shelter/Group Home
- Homeless
- Living Temporarily  
with Family of  
Friends
- Other  
\_\_\_\_\_  
\_\_\_\_\_

**10. Which best describes the citizenship status of members of your household? INCLUDE YOURSELF**

Citizenship Status	# of People in Household
Canadian citizen	
Permanent Resident	
New Immigrants or Refugees	
Temporary Foreign Workers	
Aboriginal	
Other _____	



**Emergency Food Service Use**

**11. On average, how many days a month are you able to meet ALL of your household's food needs? Assume a month with 30 days.**

\_\_\_\_\_ days per month

**12. Which emergency food services have you used in Guelph/Wellington County? (*Please list all that apply*)**

Emergency Food Service	# of Times Used Per Year (on Average)	How many days did the food provider say this food was supposed to cover?

**13. What best describes why you have come to use an emergency food service today? (*Please check all that apply*)**

- Ongoing need for food because of insufficient income
- Temporary Job Loss
- Temporary Health Problem
- Unexpected Household Expense

Other \_\_\_\_\_





**14. What is your PRIMARY method of getting to and from emergency food services? (Please check one)**

- |                       |                             |                       |                       |
|-----------------------|-----------------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/>       | <input type="radio"/> | <input type="radio"/> |
| Bus                   | Ride with<br>Family/Friends | Own Car               | Walk                  |
| <input type="radio"/> | <input type="radio"/>       | <input type="radio"/> |                       |
| Bike                  | Taxi                        | Other _____           |                       |

**15. How difficult or easy is it for you to get to an emergency food service service?**

- |                       |                       |                               |                       |                       |
|-----------------------|-----------------------|-------------------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/>         | <input type="radio"/> | <input type="radio"/> |
| Very Difficult        | Somewhat Difficult    | Neither easy nor<br>difficult | Somewhat easy         | Very easy             |

**16. Which of the following special dietary needs apply to your household? (Please check all that apply)**

- |                             |                       |                       |                                |
|-----------------------------|-----------------------|-----------------------|--------------------------------|
| <input type="radio"/>       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>          |
| No special dietary<br>needs | Low-salt/low-fat      | Diabetic              | Food allergies                 |
| <input type="radio"/>       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>          |
| Pregnant/breastfeeding      | Vegan                 | Vegetarian            | Culturally Appropriate<br>Food |
| <input type="radio"/>       | Other _____           |                       |                                |



**17. In your experience, what is the MOST important barrier that restricts your access to a food bank and/or food pantry? (Please check one)**

- Location of services
- Lack of Transportation
- Eligibility Requirements
- Feelings of Stigma
- Inconvenient Operating Hours
- Other \_\_\_\_\_

**18. In your experience, what gaps are there in services available at your local food bank and/or food pantry? (Please check all that apply)**

- Food supply provided is not enough to meet needs
- The food supply provided does not contain enough high quality foods
- The food supply provided does not contain enough healthy foods
- The food supply provided do not meet my dietary restrictions (or the dietary restrictions of another household member)
- Other \_\_\_\_\_

**19. In addition to receiving emergency food, what other services might you like to see at your local food bank and/or food pantry? (Please check all that apply)**

- Community kitchen
- Community garden
- Nutrition education
- Food preparation workshops
- Food production workshops
- Financial management education
- A resource and information centre
- Legal services
- Social services
- Other \_\_\_\_\_



## APPENDIX II: FOCUS GROUP DISCUSSION GUIDE

### Introduction:

Hi my name is Kristen and I am a researcher from the Research Shop at University of Guelph. We are doing this study on behalf of the Research Shop and the Poverty Task Force to try and understand people's experiences using food banks and food pantries in Guelph and Wellington. For this focus group, we are not asking you to necessarily share any personal experiences, but rather more general themes you have observed when it comes to accessing emergency food services in Guelph and Wellington County.

1. What are some of the things that are effective about food banks and food pantries, or other emergency food services, in your community?
2. What are some of the barriers for people in accessing emergency food services (like food banks and food pantries) in Guelph-Wellington?
  - a. What is challenging about accessing services?
  - b. What do you dislike about the way you access services?
3. What are some of the gaps in existing services?
  - a. What needs are not being met by the services available right now?
4. What changes would you like to see to existing emergency food services?
  - a. What kinds of changes might remove barriers to service?
  - b. What kinds of changes might fill the gaps in service?
5. A food hub is a way of coordinating different activities around food in a community. An emergency food hub focuses on collection, storage and distribution of food donations to food banks and pantries in individual neighbourhoods. A community food hub incorporates a range of activities, that can include emergency food provision, community gardens, community kitchens, food-related education and skill-building, and advocacy work.
  - a. Do you feel an emergency and/or community food hub could be useful in Guelph-Wellington?
  - b. Why or why not?
  - c. How might you envision yourself participating in a food hub project?