

**Charitable and Community Food Access in Greater Victoria: Understanding the lived  
experience of mothers and caregivers**

**by**

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**Abstract**

Food insecurity affects 9.6% of Canadians, meaning that individuals and families are unable to access or consume a sufficient or adequate diet quality in socially acceptable ways. Previous research has shown that in Canada, mothers and caregivers are more likely to experience food insecurity, which has negative effects on mental and physical health outcomes, social positionality, and wellbeing for them and their families. As a response to increasing food insecurity in the global North, food access services have been emerging since the 1980s in attempts to remediate the experience of food insecurity; however, there has been debate surrounding the efficacy of food access services. This research analyzes the experience of mothers and caregivers with dependents in Victoria BC who use food access services, including food banks, community food models, or food hamper services. This research argues that food access services can be improved by adopting a community-focused right to food approach in Greater Victoria to further assist mothers and caregivers in need. From the interview data of five participants, results showed that three main themes emerged with regards to experience with food insecurity in Victoria, and 15 suggestions were provided for food access organizations based on results.

**Key Terms:** Food insecurity; mothers; charitable food model; food justice; food sovereignty

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“Can I have seconds mom?’ Yeah sure... Let me figure that out” – Deborah

## **Introduction**

As of 2017/18, one in eight Canadian households were food insecure (Canada, 2010a; Tarasuk & Mitchell, 2020). Unfortunately, 1.8 million Canadian children live in food insecure situations along with their families, thus leaving them with an inability to access adequate, nutritional food. As defined by the Government of Canada, food insecurity is the “inability to acquire or consume an adequate diet quality or sufficient quantity of food in socially acceptable ways, or the uncertainty that one will be able to do so. Household food insecurity is often linked with the household's financial ability to access adequate food” (Canada, 2010a). As an attempt to reduce the burden of food insecurity and increase the amount of food individuals and families can access throughout the country, the government has looked to food banks to be the predominant source of food access (*Our Work / Food Banks Canada*, n.d.). However, recent research has shown that a reliance upon food banks to relieve food insecurity may not provide the support families actually require (Black & Seto, 2020; Rizvi et al., 2021; Tarasuk & Mitchell, 2020). With the additional burden of the COVID-19 pandemic, food services are being accessed at a higher rate than previously due to job and income loss (Wakefield, n.d.). As the world looks towards to a post-pandemic future, questions and concerns are being raised about the future of food systems, public health, and how underserved communities will be supported (Nourpanah, 2021). These questions are especially pertinent on Vancouver Island which is not only geographically isolated, but has experienced food supply chain disruptions, increased costs of living, and job losses since 2020, thus contributing to an already overworked food system (CPABC, 2021; Lazenby, 2021; Spalteholz, 2019). The goal of this research is to understand

how food insecure mothers and caregivers access food, what their experiences are, and if food access can be improved for this demographic. To investigate this, the study analyzes qualitative interview data from five participants who use either charitable or community food access services. Interview data is analyzed through both feminist and activist perspectives to identify common experiences through thematic analysis and proceed to highlight achievable suggestions for food organizations in Greater Victoria. This study argues that food access for mothers and caregivers can be improved by integrating lived experience and suggestions to address specific issues faced by this demographic. As an important aside, this research denotes caregivers as individuals who are the primary caretaker of one or more dependents (biological or not) who may not identify with the gender binary of 'female' or 'mother'.

## **Overview**

The first section of this essay will address the justification and significance of choosing the demographic of mothers and caregivers to analyze experiences of food security and the gendered role of food. This will be followed by key concepts and outlines of charitable and community food access frameworks to provide readers with more context into existing models, in addition to theoretical frameworks. Methods will then be discussed, followed by the results and a graph representing the thematic analysis of the qualitative data. Finally, the discussion which outlines the context of results and proposal, and the conclusion with limitations will be highlighted.

## **Justification and Significance**

### *Health Outcomes*

For mothers and caregivers, the effects of food security are experienced more significantly, much of which is due to pre-existing gender roles and power structures that have cornered women into relationships with food (Brady et al., 2018; Canada, 2010a; Voski Avakian & Haber, 2005). Based on the most recent data from Statistics Canada, food insecure individuals “were more likely to live in a larger household or a household with children, and to be unemployed” (Polsky & Gilmour, 2020, p. 5). Unfortunately, the physical and mental health outcomes for mothers and caregivers who experience food insecurity are poorer than their food secure counterparts, which has an additional relationship to income inadequacy (L. Collins, 2009; Gundersen & Ziliak, 2015; Tarasuk et al., 2019). Negative physical health outcomes for mothers include increased levels of metabolic diseases such as heart disease, diabetes, and high blood pressure (L. Collins, 2009; Seligman et al., 2010). There is also an association between food insecurity and obesity due to the relationship between poor nutritional quality and food security (Cook & Frank, 2008; Kirkpatrick & Tarasuk, 2008; Pearce, 2018). Obesity is a factor in mothers’ perceived ability to care for their children and themselves; longitudinal studies have demonstrated a positive relationship between food insecurity and weight, in addition to research demonstrating that food insecurity related obesity has led mothers to have a reduction in perceived efficacy of mothering (Martin & Lippert, 2012; Sim et al., 2020).

In terms of mental and emotional outcomes, research from other countries such as Britain have shown a relationship between food insecure households headed by mothers with mental health issues, and the relationship between the burden of mental health and domestic violence (Melchior et al., 2009). There are also higher reported rates of maternal depression associated

with food insecurity, all of which contributes to health outcomes of children (Reesor-Oyer et al., 2021; Ward et al., 2020). It must be noted that there is a directionality challenge in regard to research on mental health and food insecurity; relationships exist, but more research is required to determine if food insecurity explicitly causes mental health issues, or if mental health contributes to food insecurity.

There are additional negative effects of food insecurity among children with regards to mental and physical health, in addition to behavioural outcomes for children that are linked to the overall health of their primary caretaker (Whitaker et al., 2006). Research has demonstrated that reduced rates of food security and increased rates of hunger among children lead to poorer mental health outcomes in both childhood, and later in life in terms of depression, suicidal ideation, and anxiety (Ke & Ford-Jones, 2015; McIntyre et al., 2013; Zheng et al., 2021). Moreover, as noted among mothers and adults, obesity is related to food insecurity due to a decrease in nutritional value of foods, which thus contributes to nutritional deficiencies and related effects (Cook & Frank, 2008). In terms of behaviour, higher rates of food insecurity contribute to externalizing anti-social behaviours such as aggression and inattention (Gundersen & Ziliak, 2015). There been additional reported rates of low self-esteem among food insecure girls and young women, which may carry over into adulthood (Godrich et al., 2019).

### *Social Outcomes*

Many of these mental health issues are also related to increased rates of stigma. Food insecurity in Canada is deeply associated with stigma, shame, and social exclusion caused by various factors including exclusionary behaviours, alienation due to social inequities, and the importance of food for social identity (Pineau et al., 2021). Coupled with this are the gendered expectations of providing food; women and caregivers are expected to provide adequate food

and nutrition in order to maintain healthy, socially acceptable families (Williams et al., 2012). For some, charitable and community food access organizations are seen as a last resort and are not used unless absolutely necessary, with families instead employing certain augmentation strategies (Purdam et al., 2016; Tarasuk et al., 2020). Charitable food access organizations are not an adequate representation of individuals and families who experience food insecurity because of said social constraints in addition to the severity of food insecurity (Loopstra & Tarasuk, 2015).

“You have to prioritize your children because they’re these amazing gifts and they’re the future generation” – Leah

### **Background and Key Concepts**

Food insecurity among Canadian families is ranked on four levels based on the Household Food Security Survey Module (HFSSM) (see Figure 1). This survey expands beyond hunger to incorporate experiences including “worrying about running out of food, skipping meals or cutting portions, and going whole days without eating due to a lack of income for food” (Canada, 2010b). While this research does not highlight specific levels of food security among participants, understanding the context of food security status aids in understanding the needs of various food insecure mothers and caregivers that extend beyond hunger.

Food security status	10 item adult food security scale	8 item child food security scale	Household status
Food secure	No affirmative responses	No affirmative responses	Both adult status and child status are food secure
Marginal food insecure	No more than 1 affirmative response	No more than 1 affirmative response	Either adults or children, or both adults and children in the household are marginally food insecure <b>and</b> neither is moderately or severely food insecure
Moderate food insecure	2 to 5 affirmative responses	2 to 4 affirmative responses	Either adults or children, or both adults and children in the household are moderately food insecure <b>and</b> neither is severely food insecure
Severe food insecure	6 or more affirmative responses	5 or more affirmative responses	Either adults or children in the household are severely food insecure

**Note:** In cases where a household meets the condition of two different classifications (that is, different status on the child and adult scales), the household status is given the more severe classification).

**Figure 1.** Food security status ranking of Canadian households calculated based on 2020 HFSSM responses (Canada, 2010b).

We must also account for the definition and roles of different models of food access in order to understand pre-existing frameworks in Greater Victoria. Charitable food is most seen in the form of food banks, which emerged widely in response to growing food insecurity since the 1980s in Canada. Facilitated by the Canadian government, donations are encouraged on individual, household, and organizational levels, which are rewarded by tax cuts (Tarasuk et al., 2014). Food banks are monitored and managed under Food Banks Canada, which is a national charitable not-for-profit organization that relies on government funding opportunities. The second predominant food access model is community food systems. These systems operate in a setting which is formed on the basis of community-wide food security, support, and connection (P. A. Collins et al., 2014). These systems are built upon alternative methods of food access that encompass more holistic and informed approaches to the interaction of individuals and food systems, including the concept of ‘right to food’. This right has been outlined in the Universal

Declaration of Human Rights, and sees access to food as a legal entitlement, thus seeking to respect the dignity of individuals and families in order to procure sufficient amounts of food to live healthy, full lives (De Schutter, 2012). This approach has shifted the food access paradigm from individual onus to a top-down policy and government mediated approach to food security that claims to put the needs of individual communities at the forefront of actions (Rideout et al., 2007; Smith-Carrier et al., 2017).

The table below provides information on the approaches of both food access models. The purpose of analyzing food bank and community food models is to understand how individuals and families can access these services and how they serve the greater community, thus contributing to the analysis of lived experiences. Greater Victoria is equipped with a variety of both food banks and community food hubs, and many participants frequented both.

	<b>Food Bank Model</b>	<b>Community Food Model</b>
Purpose	Compensate for the food insecurity gap in high income countries (Bazerghi et al., 2016)	Support the development of individuals and families to improve food security status (Roncarolo et al., 2016).
Goal	Provide individuals and families with immediate assistance and supplemental foodstuffs through donations (Bazerghi et al., 2016; Tarasuk et al., 2014).	Incorporate social justice, empowerment, skill development, and participation in community and civic activities (Roncarolo et al., 2016).
Funding	Federal government facilitated; Agriculture and Agri-Food Canada (AAFC) Emergency Food Security Fund (2021-22) ( <i>Programs / Food Banks Canada</i> , n.d.; Tarasuk et al., 2014).	Provincial government and charitable donations (Ministry of Agriculture, Food, and Fisheries BC, 2021).
Populations	10 provincial associations and 500+ affiliate food banks ( <i>Our Work / Food Banks Canada</i> , n.d.).	Community-level individual organizations that support local and regional farmers, individuals, and families (Hogue, 2014).

**Table 1.** Comparison between Canadian Food Bank and Community Food Models to understand the purpose, objectives, and background of each organizational structure.

### **Theoretical Frameworks**

The data collected throughout this research will be analyzed with a variety of different lenses that will allow the experiences of participants and frameworks for improvement to be rooted in an analysis of power, gender, and social structures. To begin, the data is being analyzed through an inductive approach to determine thematic patterns that were recorded. The purpose of inductive analysis in this context is to connect themes highlighted by participants and ensure that researcher bias is reduced by eliminating leading questions. While there is plenty of pre-existing data on the efficacy of charitable food access, the goal of this research is to understand lived experience, which varies significantly among individuals. Furthermore, the process of data collection, analysis, and dissemination takes an activist approach. Charles R. Hale outlines the process of the activist approach as a method to “better understand the root causes of inequality, oppression, violence, and related conditions of human suffering... [and] is used, together with the people in question, to formulate strategies for transforming these conditions and to achieve the power necessary to make these strategies effective” (Hale, 2001, p.13). The purpose of this approach in the research allows the data to be used in the framework of public Anthropology, thus ensuring that data collection and results are applicable in the real world to support communities. This research will also be analyzed through a feminist lens in both Anthropology and Food Studies, which outlines the mutual goal of understanding the experience of women and gender diverse individuals to be influenced through societal norms, gendered violence, inequality, and power structures.

*Feminist Anthropology & Food Studies*

As noted in this research and a myriad of previous work done in Canada, there are structural barriers that contribute to food insecurity, in addition to barriers which inhibit use of food access. The main barrier is gender-based. As noted in Brady et al.'s. research, women are predominantly in charge of 'doing food', which in theory is the practice of 'doing gender' and how "the everyday practices of feeding, producing, eating, cooking, procuring, and preparing food—are integral to "doing", one's gender" (Brady et al., 2018, p. 3). Another term for this is 'foodwork' which is defined as the "physical, cognitive, interactional, and institutional labor in the processes of feeding individuals, families, and groups in the food system" (Swan, 2020; Szabo & Koch, 2017). Food insecurity is an inherently gendered issue due to the societal pressures and expectations to fulfill the predetermined role of mother. Beyond this, food insecurity is an intersectional issue, which was defined by scholar Kimberlé Crenshaw as the way in which "systems of oppression overlap to create distinct experiences for people with multiple identity categories" (Crenshaw, 1991; Editors, 2020, p.1). To understand the experience of food security is to understand overlapping, intertwined structural and societal creations that act upon individuals who find themselves in social margins, thus resulting in the inability to acquire sufficient food and nutrition to live a healthy life. It is also to understand that some individuals are more frequently oppressed than others in their 'in' groups; that is to say, while women are oppressed due to certain structures, Black and Indigenous women have unique experiences due to their positionality as racial minorities that their non-BIPOC counterparts cannot understand. The purpose of employing these feminist approaches is to understand that food insecurity is not the fault of the mother or caregiver, rather the overlapping structures that have caused them to require food access points. The idea of an individual being at fault for issues

such as depression, anxiety, obesity, Type 2 diabetes, or other related to food is a direct by-product of neoliberalism which seeks to put complete onus on the consumer rather than exploring the ways in which systems work against people who are identified with marginalized social groups (Otero et al., 2018). Neoliberalism and the push for individualist views of the consumer have also led to increased levels of poverty, which too is a driver of food insecurity and affects women and caregivers predominantly, even more so if they fit into the multiple identity categories outlined by Crenshaw (Alkon, 2014). While this research does not explicitly discuss experiences of race and ethnicity in relation to food access in Greater Victoria, it must be understood that rates of food insecurity are higher for Black, Indigenous, Arabic, and immigrant mothers and caregivers based on their positionality of overlapping identity categories (Odoms-Young, 2018; Roberts, 2020).

## **Methods**

### *Ethics approvals and funding*

This study secured research ethics approvals from the University of Victoria's Human Research Ethics Board (HREB). Prior and informed consent was obtained by all five participants in both written and verbal form, which was recorded. Participants were informed on the research, the possible negative emotional or mental reactions to the questions due to the subject matter, the requirement to report any possible child abuse or neglect as per the Child, Family, and Community Service Act (CFCSA), and the dispersal of published research. To protect privacy, participants' names were changed, and the third-party food access organizations that provided possible participants with the researchers contact information was not informed of any participation. Participants were required to reach out to the researcher on their terms, and were provided with background information about the research, consent forms, and external food

access and low-cost counselling prior to agreeing to participating; no information on their dependents, income level, or health status was required. Due to COVID-19, all interviews were conducted remotely over the researchers' UVic-authorized Zoom account or over the telephone in order to ensure the health and safety of participants. The Principal Investigator, Alexandrine Boudreault-Fournier, was also present and active for each interview.

Funding was received from Iyé Creative – a not-for-profit food justice organization working with BIPOC individuals towards inclusive food systems in Greater Victoria. Iyé Creative covered the costs of the \$50 grocery store gift cards for each participant.

### *Lived Experience Interviews*

To answer the research questions surrounding the experiences of mothers and caregivers in Greater Victoria, five interviews were collected. Conducted with an inductive approach, the purpose was to ensure that participants can express their views and opinions fully as opposed to being led by pre-determined overarching themes.

Participants were recruited through third party food access organizations in Greater Victoria, which included the Shelbourne Community Kitchen, the Burnside-Gorge Community Centre, Esquimalt Neighbourhood House, and Saanich Neighbourhood Place. These organizations were chosen based on their involvement in Greater Victoria food security as detailed through the Victoria Foundation, and those who agreed received recruitment posters and handouts to disseminate to their clientele. Participants contacted the researcher without prior knowledge to the third-party organizations and participated in a 30-minute interview. Following this, participants were compensated for their time and participation with a \$50 gift card to a grocery store of their choice, in addition to any required childcare services.

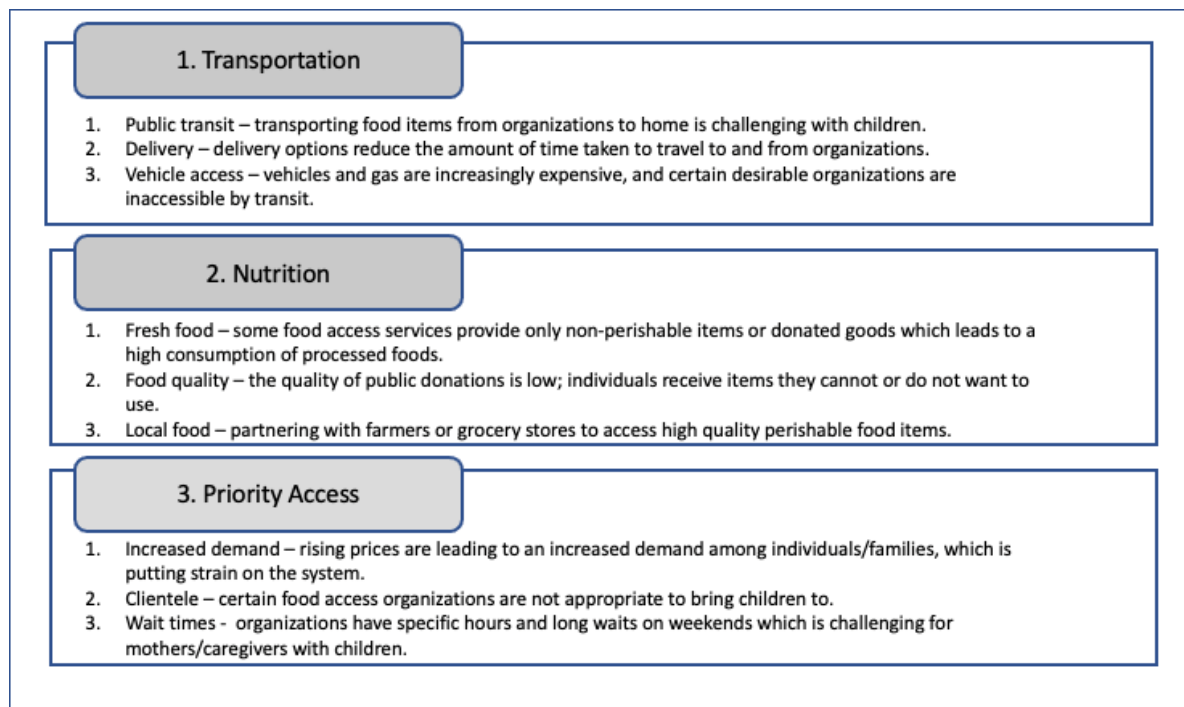
Participants were asked a series of three questions that related to their experience with food access in Greater Victoria. The main question was “what is your experience with charitable food in Greater Victoria?”. This question was followed by “do you feel there are any barriers to charitable food access?”, and “do you feel that charitable food access for mothers and caregivers in Victoria can be improved?”. All interviews were recorded for purposes of analysis.

To determine connecting themes between participants, key terms were analyzed and grouped based on frequency. These themes were grouped into three main categories and subcategories, which can be seen below in Figure 2. The purpose of identifying themes and subthemes is to ensure that all portions of experiences detailed by participants are incorporated in the creation of a proposed framework for the future of food access in Greater Victoria. In addition to identifying themes, key quotes were extracted that summarize the experiences of participants and notable items that will be used to augment the proposal.

## **Results**

### *Thematic analysis of lived-experience interviews.*

Participants ( $n=5$ ) provided information about their experiences accessing various charitable and community food organizations throughout Greater Victoria, and elsewhere. Interview data consisted primarily of information regarding the accessibility and efficacy of food access organizations for individuals, in addition to barriers and areas of improvement. Three main themes and nine subthemes emerged from the data, which are outlined in Figure 2. These themes are: 1) transportation; 2) nutrition; and 3) priority access. The nine subthemes include: 1) public transit; 2) vehicle expenses; 3) delivery; 4) fresh food availability; 5) food quality; 6) local agricultural foodstuffs; 7) increased demand; 8) clientele; and 9) wait times.



**Figure 2.** Results of the thematic analysis of lived-experience interviews. Visual adapted from Davison et al. (2019).

“Food became kind of a second priority, I hate to say. We have a transgender son who is looking to grow tall and we’re doing what we can to feed him and help him” – Deborah

## Discussion

The results of the participant data align with background research regarding barriers to accessing charitable food and the efficacy of organizations, including Rajasooriar & Soma’s research on challenges with transportation to food hubs in Vancouver (2022), Tsang & Azevedo’s research on barriers to accessing food in Ontario (Tsang et al., 2011), and much of Tarasuk’s research on food banks in Canada (Kirkpatrick & Tarasuk, 2010; Loopstra & Tarasuk, 2015; Tarasuk et al., 2014; Tarasuk & Mitchell, 2020). Underpinning all these themes is low socio-economic status, a lack of income, and rising costs of living in Greater Victoria. While experiences surrounding a lack of income and food prices is notably important, this research

seeks to understand experiences with charitable food access as opposed to experiences that led participants to require charitable food, thus issues surrounding income will not be highlighted. Outside of income-related barriers, qualitative data collected demonstrates that an improvement of food access for mothers and caregivers living in Greater Victoria is both meaningful and required, which fulfills the argument. Based on the thematic analysis of participant interviews, the three main areas that could be improved are transportation, nutrition, and priority access. Nested within each of these themes are the subthemes that were identified, all of which are interpreted below.

It is crucial to note that income is the number one driver of food insecurity among women and caregivers in Canada. Households that are renting, have lower levels of income, have children under 18, or use income support programs such as Employment Insurance have higher levels of food insecurity due to decreased income that can go towards food (Tarasuk, 2005; Tarasuk et al., 2019). Each participant identified income as being one of the main issues in feeling food secure; however, income is not identified as one of the main themes. This is because the suggestions created from participant data need to be employable.

### *Interpretation of themes*

Identified below are the themes that were linked between experiences from participants. These themes encompass areas for improvement, barriers to access, or participant suggestions for improvement. While this analysis is critical of the pre-existing food systems in Greater Victoria and their efficacy for meeting the needs of mothers and caregivers, there is an additional section that outlines positive experiences and areas that may not need improvement or could be more widespread among more organizations.

## Transportation

Transportation was identified across all the interviews. Many of the participants do not have access to a vehicle, therefore they are required to use public transportation or rely on others. Existing literature has also noted this as being one of the main barriers to accessing food, notably Rajasooriar & Soma's work in the City of Vancouver in which participants outlined that time, reliability, accessibility, and distance were all barriers to accessing food (Rajasooriar & Soma, 2022). Additionally, participants in this research noted the challenge of bringing their dependents and foodstuffs on transit as they must manage everything, which could further feed into the stigma surrounding charitable food access (Earnshaw & Karpyn, 2021; Riddoch, 2017)

“To go to the Mustard Seed for a family of 5, like I go on the bus but sometimes they give you a lot of stuff that won't fit in the bags we have – it's heavy to carry on the bus”  
– Kasey

“One of the main barriers I can see is transportation. If you can use the public transportation, okay but you will need an hour, two hours, and to have your food box and bring it. If you need to go to Fernwood from UVic you need to take two buses or even one and walk, and even it's not that far but with public transportation it's not that close either” – Cas

“To get out to Saanichton, I'm not going to be bringing my [dependent] for an hour and a half ride from downtown and then having to haul all those groceries, it's too much, so I have to look for friends that are able to take me” – Nadja

Many of the participants identified delivery as something an area for improvement. Fateh Care, a charitable food delivery access organization in Greater Victoria, was noted numerous times for reducing the burden of having to travel long distances or the amount of time required to transport food and dependents. Local grocery stores have increased their delivery capacity since the pandemic began due to concerns of health and safety, whereas food access organizations have not provided this option, most likely due to a shortage of volunteers/employees and the

rising costs of gas. Additionally, as noted above in the discussion surrounding public transit, bringing children onto the bus could be a stressful experience, therefore an increase in delivery options reduces the need for mothers and caregivers to take extra time out of their day to prepare for a long transit journey.

Finally, the costs of owning a vehicle are numerous, and rising gas prices are inhibiting families from being able to use their vehicles or causing trade-offs between purchasing food or getting to work. Three participants identified that while they do own vehicles, they feel unable to use them to get food as they are required to transit to work or pick up dependents. For these individuals, having to decide between accessing food and going to work causes emotional distress, as both are equally important.

“I have a vehicle and I consider myself fortunate but with the price of the gas I have to weigh ‘should I get to my client to make money today, or should I get food’, you know? It’s always a balance of uncertainty, I guess. If you’re a young mom with a baby, I can imagine getting to a place like this and being expected to take these groceries home is a huge deterrent.” – Deborah

“You wind up using what little budget you have on gas” – Leah

## Nutrition

“If you’ve got children, they are your number one. That’s what’s making the world go round and you know what? We’ve got to provide them with nutritious food and local food” – Nadjia

The access to fresh, local, nutritious foods was also identified as an issue by each participant. Previous literature has cited that decreased nutrition results in poorer health outcomes for families and children due to the high volume of calorically-dense foods they

receive from charitable food access services (Ingram, 2020; Kirkpatrick & Tarasuk, 2008).

While there are some organizations in Greater Victoria that provide more fresh foods than others, including the Good Food Box from Fernwood NRG which was identified by two participants, there is room for improvement in terms of providing a range of healthy, appropriate foodstuffs.

“I have Type 2 diabetes because all I was eating was carbs; that’s all that I was eating” – Leah

“Because a lot of the food was canned food and it was very difficult to get fresh food like vegetables and protein” – Cas

Additionally, access to fresh foods was identified as an issue, and one participant noted fondness for the food access service out of Saanichton and the Saanich Peninsula, which is just north of Greater Victoria and has a high number of local farms. Fresh foods are becoming increasingly expensive, and literature has noted that the cost of fresh food is a barrier to consumption (Dave et al., 2017). Many charitable food access organizations distribute non-perishable food items for ease of collection and monitoring, but canned and boxed foods do not provide adequate nutrition or adequate supplemental nutrition in place of fresh food.

“Don’t donate what you wouldn’t eat yourself” – Leah

“It’s nice that some of these organizations are on board with that and provide nice fresh stuff, but some of them don’t. Expired, mouldy, bad, you just end up throwing it out”- Nadja

“You can have as much peanut butter and mr noodles and rice, like I could eat that for ever and have stocks of it, but it’s hard to make things with it when you don’t have accompanying food” – Leah

To secure free fresh food, namely fruits and vegetables, one of the participants noted that she is involved in a community of people who dumpster dive to collect items that are unfit for sale but fit for consumption. Food waste is a massive issue in Canada, and certain organizations have been implemented in Greater Victoria in order to address this, such as the Food Rescue Project; however, no participants noted that they had received any food from this project. She noted that she would like to see a mechanism that takes salvageable food from the trash to redistribute to people that need it.

### Priority Access

With an increased stress on charitable and community food systems due to COVID-19, rising costs of housing, and rising costs of food, there are more people accessing food than before. One participant noted that she had never seen so many people using a food service by UVic.

“There are more people trying to use [it] even if they are not from the family centre or UVic” – Cas

Other participants noted that because of the issue with transportation, going to food access points takes an entire day due to lineups. It was noted that there are lineups around the block at certain local churches that distribute food and clothing, and it’s important to get there early or else there may not be enough left. Additionally, in terms of food hampers or boxes such as Good Food Box, one participant said that she would wait until she got an email to immediately sign up due to how fast the spots are taken by those who need it, thus leaving some individuals who are not able to sign up immediately at a loss.

“You gotta sign up early because it’s gone; they’ll fill up so as soon as I get that email I’m on it because I really depend on it”- Nadja

“So many people are hungry, you kind of have to wait your turn”- Deborah

Other participants noted the experience of watching their community members with young children wait in line for food and empathizing with their experience. While they did not have very young children and toddlers, they let mothers with crying babies go in front to be served first due to the stress they have felt themselves being in that position.

“If you’ve got a screaming baby with you, c’mon, they’ve gotta be able to go to the front of the line. I let a lot of people go in front of me – you know they’ve got a baby who wants to go home and go to sleep” - Nadja

An interesting and slightly unexpected experience that two participants shared was the level of perceived safety they felt when accessing the main food bank in Greater Victoria – the Mustard Seed. It was noted that due to the clientele that access this service and the area in which is it located, some mothers and caregivers felt uncomfortable bringing their children. The Mustard Seed is a street church, therefore other individuals who rely on this service may engage in activities and lifestyles that are not always appropriate for children. This is not to say that individuals who have trauma and addiction are undeserving of food, but instead that certain mothers and caregivers may wish to be involved in systems where they feel safe bringing their children.

“Where I go for the food bank, they do hot food and there’s all kinds of people there... I don’t take them unless I have to” – Kasey on taking her family of five to the Mustard Seed.

“Some of them are a little bit harder to access just because of clientele. Sometimes you don’t want to take your children to places that can be a little bit sketchy... I find some of the other clients to be a barrier” – Leah

Finally, participants noted that the timeframe of availability for some organizations are not ideal as they are open during work or non-school hours when they have to bring their children, thus contributing to the stress of finding appropriate transportation or finding someone to childmind. One of the participants noted that she would like to see more resources for day care and affordable after school care programs that are tied to food organizations in order to collect food or have the time available to do so without constraints.

### What's Working?

While this research accounts for certain aspects of charitable and community-based food models that are not working for mothers and caregivers, many of them expressed how grateful they are to have resources available in any form, whether they are ideal or not. One of the participants noted that compared to other areas she had lived in, Greater Victoria had a much higher rate of food availability and access locations. Another had said how grateful she is to be able to access a food hamper even once a month and how organizations such as Burnside Gorge Community Centre had treated her and members of her community. It is important to understand that no one method or framework is adequate to solve such a large issue like food insecurity in Canada, and that the structures that interact to create and perpetuate food insecurity expand beyond just what is available in Greater Victoria.

### *Proposal for Improvement*

Building from the argument that food access in Greater Victoria can be improved for mothers and caregivers, solutions can be investigated. This research employs an activist approach that considers lived experience, pre-existing research, and place-based boundaries to

outline how both charitable food models and community-based food models can better serve their community. Below are 15 suggestions formulated based on participants' experiences that could be reasonably implemented by local organizations. Some of these suggestions exist among organizations in Greater Victoria but could be more widely used to fulfill the specific needs of mothers, caregivers, and their families.

## **I. Transportation**

- (a) Organizations should provide a delivery option that caters to individuals who live outside of a 5km radius of their location or are unable to access the location through public transportation.
- (b) Carpooling initiatives should be created by organizations to connect families with vehicles to those who do not. Alternatively, volunteer carpooling initiatives could be implemented wherein volunteers drive mothers/caregivers to food access locations.
- (c) Partnership creation with BC Transit wherein organizations that are located along transit routes or are challenging to get to have reduced or free fares for mothers and families.
- (d) Organize multiple pick-up locations across Greater Victoria that are located on central transit routes.

## **II. Nutrition**

- (a) Contact local grocery stores to collect discarded or recently expired fresh foods for distribution, such as fruits, vegetables, dairy products, or protein.
- (b) Partner with local farmers and backyard gardeners to accrue fresh vegetables and fruits that are unattractive for sale but edible.

- (c) Implement choice design models that allow families a level of flexibility in their desired foodstuffs, including dietary or health restrictions.
- (d) Collaborate with local farmers markets to create a 'stamp program' wherein vendors donate 1-2% of their profit to families who cannot afford to regularly frequent these events. Families will receive a stipend per month that is accumulated through gross profit of vendors to be redistributed.

### **III. Priority access**

- (a) Recruit volunteers from child and youth training programs in the community to provide mothers/caregivers with free childcare while they pick up their food items.
- (b) Set aside specific times (i.e. Saturday mornings, Sunday afternoons) as priority access for mothers with children under the age of 12.
- (c) Create a pick-up schedule survey to meet the needs of the organization and the user based on preferred available times.
- (d) Partner with hot food/soup kitchens to serve hot meals to only families 1-2 days per week.

### **IV. Further suggestions**

- (a) Create a volunteer network of individuals who use the food access service to ensure mutual benefit.
- (b) Partner with the Municipality of Victoria to provide materials and workshops on how to create small-plot gardens for balconies, backyards, or apartments.

- (c) Host focus groups or group sessions for mothers and caregivers who are struggling to connect and find ways amongst themselves to begin addressing issues in their community.

### Efficacy of Rights to Food and Community Food Models

In comparing these suggestions to community and charity food models (see Table 1), they align with the purpose and goals of community food models. As noted, community food models seek to bridge infrastructure between food insecure communities, farmers, and local producers and distributors to empower families and promote community food security (Roncarolo et al., 2016; Turetta et al., 2021). This begs the question - why are mothers and caregivers in Greater Victoria still experiencing issues that should be addressed by community food models? It may not be the model itself, but instead the structures that inhibit the full potential for meeting the needs of meeting individuals and family's food needs. Earlier in the piece, the United Nation's right to food was outlined, which is defined as the point in which "every man, woman, and child, alone or in community with others, has the physical and economic access at all times to adequate food or means for its procurement" (*The Right to Food | Food and Agriculture Organization of the United Nations*, n.d.). As noted, the right to food is a top-down approach to addressing food insecurity in Canadian communities. The *International Covenant on Economic, Social, and Cultural Rights* was ratified by Canada in 1976 which included the right to adequate food for all, but the country as a whole has been fallen short in adopting the four main tenants of which it is composed: availability, accessibility, acceptability, and adequacy (Ayala & Meier, 2017; Lambek et al., 2017; Rideout et al., 2007). Subsequently, these are also some of the main components that community food models seek to

address, including improving access by all community members, supporting sustainable production practices, increasing nutritious foods, and creating partnerships with farms (Garrett & Feenstra, n.d.). If the top-down structure of rights to food coupled with community food models is unable to meet the needs of mothers and caregivers in Greater Victoria and other locations in Canada and globally, then we must explore other possibilities within social spheres.

### Moving Forwards with Food Sovereignty

As noted above, the three themes outlined by mothers and caregivers in the study are not adequately addressed by charitable, nor community food access models informed by the rights to food framework. This may be because the top-down approaches that rely on a multitude of legislative and jurisdictional bodies to address an issue that is deep seated within these same structures. Thus, we argue that the concept of food sovereignty may address the suggestions created and the experiences of participants. This concept was defined by La Via Campesina, as: “the peoples’, Countries’ or State Unions’ RIGHT to define their agricultural and food policy, without dumping any vis-à-vis third countries” (La Via Campesina, 2003, p.1). It was created in response to global peasant organizations and their experiences with food systems characterized by globalization, capitalism, and poverty that were unable to address their needs and continued to engage in extractivist and destructive practices. The food sovereignty model seeks to address inequality in power, which, as noted in this research in terms of feminist studies, is common among impoverished women and caregivers (Patel, 2012). The approach of food sovereignty is rooted in bottom-up, grassroots, people-driven organizations that seek to address food issues in a place-based way to move resources from a global capitalist scale towards a local, self-sustaining scale. This directly contrasts the rights to food model as outlined by the United Nations, which

seeks to employ global, top-down approaches. In considering the various structures, frameworks, and models that seek to address food insecurity, we argue that community food models may want to reconsider their positionality within the ideas of the rights to food framework and assess movement towards supporting food sovereignty. This may better address the themes outlined in the research by creating bottom-up participant informed approaches to addressing food insecurity while fostering food security for themselves, those facing similar situations, and their community as a whole.

### **Future Research and Limitations**

Due to the time constraints of this research and the positionality of the researcher as an undergraduate, the sample size of the study was very small. The experiences and opinions of the mothers and caregivers expressed in this research may not mimic those of others who were not interviewed as they cannot speak for their entire community. Additionally, that means that the themes of transportation, nutrition, and priority access must each be explored at more in-depth scales to more closely understand individual structures that contribute to these issues in Greater Victoria. Furthermore, due to the semi-structured nature of the qualitative interviews, the possibility of researcher bias imposed on participants may have caused for leading questions in research or may have not allowed for more in-depth exploration of positive aspects of food models in Greater Victoria. Finally, as identified by previous research, those who were not accessing charitable, or community food access organizations were not interviewed due to the recruitment process. Unfortunately, this research cannot highlight the experiences and barriers faced by mothers and caregivers who are unable to access these organizations.

There are many opportunities for future research within this project, and within the scope of food security in Canadian communities. As this research did not address questions of race, gender, ethnicity, income, or disability, that is an area that could be expanded upon to understand more specific experiences of marginalized groups in Greater Victoria. Additionally, more research could be done on the experiences of the children or dependents of mothers who experience food insecurity, as well as individuals who used to access these services and no longer needs to.

## **Conclusion**

Food security in Canada is a growing issue despite the number food access organizations. Among food insecure Canadians, mothers and caregivers have some of the highest proportions of food insecurity, much of which is due to pre-existing structural implications, gender roles, and the specialized requirements of those with children. In Greater Victoria specifically, rising costs of living and the subsequent COVID-19 pandemic have contributed to a food system that is overwhelmed with the needs of individuals and families. The goal of this research was to determine the experience of mothers and caregivers who use food access services in Victoria, and argued that charitable food access could be improved among this demographic. Based on the data of the five lived-experience interviews conducted with participants, findings showed that there are three main areas that could benefit from improvement for mothers/caregivers. To address these improvements, this research highlighted 15 suggestions based on the three themes identified in addition to background research, thus contributing to the discourse on how food insecurity can be addressed in local communities. While all forms of food access are needed to

ensure that families are not suffering at the hands of an increasingly costly city, mothers and caregivers require specialized solutions that allow them to raise healthy, vibrant youth.

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