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Access, dignity, and choice: social supermarkets and the end of the food bank model in the UK?

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ABSTRACT

Levels of food insecurity (FI) and the need for food support have increased dramatically since the COVID-19 pandemic and the cost-of-living crisis. These crises also enabled substantial innovation in food support provision, including a move away from more traditional food bank models toward social supermarkets (SSM). These are characterized as not-for-profit social enterprises that sell mostly food, at low or symbolic prices to those living near or in poverty. In this article we provide a timely empirical account of SSMs and the experiences and perspectives of their members, focusing on three key themes: access, dignity, and choice. We use a mixed-methods approach based on questionnaires ($n = 111$) and interviews ($n = 25$) with SSMs members, engaging with local priorities and perspectives in the active co-creation of the research. Our findings demonstrate that SSM's provision is more inclusive and mindful of the diversity and agency of their members, doing away with pre-conceived ideas of food support recipients as passive citizens. While not a panacea, we argue that SSMs offer an alternative model for providing food support and one that could be replicated broadly or used side-by-side with food banks.

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Introduction: Who is responsible?

Who is responsible for ensuring that the nation – and all of its citizens – are fed? The government? The food industry? Or the charity sector, including food banks? (Caplan 2020, 8)

Levels of food insecurity (FI) and the need for food support¹ in the UK have increased dramatically since the outbreak of the COVID-19 pandemic and the cost-of-living crisis (Ranta, Mulrooney, and Bhakta 2022).² This increase has occurred against a backdrop of already high levels of FI, partly attributed to the austerity measures implemented by the then coalition government in 2010.³ The increasing need for food support is currently being met by a wide range of organizations. Nevertheless, meeting this demand relies heavily on food

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banks. In the absence of direct government policy and support, food banks have become part of the unofficial welfare system in the UK, and the first line of organized support for those suffering from FI (Garthwaite 2016; Lambie-Mumford 2017).⁴

Despite their importance in alleviating and mitigating FI, food banks have faced increasing criticism. These have addressed, among other issues, their requirement for referrals, the absence of choice, and the focus on emergency relief. It is argued that food banks do little to address the long-term issues many of those in need face, beyond immediate alleviation of FI, and only add to their experiences of stigma and shame (Garthwaite, 2016; Garthwaite 2016; Paget 2015; Walker et al. 2022; Williams et al. 2016). There are thus good reasons to question the UK food bank model of operations, but in the face of increasing need, and in the absence of direct government intervention, is there another way to address FI and provide food support?

The primary aim of this article is to address the above question through a participatory mixed-methods study of a novel approach to alleviating FI and providing food support, namely social supermarkets (SSMs).⁵ This study is timely given the rapid increase in FI in the wake of the COVID-19 pandemic and subsequent cost-of-living crisis, and the general scarcity of research on SSMs in the UK (Berri and Toma 2023; Mulrooney et al. 2023; Saxena and Tornaghi 2018; Stettin, Pirie, and McKendrick 2022). We argue that, while not a panacea, SSMs provide a more accessible and dignified model of food support. Our contribution is to provide an empirical account of SSMs and the experiences and perspectives of their members, focusing on three important themes which, we argue, should guide future thinking in this domain: access, choice, and dignity.

The paper is divided into four parts. First, we discuss the main criticisms of the UK food bank model and explain the concept of SSMs. Second, we detail our methodology, explaining the basis for our approach and the methods used. Third, we provide an empirical case study based on the experiences and perspectives of members of two SSMs, focusing on the above themes. We conclude the article by looking at the importance and implications of our findings.

The UK food bank model and its limitations

We start our discussion of alternative models of food support from the reference point of the established model: the UK food bank. To begin with, the term “food bank” is heterogenous and problematic as it can denote a wide range of organizations: from a husband-and-wife team volunteering in a small rural church, to a large warehouse in an urban center with several paid staff and dozens of volunteers. In the UK, the term *generally* refers to a frontline food support provider/charity that is mostly volunteer led, requires referrals to access their services, caps the number of visits, and provides a fixed array, or a very limited choice of food items to alleviate an emergency need; many such providers also self-describe as food banks.⁶

It goes without saying that food banks perform an essential service, the need for which has emerged against the absence of direct government policy and support. Food banks often go above and beyond the call of duty, something which became evident during the COVID-19 pandemic (Ranta, Mulrooney, and Bhakta 2022). They operate in difficult circumstances and often with limited resources. Nevertheless, we argue, the food bank model is less than ideal and might not be sustainable, given the challenges posed by the

pandemic and the cost-of-living crisis. Below we detail some of the criticisms of the UK food bank model focusing on the themes of access, choice, and dignity.⁷

Access to food bank provision is mediated through the referral system. Most food banks require a referral to allow access to their services. These can be acquired from a range of bodies, including social services, citizens' advice bureaux, and are capped (*usually* giving access to a food bank for a 3–6 weeks' period⁸; this parallels the waiting time for access to Universal Credit⁹). The referral scheme is explicitly designed to assess levels of need and to limit access to food support, and thus nudge users in the direction of self-reliance. The referrals are also based on the assumption that there is a need to limit misuse of the provision, disregarding and compounding the loss of dignity and the intense stigma and shame that accompanies FI (see, for example: Caplan 2017; Walker et al. 2022; Williams et al. 2016). Additionally, there is evidence to suggest that capping referrals neglects users who require access to long-term food support (Loopstra 2018).¹⁰

The UK food bank model was never meant to address FI in any holistic manner. Food banks were conceived as providers of *emergency food aid*, rather than long-term support, and the issue of food choice was not high on the agenda (Caplan 2017; Loopstra 2018). Despite the different meanings ascribed to the term “food aid” (depending on the organizations using it: Lambie-Mumford 2017), the emphasis on its emergency nature meant that pre-pandemic food banks largely focused on the provision of a limited range of essential and long-shelf-life food items. How these items helped alleviate broader FI, which often prefaced use of food banks, was not considered. Additionally, this type of provision left little space for food choice, considerations of healthy eating, and nutritional and cultural appropriateness (Garthwaite 2016; Lambie-Mumford 2017).

Depriving food bank users of choice undermines their agency and dignity and constructs an image of passive recipients of welfare, distorting the social and economic realities behind rising levels of FI. It further compounds the undignified reality of poverty and FI many food bank users experience, which includes the need to navigate the referral system. For some users, coming to a food bank is literally a last resort, one which necessitates relinquishing their dignity and overcoming feelings of stigma and guilt (Garthwaite 2016; Loopstra 2018; Loopstra and Lalor 2017; Paget 2015; Walker et al. 2022).

Given these concerns with the UK food bank model, as essential as it has been, particularly in the absence of direct government support, the need has emerged for alternative ways to address FI. The requirement for food support is usually a manifestation of long-term FI, itself rooted in a wide range of shifting social conditions. To address FI meaningfully, these conditions must be considered in a dynamic and holistic way, allowing for shifting demand and rising levels of need. Additionally, consideration should be placed on avoiding stigma and shame and safeguarding the dignity of users, including the importance of longer-term support, making allowance for choice, and countering pre-conceived assumptions.

Social supermarkets (SSMs)

In this paper we use the term social supermarket (SSM), given its prominence in the literature, particularly in Europe, and the popular media in the UK (see, for example: Rayner 2019). Nevertheless, in the literature and the food support sector several different terms are used, often interchangeably, including community supermarkets, social

supermarkets, community markets, food clubs, and pantries (Saxena and Tornaghi 2018).¹¹ Despite the rapid increase in SSM numbers, little research has been carried out on them in the UK, and even less on the experiences and perceptions of their members. This is the lacuna this article sets to address.

SSMs are not new. They have been around for several decades, mainly across Europe (see, for example: Holweg et al 2010; Holweg and Lienbacher 2011; and Maric and Knezevic 2014) but started to emerge in the UK over the past decade as a response to austerity, increasing levels of FI, and the need for more sustainable long-term solutions (Paget 2015; Saxena and Tornaghi 2018). In the UK context, one could make the argument that SSMs are continuation of subsidized stores (for example, charity and company shops) that have been around for much longer.

SSMs are defined as not-for-profit social enterprises that sell mostly food, at low or symbolic prices to those living near or in poverty (Holweg and Lienbacher 2011). Though SSMs differ in their general aims and structure (for example, in terms of membership, payment model, and products offered), there are several key differences between them and food banks. SSMs mostly do not use a referral system and do not cap the number of visits members can make. As a result, they are more accessible to disadvantaged groups and they can support them for longer. There is an expectation of payment, even if symbolic, which provides an opportunity to maintain dignity through avoiding the one-sidedness of the support; the provision of payment also supports the financial durability of SSMs (in contrast to food banks). SSMs provide a retail-type environment, which includes choice, albeit sometimes from a limited range, that exists outside of the traditional marketplace; they can be viewed as an intermediate model between food banks and supermarkets. The provision of choice, which recognizes the diverse needs of its members, allows members to retain their agency as customers thus preserving their dignity and differentiating them from what are often seen as passive recipients of welfare. Choice also allows members of SSMs to acquire nutritionally and culturally appropriate food. Finally, SSMs often include a social space, which can be useful in overcoming social isolation. It can also enable the provision of formal and/or informal social support from a community navigator (see, for example: Holew et al 2010; Holweg and Lienbacher 2011, Maric and Knezevic 2014; Mulrooney et al. 2023; Saxena and Tornaghi 2018).

Nonetheless, SSMs are not a panacea for solving FI. They come with their own set of dilemmas, contradictions, and problems, including the reliance on volunteers, the long-term viability of their financial model, their ability to expand access to meet increasing demand, and their reliance on surplus food (Berri and Toma 2023), some of which we will discuss below.

Methodology

Over the past four years we have researched FI and food support provision in the UK, primarily in and around London and Sussex. We have also carried out several workshops with food support providers across the UK, including three specifically with, and focusing on, SSMs. While this has helped shape our wider understanding of this subject, this article is based primarily on research conducted at two SSMs. Our guiding research principle has been to support the work of the SSMs and consider the experiences, perspectives, and priorities of their staff, volunteers, and members (Vaughen and

Jacquez 2020). Simply put, we wanted to ensure the research was participatory, non-extractive, and of benefit to the SSMs and their members (Bergold and Thomas 2012).

All research methods (site visitations, questionnaires, and interviews: discussed below) were designed in consultation with the regional food project manager, who oversees the two SSMs we researched, and who was also invited, after the research was conducted, to contribute to the writing of this article. This ensured the inclusion of questions and issues that were of importance to those running the SSMs (paid staff and volunteers), their members, and their local stakeholders.¹²

The research is based on questionnaires and interviews with members of two SSMs in East Sussex. According to the index of multiple deprivation (CDRC 2022), the neighborhoods served by the two SSMs are in the 2nd and 3rd most deprived centiles in the UK. The SSMs were established in 2021 (site A) and 2022 (site B) during and as a response to the pandemic, through the actions of, among others, the regional food project manager. They were *explicitly* intended to provide an alternative food support model to food banks.¹³ The two sites, which are mostly volunteer run, do not require referrals and do not cap overall numbers, but are limited to members who live in the local neighborhoods.

The SSMs employ a pay-as-you-feel model, which invites members to make a payment, but does not oblige them to. Members can choose from a range of products including tinned, fresh and frozen produce, baked goods, household and personal hygiene items, as well as salads, soups and frozen meals prepared by staff and volunteers in a separate community kitchen; eggs and milk are also available for a minimal charge. The food provided is sourced from a range of local organizations but relies heavily on Fareshare, the main UK surplus food provider; as a result, the quantity and choice of food varies seasonally and weekly. Both sites open weekly for two hours and signpost members to additional services and support through a community navigator who is present during opening times. There were two key differences between the two sites, at the time the research was conducted. The first is that site A provided a small café offering hot drinks and cakes, and an opportunity to socialize. The second is that in comparison to site B, site A also provided a more secluded and less visible area for members to queue, while waiting to enter the SSM.

Data were gathered on two occasions at site A (site A1, 9th of December 2021; and site A2, 28th of April 2022) and on one occasion at site B (16th of May 2022).¹⁴ Data were gathered using questionnaires administered in person by the researchers at the SSMs.¹⁵ The questionnaires had sections on demographics, experiences, and perceptions of the SSM.¹⁶ Demographics data included factors likely to impact use of the SSM such as age, gender, number of dependents, ethnicity, housing, and disability status (see [Tables 1 and 2](#) below). Questions related to the SSM included reasons for and length of membership, and whether it was the main source of household food. In addition, members rated their level of agreement with a series of statements about the SSM using a five-point Likert rating scale from “strongly agree” to “strongly disagree.” In total 111 members completed a questionnaire (34 Site A1, 37 Site A2, and 40 Site B), constituting most of the households attending the sites on those days.

Questionnaires were coded and data were entered manually into an Excel spreadsheet. Statistical analysis was carried out using SPSS version 26. Differences in levels of agreement with statements by demographic characteristics were assessed using Kruskal Wallis tests with posthoc Dunn’s and Bonferroni correction. Differences in responses between

Table 1. Demographics of members (age, gender, ethnicity, and disability). Data are expressed as numbers (%).

<i>Age (yrs)</i>						
	18–24	25–34	35–44	45–54	55–64	65+
Site A1 (<i>n</i> = 34)	5 (14.7)	3 (8.8)	9 (26.5)	6 (17.6)	5 (14.7)	6 (17.6)
Site A2 (<i>n</i> = 37)	1 (2.7)	6 (16.2)	4 (10.8)	9 (24.3)	7 (18.9)	10 (27.0)
Site B (<i>n</i> = 40)	3 (7.5)	6 (15.0)	8 (20.0)	9 (22.5)	9 (22.5)	5 (12.5)
Total (<i>n</i> = 111)	9 (8.1)	15 (13.5)	21 (18.9)	24 (21.6)	21 (18.9)	21 (18.9)
<i>Gender¹⁸</i>						
	Woman	Man	Non-binary	PNS		
Site A2 (<i>n</i> = 37)	22 (59.5)	14 (37.8)	0 (0.0)	1 (2.7)		
Site B (<i>n</i> = 40)	31 (77.5)	9 (22.5)	0 (0.0)	0 (0.0)		
Total (<i>n</i> = 77)	53 (68.8)	23 (29.9)	0 (0.0)	1 (1.3)		
<i>Ethnicity</i>						
	White	Black	Asian	Mixed	Other	
Site A1 (<i>n</i> = 34)	28 (82.4)	1 (2.9)	2 (5.9)	3 (8.8)	0 (0.0)	
Site A2 (<i>n</i> = 37) ¹⁹	29 (78.4)	2 (5.4)	0 (0.0)	5 (13.5)	0 (0.0)	
Newhaven (<i>n</i> = 40)	40 (100.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	
Total (<i>n</i> = 111)	97 (87.3)	3 (2.7)	2 (1.8)	8 (7.2)	0 (0.0)	
<i>Do you consider yourself to have a disability?²⁰</i>						
	Yes	No	Prefer not to state			
Site A2 (<i>n</i> = 37)	18 (48.6)	17 (45.9)	2 (5.4)			
Site B (<i>n</i> = 40)	18 (45.0)	21 (52.5)	1 (2.5)			
Total (<i>n</i> = 77)	36 (46.75)	38 (49.35)	3 (3.9)			

Table 2. Demographics of members (living & personal circumstances). Data are expressed as numbers (%).

<i>Housing</i>								
	Private rented	LA rented	LA temporary	Owned	Staying with family or friends	Hostel or refuge	Sleeping rough	Other
Site A1 (<i>n</i> = 34)	15 (44.1)	6 (17.6)	3 (8.8)	5 (14.7)	1 (2.9)	2 (5.9)	0 (0.0)	2 (5.9)
Site A2 (<i>n</i> = 37) ²¹	11 (29.7)	10 (27.0)	5 (13.5)	10 (27.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
Site B (<i>n</i> = 40) ²²	10 (25.0)	12 (30.0)	4 (10.0)	12 (30.0)	1 (2.5)	0 (0.0)	0 (0.0)	0 (0.0)
Total (<i>n</i> = 111)	36 (32.4)	28 (25.2)	12 (10.8)	27 (24.3)	2 (1.8)	2 (1.8)	0 (0.0)	2 (1.8)
<i>Marital status</i>								
	Divorced	Long-term relationship	Married	Separated	Single	Widowed		
Site A1 (<i>n</i> = 34)	0 (0.0)	7 (20.6)	7 (20.6)	3 (8.8)	13 (38.2)	4 (11.8)		
Site A2 (<i>n</i> = 37)	4 (10.8)	5 (13.5)	12 (32.4)	4 (10.8)	9 (24.3)	3 (8.1)		
Site B (<i>n</i> = 40)	4 (10.0)	4 (10.0)	9 (22.5)	2 (5.0)	17 (42.5)	3 (7.5)		
Total (<i>n</i> = 111)	8 (7.2)	16 (14.4)	28 (25.2)	9 (8.1)	39 (35.1)	10 (9.0)		
<i>No. of dependants</i>								
	0	1	2	3	4	5		
Site A1 (<i>n</i> = 34)	13 (38.2)	9 (26.5)	7 (20.6)	3 (8.8)	2 (5.9)	0 (0.0)		
Site A2 (<i>n</i> = 37)	18 (48.6)	4 (10.8)	7 (18.9)	2 (5.4)	3 (8.1)	0 (0.0)		
Site B (<i>n</i> = 40) ²³	18 (45.0)	5 (12.5)	7 (17.5)	6 (15.0)	3 (7.5)	0 (0.0)		
Total (<i>n</i> = 111)	49 (44.1)	18 (16.2)	21 (18.9)	11 (9.9)	8 (7.2)	0 (0.0)		

venues were tested using chi square tests at $p < 0.05$. For similar statements, levels of similarity were tested using Cronbach's analysis.

Members surveyed were offered optional interviews to discuss their responses more fully, and a little over 22% ($n = 25$) took up the offer. Interviews were carried out either

over the phone or online. An interview guide was used to ensure consistency and all interviews were audio-recorded for accuracy with permission. Audio recordings were transcribed, and basic thematic analysis was carried out separately by the research team in an iterative process to identify the main themes and subthemes, which were manually coded (Braun and Clarke 2006). Where quotes are used to illustrate themes, pseudonyms are used to maintain anonymity. Members who were interviewed received a small token of acknowledgment for their time in the form of an electronic voucher. In total 25 interviews were conducted: 16 at site A (8 site A1, interviewed 15th and 16th December 2021; 8 at site A2, interviewed 3rd-10th May 2022), and 9 at site B (interviewed 20th-27th May 2022).¹⁷

Questionnaires and interview guides were submitted to University Ethics Committee and ethics approval was granted ahead of conducting the fieldwork.

Access

Access to food support is a key issue in the UK. As we saw above, the referral system is embedded in the UK food bank model: only those who, according to an external assessor, are deemed in need, are provided with access to food support. But should formal assessment of need determine access to food support?

According to YouGov, a UK polling company, there is a clear gap between those who use food banks and those who claim to be unable to afford to feed their families. Their September 2022 poll indicated that around 7% of UK households used a food bank in the past year, while 17% stated they were not confident they could afford to feed their families (YouGov 2023). The 17% figure is in line with other assessments of UK household FI: the Food Foundation (Food Foundation 2022b) and the UK Food Standards Agency have both found that around 20% of households were food insecure (Food Foundation 2022b; FSA 2023). What is clear from the above is that many households were struggling with FI but were not accessing food banks. The reasons for this vary, as we will discuss below.

The SSM model we encountered is an attempt to address the issue of access through a more inclusive approach that does not place an emphasis on members needing to prove their need. As we were told by those who manage the two sites, coming to the SSM is, for almost all members, an indication of need.²⁴ It is also clear that, as we show below, some members would not qualify for a referral, if they sought one, because they were part of a working household. Broadening access was important even for members who would qualify for a referral, as access to the SSMs is not capped. This means that the SSMs broader conceptualization of need provided more inclusive access to local community members struggling with FI.

To better appreciate how the SSMs broaden access, it is important to understand who their members are. Our research indicates three broad categories of members using the SSMs. The **first** category includes those who have used various support services prior to using the SSM. Many in this group were either struggling with long-term mental or physical ill health or were taking care of a family member with mental or physical health problems. The story of Daisy, a former skilled professional aged 45–54, who has been unemployed and on a variety of benefits for several years, sheds light on the struggles this

group face. Daisy (site A2) suffers from serious mental health problems and has a disability that negatively affects her ability to lead, what some would consider, a normal working life. She has been assessed periodically and has been having ongoing discussions with local authorities and the Department for Work and Pensions over her situation, ability to work, accommodation, and levels of support. She is currently renting from the local authority.

She told us that she has been struggling prior to the cost-of-living crisis, but that her situation has considerably worsened:

I can't afford hot water so I can only really afford like one bath a month so if I have in-person appointments I try to make them all at once. I can't, I haven't been able to afford to have the heating on over winter.

For such members, the reasons behind their FI are complex and affect many aspects of their lives. They require long-term food support and would not see much benefit from accessing a food bank 3–6 times or being required to continuously prove their need to qualify for support. The availability of SSMs provides such members with secure and long-term access to food support.

The **second** category of members are those who started to use the SSM because of a sudden change in their circumstances, brought about through the death of a family member (frequently the main breadwinner), a serious physical injury, or the loss of employment.

Elise (site A2), a part time worker aged 45–54, lives on her own and provides care for two very young grandchildren:

My husband was working but then there were some lockdowns with COVID, so he stopped working for the company and he was going to go back and work for himself, and then he got ill and that was it [he died]. So, before, I was on furlough, I had a job and he had a job so we were alright.

Some of these members required short-term support, often while they waited for their first Universal Credit payment, while others needed longer-term support. The former might manage with food bank referrals on their path to recovery, while the latter required longer-term support as they made their way through the complicated benefits system. For those requiring short-term support, the broader access does not provide many additional benefits, in contrast to those that require long-term support, as previously discussed.

The **third** category of members does not fit the prevailing notions of those suffering from FI and/or in need of food support. These are members who are mostly not entitled to receive benefits and who have never previously used or needed food support. This group could be categorized as the “just-about-managing,” often comprised of two working adults with children, facing financial difficulties because of the cost-of-living crisis. According to the Food Foundation (2022b) around a quarter of UK household with children are food insecure. We encountered most of this group in the second round of data collection in April-May 2022, which reflects the impact of the crisis.

Dinah (site B) is aged 25–34, lives with her long-term partner, renting from a private landlord and raising two small children. Both she and her partner work full time:

I'm not on any benefit, which I know might seem strange because I use the [SSM] but we're one of those families who are, you know like you're not entitled to any help but you're at that end where you're paying for absolutely everything which I want to do and be self-sufficient . . . I think the scales are going to tip in to a negative because our household income and our outgoings are not, are starting to slightly not balance out, you know like with the cost of food and stuff like that. I'm in a fixed rate with my gas and electricity at the moment but I am aware as soon as I'm out of that fixed rate, things like that could start taking a toll.

As we demonstrate above, many SSM members are not served well by the current UK food bank model/system because of their circumstances or because of the number of times they would need to access food support. Yet, they are clearly struggling. The SSMs provide members such as Dinah and Daisy with access to food support that they are unable to get elsewhere and provide that access for longer.

Choice

Given that food choices – what we buy, cook, and eat – are an important part of our identity, being deprived of choice can be seen as degrading and damaging to one's self-worth. Choosing what you eat is an expression of autonomy but also of individual and group identity (Fischler 1988). This is important not only in the context of healthy eating (Caplan 1997) but also in terms of identity maintenance. People bring multiple meanings to eating and derive multiple meanings from it (Bisogni et al. 2002). Being able to access foods people associate with their own communities is part of that. Choice, therefore, should be seen as a key component of any food support provision.²⁵ The importance of choice to dignity in the context of food support, has also been demonstrated in several different setting and countries, for example, in the US, Scotland, and Canada (Martin 2021; Nourish Scotland and the Poverty Truth Commission 2018; Rizvi et al. 2021). Additionally, as we have shown above, given the diverse profile of members, choice should be actively factored into provision. The SSMs account for choice, approaching their members not as passive recipients of benefits but as active customers. Members of the SSMs can choose their own food from what is on offer each week.²⁶ Unsurprisingly, our data confirm that members value the opportunity to choose their food (Table 3).

Members provided several practical reasons for valuing choice. Some were concerned with food waste and did not want to take items they were unlikely to use. Others had specific food preferences or cared for families with particular food needs, so could not make use of everything that was on offer. Yet others were interested in trying new foods and expanding their culinary horizons, as well as encouraging their children to do so, and

Table 3. Members views of the importance of choosing food. Data are expressed as numbers (%).

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Site A1 (n=34)	24 (70.6)	8 (23.5)	2 (5.9)	0 (0.0)	0 (0.0)
Site A2 (n=37)	28 (75.7)	7 (18.9)	0 (0.0)	1 (2.7)	1 (2.7)
Site B (n=40)	29 (72.5)	6 (15.0)	4 (10.0)	1 (2.5)	0 (0.0)
Total (n=111)	81 (72.9)	21 (18.9)	6 (5.4)	2 (1.8)	1 (1.0)

had made use of new recipes through the salads, soups and frozen meals offered; both SSM also offered recipe cards tailored to the seasonal produce on offer.

Helen (A1): “. . . it’s nice that you can go and have a look and see what’s there and just get what you need, rather than have what’s all in the bag and then not use it.”

Mary (B): I think [choice] is important, I hate, absolutely hate waste, I don’t agree with it, I don’t agree with throwing things away that you could eat. And if someone gave you or made you, made that choice for you, you might not be able to eat it and want to eat it.

The opportunity for members to choose their own food extended to being able to try new foods that they would not have been able to otherwise, either because of cost or exposure. Being able to choose to try new foods is also a key element in constructing food identities in an inclusive and healthy manner. It was apparent that the SSMs’ provision of choice, as well as prepared salads and meals, was central to providing members with the option of trying new foods and expanding their culinary horizons:

John (A1): “I never would have thought about eating pumpkin, you know. And they put some different things in the salad like that quinoa and peas and all that kind of stuff, and it’s actually alright, the salads are nice”.

Betsy (A2): [T]hey do frozen meals, as you leave the building you can choose to pick I think maybe two frozen meals and yeah, there’s a couple of things that I’ve never really thought to do before . . . and they’ve been quite nice so yeah, I guess it’s introduced me to some new foods in that way.

Kim (A2): I’ve had a couple of recipes from there which have been quite interesting. One week there was a parsnip cake. Now I’ve never made a parsnip cake but it was delicious so of course you can get the recipe from them, so that’s quite interesting.

The importance of choice needs to be understood more broadly than simply dignity, preference, and trying new foods. Other aspects of choice that emerged from the research were the choice to pay and to shop elsewhere. The two SSMs use a pay-as-you-feel model which offers members the opportunity to contribute; while the contribution boxes were in visible places, members were not prodded or asked to contribute. While not everyone (especially not first-time members) was aware of how it worked or that they could contribute, our data indicate that overwhelmingly members found it a good idea and most wanted to pay something toward the food items they received. The flexibility of the scheme relaxed their anxiety about not having enough money or being particularly pressed during certain weeks. They found it “a good idea,” “respectful,” “fair” and “ethical,” as well as, importantly, “non-judgmental.” Most members agreed or strongly agreed that the pay-as-you-feel model worked well for them, 67.6% in Site A2 and 77.5% in Site B.²⁷

Alice (A1): “It’s good, yeah. I think it takes away the embarrassment and the shame. So, I think it’s really helpful.”

Table 4. Members use of shops and contribution of SSM to household food. Data are expressed as numbers (%).

<i>Do you shop elsewhere, in addition to the social supermarket?</i> ²⁸					
	Yes			No	
Site A2 (n=37)	36 (97.3)			1 (2.7)	
Site B (n=40)	38 (95.0)			2 (5.0)	
Total (n=77)	74 (96.1%)			3 (3.9%)	

<i>How much of your household food comes from the SSM in an average week?</i> ²⁹					
	All	Most	About half	Use for the basics	Other
Site A2 (n=37)	1 (2.7)	11 (29.7)	12 (32.4)	11 (29.7)	2 (5.4)
Site B2 (n=40)	2 (5.0)	7 (17.5)	14 (35.0)	17 (42.5)	0 (0.0)
Total (n=77)	3 (3.9%)	18 (23.4%)	26 (33.7%)	28 (36.4%)	2 (2.6%)

Members also valued the choice to use the SSM as well as the local supermarkets and/or other food support services, without being judged or hindering their membership and access. They were clear that, in a majority of cases, visiting the SSM complemented their food supplies: for most it was not their only source of food (Table 4). The choice of using the SSMs as well as local supermarkets and/or other food support services, was not used to “exploit the system:” members were trying to ensure their families were properly fed and did not visit the SSM more often than they actually needed. We know that the average member only accesses the SSM 7 times a year (according to figures from the SSMs’ managers for 2022). Additionally, given the shifting nature of what was on offer, most families would struggle surviving only on it; this is even more of the case for food bank users.

Dignity

A central concern relating to UK food banks is the restrictive nature of the process of referral, access, and frequency of use, and the implications of these for dignity. The restrictions are intended to nudge people into self-reliance and to prevent misuse of the system. However, they are based on assumptions which do not always reflect lived realities, pushing people further into poverty and, what is worse, bringing about an undignified reality that compounds the feelings of stigma and shame associated with using food support (Garthwaite 2016; Walker et al. 2022). This was, to an extent, reflected in the view of the SSM members that had previously used food banks (Table 5). When asked, most, though not all, shared negative experiences,³⁰ which undermined their dignity.

The comments from Alice (A1), a 45–54-year-old widower, who worked part time while trying to raise three children were revealing:

Table 5. Members use of other food support. Data are expressed as numbers (%).

<i>Have you used other food support services (e.g., food bank)?</i> ³¹			
	Yes	No	No response
Site A1 (n=34)	13 (38.2)	20 (58.8)	1 (2.9)
Site A2 (n=37)	11 (29.7)	26 (70.3)	0 (0.0)
Site B (n=40)	22 (55.0)	18 (45.0)	0 (0.0)
Total (n=111)	46 (41.4%)	64 (57.6%)	1 (1%)

(The experience of using a food bank) Horrible. Really humiliating. Yeah, awful! Awful that, I don't know, like I've had benefits stop because I had complicated benefits . . . Yeah, you'd have a referral, and you could only go – I never used it every week, but you could only go 6 times and then you'd have to go back to your GP or a health visitor and stuff like that, which I don't think is necessarily, I don't know, it's a horrible way.

Similarly, to other researchers (Power 2023), some members also commented on attempts to embed ideological messages in the food support provision, which in effect limited their use of food banks even further:

Daisy (A2): For example at one [food bank] I used to be forced to pray every time I went there, you know, because I felt obliged. So, I'd have to sit there and have my hands held while they prayed with me, it was just ridiculous.

While an argument could be made that reliance of any form of food support undermines dignity, members reflected on their experience of using the SSMs in overwhelmingly positive terms. Compared with the food banks, members that had previously used food banks, found the SSM experience more dignified. They commended the friendly atmosphere and the attitude of staff members and volunteers.³² They praised the social elements of the experience, being able to sit and chat, choosing the items they wanted, and the opportunity to contribute. They agreed that attending the SSMs was a significant help in managing their food shopping and they shared various ways in which the SSM community navigators had helped them address further issues they had been dealing with. As has been previously argued, all the above elements help to reduce stigma and shame and contribute to members dignity (Caplan 2020; Nourish Scotland and the Poverty Truth Commission 2018).

While most members stated their experience was a positive one and did not involve any embarrassment, this was not shared by all. Several members expressed feelings of awkwardness and embarrassment at attending the SSMs. This point was more likely to be expressed by members at Site B and often connected to the fact that the queue to enter the SSM was more visible to passersby, thus potentially exposing them as members. This indicates that for some members the notions of stigma and shame remained in the background (Table 6).

Dinah (A2): I have told two friends but I still would not feel like it's something I would want to broadcast really. I don't know why, like I say there's no shame or stigma at the [SSM] but I would still feel a little bit insecure, judged.

David (A1): "We do know people that are embarrassed to come though, and have stopped coming because they are embarrassed".

Table 6. Members views about being seen visiting the SSM. Data are expressed as numbers (%).

	<i>I would prefer not to be seen visiting the social supermarket³³</i>				
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Site A2 (n=37)	0 (0.0)	2 (5.4)	6 (16.2)	12 (32.4)	17 (45.9)
Site B (n=40)	0 (0.0)	10 (25.0)	6 (15.0)	14 (35.0)	10 (25.0)
Total (n=77)	0 (0%)	12 (15.6%)	12 (15.6%)	26 (33.8%)	27 (35%)

Expressions of embarrassment and/or awkwardness at accessing the SSMS, especially around the queue, were particularly evident at site B among the third category of members. They were mostly not entitled to receive benefits and had never previously used support services or needed food aid. Many also expressed a feeling of not deserving help because they were/perceived themselves to be relatively better off than others.

Ingrid (B): (who had told us how supportive she found the staff and volunteers) “You know where you feel ashamed to even ask for any help or anything and that I felt really quite, because you’re queuing up outside so everyone can see you, yeah I did find that embarrassing.”

Betsy (Site A1): I felt kind of awkward, I felt a bit like a fraud in a way because I’m not for a minute saying things were easy but probably my life up to that point had been a bit easier than others because my partner had a fairly well paid job, we were paying our way, we were quite comfortable, we were fine, so I felt almost a bit fraudulent going there because I know there’s people that have always been a bit worse off than us that are going there, does that make sense?

An important aspect of the SSMS provision, which reflects attention to preserving the dignity of members, is the pay-as-you-feel model, and the provision of milk and eggs at low prices, we mentioned above. Members saw the option to pay as central to helping preserve their dignity while accessing food support. Most members wanted to be able to pay for their food, albeit often with a symbolic gesture. Providing the opportunity for members to contribute toward their food helps restore some dignity, which is important, given the growing number of people in need of support.

Daisy (A2): I really like it, I always donate, I know it sounds silly doing that when I’m so hard up, but it allows me to keep a little bit of pride. Pride is a bad word to use because I’m not a prideful person but it kind of, I don’t feel guilty, I don’t feel bad.

Ben (B): “Oh yes, definitely, because obviously somebody has got to arrange it all and without a doubt, no I couldn’t go down there and not put money in the box, that wouldn’t be right.”

Conclusion and summary

Since the pandemic and the cost-of-living crisis there has been a dramatic rise in FI and the need for food support in the UK. In the absence of direct government intervention and given the criticisms of the British food bank model, there is a clear need for an alternative model of food support. The question that arises is what should such a model look like?

The main aim of this article is to address the above question through an empirical account of social supermarkets and the experience and perspective of their members. Our study focused on two SSMS in East Sussex, utilizing a mixed-methods participatory approach, which aimed at involving stakeholders as co-

producers of knowledge in a non-exploitative manner. Our focus has primarily been on the themes of access, choice, and dignity. We fully acknowledge that these are not the only important ones to examine when considering alternative food support models. For example, questions regarding the reliance on volunteers, the overreliance on food surplus, the variability of what is on offer, long-term financial viability, as well as whether there should be caps on total membership numbers, are of vital importance. We hope to be able to address these in detail in future articles.

The two SSMs we studied acknowledged the diverse structural reasons that were pushing increasing numbers of people into FI. They did away with the need for referrals and limitations on access, aiming to provide a more inclusive and broader access to food support. They also recognized that increasing numbers of members required long-term food support rather than short-term emergency aid.

One of the key criticisms of food banks in the UK, but also globally, has been the lack of choice and the impact that has on members' dignity. The SSMs placed an emphasis on choice, allowing members to decide what items they wanted, reflecting respect for members' individual and cultural preferences. Choice was also embedded in the opportunity to contribute toward those items through (albeit symbolic) payment. Additionally, members were free to decide how often they visited the SSMs and there was no indication that they did so more often than needed.

As we have shown, the SSMs also made concerted efforts to reduce the stigma and shame, often associated with food banks, and emphasize dignity. This was done through the provision of choice and the reduction of barriers to access. They provided a point of social support (namely a "community navigator") recognizing the many different factors pushing people into FI and enabling the addressing of these causes in a holistic and dignified manner. One of the SSMs also provided a social space that brought the community together and helped to further reduce stigma and social isolation. Nevertheless, our data indicated that even among members of SSMs feelings of embarrassment were present, for example when queuing in public before entering the SSM.³⁴

Reflecting on our findings, it is clear that there are preferable and more dignified alternatives to the British food bank model. While not a panacea, SSMs provide a more inclusive and holistic approach to food support, one that allows for addressing some of the longer-term issues causing FI, as opposed to the temporary alleviation of its symptoms. They also demonstrate the benefits of reducing barriers to access and embedding choice as a key feature, which helps reduce stigma and shame and respects members' dignity.

Does our study, therefore, indicate the end of the food bank model? We would argue that the British food bank model might still be useful in addressing immediate and temporary needs, or working to do so alongside SSMs; anecdotally, we have come across examples of food banks and SSMs operating side-by-side. However, it is also clear that British food banks have reached the end of their utility as a method of addressing FI. What is left to do is to encourage a nation-wide transition toward alternative models, such as SSMs.

Notes

1. The term food support is preferred to food aid, as it denotes addressing more than an emergency need. It is also the term preferred and used by the food support organizations we have engaged with.
2. Levels of FI appear to have doubled in the UK since the pandemic, affecting around a fifth of households (Food Foundation 2022b; FSA 2023). The cost of living in the UK has also “increased sharply” during 2021–2022, particularly energy and food costs. During this period inflation reached 11%, a forty year high. Inflation has since come down but is still much higher than the pre-pandemic period (Harari et al. 2023).
3. The Institute of Health Equity estimated that FI affected 8–10% of UK households between 2016 and 2018 (Marmot et al. 2020).
4. FI is defined as “a household-level economic and social condition of limited or uncertain access to adequate food” (Trussell Trust 2019).
5. In the literature several different terms are used, including community supermarkets, and pantries; more on this below.
6. Outside of the UK, the term *usually* refers to depots that “collect, store, and redistribute food” to frontline charities, which are often referred to as pantries (Lambie-Mumford 2017, 14; Riches 2018).
7. The focus of this article is on the British food bank model. However, it is important to acknowledge that food bank models in other countries have faced similar criticisms, some of which have been in the public sphere for almost three decades (see, for example, Loopstra and Tarasuk 2015; Poppendieck 1998; Riches 2018; Riches and Silvasti 2014).
8. The exact number of referrals and when they need to be used varies between food banks. Anecdotally, since the pandemic, many food banks have become more flexible and pragmatic about referrals.
9. Universal Credit is the main means-tested social security benefit in the UK; over the past decade it has consolidated and replaced many previous benefit payments.
10. Anecdotally, some food banks are now advising their users to seek re-referrals, acknowledging the rise in long-term need.
11. The plurality of terms and the increasing diversity of SSMs models has caused some organizations to use “affordable community food projects,” as a wider and more inclusive term.
12. The first output of this research was a report provided to the regional food project manager evaluating the SSMs.
13. The regional food project manager told us that they were keen to move away from a “traditional food bank model toward something that felt more sustainable, dignified, and flexible” and that was centered around “choice and agency”
14. Site B was not yet operational at the time of the first visit to site A.
15. Members were invited to participate, either before entering the SSM (while they queued) or after concluding their shopping. Efforts were made to ensure that questionnaires were administered in a respectful and dignified manner, which safeguarded members’ privacy and ensured they were fully informed of the research and its aims. However, we fully accept that responses might have been influenced by the timing and nature of the interaction, and members’ perceptions of the research team.
16. There were several small variations in the questions/statements presented to participant between the two time periods. These variations came in response to additional details requested by the managers of the two SSMs and will be mentioned further below.
17. Separately, the research team conducted interviews with the regional food manager, the SSMs managers and paid staff, and volunteers, but these were not used for the purpose of this article.
18. Due to a technical issue, the gender data for Site A1 was not useable.
19. *1 participant (2.7%) did not state ethnicity data.
20. This question was not asked at site A1.

21. 1 participant (2.7%) did not give housing data.
22. 1 participant (2.5%) did not give housing, marital status or dependants data.
23. 2 participants (5.4%) did not give data on dependants.
24. Several retired members at Site A also spoke of the importance of the café and the social space as a motivation for accessing the SSM.
25. The UK government understood well the importance of choice for public morale and wellbeing when it designed the rationing system during and in the aftermath of the Second World War (Burnett 1989).
26. As we have noted above, given the reliance on surplus food distributors, there is some variability in what is on offer each week.
27. Members were not asked about this statement at A1.
28. These two questions were not asked during site A1 questionnaires.
29. Twice as many of those without compared to those with disability used the SSM for the basics (50 vs. 25% respectively); by contrast, a greater proportion of those with disability used the SSM for most or half of their household food. This difference was statistically significant ($p = 0.04$).
30. Most members, though, accepted the difficult circumstances that food banks operated in and often laid the blame on the system, rather than the food bank they visited and/or the volunteers or staff.
31. A significantly greater proportion of younger age groups used other food support compared with those aged 65+; while 9.5% of those aged 65+ had used other services, corresponding data for 25–34 years ($p = 0.002$), 35–44 years ($p = 0.01$) and 45–54 years ($p = 0.04$) were 73.3%, 57.1% and 54.2% respectively. Significantly less of those living in privately owned accommodation had used other food support services compared with those in temporary local authority ($p = 0.01$) or rented local authority accommodation ($p = 0.00$; 11.1% vs. 71.4 and 75% respectively).
32. The SSMs we researched provided extensive training to their staff and volunteers, which partly explains members' responses. However, the fact that SSMs, similarly to food banks, are mostly volunteer run, and do not often have training resources and/or capacity, raises important questions. As noted by Power (2023), there is a clear power imbalance between volunteers and members, and what is intended as supportive could be experienced as patronizing and undermine members' dignity.
33. Members were not asked about this statement at A1. The difference in response between the two sites appears to be related to two key factors; the café provided at site A and the more visible queuing at site B. In terms of demographics, members aged 65+ years were significantly more likely to disagree that they prefer not to be seen visiting than those aged 35–44 years ($p = 0.002$; 66.6% vs. 14.3% respectively).
34. The managers of the two SSMs acknowledged this and in response decided to obscure the queuing space from the public and reduce queuing time.

Disclosure statement

Stef Lake is an employee of the SCDA, which oversees the two social supermarkets we have researched and written about. Her position and her contribution are stated in the article.

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