Counteracting Stigma-Power: An Ethnographic Case Study of an Independent Community Food Hub

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Abstract
The need for emergency food aid is increasing across the United Kingdom (UK). Prior to the COVID-19 pandemic, an estimated 2.5% of UK households accessed food banks. As of June 2022, 15% of households were using food banks, and emerging evidence suggested increased stigma, shame and embarrassment associated with food aid use, food poverty, and food insecurity. This ethnographic study explored food aid user experiences of stigma-power, and antistigma strategies utilized by both food aid users and volunteers, at one North East of England Independent Community Food Hub (ICFH) during the COVID-19 pandemic. Findings revealed that stigma-power and the negative dominant narrative adversely affected food aid users, who created stigma avoidance techniques to reduce the perceived stigma of food bank usage. Findings also showed ways in which the ICFH implemented numerous antistigma strategies to reduce the stigma, shame, and embarrassment felt by food aid users.

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Introduction

Since the 2008 financial crisis, the inability of Britain's welfare system to prevent hunger and allow access to socially acceptable forms of nutritious food for the economically vulnerable has been well documented (Barker and Russell 2020; Barker et al. 2019; Lambie-Mumford 2019). Food insecurity across the United Kingdom (UK) is on the rise and is a major public health concern and social policy issue (Purdam, Garratt, and Esmail 2016). Food insecurity is defined as "the inability to consume an adequate quality or sufficient quantity of food in socially acceptable ways, or the uncertainty that one will be able to do so" (Dowler and O'Connor 2012).

In recent years, food banks, as a form of emergency food aid, have become an increasingly prominent part of British society, following a food aid trend observed in the United States and Canada since the 1980s (Garthwaite, Collins, and Bambra 2015). Tyler (2020) suggested that food banks are the charitable sector's reaction to increased austerity and inequality. Others believe that food banks provide an indirect measure of food insecurity (Davis and Baumberg Geiger 2017) and financial insecurity, owing to unemployment, household debt, and weakness in the welfare system (Davis and Baumberg Geiger 2017; May et al. 2020). Recently, an increased awareness of food insecurity and food banks has made it a high-profile issue (Feinmann 2021).

Stigma-Power, Shame, and Embarrassment Within Food Aid Social World

Food insecurity and food aid use can be a source of stigma, shame, fear, embarrassment, and guilt (Garthwaite 2016; Martin et al. 2016; Purdam et al. 2016; Power et al. 2014; Rosa et al. 2018; Swales et al. 2020; Thompson et al. 2018; Wu and Schimmele 2006). Research has shown that the stigma against food-insecure individuals is prolonged by neoliberal discourses that place the blame onto the food insecure, focusing on causes like perceived individual deficiencies, for example, inadequate budgeting skills (Graham et al. 2018; Swales et al. 2020). Individuals are often blamed for being food insecure and are often stereotyped as being lazy and uneducated (Thompson et al. 2018). Stigma and the associated feelings of shame and embarrassment are known barriers, stopping those most in need from accessing food banks (Garthwaite 2016; Swales et al. 2020). Paradoxically, stigma itself is not always formed because of the treatment of food aid users at the food banks, but evolves from how food aid users perceive others to perceive themselves. This influences their individual internal perceptions and judgments around their own abilities (Garthwaite 2016). Stigma attached to food bank use may lead to food bank

users perceiving themselves to be inferior to other groups within society, therefore questioning their status within society (Garthwaite 2017).

Individuals are usually aware of their status as stigmatized, and while acting under neoliberalism, apply that stigma to themselves, and blame themselves for their difficulties (Corrigan and Wassel 2008; Corrigan and Watson 2002; Swales et al. 2020). This is due to the emphasis on individual responsibility, linked to the neoliberal value of individualism (McGregor 2001). Extensive research has been conducted within mental health settings, which has distinguished public stigma from self-stigma (Corrigan, Larson, and Rusch 2009; Corrigan and Rao 2012; Corrigan, Watson, and Barr 2006; Phelan, Link, and Dovidio 2008; Vogel et al. 2013; Watson et al. 2007). Public stigma, as illustrated above, represents the prejudice and discrimination directed at a particular group. Public stigma refers to negative attitudes held by other members of the community directed toward a particular group, whereas self-stigma occurs when people internalize the attitudes of the public and, as a result, suffer negative consequences (Corrigan and Rao 2012). However, it has argued that self-stigmatization diminishes feelings of self-worth, specifically among mental health patients (Corrigan, Watson, and Barr 2006; Watson et al. 2007).

Stigma production can be a means of social control, which exploits, manages, or excludes individuals (Link and Phelan 2014). Tyler (2020, 189) believes that only when we embed stigma within the neoliberal capitalist economies, can we truly determine the functions stigma plays in controlling and exploiting groups of people, through reproducing inequalities. Tyler (2020, 267) argues that stigma power is a tool that functions through the stigmatization of difference, utilized by government. Link and Phelan (2014) provide the following definition of stigma-power, "when people have an interest in keeping other people down, in or away, stigma is a resource that allows them to obtain ends they desire." Within this article, the authors use the term stigma-power to refer to instances where stigma and stigmatization is used to exploit, control, or exclude others, in this case those who are food insecure and wishing to access food aid.

Dagdeviren, Donoghue, and Wearmouth (2019) draw attention to how third sector organizations find it difficult to empower individuals, due to the shame and stigma the individuals experience when using third sector services. Food banks often contribute to shame and stigma by removing food aid users' autonomy over food choices, inciting fear of judgment based on their inability to access food in a socially normative way resulting in individuals accessing food in ways perceived to be socially unacceptable (Pineau et al. 2021).

In one study, food bank users perceived the "begging" for food and the receipt of "charity" generated an undesirable social image and were mortified

by how others may view them (Middleton et al. 2019). These negative perceptions led to secrecy around their food bank usage and, in some cases, prevented people from accessing the food bank. Middleton and colleagues concluded that individuals feared being stigmatized and labeled as a "food bank user" due to the preconceived idea of what that looked like to wider society. Purdam et al. (2016) found that food bank users experienced feelings of being a failure within their community when asking for a food parcel. Instead, individuals would skip meals to ensure sufficient food for other family members. More recently, during the COVID-19 pandemic, Connors et al. (2020) reported similar findings with stigma and negative perceptions limiting the use and uptake of food bank and the government food box scheme.

No previous research has been conducted exploring how stigma-power is utilized as a form of control over food aid users, nor how food aid users and food aid organizations counteract this power dynamic. Through a case study of an Independent Community Food Hub (ICFH), this study aims to explore the impact stigma-power has on food aid users and what strategies are utilized by both food aid users and the ICFH itself to challenge the stigma-power. There is a need to understand and address food-insecurity-related stigma, and determining low-cost solutions to reducing stigma.

Method

This paper provides an ethnographic case study of an ICFH in a small examining town in the North East of England. In this paper, the authors refer to "formal" or "organized" food banks as those that are either part of the largest UK food bank network, or those which are funded and organized by local government. These food banks are organized and formalized on a national level. Independent food banks refer to those food banks working independently from these systems.

There is a long tradition of urban ethnography, stemming from the work of the Chicago School in the 1910s (Gobo 2008). Throughout the 20th and early 21st centuries, this tradition has continued developing with studies by Whyte (1947) and, more recently, Newman (2009), Desmond (2012), and Duneier (2015). In the tradition of urban ethnography, this paper explores and illuminates the position of improvised people and how they negotiate and cope with their difficulty.

Participants and Setting

The lead researcher volunteered at the food bank for a minimum of 1 day a week for 6 months (July 2020–December 2020). 22 semistructured one-to-one interviews with food aid users and volunteers within the ICFH (food

aid users $n = 18$; volunteers $n = 4$) were conducted. Food aid users were aged between 19 and 50. Food aid users had been in receipt of the fresh food parcel or the dried food parcel, while volunteers volunteered a minimum of 1 day a week (with the majority volunteering time at least 2 days). Many food aid users had previously accessed food aid from the ICFH, while some had accessed food aid from formal food banks, prior to the COVID-19 pandemic. There were also some food aid users who had not accessed food aid prior to the pandemic and now, due to a change in employment, were reliant on food aid. Food aid users primarily reported being unemployed due to either long-term sickness or childcare duties, while there were some who had been furloughed during the pandemic. Volunteers were a mix of those who were employed (i.e., mental health worker and a youth support worker) and those unemployed; however, all had had previous experience of accessing the ICFH prior to volunteering.

Data Collection

Data collection took place during the pandemic. Interviews were conducted using online conferencing software (i.e., Microsoft Teams/Zoom), by telephone, or (where possible) face-to-face. Interviews were recorded and transcribed by the lead author verbatim. Interviews lasted between 20 and 60 min and used an interview guide to prompt the conversation. Topics covered where around how food-insecure adults accessed the ICFH; how they had previously accessed food aid organizations; the need for food aid during the pandemic; how they felt accessing food aid; their experiences with stigma and food aid access; what they did to overcome the stigma; what made the stigma worse or better; and subsequent feelings (i.e., shame and guilt). Volunteers were asked similar questions. However, additional questions on how the volunteer became involved within the ICFH what they felt they added to the ICFH; their experiences seeing and reproducing or counteracting stigma, shame, and guilt associated with food aid; and the health and well-being of the food aid users, and their perspectives of the popular discourses within the food aid narrative. Detailed field notes were kept, during and after every visit to the ICFH, and were made up of observations, thoughts, reflections, and questions for future volunteering sessions and to explore during the semistructured interviews.

Data Analysis

Interview data were coded and analyzed using Constructionist Grounded Theory (Charmaz 2006, 2009) and Situational Analysis (Clarke 2005; Clarke et al. 2018). Data were coded and analyzed inductively simultaneously with

data collection. Interview transcripts were first line-by-line coded and memoed, as per Constructionist Grounded Theory. Coded data were then placed within the three maps of Situational Maps—(1) Situational map; (2) Social worlds map; (3) Positional map. Simultaneously, the coded data were grouped into themes. The use of the situational mapping allowed for an exploration of the data on different levels, ensuring that the research team was fully aware of all the human and nonhuman factors influencing the social world of food banking, and allowed for an exploration of the positions that the food aid users and the ICFH took toward the dominant narrative and discourses within the food aid social world. Observations and field notes were compared with the themes that were determined.

Ethics

This study received ethical approval from the University of Sunderland Research Ethics Group (ref. 006953). Data was collected and stored in accordance with The Data Protection Act (2018) (UK Government 2018). A risk assessment was conducted as part of the ethics application due to the nature of data collecting during the COVID-19 pandemic.

Findings

The food aid users report that they experienced stigmatization and control when accessing food banks, while the volunteers reported witnessing stigmatization. This was solidified through observations and interpretation of interview data.

History of the ICFH

The ICFH is located within an ex-mining town in the North East of England. The town, situated on top of a hill, overlooks the surrounding towns and villages and is home to approximately 21,000 people (data as of 2021). The town has suffered economically since the closure of the coal pits, followed by the closure of the local steel plants. Surrounding towns and cities developed great urbanization, leaving this small, rural town to struggle. The ICFH started as a youth support program to help reduce and eliminate antisocial behavior including under-age drinking. The youth support program became a success and included varied support from professionals (including community police and youth support workers). The ICFH continued to grow and develop to meet the needs of the community it served. First, it relocated to a different building that was able to host the charity. This allowed new services

to be incorporated as members of the community asked for them. This included additional youth support services, LGBT+ services, autism services, access to computers, Wi-Fi and printers, free of charge, help with universal credit applications, support with CV development and interview prep, the pay-as-you feel café, and finally the food bank. As the charity grew, members of the community offered their time to help support its operation, before paid staff were employed.

Independent Community Food Hub

The ICFH is situated on the town's main high street, across from the local job center. The high street is dominated by discount stores and supermarkets. The ICFH holds a corner position in the town center, situated in an old, historical bank building, which from the outside appears small, although with big windows there is an abundance of natural light. As I walk through the front door I enter a large open area, at the back resides an industrial kitchen, small in size, but well-equipped with cooking equipment. Next to the kitchen, lining one wall are a number of standing fridges and freezers. Along another wall tables and chairs are stacked. On this wall, there is a painted mural, depicting some of the local activities and landmarks that are important to the charity (i.e., football and the Angel of the North). There is another fridge on the back wall adorned with printed signs, asking for people to request permission to access items held within, and to not just take. In the middle of this room, there are tables, covered in green food storage bins (the type you get in your online food delivery). A walkway leads down a dark corridor where at the end is a large, newly renovated toilet for people with disabilities. A staircase leads downstairs to a basement, always a hive of activity with volunteers running up and down, carrying dried food items in industrial sizes (i.e., pasta, cooking sauces, etc.). Opposite the toilet for disabled people another staircase leads up to a book-shelf full of old books, free to anyone who would like to read them. Straight ahead is the managerial office. To the left are more toilets, and a small side room, used for private counseling. There is another storage room, containing presents/gifts ready for the Christmas season, sometimes with personal and feminine hygiene items.

Prior to the pandemic, the tables full of food bins in the center of the main room on the ground floor were not there, nor were the fridge and freezers along one of the walls. Instead, tables and chairs set out like a café, and computers were freely available for anyone to come and use. The café would be open, making tea and coffee, and usually one hot meal a day (i.e., sausage and mashed potatoes, bacon sandwich etc.); this would be sold for a small price to those who came in. The small food bank was downstairs in the basement.

If someone came in and asked for a food parcel, a volunteer would take them downstairs to the basement and pack a bag of dried and long-life foods. There was no fresh food available. The fridge on the back wall would be filled with sandwiches, sausage rolls, and cream cakes, kindly donated by the local bakery. These were free to anyone who came and asked for something. There were no set opening hours

When the pandemic hit in March 2020, the service had to adapt quickly. The tables were rearranged and green food storage bins placed on top; the extra tables and chairs were pushed to the side and stacked. Computers were moved upstairs into the managerial office, and additional fridges and freezer sourced. Behind the scenes, the CEO and managerial team formed relationships with nearby supermarkets (to source fresh food) and sourced additional funding from central and local government, organized contracts with food redistribution services (i.e., FareShare and Amazon), sought a larger space, and advertised for additional volunteers. The fresh food bank was introduced. Due to increased demand, the community café had to stop serving food daily and moved to producing one meal a week, cooking and packaging it for people to come, collect, and take home to eat. People were no longer allowed into the building—instead they were required to knock on the door and state their need. The counseling service was temporarily stalled to allow volunteers to be redeployed to the food bank. Where needed, food was delivered to people who were shielding or testing positive for COVID-19.

If a person wanted a fresh food parcel, they would make this known to the ICFH (either by messaging the charity Facebook page, phoning the charity contact number, or simply turning up during the opening hours). They would be asked to provide their house number and postcode, along with their name to the volunteer, who would write this on an attendance sheet. This was used for the purpose of showcasing the increase in need, not to monitor individual usage. The tables were typically full of fresh fruit and vegetables that had a short shelf life. Moving around the tables would be the bread section, typically, white loafs of bread (ranging from supermarket own-brand, to named brands e.g., Warburton's), rolls, pitta breads, and sometimes baked goods (i.e., Croissants). There was a small sweet section, which would consist of cakes, chocolates, and biscuits; often, these would be out of season (i.e., Christmas cake in April), but they were still in date. The fridges would be full of different items depending on what was available, typically consisted of butter, milk, yogurts, sandwich meats, and cheese. The final fridge would still be full of items from the local bakery. The fresh food parcel was available every day, with no limit.

If an individual wanted a dry food parcel, the process was similar. The individual would be provided prepacked bags of food and consisted of dry and long-life items, such as pasta, rice, cooking sauces, tinned vegetables, tinned meats and fish, cereal, coffee, tea, sugar, and dry desserts (i.e., cakes). Due to limited stock, individuals were entitled to one a month. To receive a dry food parcel, an individual was required to provide their name and address, which was added to an excel spreadsheet to monitor the number of parcels provided. A dry food parcel could also be collected alongside a fresh food parcel. The ICFH was aware of the different food allergens (i.e., gluten and diary) as well as preferences (i.e., vegetarian or vegan) and attempted to accommodate where possible. Gluten free bread was typically available, as was nondairy milk and yogurt alternatives.

Stigma-Power

Within the food aid social world, stigma-power was found in distinct situations. Food aid users and the ICFH developed multiple techniques to avoid the stigma and shame associated with food aid use. Below, I will display the reported stigma-power within food aid organizations, and the techniques utilized by the ICFH to challenge this. Respondent narratives supported the notion that stigma possesses power (Tyler 2020) over food aid users and food aid charities.

> Then to have to go and talk to your mates, and your mates say, "oh going to a food bank, only for greedy people and that are on drugs or drink."—Adam, male volunteer and community support worker

One key narrative detailed was that stigma-power was used to manage and thereby "control" food aid users. The control of those who were using food aid charities was observed through production and reproduction of negative neoliberal discourses on both a macro and a micro level (May et al. 2020; Power et al. 2020; Romano 2015, Tihelkova 2015). On a macro level, oppression was applied through the production of negative media outputs, by means of news articles, TV programming, and social media. On a micro scale, formal and organized food banks (i.e., Christian food aid organizations) ask food aid users to provide "evidence" of their "need" and "deservingness," often through the provision of bank statements and responses to intrusive questions pertaining to individual and household incomes and spending behavior.

Food aid users reported seeing the negative narrative of food aid users being "dysfunctional," "disobedient," "greedy," and "underserving" in both the news

media and social media, Often hearing these labels used in conversation with friends and family as well as within the food aid social world. This further resulted in food aid users feeling shame and embarrassment for accessing food aid assistance, and another form of stigma-power.

> . . .but then I see articles online or I see Facebook status', people just calling them "bombing on benefits." And I'm just like that's not the case. If you walked a mile in someone else's shoes, I'm pretty sure your opinion would change—Denise, a single mother, in her mid-twenties. Denise is in full-time education at a local university and has relied on informal and formal food aid. Her child receives free school meals.

The need to provide "proof" of eligibility to organized and formal food aid charities (i.e., some Christian food aid organizations which are formalized organized on a national scale) was perceived by respondents as a barrier and positioned to ensure that "greedy" individuals did not receive food for which they were not "eligible." Proof checks predominantly took place through a third party, often a healthcare professional. The onus for scheduling the initial meeting with the designated professional was placed on the individual in need, followed by a brief conversation to establish their status as being in "need," or not. Where an individual was deemed to be in genuine need, they were provided with a voucher for a named food bank. The voucher is presented to the food bank in exchange for a food parcel.

> . . .so my health visitor had given me a red form to fill in, and then you have to go to the food bank yourself, with the red form—Denise

Food aid users reported being asked intrusive questions at the food bank when trying to exchange their voucher for a food parcel. Feelings of shame and embarrassment were reported by food aid users. These feelings were used as a method to prevent individuals seeking assistance from food banks and is a form of stigma-power.

One food aid user, accessing a council operated food bank, reported how she had to present her bank statements, alongside other documentation, to her local council before she could receive her food parcel.

> er [sic], I did feel embarrassment, erm [sic], because the form you have to fill out for the council, had all sorts of questions, and then you had to send them your bank details to prove it, and I was like, I wouldn't be ringing if I wasn't in need of help. So, it was a bit of embarrassment and a bit of shame—Kate, is a single mother, in her mid-thirties. Kate has relied heavily on formal foodbanks, to support both herself and her child.

Stigma Avoidance Techniques Utilized by Food Aid Users

Food aid users used several techniques to limit the shame, guilt, and embarrassment associated with stigma and shame, for example, refusing to access a food aid charity, until they absolutely had to, and felt they had no other option.

> I just had to go for it, I had nothing. It was either ask or don't eat—Laura, a single women who has recently moved house. Laura used food banks during the move, due to the increase in costs associated with moving.

Food aid users would skip meals and limit food intake to ensure that the food they had lasted longer. Deciding how often they accessed food banks allowed respondents a degree of personal control and an opportunity to regulate the time they were exposed to stigma, and the associated feelings of shame. Several food aid users befriended volunteers at food banks. This enabled respondents to select who they approached for a food parcel, with a preference to check-in with someone they knew on a personal level as this made the task less intimidating with lower stigma or shame. One single mother explained:

> I'd hum-and-ha about it for a bit beforehand, but I would always message [Volunteer] because I've known her since I was 12—Grace, a single mother of four children, one of which has a childhood illness that resulted in the whole house isolating during the pandemic

> I don't like asking for help, but that's just me, I have always been like that. But I know that I have children, if I need help then I will ask, I will go to [Volunteer] or [Volunteer], because I know them personally, and I trust them—Grace

On a visit to the ICFH (date: October 13, 2020), I was given the task of putting away the food donations from the morning, I was making small talk with another volunteer. There was a knock on the door; I went and opened it. Stood in front of me was a young woman, she asked for a volunteer by name. I left the young women and went and found said volunteer, who returned to assist the young women. I continued putting away the food donations and organizing the food stock. It became obvious that the young women and volunteer knew each other. They talked for a few minutes, before the volunteer returned inside the food bank and started making a food parcel. The volunteer returned to the young women with a food parcel, and the young women left. When the volunteer returned, I asked for a little bit of information regarding

this food aid user. The volunteer told me that both she and the young women had been in the same class at comprehensive school, and now they find themselves not living too far from each other. The volunteer went on to comment that when the young women needs assistance, she will seek this particular volunteer out and would only accept help and assistance from them – Authors Fieldnotes 2020.

However, a few respondents felt asking for help from a volunteer they knew or befriended, resulted in an increase in stigma and shame. Due to the perceived notion that when someone familiar knew they were unable to feed themselves and their family, they would be more judgmental. In this situation, a level of anonymity, and avoidance of people they knew, was a stigma-reducing technique.

Another stigma-reducing technique reported by food aid user respondents was positive self-talk. Through this technique, respondents reminded themselves that they were not "scrounging" or "greedy" and reaffirmed or justified to themselves the legitimate reasons why they were deserving (i.e., they have children, they work and are in receipt of benefits, etc.). It was reported that positive self-talk elicited enhanced feelings of self-confidence and self-esteem, which lessened the feelings of stigma and shame. Food aid users also reported "swallowing their pride" or making an effort to "ignore the stigma" when asking for help. There was also an emphasis among food aid users to remind themselves to be "grateful" for the help that they had received. Examples of this are:

> I just sat and had a word with myself, and said "do you know what, it's not my fault. I was born into this situation, and I just have to make the best of what I've got," and the day I spoke to myself like that, I just had a much better outlook on life—Amy, a young single women, living at home with father, studying at university full-time.

> I think just, instead of feeling shame, just feel a bit more gratitude. I think the first time, I didn't actually realise how grateful I should have been. Although, what I got might not have been sufficient enough, it was still food that I could give to me and my son—Denise

Antistigma Strategies Utilized by the ICFH

The ICFH used a number of different strategies to challenge and alleviate feelings of stigma-power on the food aid users. This was reported as being important to food aid users who felt less stigmatized and more welcome at the ICFH as opposed to the formal food banks which they had used in the past. This resulted in them seeking help and assistance from the ICFH.

Both food aid users and volunteers at the ICFH reported less stigma associated with the ICFH compared to other food banks, which they attributed to several reasons. First, the ICFH did not look like a "typical" food bank. The ICFH was situated in community hub. From the outside, the ICFH looked like a community café, with computers, a café, a kitchen, tables and chairs, and several fridges. The food bank was out of sight; therefore, visitors looking in would be unaware of the food bank. Nevertheless, during the pandemic, due to the increase demand for food aid, and the closure of the café (in line with national lockdown restrictions), the food bank moved into the cafe, which did make it more visible; however, with food distributed using supermarket carrier bags, those receiving a food parcel were not discernible. The ICFH also offers a range of services, including children's clubs, games nights, and advice/help for the LGBT+ community, and those with autism, so it is not always clear which of those services people are accessing.

> [ICFH] isn't just a food bank, I wouldn't class it as a food bank. I would class it as a community café. It's not a place where you walk in, and people are like "ooh, he comes for this, that or the other." Or the people walking through the streets, people know what food banks look like. So people duck their heads. But at [ICFH] you don't have to. They are giving you more confidence, people don't know what you are going in for, you could be going in for a cup of tea—Liam, a single white male, currently unemployed and in receipt of universal credit. Lives in a flat share, due to the increase cost in rent.

Second, the ICFH is run by the community for the community. The community is working together to help the most disadvantaged in the area. This idea was very strong during the pandemic, when significant media attention highlighted the problems that food banks were facing, due to stockpiling, and reduction in donations. Local members of the community, local shops, schools, churches, and other charities attempted to help by providing both financial and food donations to the ICFH.

> This is all done on the community's back. The community that is the North East is quite prevalent for being run down, and lots of drugs and stuff, and yet they still pull together, to help the most disadvantaged. So I feel like, and I feel as well, there is a huge stigma that comes from the government side, whether people realise it or not, because if you see the things that were said in parliament about the people who are on benefits, I think loads of people would fall to their knees—Denise

On December 1, 2020, I worked predominately putting donations away. In the proceeding weeks, I noticed a large increase in donations. The freezers

were always full; the fridges were currently full, and today I put away a large bread delivery. We have received donations from a local church, which consisted of dried food items (i.e., pasta, sauces, tinned meats, and vegetables), but they also kindly donated a monetary contribution also. When I arrived at the food bank on this morning, I was told we were going to be getting a donation from the local university. The university was closed currently due to the pandemic. The food that arrived looked like it was from university cafes and vending machines and was made up of coffee, biscuits, crisps, and canned drinks. We also received a few nonfood items, first received a children's bike. I was told by another volunteer that a local mechanic comes and collects them, services the bike (free of charge), and then brings it back to the food bank. The bikes are advertised on social media, and parents can come and take them for their children. We also received several bags of children's toys and bags of feminine hygiene products – Authors Fieldnotes 2020.

Third, volunteers at the ICFH were typically ex-food bank users, so had lived experiences of accessing food banks, and the stigma, shame, and guilt that are often felt. Therefore, the volunteers would ensure that they treated all food aid users equally, fairly, with no judgment, and with respect and dignity. This resulted in food aid users feeling sufficiently safe to disclose information when asking for help, which allowed the volunteers to sign-post the food aid user to other organizations for support and to provide a more personal service. Volunteers respected food aid user privacy and enabled food aid users to be discreet in their request for assistance. Food aid users controlled the conversation.

> . . .because if you judge somebody, they're not here to be. . . they don't want to be judged. It's taken a lot of courage for a lot of people, personally could have anxiety problems or other mental health issues. If they come to the door and physically asking a stranger, help me I'm hungry—Paul, part-time volunteer who also is in full time employment

Finally, during the pandemic, the ICFH endeavored to change its narrative around food aid users and food aid use on social media to challenge stigma-power and associated feelings of shame among its food aid users. At the beginning of the pandemic, the ICFH would typically post on social media (Facebook) highlighting the opening times of the "fresh food bank," post pictures of what was available. However, during the pandemic, with increased demand and increased generosity of local supermarkets, they changed their social media posts, moving away from the term "fresh food bank" to "food with a short shelf-life," and therefore reframing the fresh food bank. Language such as "preventing food waste in landfill" was also used, which resulted in

members of the community, who were not food insecure, receiving a bag, and donating money to the food bank in return. This action of changing the narrative from "fresh food bank" to "preventing food waste in landfill" resulted in less stigma for people who were receiving a food parcel and highlighted the environmental issue of food waste.

Discussion and Conclusion

These findings build upon previous research that food-insecure individuals experience stigmatization, shame, and guilt when accessing food aid (Graham et al. 2018; Purdam et al. 2016; Swales et al. 2020). It has been argued that stigmatization, the practice of stigmatizing looks, comments, and remarks either face-to-face or via social media (Garthwaite 2016), has been embedded within the wider neoliberal capitalist structures of exploitation and social control (Tyler 2020) and is used as a form of power. Link and Phelan (2014) described the role in which stigma-power plays in the control and exploitation of others, stemming from the belief that stigma arises, and stigmatization takes place within specific contexts of culture and that power is used to amplify the existing inequalities of class, race, gender, and sexuality (Tyler 2020). However, the findings from this study showcase several ways in which food aid users were controlled through stigma-power, as well as the techniques employed by food aid users to avoid stigmatization and the antistigma strategies employed by the ICFH to challenge stigma-power.

Food aid users were primarily controlled though the production and reproduction of neoliberal discourses, which produced images of the "typical" food aid user (May et al. 2020; Power et al. 2020) Narrative and discourses, such as "scroungers" and "undeserving poor," have been formulated by people in a position to do so; these ideas are then reproduced within society, especially through social media (Howe 1998; Patrick 2016; Romano 2015; Tihelkova 2015). Often this narrative is being controlled by people outside of the narrative, and not those directly affected or living within it (O'Hara 2020). These images, often seen on TV programming (Cope 2021; Jensen 2014) and various forms of media (Howe 1998; Patrick 2016; Romano 2015; Tihelkova 2015), depict the "typical" food aid user as a delinquent individual, living a "chaotic" lifestyle, and who spends their money on "luxury" items, such as clothing, TV's and tattoos, as opposed to food (Garthwaite 2016; Gilbert 2003; Howe 1998; Tihelkova 2015). The process of accessing an organized formal food bank (i.e., Christian food aid organization) was felt to be humiliating and oppressive, from providing proof, such as bank statements, to discussing expenditure and defending purchases and outgoings. This was compounded by a process, which expected the food aid user to

share the same personal information with multiple individuals, before they were deemed eligible for a food parcel. This form of oppression through stigma-power was utilized to humiliate and shame individuals from accessing this help and to control a group of people into performing in a way beneficial to a neoliberal capitalist economy.

This study also explored techniques and behaviors adopted by food aid users to counteract stigmatization and the effects of stigma-power. Refusing to ask for food aid as an avoidance technique may negatively impact the health and well-being of food-insecure individuals. In line with previous research (Bowe et al. 2019; Douglas et al. 2015; Garthwaite 2016; Middleton et al. 2019; Purdam et al. 2016), it was not uncommon for food aid users to skip meals to limit the number of times they needed to access food banks, while ensuring other members of the household did not go hungry. The self-talk, "swallowing their pride," and "being grateful" evidence positive strategies food aid users adopted to reduce the feelings of shame, guilt, and embarrassment. This was particularly evident among food aid users with dependents, that is, those driven by need to provide food for their children, resulting in them being both deserving and in need.

Finally, the study investigated the antistigma strategies that the ICFH implemented to challenge the stigma-power, stigmatization, and the negative narrative being reproduced within the food bank social world. The ICFH did not look like a "typical" food bank but rather a community hub, and food was not distributed in branded food bank bags. These actions resulted in participants reporting less stigma upon arrival at the food bank compared to formal and organized food banks. The ICFH also ensured that their charity was best placed to help the local community and was supported by other members of the community. This aided in reducing the stigma-power by circulating the idea that members of the community were aiding those in the community who were less fortunate. However, two of the strongest antistigma strategies that were implemented by the food bank were recruiting volunteers who were ex-food-bank users and the changes to the narrative used by the ICFH. In implementing these two changes, food aid users reported that they felt less stigmatized and found difficulty disclosing their current financial hardships to be reduced. The ICFH in challenging the narrative around the food bank by moving away from terms such as "fresh food bank" to "preventing landfill waste" takes the emphasis away from food insecurity and toward an environmental issue. This resulted in food aid users feeling less stigmatized when asking for a food parcel.

The ICFH has shown the importance of developing with the community to ensure that the community needs are met. This study has highlighted that the ICFH has continued to develop in its own way to ensure that the

stigmatization that food aid users were reporting was being challenged through the antistigma strategies.

Previous research has showcased the stigma, shame, and guilt that food aid users report when accessing services (Baumberg Geiger 2016; Garthwaite 2016; Garthwaite, Collins and Bambra 2015; Purdam et al. 2016; Swales et al. 2020). Our study has added to this literature by highlighting many forms of avoidance that food aid users incorporate to distance themselves from these negative feelings, often resulting in them not accessing food aid services. However, this study has also presented a relatively low-cost solution to reducing the stigma felt and acted as a barrier to accessing food aid organizations. If food banks challenge the stigma-power within and surrounding food banks, while also challenging and changing the dominant narrative, then there is a potential that fewer food-insecure people will go hungry.

Engagement with theoretical perspectives that is the sociology of stigma, the sociology of stigma-power, and the theoretical perspectives of neoliberal discourses gave the author(s) new insights into the unconscious stigmatization of food aid users and the media portrayal of food aid users. Additional research needs to be conducted in implementing the low-cost antistigma strategies in additional food aid organizations, followed by evaluations into the successfulness of challenging the stigma within food aid social world and the ability to enable food-insecure individuals to access food aid organizations.

The main limitation of this study was recruitment of participants that proved difficult due to the pandemic. Due to government restrictions, it was hard to recruit participants at the food bank, when food parcels were being delivered to those at home. The pandemic also forced two other independent food banks to close their doors, resulting in them withdrawing from this study. This study is not meant to be representative or generalizable due to the nature of the research design. While the study relies upon a single case, it reveals important sociocultural dynamics and demonstrates how food aid users interact with independent food banks, while also showcasing the strategies employed to help alleviate the reported stigma.

Declaration of Conflicting Interests

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