



Exploring Food Relief Clients' Journeys, Experiences and Outcomes Across the Social Support System in South Australia

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Glossary

CJM = Customer Journey Mapping

DHS = Department of Human Services

SA = South Australia

SSM = Social Supermarket

TFC = The Food Centre

WBSA = Wellbeing SA

Abstract

Access to food is a human right, and everyone should be able to obtain food in a dignified way. In 2020, between 4 and 13% of households did not have enough access to nutritious, safe and culturally relevant food – a situation that is referred to as food insecurity. Food insecurity is a symptom of poverty, as well as of economic and social disadvantage. Food relief is a response to addressing food insecurity and originally began as an act of charity and was meant to offer a short-term solution. However, many people have become chronically reliant on food relief, which indicates the ineffectiveness of current food relief responses, as it fails to provide a pathway out of chronic precarity. Studies have explored food relief clients' experiences with different food relief services. However, no studies have explored clients' experiences and journeys across intersecting systems through the application of a so called 'systems lens' (including multiple intersecting social services and sectors, e.g., food relief, housing authorities, family support) to address underlying causes of food insecurity, not only the symptoms (the lack of food).

This thesis is an integral part of a larger research program that was funded by the Australian Research Council Linkage Project, Towards Zero Hunger: Improving Food Relief Services in Australia, and was conducted under the guidance of the research team (who are supervisors of this thesis), in close collaboration with five industry partners: the Department of Human Services, Wellbeing SA, Foodbank South Australia, Anglicare SA and The Food Centre.

To address food insecurity (and its underlying causes), it is crucial to understand food relief clients' journeys, experiences and outcomes as a result of accessing food relief services across the social support system. This will provide a better understanding of the role of food/food relief in facilitating connection to other social services. To date, studies have not documented food relief client journeys across the social support system over recipients' lifetimes, including an evaluation of outcomes of food relief interventions. This thesis aimed to address this gap via three discrete studies, which are reported as separate journal chapters which have been formatted for publication as journal articles:

- **Study 1:** Beyond Sales to Social Impact: A Scoping Review of the Customer Journey Mapping Research Method
- **Study 2:** Exploring Food Relief Recipients' Journeys across the Social Support System in South Australia

- **Study 3:** Social, Economic and Wellbeing Outcomes for Clients of South Australia's First Social Supermarket

Study 1 contextualises the broader study and was a scoping literature review of Customer Journey Mapping (CJM) research method. CJM is a visual method that helps document client interactions with a service from the perspectives of end users. This study reviewed 70 peer-reviewed CJM studies in various disciplines and assessed whether it is an appropriate method to use with people in vulnerable situations. Results indicated that in-depth interviews were commonly used for data collection and confirmed that CJM was an appropriate method for engaging with such populations.

Study 2 used CJM to explore food relief clients' journeys and experiences across the social support system. The data were collected in 21 in-depth interviews with food relief clients. This study was the first study to provide a visual map of the journey of a typical food relief client as they navigated the social support system in South Australia over their lifetime. Results indicate that food relief services, such as social supermarkets (SSMs) that provided access to affordable food and opportunities for social and other connections to services, might provide pathways to food security.

Study 3 developed an economic and social client outcomes evaluation survey and used it to evaluate South Australia's first SSM, The Food Centre (TFC). A total of 174 TFC clients were surveyed about their food security, financial wellbeing, social connectedness and other individual-level outcomes before and after they interacted with TFC. Results indicate that TFC had a positive influence in its clients' lives, including a 6% reduction in food insecurity, a 16% increase in the ability to deal with unexpected expenses, and a 57% increase in feeling socially connected. In addition to TFC being used as a long-term solution to access affordable food options, it was able to support clients so that they had better outcomes, including via facilitating regular social interactions.

In summary, the findings of this thesis emphasise that the South Australian social support system is disjointed, and its sectors and services often operate with limited collaboration with one another. People often only find out about food relief services quite late in their journeys. Hence, establishing a point of call for warm referrals (contacting other support services for or with a client) and system navigation (i.e. a 'no wrong door' referral system, or a 'one-stop-shop' triage service) could improve client journeys and help prevent people's situations from worsening. A food relief service could serve this function, as shown by the SSM models, for example. Although such a point-of-contact could be effective for system navigation, it is also critical for food relief services to employ

person-centred approaches to providing flexible and individualised solutions and connecting people to relevant support services, to opportunities to build social connections and to the community. After all, 'people don't really need a handout, they need a guide' (participant, mid-50s). People need social connections to help them realise that they are not alone in their experiences, and to celebrate life while sharing food with others.

This thesis contributes new evidence on food relief clients' journeys, experiences and outcomes across social support systems. It makes an important contribution to several fields of academic enquiry, such as improving food relief clients' journeys, preventing people's situations from exacerbating and creating a sustained and long-term pathway out of food insecurity and precarity. Finally, the thesis concludes with practical recommendations for practitioners working in social services and food relief and for policymakers designing the way the sector and services funded by that sector operate.

Declaration

I certify that this thesis:

1. does not incorporate without acknowledgment any material previously submitted for a degree or diploma in any university
2. the research within will not be submitted for any other future degree or diploma without the permission of Flinders University; and
3. to the best of my knowledge and belief, does not contain any material previously published or written by another person except where due reference is made in the text.

Signed: *Sahar Faghidno*

Date: 18 February 2025

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Thesis Structure

This PhD thesis is a collection of studies written as journal articles. Chapter 2 (Study 1), Chapter 3 (Study 2), and Chapter 4 (Study 3) have their own abstracts, introductions, references to relevant literature, methods, results, discussions, contributions, strengths, limitations and recommendations for future research.

The following are the academic journals that studies are intended to be submitted to:

Study 1

'Beyond Sales to Social Impact: A Scoping Review of the Customer Journey Mapping Research Method' intended to be submitted to 'Australasian Marketing Journal'

Study 2

'Exploring Food Relief Recipients' Journeys Across the Social Support System in South Australia' intended to be subject to 'Social Policy and Society'

Study 3

'Social, Economic and Wellbeing Outcomes for Clients of South Australia's First Social Supermarket' intended to be submitted to 'Nonprofit and Voluntary Sector Quarterly'

Chapter 1

Introduction

Chapter 1 introduces the thesis. It starts by stating the research topic and delving into relevant literature surrounding the research area. Then, it provides an overview of the three research studies.

Food Insecurity, a Persistent Concern

Accessing safe and nutritious food is a human right (Mendly-Zambo & Raphael, 2019). However, every year, more than 700 million people across the world lack sufficient physical, social or economic access to nutritious, safe and culturally relevant food – a situation referred to as food insecurity (FAO et al., 2021; UN).

The problem of food insecurity affects both low and high-income countries. However, it is interesting to observe that in countries with robust economies and abundant food resources about 8 to 9% of the population depend on food charities to manage additional costs of living, such as housing and utilities (FAO et al., 2023). Recent estimates of the Food and Agriculture Organization of the United Nations (FAO et al., 2023, 2024) suggests that food insecurity is a growing issue. For example, a comparative analysis of high-income countries reports that on average food insecurity across Australia and New Zealand for the period 2014–2016 was 10.6% and for 2020–2023 it was 13.5%.

Food insecurity is considered by some to be a violation of human rights and also serves as an indicator of material deprivation and signals a shortage of financial resources to meet essential needs (Loopstra & Lalor, 2017; MacLeod et al., 2019; Sen, 1997). This complex issue is related to food availability, food accessibility, food utilisation, food sustainability, food stability and people's agency (HLPE, 2020; Nayak & Hartwell, 2023). Further, food insecurity is a contributing factor to various health challenges, such as diabetes, hypertension, depression and anxiety (Seligman et al., 2009; Tarasuk, 2004; Vozoris & Tarasuk, 2002). The persistent issue of food insecurity highlights a clear need for an increased focus on the development of sustainable and long-term solutions to the problem.

Exploring Food Insecurity in Australia and Other High-Income Countries

Food relief initiatives have emerged at different times, in various contexts, and with varying levels of government involvement (Galli et al., 2018). As a result, diverse models operate across countries. For example, in the US, the Emergency Food Assistance Program relies on nonprofit organisations to distribute purchased commodities (Daponte & Bade, 2002); Brazil's National Council for Food and Nutrition Security integrates government, private sector, and civil society initiatives to oversee resource allocation and outcomes (Rocha, 2009); and European countries

have transitioned from redistributing surplus food to aligning food relief with social policies (Caraher, 2015). However, as food insecurity becomes increasingly prevalent, food relief models are evolving rapidly (Galli et al., 2018; Hebinck et al., 2018). Given that different welfare systems influence the creation and operation of food relief models, the next section examines food relief models operating in Australia and high-income countries with welfare supports similar to those in Australia.

In Australia, food insecurity is not measured regularly at a population level; however, estimates from Australian government survey data indicate that, in 2020, between 4 and 13% of Australia's population experienced food insecurity (Bowden, 2020). Other reliable sources such as the Food and Agriculture Organization of the United Nations (2024) reported that the average for moderate to severe food insecurity across Australia and New Zealand to be 13.5%, 8.2% for Northern American and European countries. The high cost of food, accompanied by living costs and inadequate welfare support, has left many individuals with no alternative but to reduce their food intake or miss meals to pay for other essentials. When faced with such crises, people take initial steps often involving strategies such as smart shopping, opting for more affordable food items to increase meal size, and seeking assistance from family and friends (Rukundo et al., 2016). However, when all options for obtaining affordable food and groceries have been exhausted, people turn to food relief organisations as a last resort (e.g., Foodbank) or organisations offering food relief among their services (e.g., local community centre, church, Anglicare) (MacLeod et al., 2019; McKay et al., 2020).

The following sections draw on literature from countries with comparable welfare systems and social support services to Australia, particularly high-income countries such as the US, the UK, Canada and France. In Australia and other high-income countries, there are three prominent food relief models available (Lindberg, Whelan, et al., 2015; Pollard et al., 2018):

- The **emergency food assistance** model, which provides a predefined set of food items in a hamper, or voucher.
- The **food pantry** model, in which people can choose items that are free of charge or heavily discounted.
- The **social supermarket** model, which is part discounted and part social support agency (Pettman et al., 2023).

The emergency food assistance model is designed to address acute incidents of food insecurity. This model entails providing a free predefined and pre-packaged set of food items in a hamper to individuals in need. It focuses solely on the provision of food, without offering any additional support services (Loopstra, 2018; Martin et al., 2013). The recipients of these services need to prequalify and meet eligibility criteria to receive food parcels, access food pantries and use grocery gift vouchers (Tarasuk et al., 2019). Recipients have no or minimal control over the specific food items they receive, and there are usually limits on the number of times they can access the service in a given year. While the emergency food assistance model serves an important purpose in providing people with access to food, it often fails to do so in a dignified manner. The eligibility assessments and limited control over food item selection can feel demeaning.

A more enhanced model is the food pantry model, which aims to provide a more dignified and normalised experience for its clients. In this model, clients enter a mini supermarket setting where they have the opportunity to choose from heavily discounted and, in some cases, free food items that cater to their nutritional and dietary requirements. Like the emergency food assistance model, clients need to prequalify and meet eligibility criteria to use food pantries (Linares, 2001; Tarasuk et al., 2019). A limitation of food pantries is the absence of social inclusion and support services beyond food. For example, there are no wraparound services, such as services addressing mental health issues, resumé writing and financial counselling, to assist clients further to address their other needs contributing to their food insecurity (Booth, Pollard, et al., 2018; Frederick & Goddard, 2008; Loopstra, 2018; Pollard et al., 2017). Although the food pantry model offers a more dignified approach to food provision, it deflects from the root causes of food insecurity, such as financial and social needs, and ultimately services as a temporary, 'band-aid' solution.

The social supermarket (SSM) model is arguably the most advanced food relief model of the three; it is part discounted supermarket and part social support agency (Government of South Australia, 2021; Pettman et al., 2023; Schneider et al., 2015). The SSM model provides regular access to its services, but it often requires clients to be members of the service (requiring clients to provide personal details) or prove eligibility via meeting postcode criteria. In some cases, such as The Food Centre (TFC) in South Australia, the service provides universal access to everyone and treats clients as customers, rather than recipients of charity. Overall, SSMs are designed for clients to enjoy a more dignified shopping experience. Clients enter a mini supermarket and select from a medium product range of discounted food; they have a reasonable amount of control over their

food choices. The fact that clients in the SSM model have to pay neutralises the power of 'free' gifting or charity and creates a more dignified shopping process for its clients (Andriessen et al., 2020). Further, a range of social support and capacity-building services are associated with SSMs, to provide clients with pathways to food security (Pettman, 2019). SSMs often have cafés and on-premises programmes, to promote social inclusion and connectedness among their clients (Pettman, 2019). Variations of SSM models (with and without eligibility criteria) are common in European countries (Holweg et al., 2010; Schneider et al., 2015) as well as the United Kingdom (Paget, 2015; Saxena & Tornaghi, 2018).

Despite it being the most advanced model, limited evidence exists to demonstrate whether the SSM model contributes to client outcomes and sustainable pathways to food security, and there are fewer examples of SSMs than of other food relief models. A recent Canadian study found that food provision models that offer food relief choice and integrated within a Community Resource Centre saw a reduction in food insecurity of their users (Rizvi et al., 2021). As mentioned before, SSMs are not prevalent in Australia, and perhaps the lack of dignified service model that offers support beyond food is a contributing factor to higher level of food insecurity in Australia versus other high-income countries.

All food relief models aim to assist people through short-term provision of food; however, people often rely on such services to survive (McKay et al., 2020) for long periods of time – research in Australia estimates this reliance to last an average of seven years (Fyfe et al., 2016). Historically, food relief was delivered by community members to help people who were struggling to access food in that community. Over the years, this voluntary act of kindness evolved into different types of not-for-profit food relief provision models, which were intended to serve as only emergency relief. However, the harsh reality is that some people become reliant on food relief organisations to make ends meet, and food relief has become a safety net to meet these ongoing needs. Broader social policy is needed to address structural issues of poverty, rising cost of living and social exclusion. Food relief, in the meantime, remains an important though inefficient and ineffective response, and a shift in service provision is required to meet clients' long-term needs and mitigate the structural determinants of disadvantage in their lives. Owing to the voluntary nature of food relief and some other social support sectors (e.g., emergency relief, shelters), individual services have not been organised as a sector or system. Therefore, there is a lack of

coordination and integration across the whole system, which requires collaboration and unity across the social support system to provide better outcomes for individuals and the community.

In acknowledging these challenges, in 2015, two South Australia government agencies started an initiative to better understand and to improve food relief in South Australia. The Department of Human Services (DHS) and Wellbeing SA (WBSA) established a partnership to improve household food security status: the Improving Individual and Household Food Security Outcomes in South Australia Project (see Government of South Australia, 2018). As part of this partnership, university researchers were engaged in mutual knowledge co-production. They were initially commissioned to undertake research to gain a better understanding of clients' perspectives and experiences of using food relief services. Consistent with existing evidence, the studies (Booth, Pollard, et al., 2018; Pollard et al., 2017) found that, although clients of food relief services are grateful for the support they received, some aspects are disempowering. The stigma associated with accessing food relief services makes clients feel embarrassed, ashamed and degraded. Clients need a socially empowering method to obtain food and access additional support (Booth, Pollard, et al., 2018; Pollard et al., 2017). Research (Booth, Pollard, et al., 2018; Pollard et al., 2017) has identified five areas that could help deliver a more dignified experience to food relief clients, which has been confirmed by other studies (Andriessen & van der Velde, 2023; McKay & McKenzie, 2017; Middleton et al., 2018; Pineau et al., 2021; Pollard et al., 2019). These are:

- **Socially empowering method of obtaining food.** There are emotional consequences associated with using food relief. When individuals have to admit that they need help and then prove their eligibility to receive assistance, it can erode their dignity and leave them feeling judged, ashamed and embarrassed (Booth, Pollard, et al., 2018; Pollard et al., 2017). Other studies document similar findings about the stigma associated with food relief access (see Fredericks, 2008; McKay & McKenzie, 2017; Middleton et al., 2018). Clients require a more dignified and non-judgemental way of obtaining food. A socially empowering method of food provision can help build people's self-esteem and provide them with control, so that they apply agency to improve their situation – which is likely to have a strong food security dimension, as highlighted by Nayak and Hartwell (2023).
- **Access and variety of food and service offerings.** It is reported that the majority of food relief services only operate during the week and during work hours (i.e. 09:00 to 17:00, at best, often only from morning to noon), which makes the services inaccessible to people who need

to access food support on weekends. Additionally, low quality and quantities of food offerings, and limited variety to cater for clients with particular dietary requirements made traditional food relief services inappropriate for some people, for example, people with food allergies, such as being gluten and lactose intolerant (Booth, Pollard, et al., 2018; Fredericks, 2008; Pollard et al., 2017). Clients need access to a wide variety of healthier food items (Booth, Pollard, et al., 2018) and to food relief services after hours and on public holidays (McKay & McKenzie, 2017; Pollard et al., 2019). Given the growing number of people who can be considered subject to in-work poverty (i.e., people who are employed but whose financial resources are close to thresholds associated with poverty (Poulter et al., 2023)), access to such services after hours or on weekends is critical.

- **Reciprocity.** It is reported that clients had a desire to 'return the favour', which can be explained by the notion of gift exchange, a social norm that suggests that if someone is provided with a gift they should reciprocate. The idea of receiving a 'free' gift implies that the receiver is not in a financial situation to reciprocate the gesture and that that person is dependent on charity. Being unable to adhere to a social norm, such as gift exchange, can be degrading (Andriessen et al., 2020). In the context of food relief, clients wanted opportunities to volunteer at food relief services to return the favour and neutralise the notion of being the recipient of 'free' gifting (Booth, Pollard, et al., 2018; Pollard et al., 2017).
- **Access to wraparound services.** Clients have been found to have various types of needs and wants. For instance, they needed help with resumé writing and finding employment, access to showers and laundry facilities (Booth, Pollard, et al., 2018), and help with drug and alcohol problems (Pollard et al., 2019). Clients wanted a food relief service that could assist them with their needs beyond food, or which could refer them to relevant services (Booth, Pollard, et al., 2018; Pollard et al., 2017). Clients needed a one-stop shop that used food as an opportunity to engage with them and provided them with guidance on where to find relevant help and how to access useful resources.
- **Social element of food.** Clients wanted to have a chat over coffee and connect with people (Booth, Pollard, et al., 2018). For some clients, the encounter during their time at a food relief service was the only social interaction they were exposed to in a week. Clients of food relief services liked to participate in normalised and culturally appropriate eating occasions, such as Sunday dinners and barbeques, where they could share food with others (Booth, Pollard, et al., 2018; Pollard et al., 2017). Another study (McKay & McKenzie, 2017) found that clients valued

social contact almost as much as receiving food itself. A recent review revealed that a synergy that was created by social interactions, such as food access and sharing, positively contributed to food security (Nosratabadi et al., 2020).

The results of government-commissioned research (see Booth, Pollard, et al., 2018; Pollard et al., 2017) and the ongoing commitment of DHS and WBSA to improving food security in South Australia led to further outputs: (i) the development of a charter with a vision and set of principles the food relief sector could aspire to (Government of South Australia, 2019; Pettman, Williams, et al., 2022), and (ii) the development of a pilot SSM based on innovative practice to 'go beyond food' (TFC, Gepps Cross, South Australia), which is yet to be comprehensively evaluated (Pettman et al., 2023).

The ongoing partnership of the two government agencies (DHS and WBSA), university researchers and three food relief organisations (TFC, Foodbank South Australia, and Anglicare SA) led to a deeper investigation to understand food relief delivery, volunteer outcomes and food relief client journeys, experiences and outcomes. This collaboration enabled researchers to obtain a partnership research grant that had been funded in 2021, the Australian Research Council Linkage Project (LP200200681), Towards 'Zero Hunger': Improving Food Relief Services in Australia. The aims and views of the Linkage Project are as follows:

1. The Linkage Project acknowledges that each food relief model serves different client needs at different times, and, therefore, does not compare the service models, but aims to understand how to translate the principles into practical actions.
2. The project views the sector as a system comprising multiple organisations and service models that can work more collaboratively to create an integrated and effective system.
3. It recognises that the sector needs to meet both short-term nutritious food relief for people in acute need, and addresses long-term food insecurity, to connect people to wraparound supports/services, social inclusion and capability building.
4. It recognises a need to establish a vision for what the optimal future food security system should look like in South Australia.

This PhD thesis contributes to the overall objectives of the Linkage Project by specifically on the perspectives, lived experiences and outcomes of food relief clients; further, its research will be carried forward independently.

It is crucial to acknowledge that, while South Australia has shown initiative and commitment to improve food insecurity in the state, other states in Australia have also recognised the persistence of this issue and have contributed to the broader literature and practice surrounding food insecurity, among which Tasmania (Health, 2023; Ward et al., 2013), Western Australia (Unit, 2014), New South Wales (LACEP, 2022), and Victoria (VAHI, 2017).

Knowledge Gap

The increasing number of people who are chronically reliant on food relief and welfare support highlights the role that the food relief and welfare sector will have to play in addressing food insecurity in the foreseeable future (McKenzie et al., 2023). Therefore, it is crucial to recognise the need to improve the food relief and social support services at the present time, while working in the background to prevent poverty and food insecurity altogether. To achieve this goal, it is critical to understand that, often, people who experience food insecurity also experience one or more economic, social and cultural disadvantages, such as unemployment, domestic violence, drug and alcohol addiction, and health problems. These challenges lead individuals to engage with food relief organisations and various support agencies, such as income support, support specifically for women and children, and rehabilitation. Given that people often experience multiple economic or social disadvantages, collaboration among different service providers and actors across the social support system is required.

Acknowledging the complexities relating to the contributors to food insecurity, for instance, people engaging with multiple services and sectors within the social support system, it is essential to understand people's journeys, experiences and outcomes across food relief services and the social support system. There have been many studies exploring food relief clients' experiences with different food relief services (see Andriessen & van der Velde, 2023; Booth, Pollard, et al., 2018; McKay & McKenzie, 2017; Middleton et al., 2018; Pineau et al., 2021; Pollard et al., 2017; Pollard et al., 2019). However, no studies investigated clients' journeys and experiences across food relief and social support systems across their lifetimes; this gap was also exposed by a

McKenzie et al., (see McKenzie et al., 2023). Further, no study has provided a comprehensive evaluation of food relief clients' economic and social outcomes in relation to using food relief services. Addressing these literature gaps provide the possibility to capture other gaps, duplications and opportunities for improvement across the social support system, which can ultimately inform good-practice policies and improve individual and household food security. By engaging with people's lived experiences, this PhD aimed to document food relief clients' journeys and experiences with food relief organisations, as well as their interactions with other social services across clients' lifetimes, to achieve a better understanding of how clients move through the social support system and what role food relief plays in their journeys, experiences and outcomes.

Aim and Scope of this Thesis

The overarching objective of this research was to identify gaps and duplications in service delivery and to find opportunities to improve clients' journeys, experiences and outcomes in relation to food relief and the social support system. The following three discrete studies helped to deliver the stated overarching objective of the thesis:

- **Study 1:** Beyond Sales to Social Impact: A Scoping Review of the Customer Journey Mapping Research Method
- **Study 2:** Exploring Food Relief Recipients' Journeys across the Social Support System in South Australia
- **Study 3:** Social, Economic and Wellbeing Outcomes for Clients of South Australia's First Social Supermarket

Thesis Overview

This thesis is organised into five chapters. Chapter 1 (this chapter) introduces the issue of food insecurity and discusses relevant literature regarding food insecurity in high-income countries such as Australia. Chapters 2 to 4 present three discrete research studies written and formatted as journal articles. Each chapter/study includes its own abstract, introductions, relevant literature, method, results, discussion, contributions, strengths, limitations and future research. Chapter 5 provides a meta-discussion and conclusion that consolidates the findings of all three studies, discusses academic and practical implications, summarises strengths and limitations, and makes

recommendations for future research on the research topic. The following section provides a brief overview of each study.

Chapter 2: Study 1. Beyond Sales to Social Impact: A Scoping Review of the Customer Journey Mapping Research Method

The research method of CJM is a visual method that captures user experiences before, during and after their interaction with a service (Marquez et al., 2015). The CJM method is commonly used to identify gaps, duplications, and opportunities for improvement in services (Ludwiczak, 2021). This method can capture client journeys and experiences across multiple sectors and across their lifetimes. However, this research method originated from marketing research, and there is limited evidence to inform how this method can be applied in other disciplines. It appears that CJM has never been used to explore people's interactions with the food relief sector and has rarely been used in other social service settings, such as public service (see Crosier & Handford, 2012). This raises a question about whether it is an appropriate method to use in the social support and human services sectors, particularly with populations in vulnerable situations.

To ensure that CJM is an appropriate method to apply to improve our understanding and to capture food relief clients' journeys and experiences, Study 1 involved a scoping review (evidence synthesis) of the CJM research method. It aimed to generate an evidence-informed understanding of the extent, range and nature of CJM use in various disciplines.

Findings of the evidence review in Study 1 informed the development of primary research for Study 2.

Chapter 3: Study 2. Exploring Food Relief Recipients' Journeys across the Social Support System in South Australia

Study 2 aimed to explore and understand food relief clients' journeys and experiences across food relief organisations and any other social services (i.e., across the entire social support system). Using the CJM research method, this research provides a snapshot of the entire system, including the intersection of food relief services and different social support services, by investigating people's journeys across their lifetimes. This undertaking differs from studies that only focused on a singular sector, such as those that assessed people's experiences of the welfare system (see McKenzie et al., 2023).

Studies 1 (review) and 2 (primary research) are complemented by an evaluation of a more progressive model of affordable food and social support/connection – the SSM – to address the gap relating to social and economic client outcomes.

Chapter 4: Study 3. Customer and Volunteer Experiences and Outcomes of Australia’s First Social Supermarket

Study 3 built on the findings of Study 2, by evaluating client outcomes before and after clients’ interaction with the first SSM in South Australia, the TFC located in Gepps Cross, Adelaide, Australia – a food relief model that emphasises social engagement and wraparound social services as much as providing food relief. The TFC SSM was designed to address the calls from the food relief sector to tackle persistent, chronic food insecurity.

The aim of Study 3 was to develop a comprehensive and reliable evaluation tool to measure economic and social client outcomes, including food security, financial wellbeing, social connectedness and inclusion, self-confidence, volunteer skill building and satisfaction. The tool was used to evaluate social and economic client outcomes of the TFC.

The evaluation tool that was developed can be used to measure social and economic client outcomes in relation to social support services. Additionally, the findings of Study 3 provide evidence that enhances our understanding of the role and effect of SSMs in the food relief sector.

Systems Thinking Approach

Food insecurity is a symptom of poverty, and evidence suggests that people with certain backgrounds and demographic characteristics are more vulnerable to experiencing it. For example, single-person households and their children, people with lower levels of education, individuals living with physical or mental health conditions, people in rural and remote communities, those from culturally and linguistically diverse backgrounds, older people, and Aboriginal and Torres Strait Islander communities are more at risk (Bowden, 2020; McLachlan et al., 2013).

Additionally, food insecurity stems from economic, social, and cultural disadvantages (Vaičiurgis et al., 2024). People experiencing food insecurity often face other complex social issues, such as homelessness and domestic violence, highlighting the interconnections among various social support sectors (e.g., food relief services and housing authorities, or food relief and domestic

violence support services). Unfortunately, in Australia, the current social support sectors often operate with limited collaboration, or, as some argue, in silos. This disjointed social support system creates gaps where many people in vulnerable situations can easily fall through those systemic gaps, and, ultimately, exacerbate their situations.

Addressing such a complex issue requires a systems-level approach that considers the broader picture – identifying interconnected problems, interdependent determinants, and drivers – and recognising existing sectors and services that could benefit from greater integration to provide comprehensive, sustainable, long-term solutions. For instance, women escaping domestic violence are more likely to experience food insecurity. Therefore, connecting women’s and children’s shelters with food access and poverty alleviation services could improve outcomes. The key lies in fostering collaboration across sectors to create a more cohesive social support system focused on improving client outcomes.

Finding an optimal solution that satisfies all stakeholders is challenging (Checkland, 1985; Ison, 2017). Complex problems require collaborative and innovative approaches (APSC, 2007) and interdisciplinary research (Jacobs & Cuganesan, 2014), such as systems thinking (Alford et al., 2024). Systems thinking is a model of thinking that is used to address complex problems (Cabrera & Cabrera, 2023; Plate, 2010). This approach considers interconnectivity and interrelationships between different parts (Trochim et al., 2006). It helps identify underlying structures and root causes of complex behaviours, offering a pathway to predict outcomes and adjust strategies accordingly (Arnold & Wade, 2015).

By working collaboratively to address complex social issues (see Kania et al., 2014; Kania & Kramer, 2013; Weaver, 2014) and applying a systems thinking approach (see Swanson et al., 2012), social support systems can be better equipped to tackle the underlying causes of food insecurity.

To investigate these complex issues, such as improving food security and creating sustainable pathways out of food insecurity, a hybrid research approach that combines both qualitative and quantitative methods is often required (Stenner & Stainton Rogers, 2004). Mixed methods enable this through the ability to develop a comprehensive understanding, triangulation of findings and stakeholder engagement (Johnson & Onwuegbuzie, 2004). Therefore, this thesis uses a mixed-methods approach to research and address the overarching thesis objective.

Methodology of this Thesis

This is a thesis by publication style and specific methods are discussed within each study. However, this section provides a brief description and benefits of using a mixed methods approach.

This thesis incorporated a mixed methods approach to deliver the overarching research objective, which was to identify gaps and duplications in service delivery and to find opportunities to improve clients' journeys, experiences and outcomes regarding to food relief and the social support system. The three methods used in this thesis were a scoping literature review (Study 1), a qualitative primary research utilising CJM (Study 2) and a quantitative evaluation research (Study 3).

Researchers have identified several reasons and benefits of using a mixed methods approach (Creswell et al., 2004; Migiro & Magangi, 2011; Onwuegbuzie & Leech, 2005; Tashakkori & Teddlie, 2003), these reasons and benefits include: (1) multiple methods used to gather relevant data for different research objectives; (2) different research methods used to complement or build upon each other; (3) different methods were used to triangulate findings from different methods and provide consistent findings; and (4) a qualitative method followed by a quantitative method to quantify the results, or, a quantitative method followed by qualitative methods to explain the reasons behind the numerical data.

In this thesis, a mixed methods approach was used for multiple reasons. Methods used in each study complemented and built upon each other. For example, the results from the scoping literature review (Study 1) assured and directed the researcher with the use of CJM in Study 2. The results from CJM qualitative research (Study 2) raised a hypothesis that was then tested in the quantitative evaluation research (Study 3), which extended the breadth and depth of evidence. Furthermore, using a mixed methods approach helped to triangulate the findings of three studies and to provide depth of knowledge and promote consistency across the overall findings and conclusions of the thesis.

Chapter 2

Study 1: Beyond Sales to Social Impact: A Scoping Review of the Customer Journey Mapping Research Method

Chapter 2 presents the first study of the thesis. This chapter is a scoping review of Customer Journey Mapping (CJM) research method. It focuses on how and in what ways the CJM method has been used across disciplines, what are the most common ways to present the results, and whether it is an appropriate method to use with people in vulnerable situations. The findings of this study inform the second study.

Abstract

Customer Journey Mapping (CJM) as a marketing research method has recently gained popularity across disciplines due to its ability to provide insights about customers' experiences. CJM may be useful in social and human services, but there is limited evidence to inform how this method can be applied across disciplines. This study used a scoping review to understand the application of CJM across disciplines. Results suggest that CJM is a suitable research method to be used in the social and human sector as it captures different interactions across the social support system. Furthermore, in-depth interviews are commonly used for data collection, particularly when ensuring a confidential environment for participants in vulnerable circumstances. This scoping review provides guidance for appropriate data collection with people in vulnerable circumstances.

Keywords: social research method; populations in vulnerable circumstances

Introduction

Customer Journey Mapping (CJM) has become a popular method for developing a better understanding of client experiences with a view to identify areas for improvements. CJM enables documentation of a visual timeline of step-by-step client encounters and interactions with service touchpoints, and it gathers information on client emotional responses throughout the journey (Crosier & Handford, 2012). CJM helps to understand client journeys and experiences from their perspective (Marquez et al., 2015). CJM method involves a creation of a visual map which provides insight into what it is like to 'walk in customer's shoes' (Marquez et al., 2015). Such insight provides information that can be used to develop a roadmap to improve the customer experience (Johnston & Kong, 2011). CJM helps to identify gaps, duplications and opportunities for improvement which can guide service providers to make evidence-informed improvements for better customer/client journeys and experiences.

CJM has been predominantly used in marketing research to determine clients' perspectives in relation to their engagement with settings such as retail environments, tourism, and finance and insurance services and to provide insights to inform improvements in service design (Grewal & Roggeveen, 2020; Tueanrat et al., 2021). However, it is a more novel approach in disciplines outside marketing, including disciplines such as social sciences (Crosier & Handford, 2012), while in health services and public health systems, patient journey mapping is commonly used (Davies et al., 2023). Recently, CJM has been used by the public sector to help understand community members' experiences of public services (Crosier & Handford, 2012).

Applications of CJM suggest that it is useful for documenting and better understanding customer journeys and experiences before, during and after their interaction(s) with a service from their perspective (Marquez et al., 2015). In both commercial and public services sectors, it would appear that the information gained using CJM can be used to improve service delivery (Ludwiczak, 2021).

Recent reviews of CJM have sought to understand its integration in marketing (Gao et al., 2020; Islam & Rahman, 2016), business (Tueanrat et al., 2021) and general terminology (Følstad & Kvale, 2018). However, it appears that CJM is a more novel approach in the social and human services sector. With the exception of a critical analysis review of CJM in the public service sector (Ludwiczak, 2021) there are no reviews using systematic methods of CJM use across disciplines. As such, there is no clear understanding of how the CJM research method can be applied across

disciplines, including the appropriate CJM data collection techniques for investigating sensitive social and human service journeys – examples may include food relief, financial assistance, homelessness and domestic violence. Service encounters and interactions in social and human services are unique to the retail or business sector as they often involve people in circumstances of vulnerability or socioeconomic disadvantage, who may be experiencing poverty, social exclusion and inadequate social protection, e.g., people living with psychosocial disability (see Mellifont et al., 2022).

Applicability to populations in circumstances of vulnerability

An important aspect of the work done by the human services sector is with people in circumstances of vulnerability who may be experiencing complex problems, such as food insecurity, social exclusion, mental health challenges, unemployment, homelessness or poverty (Berg & Gibson, 2022; Reeves et al., 2021).

When investigating sensitive topic areas with people in these circumstances, researchers have a responsibility to ensure that trauma-informed data collection protocols are in place (e.g., what to do when a participant shows signs of distress). Relatedly, researchers need to understand what data collection methods would or would not be suitable when engaging with people in vulnerable situations. However, identifying suitable research methods for use with vulnerable populations can be challenging. Vulnerable circumstances can create tensions among people (Delor & Hubert, 2000), and people in vulnerable circumstances may have difficulty coping with stressful situations (Chambers, 2014). Delor and Hubert's (2000) propose that vulnerability has three dimensions: (1) **exposure** – the risk of being exposed to a crisis situation; (2) **capacity** – not having the required resources to cope with the crisis situation (e.g., financial stability, social network, skills and education); and (3) **potentiality** – experiencing serious consequences because of the crisis. Thus, when conducting research with people in vulnerable circumstances, one must consider the participant group's potential exposure to a crisis situation, their capacity to deal with that exposure, and the potentiality that might result, in order to reduce the risk of triggering distress for participants and inducing an adverse response.

Generally, one-on-one interview methods are considered most appropriate when eliciting information from people in vulnerable situations, or when discussing a sensitive topic such as difficult or traumatic life experiences (Elam & Fenton, 2003). Questioning during an interview

could potentially trigger distress for participants as they may re-live their experiences by sharing them, but in a one-on-one situation the interviewer is present and can therefore respond with referring the participant to appropriate support services, if necessary, which would not be the situation for some other methods such as surveys or online interviews. However, it has been proposed that group settings may provide a less distressing environment for data collection, this is because participants sharing their experiences with people who have been, or still are, in a similar circumstance, which might provide participants with a sense of feeling supported (see Peek & Fothergill, 2009) or sense of cathartic relief (Elmir et al., 2011).

The aim of this article is to generate an evidence-informed understanding of the extent, range and nature of CJM use across disciplines. A scoping review method is used to understand (1) in what contexts CJM has been used and why has it been used; (2) how CJM has been conducted (evaluating CJM data collection methods); (3) how results of CJM have been presented; and (4) what are appropriate methods for engaging with populations in circumstances of vulnerability. This scoping review will inform evidence-informed decisions when using the CJM method in research or practice.

Methods

A scoping review method was chosen as it was considered to be the most suitable approach to synthesise knowledge and examine the extent, range and nature of the evidence on the use of CJM (Arksey & O'Malley, 2005; Teare & Taks, 2020). Scoping reviews differ from systematic reviews which are aimed at answering a specific and clearly defined research question (CIHR, 2010; Tricco et al., 2018; Tricco et al., 2016). The scoping review process used in the present study followed the PRISMA guidelines for Scoping Reviews (see Page et al., 2021).

Review process – search strategy

Following formulation of the broad research question (*how is the CJM methodology described and applied in published peer-reviewed literature?*), search strategies were developed for searching across three multi-disciplinary databases: ProQuest Central, Web of Science, and Scopus. Databases were searched for relevant peer-reviewed journal articles only, and they were likely to include multi- or interdisciplinary studies. Search terms used included: (“journey map*”) OR (journey* AND client* OR customer*) NOT (patient) (for detailed search strategy see Appendix A). Keywords were

selected to identify terminology used in different disciplines as relevant to their target audience as customers, clients or community members. 'Patient' was excluded from this study, acknowledging the differences to CJM, in that patient journey mapping focuses on a patient's journey and identifying gaps in the individual's care, rather than seeking to evaluate opportunities for a cohort of people and identifying solutions for improving the healthcare system. Studies using data mining as their data collection method were also excluded as such studies cannot provide relevant insight to help understand whether CJM is an appropriate method to be used when researching customer/client journeys in social and human services sectors.

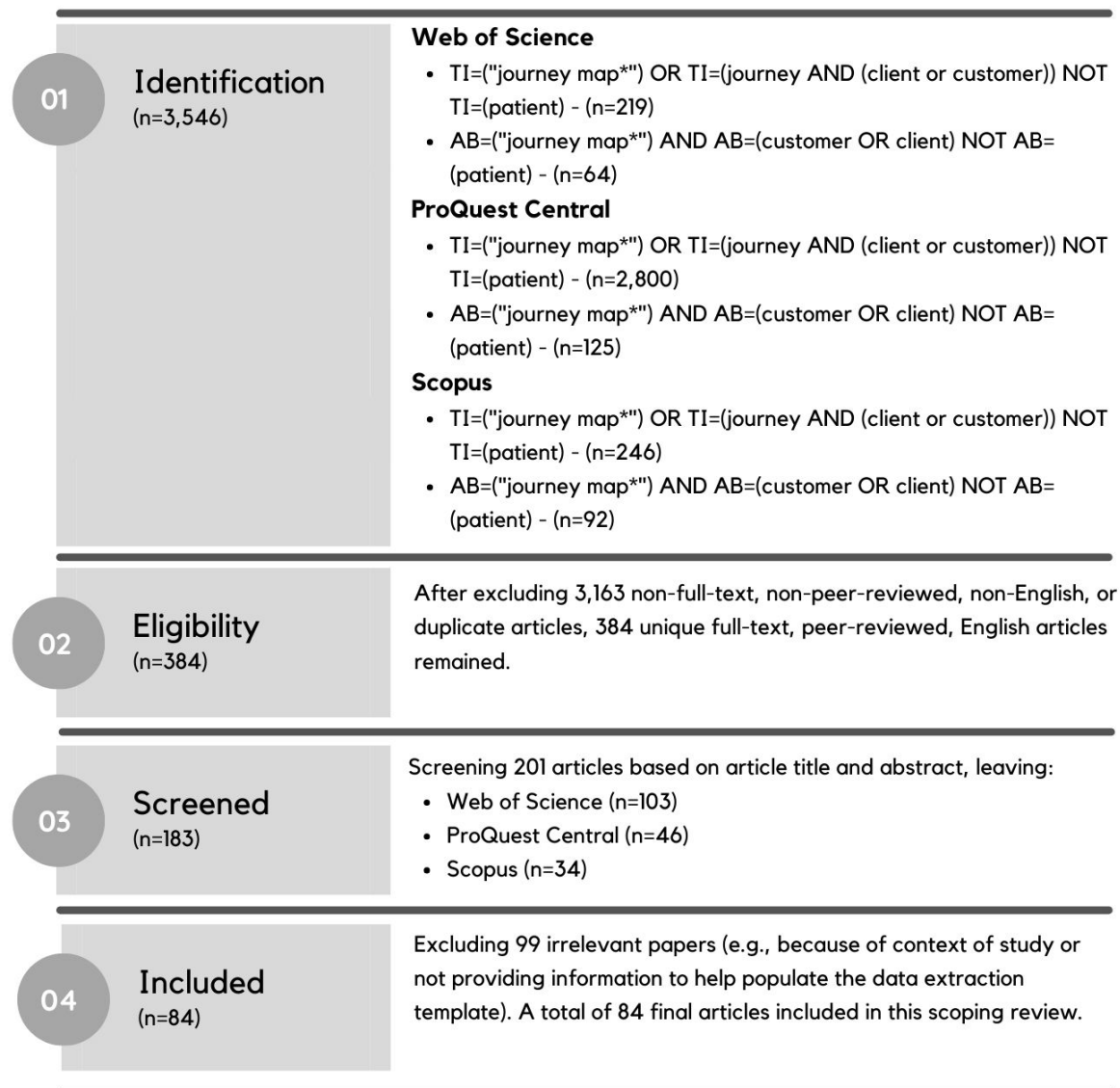
Eligibility criteria for initial inclusion were any articles that were peer-reviewed, available in full-text, published in any year and written in English.

The search strategy was created and applied in November and December 2021. The research was not registered externally as a study protocol. The primary researcher was the only person involved in identifying and screening articles and eliciting information from the selected articles.

Article screening and selection

A total of 3,546 articles were identified, and 384 articles were left after removing duplicated articles and restricting to peer-reviewed, full-text and English articles. Titles and abstracts were manually screened to exclude articles that were irrelevant to the research question. For example, articles that did not document client/customer experiences with a service/product/program as well as articles that did focus on 'client' and 'journey' but did not describe the application use of CJM in their discipline (e.g., described only client stories or service experiences) were excluded (unticked in the database and did not get downloaded). A total of 201 articles were excluded after initial title and abstract screening. For the remaining 183 articles, article details were downloaded (title, name of authors, publication year, source type, publication title, issue, volume and abstract) into a single Excel file. To ensure that the review addressed the research question, articles lacking discussion of the CJM method, and any relevant full-text articles that lacked information on data collection methods, sample, analysis and presentation of results were excluded from the analysis. Finally, 84 peer-reviewed articles were included for analysis (see Figure 1).

Figure 1. PRISMA flow chart



Data extraction and analysis

To understand the depth and breadth of evidence on the use of CJM across disciplines, a data extraction template was created to obtain a range of relevant information from the final 84 articles. The extraction template captured information on how CJM had been referred to across disciplines, purpose for using CJM and the way CJM had been conducted including sample population and size, data collection method (primary/secondary; qualitative/quantitative; survey, interview, focus group, etc.), results analysis (individual/typical) and presentation style (visual, narrative, etc.). The extraction template also captured typical information for each article such as discipline, year of publication and country of study.

Critical appraisal to assess research quality or risk of bias was not applied, because scoping reviews generally do not aim to produce a critically appraised result, but rather to provide a broad overview understanding of the extent, range and nature of evidence; in this case CJM use across disciplines.

Data were analysed descriptively including frequency counts (e.g., number of types of data collection techniques), and content analysis for narrative text. Findings were reported narratively.

Results

Initial analysis on publication details

Articles were found in Business, Management, Accounting, Computer Science, Engineering, Medicine, and Social Science disciplines (see Table 15, Appendix 2). The first article identified in the initial search was published in 1991 (Bowen, 1991), but that article was excluded and the earliest that met all of the inclusion criteria was published in 2004 (Miller & Brimicombe, 2004). Looking at the growth in number of articles, it is apparent that CJM has gained popularity in the recent years. The average number of articles published between 2004 and 2008 was about two, this has reached about 11 to 19 articles per annum since 2019.

CJM description and purpose

All articles included for review described the CJM concept or method. Thematic analysis of the qualitative descriptions revealed four major themes, that CJM: (1) is a visual method, (2) documents customer experience from their perspectives, (3) captures customer experience before, during and after their interactions with a service, and (4) documents service touchpoints and helps identify gaps, duplications and opportunities for improvement in service delivery.

CJM data collection approaches

The review investigated how CJM had been used in terms of: (1) primary vs secondary data collection, (2) qualitative vs quantitative data collection, and (3) other data collection techniques used.

First, the results from analysis showed that the majority (72 articles) of the articles included for review had used a primary data collection approach, while a smaller number of studies had used

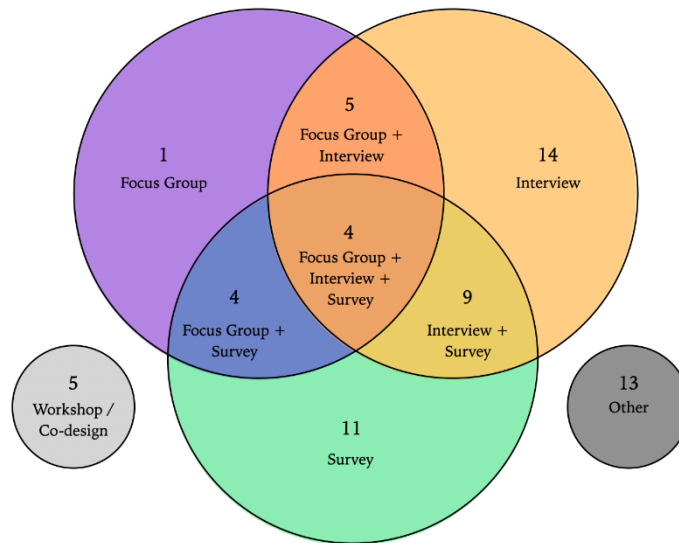
existing or secondary data sources (nine articles). Three articles were not explicit about using primary or secondary data collection methods.

Second, the analysis of the type of data collection method used across all studies showed that CJM had been conducted via qualitative, quantitative or a combination of both approaches, depending on the research objective. However, in most cases, qualitative data collection methods had been used compared to quantitative methods or a combination (48, 18 and 13 articles respectively). Five studies did not explicitly declare what data collection method were used.

Third, half of the reviewed articles used a range of data collection techniques, including but not limited to interviews, surveys, focus groups, observation, task-based activities, Qualiwall (see Table 16, Appendix 2). The other half uses a combination of techniques, with task-based activities commonly used in combination with other techniques such as interviews (see Table 16, Appendix 2).

Figure 2 demonstrates that interviews (14 articles) and surveys (11 articles) were the most popular data collection techniques to be used on their own. Interviews plus surveys (nine articles) and interviews plus focus groups (five articles) were the most popular combinations of data collection techniques used for CJM research. There was a small number of articles, 'other' (13 articles), that used app/user tracking, observations, diary keeping, task-based activities, case studies, content analysis, etc. to obtain data for their research studies.

Figure 2. Venn diagram of number of articles and data collection techniques



Analysis types used for CJM research methods

More than half (57 articles) of the included articles aggregated and presented their research findings as a typical journey map. Another nine articles presented their analysis as individual maps. A few studies (three articles) presented both individual and typical journey maps. It was not clear what type of journey map types used in the remaining 15 articles.

Visual results presentation was used in two-thirds of articles (53 articles) followed by narrative descriptions of findings (14 articles) and tables of data (thirteen articles). Graphs and charts were the least used presentation style in CJM research articles (four articles).

Data collection technique chosen based on target population

CJM was commonly used to document customers/clients' interactions with services in commercial settings (15 articles) and students' learning journeys (13 articles). The remaining articles used CJM to study a variety of populations including passengers and travellers, citizens and the general public, people with a disability, people with depression, clients of palliative care services, etc. (see Table 17, Appendix 2).

Using Delor and Hubert's (2000) three dimensions of vulnerability, a list of studies within specific populations, who could be considered marginalised in relation to the topic of the study were listed in a table (see Table 1 for coding framework). This allowed for further investigation of their

population's risk of being in a vulnerable situation. For example, exploring people's journeys back to work while they were navigating through their mental health problems (Miller et al., 2014). The results show that four studies used individual data collection settings, three studies used group and individual data collection settings, and one study used only a group data collection setting.

Table 1. Coding framework of people in vulnerable circumstances

Reference	Population	Study topic	Method	Group or individual data collection	Exposure – the risk of being exposed to crisis (Y/N)	Capacity – not having the required resources to cope with crises (Y/N)	Potentiality – experiencing serious consequences because of the crises (Y/N)
(Britton et al., 2021)	Woman who are using or formally used contraception	To understand barriers to remove reversible contraception, threaten reproductive, and its influence on contraceptive behaviours.	Focus groups and a workshop	Group	Y	Y/N	Y
(Crosier & Handford, 2012)	People with disability	improved access to goods and services for disabled people.	Face-to-face interviews and focus groups	Group*	Y	Y	Y
(Koski et al., 2017)	Clients (Indigenes Canadians) and health care providers	Improve quality and access to palliative care at home	Focus group, workshop, and surveys	Group*	Y	Y/N	Y
(Panzer et al., 2017)	Clients and past clients of Special Support Nutrition Program for Woman, infant, and Children	To find service barriers and opportunities to improve client satisfaction.	Direct observation of client appointments at lobby, focus groups about shopping experience, and interviews	Group*	Y	Y/N	Y
(Miller et al., 2014)	People with mental health problems and their employment specialists	Provide personal accents for the journey back to work from the perspective of both the person entering employment and the employer.	Journaling	Individual	Y	Y	Y
(Bearnot & Mitton, 2020)	Individuals who received care for opioid use disorder associated endocarditis.	Capture common patterns of care for people with Opioid use Disorder associated endocarditis.	Semi-structured interviews	Individual	Y	Y/N	Y
(Wang & Wu, 2020)	Young female travellers	Design hotel security for independent woman travellers	Semi-structured in-depth interviews and surveys	Individual	Y	Y/N	Y
(Menheere et al., 2020)	Female runners	Barriers and motivations of their running journey	Survey and journey mapping activity	Individual	Y	Y/N	Y

***Studies that have used both group and individual setting data collection methods have been coded as 'group' setting data collection method.**

Table 2 summarises the findings for the four specific questions this review attempted to answer. The full list of articles in the review can be found in Table 20, Appendix 2.

Table 2. Practical implications

The review's area of focus	Summary of the findings
In what ways has CJM been used and why has it been used?	Across disciplinary, CJM is known to be a visual tool, which documents customer experience before, during, and after customer encounter/interaction with a service from customers' perspective. CJM is used to document service touchpoints and help identify gaps, duplications, and opportunities for service improvement.
How has CJM been conducted?	CJM is a flexible research method which can be conducted using primary and secondary, qualitative and quantitative methods using a variety of data collection techniques. However, primary and qualitative data collection methods using interviews are the most common way to conduct a CJM research.
How the results of CJM are presented?	Typical and visual journey maps are the most predominant way of analysing and presenting CJM findings.
Whether CJM is an appropriate method for engaging with populations in vulnerable circumstances?	Depending on research objective, when engaging with populations in vulnerable circumstances, both individual and group setting data collection is appropriate to use. However, interviews are the most used data collection technique.

Discussion

This study contributes to knowledge for CJM research and practice by synthesising evidence in a systematic way, to present options for social researchers and practitioners using CJM. The findings from this scoping review highlight that CJM is a flexible research method that can enhance understanding of service delivery and improve customer or client experiences within complex ecological systems (Marquez et al., 2015). However, the limited literature on the application of CJM has resulted in varied implementations, with no established guidelines. This limitation underscores an emerging field that requires the development of a consistent framework to standardise the methodology and promote its effective use. Therefore, this study provides guidance for appropriate CJM data collection techniques to use with people in circumstances of vulnerability or socioeconomic disadvantage. Incorporating data from 84 peer-reviewed CJM studies across a variety of disciplines, this scoping review builds understanding of (1) in what ways and why CJM has been used across disciplines; (2) how CJM has been conducted (evaluating data collection methods); (3) how the results of CJM can be presented; and (4) whether CJM is an appropriate method for engaging with populations in vulnerable circumstances. This is important information for ensuring a person-centred and evidence-informed approach to doing CJM in areas such as social and human services.

Furthermore, to the best of the authors' knowledge, there were no comprehensive reviews on the use of Customer Journey Mapping (CJM) across disciplines to guide researchers in applying it to various sectors. Aside from Crosier and Handford's (2012) study on public services, there is limited evidence of CJM in social support and human services. This study reviewed the literature on CJM application and developed a framework to assess its suitability for research with vulnerable populations. The framework, adapted from Delor and Hubert's (2000) three dimensions of vulnerability – (1) exposure, (2) capacity, and (3) potentiality – also incorporated three research method characteristics: (1) study population, (2) research topic, and (3) data collection techniques. This framework was used to assess whether CJM had been employed with vulnerable populations and the methods used. Findings indicated that CJM is suitable for engaging with vulnerable populations, although most studies relied on interviews in private, safe spaces for data collection.

In what ways and why has CJM been used across disciplines?

Four common themes were identified in relation to the use of CJM, including that (1) CJM is a visual method, (2) it documents customer experience from their perspectives, (3) it captures customer experience in the stages of before, during and after customers interact with a service, and (4) it documents service touchpoints and help identify gaps, duplications and opportunities for improvement in service delivery. This is similar to, but not the same as, the five themes found by Tueanrat et al. (2021), a recent stream-based systematic review of CJM. The authors found that (1) CJM focuses on whether customers' expectations have been met before and after their interaction with service touchpoints, (2) whether service had disruptive touchpoints that deviated customers from their regular journey, e.g., lacking or excessive touchpoints, (3) it captured customers' reactions after their interaction with each touchpoint, allowing to identify touchpoint satisfaction and dissatisfaction, (4) improved the customer journey to be more in line with customer preferences, e.g., reducing effort made by customers, and (5) considered the customer journey from a range of channels available in the service environment, e.g., in-store, online, and via distributors. The themes identified in the current review were focused on a broad description of how CJM had been used, whereas the themes identified by Tueanrat et al. (2021) were focused on customer satisfaction across touchpoints in services in business literature.

CJM research has often been conducted as a qualitative method

The CJM research method is often considered as a qualitative method, however, depending on the research objective and discipline, the type of data collected can differ. This review confirmed that CJM was commonly used as a qualitative research method, however, the review also revealed that some articles (29 out of 84 articles) conducted quantitative or a combination of quantitative and qualitative research to produce customer/client journey maps.

Given that both qualitative and quantitative data collection are appropriate to gather information for CJM research, it was not surprising to see that some studies used both qualitative and quantitative approaches. The review results confirmed that interviews and surveys were the most commonly used data collection techniques for CJM research. It is not unexpected, as the process of discovering customer/client journeys often involves the use of open-ended questions and exploratory research methods like interviews. However, researchers had also been using other data collection techniques such as focus groups, co-design sessions or combinations of different techniques. Such results suggest that CJM is a flexible tool and can be adopted to meet both qualitative and quantitative research types.

CJM research result has often been presented as typical journey map

The CJM research method offers researchers the flexibility to analyse their data to generate individual or typical journey maps, depending on the purpose of study. There were three ways that researchers created typical journey maps (1) by aggregating data and creating a map of all possible touchpoints, pain and pressure points; (2) by aggregating data and creating a map of most common journeys; and (3) by developing a few typical maps to represent different types of journeys (e.g., journeys of people living in metro vs rural areas). Occasionally, researchers chose to present both individual and typical journeys as part of their research findings. The decision on the analysis approach often depended on a sample size and variation in journeys among different participant groups. For example, sample size of two people in a study by Miller et al. (Miller et al., 2014) guided the researchers to present results as individual journeys. In a study by Qian et al. (2019), having two different population perspectives such as marketing strategies of interface vs face-to-face led researchers to create a couple of typical journey maps to represent different perspectives. Despite the flexibilities offered by CJM data analysis, this review discovered that researchers often preferred to analyse their data to generate a typical customer/client journey map.

Furthermore, while many studies presented CJM research findings as visual maps, some used graphs and charts to numerically highlight touchpoints, pain and pressure points. This review confirmed that while visual presentation of the results was the most common way of sharing research findings, some studies used other ways of data presentation styles such as narrating, summary tables, charts, and graphs. These findings indicate that the CJM research method provides flexibility in presentation style to ensure researchers communicate their research findings in the most effective way with their audience.

CJM is an appropriate method to use when engaging with populations in vulnerable circumstances

Given that the CJM research method is a research tool for understanding customers/clients' journeys from their perspectives and discovering gaps, duplications and opportunities for improving service delivery, it would be a useful method for engaging with clients of social and human services. However, social and human services, such as food relief organisations often work with people who are in vulnerable circumstances. Hence, this review evaluated research that used CJM methods when engaging with populations in vulnerable circumstances, to determine whether it might be best to collect data using group or individual setting techniques. There are different benefits and downfalls associated with individual and group data collection settings.

The group setting data collection technique would help to generate discussion and capture all possible barriers and opportunities clients may experience throughout their journeys (see Zikmund et al., 2020). However, such populations often have traumatic experiences and sharing their life stories with a group of strangers can trigger distressful emotional reactions. In contrast, the individual setting data collection technique allow for an in-depth understanding of individual client journeys. Furthermore, the interviewer can respond with referring them to appropriate support services, if necessary, which is more difficult when facilitating a group data collection (e.g., interview vs focus group).

Therefore, this review aimed to understand what the most appropriate data collection method (i.e., individual or group setting) to use with a population that can potentially be categorised as 'vulnerable'. It was found that individual data collection settings (e.g., interviews, surveys) were most common, while group setting data collection was often used in combination with individual data collection (e.g., focus groups followed with interviews). This suggests that individual data

collection settings, such as interviews are more commonly used when engaging with populations in vulnerable situations, possibly because they may provide a safe and private environment for participants to share their journeys and experiences. This finding is in line with list of safeguard suggestions by Wijk and Harrison (2013). Nonetheless, a recent systematic review has highlighted that despite the uncomfortable conversations at times, there is little evidence of harm to participants when speaking to populations in vulnerable circumstances about sensitive topics (Alexander et al., 2018).

Strength, limitations and future research

Strengths of this study are as follows: First, to the best of author's knowledge no other research review has been conducted using a systematic search to specifically examine the suitability of the CJM method for research with people in circumstances of vulnerability, for example, in the social service sector. Second, this review investigated CJM across disciplines, compared to previous reviews which have looked more specifically within disciplines (e.g., retailing). Third, this review provides a point of reference and options for researchers and practitioners considering conducting a CJM research method.

A limitation of this review is that it only focused on articles that explicitly expressed customer experience research through 'journey mapping' (or variations) and clients or customers as the population group, and it deliberately excluded articles describing 'patients'. Preliminary investigations indicated that articles focusing on patient CJM generally focused on a single patient's journey to provide customised solutions, rather than seeking to evaluate opportunities for a cohort of people across a service. Future research could focus generating evidence on how patient journey maps has been conducted.

Another limitation of this review is that the search was limited to peer-reviewed journal articles within selected databases. While these databases likely included multi- or interdisciplinary studies, no specific efforts were made to target such research. Future studies should explore the use of CJM in multi- or interdisciplinary contexts to better understand its application across various sectors and systems.

Conclusion

In conclusion, the findings of this study have gathered a broad range of evidence on the application of the CJM research method across a variety of disciplines. The findings emphasise that CJM is a flexible research method, adaptable for use with various population groups. The CJM research method effectively documents customer/client interactions and journeys before, during and after engagement with services and programs across many different fields of research. Ultimately, these insights can help researchers and evaluators to identify gaps and duplications in service and program delivery, and enable practitioners to address service/program shortcomings, to improve overall customer/client journeys.

This review created a point of reference for academic and practitioner researchers to refer to when using a CJM research method, for example, as part of continuous quality improvement of social services.

Chapter 3

Study 2: Exploring Food Relief Recipients' Journeys Across the Social Support System in South Australia

Chapter 3 presents the second study of this thesis. This chapter building on the results from the previous chapter. It uses a CJM research method capturing a typical food relief client's journeys and experiences across South Australian social support system across their lifetimes. The findings of this study inform the third study.

Abstract

In 2022, approximately 11% of Australians ran out of food and were not able to buy more. Food insecurity reflects inadequate financial resources to meet basic needs. Rising costs of food and essentials such as housing and bills, lead to many people/families chronically relying on food relief. This suggests ineffectiveness in the operation of the Australian social support system. This study included 21 in-depth interviews that explored the journeys and experiences of food relief recipients, using Customer Journey Mapping (CJM). This study aimed to identify social support system ineffectiveness in food relief recipients' lifetimes. Overall findings revealed (1) a deficiency in information about support services and lack of support in system navigation; (2) food insecurity stemmed from economic and social disadvantages and food relief services should promote person-centred approaches and connect people to support services and opportunities for social connections; and (3) individuals accessing food relief lack economic and social capital and require support beyond just food.

Keywords: Customer journey mapping; social isolation; food security; social support services

Introduction

In 2020, about one in three people across the world did not have access to enough nutritious, safe and culturally relevant food at all times – a situation that is referred to as food insecurity (Branca et al., 2022; FAO et al., 2021; UN). The United Nation's Sustainable Development Goal Two aims to create a world where no one experiences food insecurity by 2030 (UN, 2022). This goal seems ambitious considering that approximately 8 to 9% of people living in high-income countries which have economic strength and access to abundance of food yet experience food insecurity (FAO et al., 2023). Unfortunately, it is also common for people to chronically rely on food charities to access to affordable or free food to help manage basic expenses such as rent and bills (FAO et al., 2023), and the situation is worse in low-income countries.

Food insecurity is a symptom of poverty, caused by complex social, economic and cultural challenges that can limit food availability, food accessibility, food utilisation, food sustainability, food stability and agency (HLPE, 2020; Nayak & Hartwell, 2023).

A lack of economic and social capital fuel food insecurity

There are three types of capitals possessed by households that influence individual and household food security, these are: economic capital (financial strength), cultural capital (knowledge and skills), and social capital (resources embedded in relationships) (Bourdieu & Richardson, 1986; Häuberer, 2011). Within a society, people have varying levels of access to each type of capital which impacts on the resources that an individual can access (Häuberer, 2011). A previous study (Peterson et al., 2022) confirmed this in demonstrating that economic and social capital can influence food access and contribute to community food security. Similarly, a recent literature review (Nosratabadi et al., 2020) identified that social capital creates interaction between different networks and groups that contributes to the food security of communities. For example, when a person is injured and unable to work, this can create financial hardship which can limit access to food, however, if that person has strong social capital (i.e., social support and social networks) they can receive support from their social network (e.g., from family and friends) until the person's journey to recovery is completed.

Consistent with evidence about the role of social capital on food access, it is important to acknowledge that food has social value beyond nutrition. Commensality, the notion of eating and

drinking together, is a fundamental social activity that builds relationships (Bloch, 1999; Kerner et al., 2015). People who experience food insecurity often experience social isolation and social exclusion (Mook et al., 2020; Power et al., 2018) because the financial difficulties can restrict people's ability to share food and engage in costly social occasions with others.

A logical response to this is that food could be used as a 'moment' to engage with people who have limited economic, social and cultural capital. Food relief services can therefore provide an environment where connections can be facilitated with support services, which in turn may increase social and cultural capital. This may be particularly important given there is limited evidence available to inform how to connect people to relevant social and cultural capital touchpoints across the complex social support system. Previous research has found that navigating the government and non-government support system is challenging and stigmatising which can make people feel ashamed and diminish their agencies (Booth, Pollard, et al., 2018; McKenzie et al., 2023; Middleton et al., 2018; Pollard et al., 2017).

In high-income countries such as Australia, there are different types of food relief delivered, including meal services, food hubs, social supermarkets, and community centres (Lindberg, Whelan, et al., 2015; Pollard et al., 2018). Food relief aims to assist people experiencing food insecurity; however, people often find themselves becoming reliant on these services to survive for multiple years (McKay et al., 2020). This indicates the importance of these services optimising their delivery of food relief and their capacity to work with people to build various forms of capital which could assist people to exit food insecurity.

While food relief services provide opportunities to increase social and cultural capital, accessing such services can come with emotional costs, such as admitting to oneself that they need help and then proving eligibility for receiving assistance (Booth, Pollard, et al., 2018; Pollard et al., 2017). There has not been a formal evaluation of client journeys, experiences and outcomes for people engaging with food relief. Such knowledge is critical to inform good practice, policies, and ultimately improve individual and household food security.

Mapping food relief users' journeys and experiences across lifetimes

Connected to the concept of social capital contributing to food insecurity, there is evidence to suggest that food insecurity often stems from economic, social and cultural disadvantage, leading

individuals to engage with various support agencies, such as income support and family support (Vaičiūrgis et al., 2024). Given that people often experience multiple economic or social disadvantages, collaboration among different service providers and actors across the social support system is required. To best assist clients in need, it is important to understand their journeys and experiences across the food relief services and social support system as they transition into, and hopefully eventually out of, food insecurity.

Customer Journey Mapping (CJM) is a research method that can help capture such information, across systems, service/product engagement, or, across a lifetime. Originating from the field of marketing, the CJM is often used as a visual method to document customer experience from the user perspective before, during, and after their interactions with a service/product (Marquez et al., 2015). By examining people's lifetime journeys, this unique method can generate a snapshot of interactions with the social support system, identify touchpoints with food relief services along with other different social support services, to identify gaps, duplications and opportunities for improvement in social service delivery (Johnston & Kong, 2011) when working with populations in vulnerable situations (see results from Study 1, Chapter 2). CJM has also been used to explore patient journeys (Davies et al., 2023) and carers' experiences of accessing social and mental health services (Dawson et al., 2017). It appears that CJM has never been used to explore people's interactions with the food relief sector and has rarely been used in other social service settings, such as public services (see Crosier & Handford, 2012). This is an important limitation in food relief literature, as documenting food relief clients' journeys and experiences would provide researchers and practitioners with an understanding on how to effectively improve their services and offerings to support people to access pathways to food security.

To understand client journeys and experiences, and outcomes for people engaging with food relief, this paper describes how *the food relief system can improve client journeys and experiences and provide positive outcomes and pathways towards food security.*

Method

This study used CJM to explore and document Australian food relief recipients' journeys and experiences with different food relief services, alongside participants' interactions with a variety of support services across the social support system (e.g., Centrelink – government income support service –, drug and alcohol services, disability schemes, and public housing authorities).

Clients attending food relief providers were interviewed using an interview guide that was designed to facilitate mapping of participants' journeys and experiences with food relief services and the social support system throughout their lifetime. It included questions to help explore respondents' life-course in general, about their initial experience with food insecurity, what life experiences and journeys led them to seek support from food relief services (or other social support services), the steps taken to seek relief and the services utilised (full interview guide available in Appendix 4). This approach was taken to enable generation of journey maps with the data collected.

Additionally, the interviewer had paper, pens, and markers and was intended to draw participants' life journeys with them, if participants chose to. However, the flow of the conversation did not require inclusion of this step.

Sample and recruitment

Participants were recruited with the assistance of industry partners comprising three food relief providers (including a social supermarket). These partners received tailored recruitment materials (see Appendix 3). Food relief organisations located in the Adelaide (South Australia) metropolitan area used an A3 poster at their entrance and placed A5 flyers in shopping bags. Outer-metropolitan and regional food relief services discussed the study to their clients directly over the phone or during in-person consultations. Depending on client's preference, potential participants either indicated their willingness to be contacted by the interviewer or they contacted the interviewer themselves.

The interviewer explained the aim of the study and the potential impact on food relief services delivery in the future. Participants were required to provide written consent prior to participation.

Participants received a \$50 supermarket gift card¹ as a gesture of appreciation for participation. The gift cards were provided upon arrival at the interview for face-to-face interviews, to ensure that the incentive was unconditional, and so that participants did not feel pressured to answer uncomfortable questions. Phone and online interviewees received their gift cards after the interview as they had to discuss their preferred option for receiving gift cards, e.g., sharing email or mail details.

Data collection

In-depth interviews were conducted with 21 participants: 14 in-person one-on-one interviews, two in-person couple interviews, two phone interviews, and one online interview (via Zoom video communications Inc.). These interviews allowed for in-depth understanding of client journeys and experiences with food relief organisations and other support services along the participants' journeys across the system, which in turn, resulted in the creation of a detailed journey map.

The individual interviews were designed to provide a comfortable, safe and private environment for participants to share their journeys with the researcher. In two instances, participant pairs had a supportive relationship with each other, and they preferred to do the interview with their partner present. Nonetheless, interviews created an environment where the researcher could resolve distress for participants by looking out for verbal and non-verbal cues and responding with a verbal 'check-in', reminding participants of their right to stop or opt out of the study. Such a process aligns with trauma-informed protocols used with other vulnerable populations (see Huang et al., 2014).

The interviewer met participants at mutually convenient locations like university meeting rooms, cafés, or at parks to accommodate those with children. Cafés were often chosen for their welcoming and neutral environment, which facilitated open and honest conversations.

The interviewer initiated interviews with 'ice-breaker' questions to forge connections before moving on to questions which required participants to reflect on the time when they first experienced food insecurity, detailing the steps taken to seek relief and the services used. The interviewer asked participants questions about their social and family composition and tried to

¹ The Coles Group & Myer Gift Card can be used at Coles Supermarkets, Coles Central, Coles Express, Myer, Target, Kmart, Officeworks, Liquorland, Vintage Cellars and First Choice Liquor.

understand the potential life events/challenges that lead them to experience food insecurity and seek support from food relief organisations. The interviewer also encouraged participants to discuss any hurdles, unmet needs and to suggest improvements which could have enhanced their journey during their experiences with food insecurity.

Interviews ranged from 16 to 87 minutes in duration and were audio-recorded for transcript creation. Participant information was anonymised for reporting. Ethics approval for the study was obtained from University Human Research Ethics committee (Approval #5081).

Data analysis

Data collection and analysis aligned with grounded theory principles (see Charmaz & Belgrave, 2012). Audio-recordings were transcribed using Otter. The researcher combined listening and reading to familiarise themselves with the data and applied a thematic analysis framework to identify themes and create illustrative individual CJMs (see Braun & Clarke, 2006). Data analysis occurred during the recruitment period, which aided in identifying data saturation during sample recruitment.

After creating individual CJMs, the researcher identified common themes in participant journeys and experiences. This process led to the development of a 'typical' CJM that captured participant life experiences and any touchpoints, duplications or gaps in service delivery.

Results

Sample description

Participants represented diverse family/household compositions: singles, couples, single parents, young families, widowed and separated/divorced. The sample included 13 females and eight males, with ages ranging from early 30s to early 70s. The majority (n=14) were over 50 years of age. More than half (n=14) were born and raised in SA, three moved from other states, and four migrated from China, Egypt, New Zealand and South Africa.

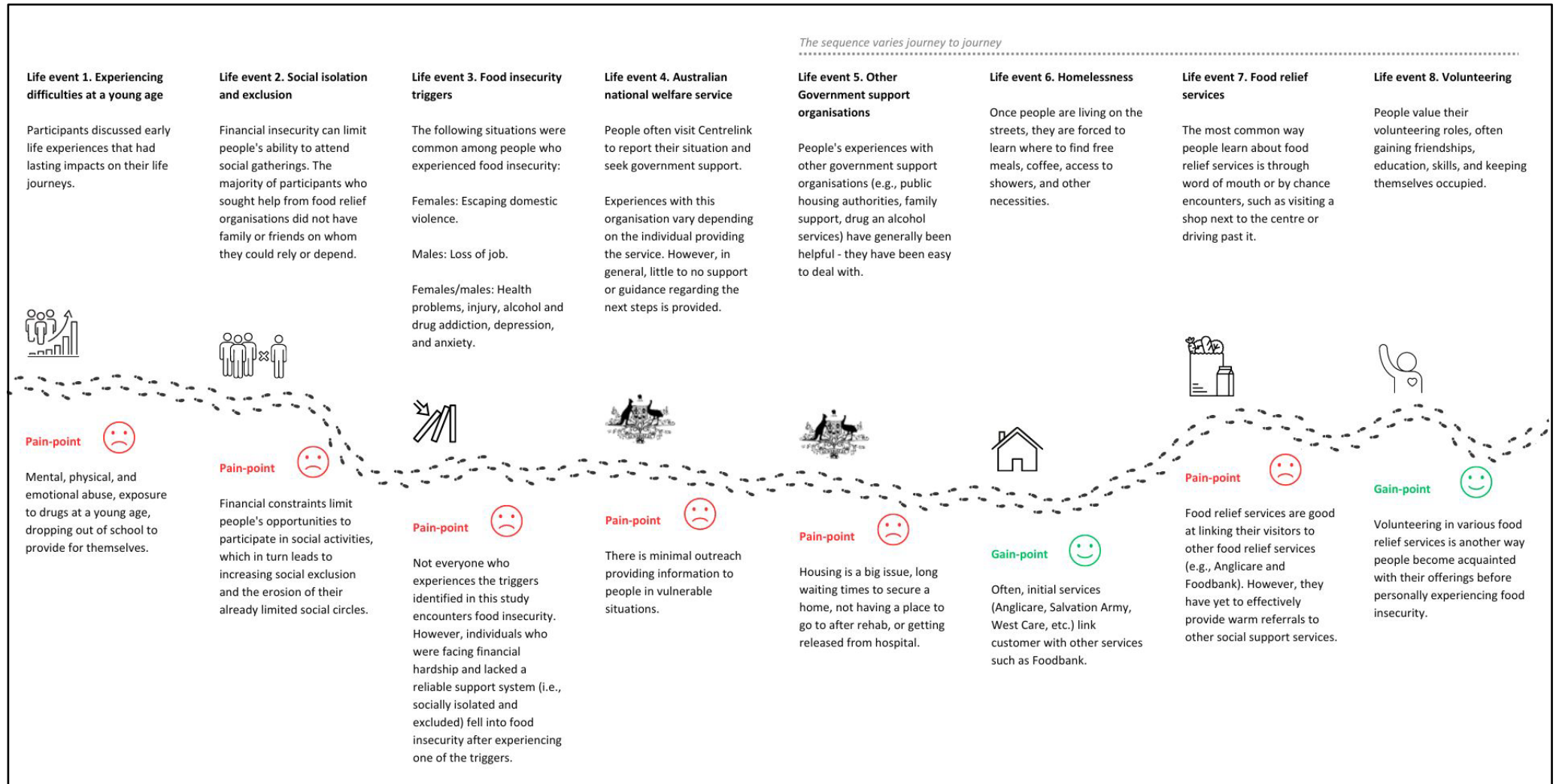
The sample included participants who were involved with volunteering work within or outside of the food relief sector. It also included perspectives of people who received welfare support, were in casual or part-time employment, or received pension support (Disability Support Pension, Age Pension or Carers Pension). Additionally, the sample included an international student pursuing

tertiary education, and individuals who had experienced various difficulties alongside food insecurity in their journeys, such as health problems, domestic violence, homelessness, drug/alcohol addiction and some had experienced neglect or abuse as children.

Typical journey map of food relief users

The CJM method helped document the journeys and experiences of people who had been accessing food relief. Figure 3 displays common situations, life experiences and government support services that participants interacted with. The touchpoints documented in Figure 3 aggregate different journeys and experiences and represents a typical journey of people using food relief services. Therefore, not every participant interacted with all touchpoints or followed the same sequence. Additional semi-typical CJMs were not created as there were insufficient data to produce meaningful journeys according to specific participant demographics, characteristics or circumstances. The following section discusses each touchpoint from the typical journey in detail.

Figure 3. Typical food relief client journey



Life event 1. Experiencing difficulties at a young age

Participants shared early life experiences with lasting impacts on their journeys. One person's exposure to drugs at 16 resulted in addiction, job loss and homelessness. Another participant dropped out of high school to work, leading to limited literacy. Some discussed the enduring effects of childhood emotional and physical abuse, leading to ongoing depression and anxiety:

"I suffer from depression and anxiety. And I have done my whole life.... I was aware from a young age that I had parents who were physically and emotionally abusing me. And I lived in a violent household with a father who was an alcoholic who would beat me regularly." – Female, 57

Life event 2. Social isolation and exclusion

Participants experienced social isolation, reporting limited contact with family due to ending communication with abusive family members, moving long distances from family or partners of older participants passing away. Some lacked a close group of friends for support.

"I did date earlier this year, after eight years, he ended up going into my social circle. He ended up kind of stealing all my friends. So yeah, just don't trust anyone.... I kind of stick to myself." – Female, mid-30s

Participants faced social exclusion due to financial limitations, declining costly invitations and opting for free entertainment with friends. Many avoided socialising over drinks or dining out due to financial constraints. Some considered a weekly supermarket trip a family outing due to budget constraints.

... it's not just that I'm unemployed... what I'm saying is, the person who's got full time employment, who owns a car is busy with their life working and driving here, they're, you know, they might be socialising, spending money on social activities, going to concerts, movies, whatever, I don't spend money on that. – Female, 57

Life event 3. Triggers of food insecurity

Participants often experienced one or multiple triggers, leading to financial hardship, food insecurity and seeking support from food relief services. Common triggers included escaping domestic violence, dealing with drug addiction and experiencing job loss due to reasons like health problems and limited education access. The following section discusses these triggers that pushed participants to the edge of poverty and experiencing food insecurity.

Loss of job: Lack of access to education and relevant qualifications resulted in some participants to lose their jobs or were made redundant despite having many years of work experience, as

occupations that once didn't require formal training now demand certifications. Disadvantages in early stages of life, such as lack of access to education, can prevent people from gaining advanced qualifications, which in turn, leads to fulfilling jobs that are more at risk.

"I used to be a bricklayer, I went to work with my father when I was 15. I left school one day went to work the next... I did that for nearly 30 years... Then [my father] got old and retired. I didn't have any tickets (certificate) in anything. I kind of got left in the lurches.... We had a fight with my father and he kicked me out of the house. When I first got here, I was homeless. I got off the train, I had a couple of suitcases, and I went straight to a park and slept in the park for the night. Because I had nowhere else to live and I just got here." – Male, 58

Health problems: Some participants' lives changed after injuries or illness diagnoses. Years of manual labour resulted in physical injuries, and diagnoses like chronic fatigue syndrome or demyelination forced participants to stop working. In some cases, this led to relationship breakdowns and loss of social capital:

"I worked up till about 2007 and it was discovered I had demyelination in the brain. It started out with loss of vision in the quarter of my visual field and that was only temporary they put it down to migraines, but that keeps recurring ... specialists won't point to any smoking gun, so it's difficult to get compensation. So, I lost my job, various things, marriage broke down... [and negative] health condition continues to progress." – Male, 63

Domestic violence: Some female participants shared their experiences of physical and emotional abuse by their ex-partners. After escaping the violence, many faced new challenges, such as homelessness and financial hardship, leading them to seek support from domestic violence services and food relief programs.

"... [after leaving a domestically violent situation] so we [a mother and her children] ended up sort of here with no housing nowhere, trying to link in with domestic violence services, which had long waiting list thankfully we eventually got onto housing and then they linked us in with [food relief organisation name]" – Female, mid-30s

Drug addiction: Participants that battled drug addiction lost their jobs and homes and found it hard to maintain a healthy relationship with their social network:

"He had a very high job... He was earning fantastic money. What happened is [his wife] met someone else because [he] was away a lot. And [he] was getting into drugs even then... So he left the house... [he lived with us for a bit and after his] aggression towards [my husband] and me, we had to say, and the police said he's to go... He went to jail for a month for abuse to the police. – Male, forty-seven." This story was told by his mother, female, 72

Life event 4. National income support service

Participants visited the national welfare organisation (i.e., Centrelink) to report their status and receive income support. Experiences with the government organisation varied due to heterogeneous/inconsistent service levels and staff-dependent encounters. Despite participants having different experiences with the service, they all reported that it did not provide information about other services available to clients, nor provided guidance on navigating the social support system, nor what to do when experiencing crisis.

"The worst I've found, to be truthful is Centrelink. They don't seem to tell the people enough. And yet, if you go to one service, like the [food relief organisation A], they tell you about [food relief organisation B] and vice versa." – Female, 72

Life event 5. Other government support organisations

Participants had various life experiences that led them to seek assistance and interact with different support services such as drug and alcohol services, National Disability Insurance Scheme and public housing authorities. Generally, participants were satisfied with the services provided by such organisations. These government support services have been somewhat easier to navigate than Centrelink. However, these organisations fell short of providing information about other support services such as food relief organisations:

"[At SA Housing Authorities], I filled out paperwork ... and I really wanted one thing and that was my rent and bond. I didn't explore the other avenues" – Male, 58

Life event 6. Homelessness and housing challenges

Housing was mentioned as a major struggle by many participants. Not having a home to feel safe in, rest, shower, etc. can make a huge difference in assessing one's situation and planning the next steps. Participants who experienced homelessness mentioned that after being on the streets and sleeping rough, they were forced to learn where to obtain a free meal or coffee, access showers, etc. Often, their interaction with initial services such as Salvation Army, West Care, and Hutt St Centre, led to referrals to similar services, such as Foodbank SA and Anglicare SA:

"Word-of-mouth – once you're on the street for couple of weeks and you see a nice city directory, it didn't take long to find all that [where to get a free meal etc.]" – Male, 58

In the case of drug abuse, participants who did not have a place to return to after being released from the hospital or rehab, reported returning to the same environment and being around the same people who encouraged their drug/alcohol use:

"...You come out of there [hospital] after a month and you've got nowhere to go. You've got no one. Why do the hospitals send people [out] who have been through suicide and they've got nowhere to go? Isn't there somewhere they can put those lads? Because [interviewee's son] said that was his problem. What do you do, you go back with your friends and yep [end up in the same situation which encourages drug uptake]" – Female, 72, telling her son's story, male, 42

Life event 7. Food relief organisations

Participants commonly discovered food relief services through word-of-mouth or chance encounters, such as hearing about different food relief services from a friend, knowing about food relief services through previous involvement as a volunteer at such organisations or visiting a store that was located on the same block as the food relief service:

"I knew about the [food relief organisation name] before, because my wife's Polish and we used to go to the Polish shop there in that centre" – Male, 71

While food relief services efficiently refer clients to other food relief services, they currently lack effectiveness in facilitating referrals to other social support services. Participants often remained unaware of wraparound services, such as no-interest loan schemes or cooking and budgeting classes, that food relief organisations aim to connect them with.

"People don't really need a handout, they need a guide.... They need guides, and they need people they can trust they can ring and say, hey, look, my rent hasn't come out for the last fortnight. Can you help me figure out what I have to do?" – Female, mid-50s

Generally, participants expressed gratitude towards the support provided by food relief services. They reported feeling respected by helpful and friendly volunteers. Participants typically found it challenging to recall negative experiences with food relief services:

"I was very nervous, I thought they will look down upon me. I thought it's not good to beg... I was embarrassed... [at my first visit] I was shocked, I thought they're [volunteers] so friendly.... I put [groceries] in my bag and [they] didn't charge me... I felt so warm... I felt I was surrounded with love." – Female, mid-30s

Participants reflected on their experiences with food relief services, desiring a broader product range and more fresh produce. Some found prices high, especially for items close to being out of date or had already passed the best before date. Notably, participants had more negative experiences with charitable cooked meal providers than grocery suppliers, feeling judged, unwelcomed, and disrespected in some instances:

"[They were taking photos of us (attendees) despite our request not to], and when we complained about that, they said, well, we're giving you free food. So I've never been back, that's rude and disrespectful." – Male, 63

All food relief services provided participants with economical food options and referrals to wraparound services. However, food relief sites with a social aspect, such as a café and volunteering opportunity provided positive impacts in participants' social lives. The participants who visited the social supermarket reported enjoying and highly valuing the socialisation aspect of the co-located café:

"We've got to the stage where we'd probably go there two or three times a week. Because it's nice to be with people who care... there's genuine caring there, which we've found particularly good because, since my stroke, I'm so emotional about stupid things, you know? I'll tear up out of the blue for something that wouldn't have worried me at all before, but now it does." – Male, 71

Life event 8. Volunteering

Many participants were engaged in volunteering work, an experience they highly valued and enjoyed. Of these, interestingly, most were involved in food-related organisations and only one participant's volunteering work was tied with their Centrelink obligations. Participants reported gaining altruistic benefits and values from their volunteering work. Often, being involved with volunteer work meant socialising, building friendships, learning new skills, keeping occupied and giving back to others and the community. In response to what do they get from volunteering, a participant replied:

"Friendships, education, all sort of knowledge, and I feel welcome. It's all multicultural. And you're learning so many different things." – Female, 57

Suggested improvements from people with lived experience of food insecurity

Acknowledging participants' lived experiences, the researcher encouraged participants to suggest solutions to the issues they had encountered while interacting with the social support system. The following section discusses the solutions put forward by people with lived experiences.

Information outreach

Participants shared their initial experiences regarding not knowing where to get help and feeling lost. Some stressed the significance of services referring people to organisations, particularly for those without access to technology or the internet, such as individuals experiencing homelessness. Therefore, a prevalent solution to enhance food relief recipients' journeys was to increase information outreach.

"It's not explained enough. That there is that there is this. Like, you've got to get on the internet. A lot of people don't have that. If you're homeless, you've got to like, find out yourself." – Male, mid-40s

Cooking classes / opportunities to reconnect with food

Participants suggested cooking classes by food relief organisations for skill building and socialisation purposes. The classes would provide the required ingredients for minimal cost and teach attendees how to make nutritious and delicious food that they could take home at the end of the class. Such a class would empower attendees to reconnect with food and facilitate a friendly environment for people to socialise and build relationships in:

"Pay \$5 or whatever for the class and they give you all your ingredients, they teach you to cook that meal and you get to take the food home or eat it with others." – Female, mid-30s

Volunteers

Participants identified volunteers as the bloodline of food relief organisations. They mentioned how number and quality of volunteers are important, as volunteers 'make or break' the service experience, which in turn can impact client journeys. They advocated for better training and values development (e.g., non-judgement) of volunteers.

"... you need people trained enough not to get close enough and feel like they've got to help you and fix you." – Female, mid-50s

Discussion

This study explored South Australia's food relief clients' life journeys and experiences of interacting with social support systems. The findings of this study identified three key messages: (1) People were often unaware of the support services available to them and required assistance in navigating the social support system, including knowing where to seek help and understanding eligibility criteria for accessing different services. Establishing a strong first point-of-contact could facilitate warm referral opportunities (contacting other support services for or with a client) and aid individuals in navigating the system more efficiently. (2) Food insecurity stemmed from economic and social triggers such as job loss, health issues and escaping domestic violence. Therefore, prioritising person-centered approaches was essential when assisting clients. (3) Food insecurity resulted from a lack of economic and social capital. Triggers such as job loss, health issues and escaping domestic violence, when combined with financial hardship and limited social

capital, can push people into food insecurity. Consequently, food relief services should enhance access to affordable food and provide opportunities to connect people with their community.

This study appeared to be the first to explore client experiences across multiple settings and sectors of social service systems, (rather than single sectors) (see McKenzie et al., 2023), over their lifetime. This study has created a typical journey map that captures the common life events and experiences of clients. The journey map highlights the gaps in service design and delivery across the social support system and could ultimately be used to inform improvements and to design intervention strategies to improve client journeys and navigation across the social support system.

The overall findings support that food insecurity is a symptom of poverty/economic hardship, caused by, and in addition to, complex social and cultural challenges. Different life events in clients' journeys have contributed to food insecurity. To formulate a lasting solution to food insecurity, it is imperative to address the underlying determinants. Therefore, a systemic approach is required (see Swanson et al., 2012). The following section offers recommendations based on these findings, according to a systemic approach.

System navigation and information outreach

Suggestions for improvement 1: System navigation and information outreach should appear earlier in client journeys. Establishing a strong first point-of-contact for way-finding could help facilitate warm referrals and connect people to relevant support services, such as food relief organisations.

Navigating the food relief and social support system can be difficult, even for those who are familiar with such services. In this study, it was identified that people found out about food relief services at a relatively late stage in their journeys, and only through word-of-mouth or by chance, e.g., doing shopping next door to a food relief service. This aligns with previous research that reported food relief users' lack of information and awareness on referral and food relief agencies (Nayak & Hartwell, 2023). Currently, such a touchpoint is common at 'Life event 7: Food relief services', and should appear much earlier in client journeys, e.g., 'Life event 4: Australian national welfare service' (noting that this refers to a typical journey, and not everyone follows the same sequence of events (see Figure 1)).

Centrelink is a well-known government organisation providing income support and other payments in Australia, and most Australians would be familiar with this organisation regardless of

their financial situation. Therefore, when facing financial hardship, people typically turn to Centrelink as an initial source of support. Despite being a human service organisation, the results indicated that Centrelink is not trusted and appears to expect clients to have assumed knowledge, skills, and ability to access and self-navigate resources (McKenzie et al., 2023). As a result, many clients do not receive the maximum benefits they are eligible for. Therefore, it may be beneficial to establish a central, non-judgemental and safe first point-of-contact within the community to facilitate warm referrals and provide system navigation support (way-finding) to clients. This suggestion for improvement echoes a previous study that examined the benefits of using online support for people in vulnerable situations (see Parkinson et al., 2017), which can be considered as a form of system navigation and way-finding. The study revealed that such online support communities create a safe and non-judgemental environment and overcome stigma (see Parkinson et al., 2017). However, this requires access to internet which often is minimal or lacking for people living in poverty. Alternatively, the established community first point-of-contact can provide its clients with in-person guidance on system navigation and if appropriate link them with wraparound services by providing welcoming and non-judgemental referrals, or warm referrals to other services. As a participant mentioned, *"people don't really need a handout, they need a guide"*.

To further enhance information outreach and opportunities for warm referrals to social support services, food relief organisations can collaborate with other relevant organisations such as healthcare sector. For example, healthcare professionals can provide information about social support services when relevant, such an approach has been modelled in the UK for over two decades and resulted in positive outcomes for clients (Chatterjee et al., 2018). An example of integrated and comprehensive primary health care model in Australia is noted in other studies (see Wakerman et al., 2008; Wiese et al., 2011).

Person-centred approach: flexible, responsive, and empathetic

Suggestions for improvement 2: Taking person-centred approach to provide flexible, responsive, and empathetic solutions for people who are facing different food insecurity triggers at various stages of their lives, e.g., food relief organisations connecting people to relevant services.

It was identified that different economic and social triggers, such as job loss, health problems, escaping domestic violence and drug/alcohol abuse, present at various stages of life can push people into food insecurity, which was consistent with previous studies (see Gundersen & Gruber,

2001; Hatcher et al., 2022; Leete & Bania, 2010). People experiencing food insecurity are in diverse circumstances and face challenges require varying forms of economic and social support. Providing a one-size-fits-all solution, such as offering service brochures, does not address everyone's needs. While blanket solutions serve as a reference point, they must be accompanied by person-centred approaches – making a personalised effort to meet the needs of individuals (see Rogers, 1974; Rowe, 2017). To offer the right form of support, one must understand and consider the person's unique circumstances before providing assistance. People need compassion, a listening ear, and the feeling that they are not alone. People want to feel valued and appreciated for their life experiences (Corring & Cook, 1999). Individuals within social support organisations must undergo training to become empathetic, non-judgmental and good listeners before offering support. Furthermore, organisations should empower their staff and volunteers with a degree of authority and flexibility in decision-making to facilitate the delivery of a person-centred approach.

When different social support organisations adopt a person-centred approach, it creates opportunities for collaboration across the social support system, enhances service connectivity and helps prevent crises from escalating further, which is also in-line with a systemic approach (see Swanson et al., 2012). Such an approach also supports a 'no-wrong-door' referral system and recognises that individuals face different challenges and may follow varied sequences of actions.

Social role of food in community connections

Suggestions for improvement 3: People enter food insecurity because of lack of economic and social capital; therefore, food relief organisations should provide support beyond just food (e.g., connecting people to community). Such organisations should provide a safe and welcoming environment for their clients to partake in social situations to promote social inclusion.

It is documented that food insecurity is a symptom of poverty and people who are experiencing food insecurity often suffer from its consequences such as social exclusion (Lindberg, Lawrence, et al., 2015; Wa Mungai et al., 2020). As such financial difficulties limit people's ability to participate in costly social activities. In addition to the existing knowledge, the results from this study found that people who seek support from food relief organisations often lack social capital to begin with. Consequently, there is a greater number of individuals facing food insecurity beyond those who actively seek aid from such organisations (MacLeod et al., 2019). Individuals possessing social capital might depend on support from their social networks, thereby not being accounted for in

the statistics. Such a finding is supported by previous studies suggesting that food relief organisations are 'last resort' and are used in desperate circumstances, thereby many people are often not being accounted for in the statistics (Loopstra & Tarasuk, 2012, 2015; MacLeod et al., 2019).

People who are socially isolated often struggle to maintain their social circle after experiencing financial hardship, leading to increased social exclusion. Therefore, having a community where people receive food aid and provided with opportunities to build their social capital can be beneficial for food relief users. Being part of a community, whether individuals join before or after experiencing food insecurity, can help them navigate the system more effectively, reducing the risk of feeling lost or unsure about where to seek help and guidance. A previous study reported food relief users appreciated the added social value which helped them meet people in a similar situation and not feel alone (Nayak & Hartwell, 2023). Building friendships and being surrounded by caring people can help recipients to have someone to rely on at hard times, e.g., asking a friend to look after your child while attending an appointment. A recent review revealed that a synergy created by social capital, e.g., food access and sharing, contributes to food security (Nosratabadi et al., 2020).

Food insecurity reflects inadequate financial resources to meet basic needs as well as lack of social capital (Loopstra & Lalor, 2017; MacLeod et al., 2019; Nosratabadi et al., 2020). Therefore, food relief organisations should use this challenging moment as an opportunity to engage with people and provide them with support beyond food. The benefits of community connections, voluntary work and participating in community groups have been documented in past studies (e.g., Jordan, 2022; Patrick, 2014) which supports the findings and suggestions for improvements.

Strengths, limitations and future research

This study, to our knowledge, is the first time that CJM has been used to explore touchpoints in the food relief sector and social support system, building upon the limited evidence from the human service/social support sector or people in vulnerable situations (see Crosier & Handford, 2012; Dawson et al., 2017; McKenzie et al., 2023). This method has enabled the exploration of food relief users' experiences with food relief services across lifetimes and the entire social support system. This allows to capture the intersection between food relief services and other social support services (see McKenzie et al., 2023).

A limitation of this study is that participants were recruited purposively through the partner organisations; meaning, only people who were currently using food relief organisations were invited to participate in the study. Interviewing people who are experiencing food insecurity provided an opportunity to identify gaps in current social support system and helped improve service provision. This would not have been possible by using strength-based approach, rather, it comes from a deficit-approach. This deficit-approach (see examples of where deficit-model has been used in family focused policy and practice, Hughes, 2010) led to generation of a narrow CJM, representing the journeys and experiences of people who have not yet exited food insecurity. It is worth noting that, the aim of this article was to identify barriers to exiting food insecurity and to improve journeys and experiences of those who are currently experiencing food insecurity. However, the results from this study indicated that food relief organisations had a positive impact on the clients' lives after they encountered such services, e.g., people struggling with homelessness were assisted with securing a housing trust, people accessing affordable food options and managing other expenses, people connecting with others and experiencing social inclusion. Despite the insights gained from the deficit-approach, future research should focus on identifying factors that help people successfully overcome food insecurity.

Conclusion

The findings of this study generated a comprehensive typical customer journey map of food relief clients interacting with the social services system, highlighting gaps in service delivery and opportunities for improving client journeys and experiences, which may be amenable to change. Despite these contributions, there is still limited evidence that provision of financial and social aid alone can provide pathways to sustained food security. Future research should focus on measuring longer-term client outcomes, in particular, investigating the effectiveness of alternative food provision models such as social supermarkets and community centres offering regular access to affordable food and provide social opportunities.

In conclusion, people experiencing food insecurity often face both economic and social disadvantages. For many, seeking support from food relief organisations is a last resort to address their immediate need for food. These organisations have a unique opportunity to engage with clients who may also need support in other areas of their lives. Food relief services can play a

critical role in this moment by not only providing access to affordable food, but also to connect people with relevant social support services and opportunities for building social connections.

Chapter 4

Study 3: Social, Economic and Wellbeing Outcomes for Clients of South Australia's First Social Supermarket

Chapter 4 present the third study in the thesis. This chapter discusses the development of the economic and social clients' outcomes evaluation tool and uses it to measure client outcomes of South Australia's first social supermarket (SSM).

Abstract

Social supermarkets are alternative but complementary models to other forms of food relief provision. Social supermarkets (1) enable access to affordable food options provided in a dignified manner, (2) provide an environment for building connections and promoting social inclusion, (3) offer access to support services that address a range of issues related to food insecurity, and (4) create opportunities for volunteering and skill development. While social supermarkets are a common practice internationally, comprehensive evaluations of their benefits are lacking. The South Australian Government funded a pilot social supermarket called The Food Centre in 2020 and commissioned an evaluation of its impact. As a result, a quantitative tool was developed to measure the social and economic wellbeing of clients of The Food Centre. Specific outcome measures included food security, financial wellbeing, social connectedness and inclusion and self-confidence. The results showed 6% reduction in the number of clients reporting food insecurity; 17% increase in the proportion of clients reporting having enough money to buy food; and 57% improvement in socially connectedness after visiting The Food Centre. The results indicated that The Food Centre made a positive impact on the social and economic wellbeing of its clients.

Keywords: Food relief; impact measurement; customers and volunteer outcomes; quantitative survey; evaluation tool

Introduction

Despite economic strength and abundance of food in high-income countries such as Australia, between 4-13% of Australians experience inadequate access to healthy, nutritious and culturally relevant food, which increases to 22-32% among Indigenous people and people experiencing social and economic disadvantages (Bowden, 2020; McKay et al., 2020; Rosier, 2011). In Australia, a national survey found that 21% of households had experienced severe food insecurity in the previous 12 months, meaning that they ran out of food at times and were unable to afford to buy more (Miller & Li, 2022). Food relief provided by charitable organisations is available to assist people in this situation, and these organisations have proliferated across Australia (Lindberg, Whelan, et al., 2015). However, food relief does not address the structural and social drivers of food insecurity such as low-incomes, increasing cost of living or social disconnectedness and, as such, this service model has not yet provided people with sustainable exits from chronic food insecurity (see Caspi et al., 2021; Fyfe et al., 2016; Pollard et al., 2019). Further, the experience of accessing food relief is often undignifying and can leave people feeling disempowered, ashamed and judged (Booth, Begley, et al., 2018; Kleve & Gallegos, 2023; McKay et al., 2022; Middleton et al., 2018). A growing body of research with clients of food relief organisations, including pantries and food banks, indicates a lack of satisfaction and emotional costs of using the services offered (Caspi et al., 2021; Middleton et al., 2018) and a need for more attention to client outcomes such as emotional and financial wellbeing (Hill & Guittar, 2022). *Hereafter the term 'clients' is used to describe all potential community members that may engage or be beneficiaries of food relief services – this could be customers/shoppers, or volunteers.*

Several alternative community-based food provision models exist, such as social supermarkets (SSMs), food co-operatives, food box schemes and other social enterprise models including mobile or 'pop-up' markets (Lindberg et al., 2019; Sustain, 2020; Williams & Tait, 2022). These differ from more traditional forms of food relief in that they aim to provide access to discounted food in a dignified manner, which is bought rather than received as a handout. An additional benefit of these emerging models of food relief is that, in many cases, they can use food to promote engagement, through opportunities for social connection, volunteering and reciprocity, or warm referrals to 'wraparound' services (i.e., connecting clients to support services that address a range of issues created by economic and social disadvantages, rather than only providing contact details of those services) (Holweg & Lienbacher, 2016; Mulrooney et al., 2023; Pettman et

al., 2023; Saxena & Tornaghi, 2018; Schneider et al., 2015). Access to these wraparound services is an important component of a holistic food relief response because they address the underlying causes of food insecurity, rather than just meeting an immediate need for the provision of food. In recent years the SSM model has become particularly prominent in Europe and the UK, offering low-cost shopping in a retail-like environment, often using a membership model or other engagement opportunities to build social connections, and/or offer support services (Pettman et al., 2023). Despite their increasing availability, very few objective evaluations have evaluated the impact of SSMs on client outcomes. The limited research that is available has sought to define common elements of SSMs (Pettman et al., 2023), and explore clients' motivations to access SSMs (Berri & Toma, 2023). While only one recent UK study has investigated impacts of SSMs on client outcomes (Mulrooney et al., 2023) and reported that some SSMs have an indirect positive effect on healthy eating as they provide access to affordable food which enables clients to make their money go further. However, several aspects of the SSM food relief service model remain understudied.

Firstly, while some evidence describes people's motivations to use SSMs (Berri & Toma, 2023), it is not yet clear *how* people use SSMs. For example – whether SSMs are being used as a stepping-stone to transition from food relief to mainstream retail/supermarkets (Booth, Pollard, et al., 2018) or, as a longer-term solution for chronic food insecurity (Saxena & Tornaghi, 2018). A recent study found that many people use both SSMs and mainstream supermarkets to source their food (Mulrooney et al., 2023), possibly to balance between accessing affordable food from SSMs and obtaining preferred food choices that are unavailable at SSMs from mainstream supermarkets.

Secondly, there is limited knowledge about client outcomes that result from using or being involved with SSMs. SSMs are often implemented on a premise that, compared with direct food relief, they preserve dignity (Akaichi et al., 2023; Andriessen & van der Velde, 2023), offer increased choice, reduced stigma (Mulrooney et al., 2023) and enable opportunities for community development and reciprocity (Pettman et al., 2023; Stettin et al., 2022). But data to support these outcomes are scarce. Previous research (Booth, Pollard, et al., 2018) has indicated that food relief clients have a desire for social interactions and connections as well as a need for reciprocity. Social interactions that occur when accessing or sharing food have been documented as contributing to food security (Nosratabadi et al., 2020) and reciprocity through volunteering

can provide people with opportunities to build skills and confidence, which are some of the client outcomes that SSMs try to address. A few recent impact reports and evaluations suggest that clients of SSMs experience positive benefits and improved short-term outcomes such as increased food resilience (reduced need for emergency food provision), skills development through training, improved health and wellbeing (physical and mental health and social connectedness) (Saxena et al., 2022), improved quality of life (CSG, 2022), and money saved (Furey & Bell, 2023). However, overall client outcomes through access to SSMs are not yet comprehensively documented via rigorous evaluations.

Thirdly, to the best of our knowledge there are currently no published evaluation tools available that examined a broad range of possible client outcomes that result from access to SSMs, such as social, health, wellbeing and financial outcomes. SSMs are complex enterprises, combining a variety of services – from low-cost grocery, to café, op shop, wraparound social services, community gardens, mobile vans, commercial kitchens and many more services, in various combinations and, as such, an evaluation tool would need to be able to capture that diversity. Existing evaluative tools tend only to focus on environmental benefits such as diversion of food surplus and waste prevention. Collection of data on social, health, wellbeing and financial outcomes will be important to inform service design, quality improvement and decision-making processes, including resource allocation to better assist people to find pathways to sustainable exits from food insecurity and increased social inclusion. For example, Peterson et al. (2022) identified that development of economic and social capital (financial resources and social network) can influence food access for individuals and contribute to community food security. Therefore, collecting data on economic and social outcomes in clients of SSMs might inform strategies to further promote such endpoints.

First social supermarket in South Australia

In South Australia, two State Government agencies, Wellbeing SA (WBSA) and the Department of Human Services (DHS) have collaborated since 2015 on the shared goal of improving individual and household food security (Government of South Australia, 2018). This collaboration has also involved community/charitable sector organisations and university researchers. In 2019, the partnership co-developed the South Australia's Food Relief Charter, which is a shared vision underpinned by a set of principles to guide food relief organisations to achieve best-practice in

service delivery through coordination and integration across systems, provision of a nutritious food supply, providing dignified and values-based service, using food as an opportunity for social inclusion, and monitoring and evaluating the collective impact of their services (Pettman, Williams, et al., 2022). Concurrently, and acknowledging community preference for a model that provides services beyond just the provision of food (Booth, Pollard, et al., 2018), the government agencies proposed an SSM pilot as a novel, progressive service model of food relief that may embody the Charter principles, and that may provide sustained pathways out of food insecurity through social supports and connections, compared with unsustainable ongoing traditional models of food relief (Pettman et al., 2023). WBSA and DHS co-funded a pilot at an existing social enterprise community supermarket, The Food Centre (TFC), located in Gepps Cross, an outer-northern metropolitan suburb of Adelaide which experiences greater relative socio-economic disadvantage. Collaborative development of the SSM pilot is described elsewhere (Pettman et al., 2023) and was informed by a practice rubric that was co-developed prior to implementation (also available elsewhere (Pettman, Bogomolova, et al., 2022; Pettman et al., 2023)).

WBSA engaged university researchers to design and deliver a client outcomes evaluation between 2020-2021. Importantly, a client-focused evaluation provided an opportunity to address research priorities identified elsewhere, notably client experiences (Rivera et al., 2019), and impacts (Kleve & Gallegos, 2023) of dignified food relief models involving social elements. To the best of the author's knowledge, at the time, no published tools were available to enable quantitative assessment of SSM clients' outcomes. This manuscript describes the development and implementation of an evaluation tool and the outcomes measured using it with clients of TFC.

Method

The researchers worked in close collaboration with the partner organisations (WBSA, DHS, TFC) to develop a comprehensive, practical evaluation tool (refer to Appendix 5 for the developed tool). This tool integrated items from partners' existing service evaluation surveys and available literature to include reliable examples of individual-level outcome indicators, such as food security, financial security and social connectedness. When extracting and adopting questions from various sources, the researcher often included sets of questions to retain the internal validity and integrity of the tool from the source. For example, the survey only includes Food Sufficiency Question sections of its entirety (see question B1, B2 and B3 in the survey, Appendix 5). These

questions are separate to the 18-item scale (see Bickel et al., 2000). Furthermore, a draft tool was developed and then reviewed by government departments and TFC and feedback was incorporated.

The government departments requested preliminary results from TFC client evaluation to inform funding and implementation decisions for expanding SSM sites in South Australia, therefore, specific timelines were imposed upon data collection processes. As a result, the tool was designed so that clients could retrospectively self-report their situation both 'before', and 'after' their interactions with TFC, as opposed to conducting a longitudinal pre-post survey. This approach has been used in similar settings to reduce respondents' burden and it has been documented as a valid approach (see Bhanji et al., 2012; O'Leary & Israel, 2013).

Some sections/domains of the survey tool, such as service satisfaction and volunteer experience used scale questions. In the service satisfaction domain, an 11-point scale questions (ranging from zero to 10, zero representing strongly disagree and 10 representing strongly agree) were used to record respondents' satisfaction levels with various tangible and intangible service elements. Likewise, in volunteer satisfaction domain, the evaluation tool focused on volunteer experience and outcomes as some clients of TFC volunteer to assist and this can act as a pathway to food security by providing skill building opportunities which can increase self-confidence and motivation levels. Using a 7-point scale, volunteer respondents were asked to score their motivations and expectations 'before' and 'after' commencing their volunteer work at TFC.

The final evaluation tool was loaded into an online (web-based) survey platform (Qualtrics® XM, Seattle, Washington, USA). The survey was designed for the convenience of clients, enabling them to access and self-complete by scanning a QR code. The online survey was crafted to accommodate a range of levels of computer literacy, allowing respondents to complete it with the assistance of trained interviewers, if preferred, at TFC. To assist recruitment, promotional posters were displayed at TFC, and flyers were distributed to customers at TFC checkouts. Online participants who completed the survey were rewarded with a free lunch at TFC's café, in person participants were provided with a cup of coffee and a free lunch voucher at TFC café. The survey was conducted between November 2020 and February 2021.

Data were analysed using IBM® SPSS® Statistics software (SPSS, IL, USA). Changes in numbers of participants self-reporting changes in outcomes pre- to post-attendance at TFC were tested for statistical significance using the McNemar-Bowker Chi-Squared Test. Simple Chi-Squared Test were used to determine if there is statistically significant difference between the observed and expected values. Paired Sample t-tests were used for comparisons of pre- to post-attendance at TFC for outcome measures with continuous data. Statistical significance was set at an α -level of 0.05.

Ethics approval for the study was obtained from University Human Research Ethics committee (Approval #203478).

Results

Final tool item composition

The final survey tool that was developed was named the '*Food relief social and economic client outcomes evaluation survey*'. Table 3 summarises the question sets that were included in the survey tool and the sources from which the survey questions were extracted.

Table 3. Survey components and original sources

Survey component	Question sets	Source
Classification and Screening	Age, household count	(Wellbeing SA, 2020)
Food Security	Access to type of food, severity of lack of access to food, reasons for lack of access to food	(Bickel et al., 2000) (McKechnie et al., 2018)
Financial Wellbeing	Assessing level of access to finances to manage everyday essentials and unexpected expenses	(Anonymous, 2019)
Customers: Confidence, Skill Building, Social Participation	Questions about general wellbeing, confidence levels, questions about social connections and social isolation levels	(Wellbeing SA, 2020) (Hughes et al., 2004) (Faulkner, 2017) (Department of Human Service, 2020) (Anonymous, 2019)
Service Satisfaction	Service quality questions (tangible, reliability, responsiveness, assurance, and empathy aspects of the service delivered), length of service usage, frequency of service usage	(Babakus & Mangold, 1992) (Anonymous, 2019) (The Food Centre, 2018)
Volunteering: Confidence, Skill Building, Social Participation	Motivation for volunteering, whether volunteering at the Center contributed to building skills, whether the volunteer's expectations are being met, relevant training opportunities to do volunteering work	(Australian Bureau of Statistics, 2014) (Clary et al., 1998) (Treuren, 2009) (Department of Human Service, 2020)
Demographics	Birth country, language spoken at home, Indigenous status, housing, marital status, education levels, employment status, pension benefits, income	(Wellbeing SA, 2020)

The survey included eight domains/sections with a total of 151 questions, taking approximately 50 minutes to complete. Table 4 describes the distribution of questions under each domain/section. Since the survey was developed as part of a pilot project, it was designed to be comprehensive. However, each domain/section includes questions focused on a specific objective (e.g., food security, financial security), allowing service providers to remove irrelevant sections and create a shorter survey tailored to their needs.

Table 4. Survey sections and number of questions

Survey domain/section	Number of questions
1. Classification (service awareness, usage/access) and Screening	10
2. Food Security	7
3. Financial Wellbeing	3
4. Customers: Confidence, Skill Building Social Participation	36
5. Service Satisfaction	37
6. Volunteers: Confidence, Skill Building Social Participation	39
7. Demographics	18
8. Future Studies	1

Participant demographics

A total of 174 TFC clients completed the SSM outcome evaluation survey, with 59% completing the survey in person (at TFC) with trained interviewers, and 41% completing the survey online. Respondents age followed a normal distribution curve with a slight tendency towards older demographic, i.e., 55-74 age bracket.

All survey respondents self-identified as customers, meaning they shopped from the TFC supermarket (grocery store), and of those, 22% were also volunteers. More than half (59%) of respondents were female, and 60% were over the age of 56. The majority (82%) of respondents were Australian citizens, 20% spoke languages other than English at home (e.g., Polish, Vietnamese, Spanish, Farsi), and 6% were Aboriginal and/or Torres Strait Islanders. Most (84%) respondents lived in households with one or two people, and half (53%) were married or living with a partner. While 55% owned their home, 37% were renting. Nearly a third (28%) of respondents were retired, 16% were unemployed, and 11% were employed on a full or part-time basis. More than half (59%) of respondents had a trade or higher qualification (e.g., trade certificate, advanced diploma, university degree), and 50% had an annual income between \$12,000 to \$40,000 AUD. Some (27%) respondents received no government benefits, with the most common government benefits being the age/widow's pension (21%) and unemployment benefits (15%).

Service awareness and usage

To assess the service awareness levels of TFC clients, respondents were asked to list as many TFC service offering as they could. Table 5 summarises these responses. TFC's supermarket, café and op shop were the most recalled services, being reported more than three-times more frequently than any other services.

Respondents were then shown a list of TFC service offerings and asked which of those services they knew about / recognised. Table 5 summarises their responses. TFC supermarket, café and op shop were again the most recognised service offerings. The Children’s literacy program and legal advice were two services that clients recognised, but has not reported as recalling in the unprompted service awareness list (Table 5).

To better understand TFC use and service access, respondents were presented with a list of service offerings and were asked to choose the services they have used/accessed in the past 12 months. Table 5 summarises the respondents’ service usage. The results shows that TFC supermarket, op shop and café were the most frequently used/accessed services.

Table 5. Summary table which shows proportion of respondents that mentioned TFC offerings unprompted, recognised them prompted, and have used them in the past 12 months

Service offerings	Unprompted awareness (%)	Prompted awareness (%)	Service usage / access (%)
Supermarket	91	94	88
Café	72	88	71
Op Shop	63	87	70
Other	19	-	2
Easy Feast*	16	52	23
Free bakery goods	12	-	-
No Interest Loan Scheme	10	21	1
Financial counselling	6	18	-
Volunteering	3	45	18
Gardening	2	25	7
BBQ	2	-	-
Community hub	2	22	7
Emergency relief	2	-	-
Work experience	1	28	7
Children’s literacy program	-	11	1
Legal Advice	-	7	1

Easy Feast™ is a meal pack with nutritious ingredients for a family of four to six on a low-income budget.

To further investigate use and reliance on TFC services, respondents were asked to indicate how long they had been using TFC’s top three offerings (supermarket, op shop, café). Table 6 shows that most (42%) respondents had been using TFC services for more than two years, 21% had been using them for between one to two years, and the remaining (38%) had used them for less than a year.

Table 6. Duration of use of TFC's top three services

TFC offerings	Respondent length of use (%)						
	< 1 month	1-3 months	4-6 months	7-12 months	1-2 years	2-3 years	3 years +
Supermarket	12	10	7	7	21	9	33
Café	12	13	6	12	20	8	29
Op Shop	9	9	7	9	21	9	37
Average	11	11	7	9	21	9	33

Food security

The data in Table 7 show that approximately 19% of respondents reported running out of food and not being able to buy more 'before' they began visiting TFC. This number reduced to 13% 'after' respondents began visiting and using TFC. This represented a statistically significant 6% reduction in the number of clients reporting food insecurity as a result of visiting TFC. ($\chi^2(3, 162) = 8.2, p = .04$).

Table 7. Proportion of respondents who ran out of food and couldn't afford to buy more in the past 12 months

Outcomes measured (% respondents)	Before %			After %			Difference %	
	No	Yes	Prefer not to say	No	Yes	Prefer not to say	No	Yes
Proportion of respondents who ran out of food and couldn't afford to buy more in the past 12 months	77	19	4	80	13	7	3	-6

In addition, respondents' access to affordable food ('good' or 'excellent' access) increased by 19% 'after' visiting TFC ($\chi^2(6, 166) = 26.0, p < .0001$) (Table 8).

Table 8. Proportion of respondents that have access to affordable food

Outcomes measured (% respondents)	Before %		After %		Difference %	
	Poor / Fair	Good / Excellent	Poor / Fair	Good / Excellent	Poor / Fair	Good / Excellent
Proportion of respondents that have access to affordable food	49	51	30	70	-19	19

Financial wellbeing

TFC clients' financial stability also improved 'after' they started visiting TFC (Table 9). Overall, TFC had a positive impact on clients' financial situations demonstrated by a 17% increase in the proportion of clients reporting having enough money to buy food ($\chi^2(5, 166) = 22.1, p < .001$); a 16% increase in the proportion of clients' reporting the ability to deal with unexpected expenses

such as medical bills ($X^2(5, 166) = 26.3, p < .001$); and an 11% increase in the proportion of clients reporting the ability to manage everyday expenses ($X^2(5, 166) = 13.1, p = .002$).

Table 9. Respondents' financial wellbeing before and after interacting with TFC

Outcomes measured (% respondents)	Before %		After %		Difference %	
	Poor / Fair	Good / Excellent	Poor / Fair	Good / Excellent	Poor / Fair	Good / Excellent
Having enough money for essentials	52	48	35	65	-17	17
Ability to deal with unexpected financial expenses	57	43	41	59	-16	16
Ability to manage household's day-to-day expenses	48	52	35	65	-13	13

Social connectedness and self-confidence

Table 10 provides data on the impact of attending TFC on clients' social inclusion and connectedness. The results show that respondents felt 45% less isolated ($X^2(2, 156) = 45.2, p < .001$), 42% less left out of social situations ($X^2(2, 156) = 37.7, p < .001$), and 21% less lacking in companionship ($X^2(2, 156) = 37.5, p < .001$). Conversely, they felt 57% more socially connected ($X^2(2, 156) = 62.5, p < .001$) and 55% more optimistic ($X^2(2, 156) = 71.8, p < .001$). Overall, the results indicate an improvement in clients' social and community connections 'after' their involvement with TFC.

Table 10. Respondents' perspective on their own social connectedness

Impacts measured (% respondents)	Less %	The same %	More %
Since being involved with the TFC, do you feel more or less isolated from others?	45	47	8
Since being involved with the TFC, do you feel more or less left out?	42	48	10
Since being involved with the TFC, do you feel more or less lacking in companionship?	21	56	23
Since being involved with the TFC, do you feel more or less socially connected?	5	38	57
Since being involved with the TFC, do you feel more or less optimistic and hopeful?	2	42	55

Respondents' self-confidence and well-being levels were improved after visiting TFC (Table 11). A higher proportion of clients reported knowing where to get help ($X^2(5, 164) = 48.9, p < .001$), improved personal wellbeing ($X^2(6, 164) = 38.2, p < .001$), and improved confidence and self-esteem ($X^2(6, 164) = 35.2, p < .001$).

Table 11. Respondents' self-confidence and wellbeing levels

Outcomes measured (% respondents)	Before %		After %		Difference %	
	Poor / Fair	Good / Excellent	Poor / Fair	Good / Excellent	Poor / Fair	Good / Excellent
Knowing where to get help from	54	46	29	71	-25	25
Personal wellbeing	46	54	29	71	-17	17
Confidence and self-esteem levels	50	50	30	70	-20	20

Service satisfaction

Table 12 summarises TFC client satisfaction scores with the services provided. Overall, the results (out of a maximum of 10 for each item) indicate that respondents were satisfied with TFC services. For example, respondents reported being satisfied with TFC staff and volunteers being friendly and treating them with dignity and respect. Additionally, respondents were satisfied with TFC connecting them to community resources, and providing them with culturally relevant, nutritious and healthy food selection.

Table 12. Respondents' agreement levels with service satisfaction

Satisfaction scores (scale of 0-10)	Mean value	95% confidence level
TFC staff and volunteers are very friendly	9.1	(8.9 – 9.3)
TFC staff and volunteer treat me with dignity and respect	8.9	(8.7 – 9.2)
TFC connects me with community resources really well	8.9	(8.7 – 9.1)
TFC has culturally relevant food selection	8.8	(8.6 – 9.1)
TFC offers plenty of community support	8.7	(8.5 – 8.9)
I have a lot of confidence in the information/advice provided at TFC	8.5	(8.3 – 8.8)
TFC addresses my needs really well	8.5	(8.2 – 8.8)
TFC has an affordable food selection	8.4	(8.1 – 8.7)
TFC staff and volunteers are knowledgeable	8.3	(8.0 – 8.6)
TFC has nutritious and healthy foods	8.3	(8.0 – 8.6)
TFC staff and volunteers listen to me and understand me	8.2	(7.9 – 8.5)
I feel valued when I come into TFC	8.2	(7.9 – 8.5)
I trust TFC staff and volunteers completely	8.0	(7.6 – 8.4)
TFC staff and volunteers respond to me in a timely manner	7.2	(6.7 – 7.6)
Staff and volunteers present themselves nicely and neatly	6.6	(6.0 – 7.1)

Volunteering experience

The results indicated that TFC volunteers were generally happy with their volunteer experience. However, volunteers' expectations of gaining new skills, improving employment prospects and building professional networks were not met 'after' their volunteering experience (Table 13).

Table 13. Volunteer respondents' motivation and expectations before and after working at TFC

Volunteer motivation (scale of 1-7)	Before		After		Mean value difference
	Mean value	95% confidence level	Mean value	95% confidence level	
Feel appreciated	5.8*	(5.3 - 6.3)	6.3*	(6.0 - 6.5)	0.5
Help others / community	5.7	(5.1 - 6.3)	6.0	(5.6 - 6.4)	0.3
Support an organisation that is meaningful to me	5.5*	(5.0 - 6.1)	6.2*	(6.0 - 6.4)	0.7
Feel a sense of accomplishment	5.4	(4.9 - 5.9)	5.6	(5.2 - 6.1)	0.2
Opportunity to network with people	5.3	(4.7 - 5.9)	5.2	(4.5 - 5.7)	-0.1
Build skills	5.3*	(4.7 - 5.6)	4.3	(3.6 - 5.0)	-1.0
Learn something new about the world	4.9*	(4.3 - 5.6)	5.6*	(5.1 - 6.1)	0.7
Express my personal values	4.9*	(4.3 - 5.5)	5.6*	(5.1 - 6.1)	0.7
Improve my employability	4.5	(3.7 - 5.3)	4.3	(4.0 - 4.6)	-0.2
Develop new skills and experience that will be useful for my future career	4.5	(3.8 - 5.2)	4.7	(4.0 - 5.4)	0.2

Paired T-test: * = the difference between mean value 'before' and 'after' for statements were statistically significant at $p \leq 0.05$.

Discussion

This article documents the development of a comprehensive and practical client outcomes evaluation tool and is the first study to comprehensively evaluate client outcomes resulting from accessing an SSM in Australia. The evaluation tool includes questions about SSM clients' individual-level social, financial and wellbeing outcomes such as food security, financial wellbeing, social connectedness and social inclusion, as well as volunteer motivation, and identified improvements in all of these domains, apart from volunteer motivation, as a result of accessing services provided by an SSM.

The impacts of accessing an SSM on client outcomes can be synthesised into four key messages, with suggestions for changes in service delivery which might further improve client benefits:

Key message 1: The current evidence suggests that TFC is used as a longer-term outlet to maintain food security and social connectedness.

SSMs are part grocer and part social support agency (Pettman, 2019; Pettman et al., 2023). A previous study described SSMs as stepping-stones between food relief to mainstream retail/supermarkets (Booth, Pollard, et al., 2018), while another suggested that SSMs may be used as a longer-term outlet for chronic food insecurity (Saxena & Tornaghi, 2018). The results from the present study support the conclusions of these previous studies in so far as many clients reported using both SSM and mainstream supermarkets to meet their food needs, but also, TFC's top three service offerings (i.e., the supermarket, café and op shop) had been used long-term (i.e., > 3 years) by almost 40% of clients. Although more evidence is required to better understand the

role that SSMs play in the social support system, the current evidence suggest that TFC is being used successfully over the longer-term to improve clients' food insecurity as 6% fewer clients reported issues with food insecurity after accessing TFC. It is important to note that anyone can access TFC services without having to meet any eligibility criteria. The small cost associated with the food items means that the service may not be appropriate to people who experience severe food insecurity (however, food relief vouchers are available on request). Therefore, it is not surprising to see that a majority (77%) of respondents reported to not have experienced food insecurity before visiting TFC. TFC's universal access to a range of demographics, rather than only people who are experiencing food insecurity (e.g., socially isolated, disability). This may promote more opportunities for social inclusion within the community. Furthermore, TFC's universal access to affordable food may be the reason why clients use this outlet as a long-term solution. More research is required to test such a hypothesis.

Key message 2: TFC's social opportunities, e.g., co-located café and barbeques, fosters social interactions and build community connections.

It is important to acknowledge the role of social connections in clients attending TFC. While TFC offers services to a range of people dealing with food insecurity (e.g., different ages, work status, family compositions), the results of the present study show that their services were mostly accessed by an older retired demographic (55 and 74 years of age) that predominantly lived in households with only one or two people. Often, as people move into their older years they may become more likely to feel lonely and lack social connections. For example, it is more likely for older individuals to have adult children who are busy with their lives, or their partners have died of old age. While clients may attend TFC to access affordable food and material goods, they might also benefit from the social aspect of TFC's co-located café, interactions with volunteers and other regular clients. Improvements in food security have been linked to social connectedness through access to, and sharing of, food (Nosratabadi et al., 2020), and this appears to be consistent with the findings of the present study, with people who accessed TFC reporting feeling less isolated (45%), less left out of social situations (42%), and more socially connected (57%).

Additional analysis was done to test whether respondents who have used the café had better social outcomes compared to those who did not use the café. Although the results for feeling isolated and being left out of social situations were statistically insignificant, 80% of respondents who used the café felt less isolated and also reported feeling less left out compared to 20% who

did not use the café. Furthermore, 83% of respondents who used the café reported feeling more socially connected versus 17% who did not use the café ($\chi^2(2, 154) = 9.5, p < .008$).

Key message 3: TFC contributes to clients' social, economic and wellbeing outcomes.

The results of the present study suggest that TFC's SSM pilot had a positive impact on client outcomes. Overall, clients of the service reported experiencing better social, economic and wellbeing outcomes after using TFC compared to before. TFC is an example of an SSM model which provides services that are designed in-accord with good practice principles in food relief (see Booth, Pollard, et al., 2018) and, as a result, provides positive benefits for clients. TFC aims to address food availability, food accessibility, food utilisation and food stability dimensions of food insecurity (see Nayak & Hartwell, 2023). While the present study indicated that TFC had a positive impact on client outcomes, it is not known whether these could be sustained over a longer-term.

Further analysis was carried to see if there is lower food security amongst respondents who have used TFC supermarket for less than a year compared to those who have used it for more than a year. Although the results were statistically insignificant, it indicated a positive relationship between food security and length of service access: 10% of respondents who have had accessed TFC supermarket for more than a year reported experiencing food insecurity versus 16% who have had used the supermarket for less than a year.

Key message 4: Universal access SSMs, such as TFC, will need to invest more in training their volunteers and staff in warm referrals to wraparound services.

TFC is predominantly known and used for its provision of affordable food and material goods. The most used services are the supermarket (88%), op shop (71%) and café (70%). TFC operates as a universal access model, meaning anyone can shop at TFC's supermarket, op shop and café without needing to undergo eligibility assessment. Therefore, TFC does not expect all of its clients to use the wraparound services that it offers as some might not be relevant for some clients. This is a different mode of operation from SSMs in some other jurisdictions. Many SSMs only provide access to their services via a membership system (requiring name, address and other personal details) and require applicants to meet eligibility criteria such as proof of financial hardship (Andriessen et al., 2020; FUSIONS, 2015). Additionally, some SSMs, use a case-management approach to suggest relevant wraparound services to their clients and have regular meetings with them to track client outcomes (FUSIONS, 2015). However, there is evidence that eligibility

assessment and use of a case-management approach can diminish people's dignity (Booth, Pollard, et al., 2018; McNaughton et al., 2020). TFC's universal access provides access for a wider demographic to affordable food and material goods in a dignified manner.

Additionally, the majority of respondents were not aware of wraparound services, which might be due to the optional nature of the wraparound services and minimal promotional strategy. Therefore, stronger efforts to promote those services are needed to ensure those who require them are aware of the support available and are not falling through the cracks. A promotional strategy could involve training volunteers to take person-centred approach. This allows for volunteers to engage with clients in informal settings with empathy while being flexible and responsive. Person-centred approach can help TFC volunteers to warm refer clients (contacting other support services for or with a client) in need to relevant resources and wraparound services and ensure that people can benefit from extra support available to them. Not to mention, the volunteer training can then provide volunteers with opportunities to gain new skills and improve their employment prospects, which was reported by volunteer respondents to be lacking in current volunteer experience.

Strengths, limitations and future research

While the present study indicates that SSMs can improve a range of outcomes for clients, they are only one form of food relief and may not be as effective as other forms of food relief for people in different situations. For example, they may not be as effective as food parcels for assisting individuals facing severe financial and food insecurity given that clients are required to purchase food at SSMs as opposed to food parcels which are typically provided at no cost. However, SSMs represent a dignified way of offering food relief and connecting people with services and community.

The assessment tool has strengths and limitations. The tool combined different examples of validated question sets (e.g., USDA or SERVQUAL (Babakus & Mangold, 1992; Bickel et al., 2000)) as well as items that were developed that were bespoke by the industry partners for continuity to help measure the impact of SSMs and client outcomes. Additionally, the flexibility in survey access (self-completion via the QR code or in-person with the assistance of a trained interviewer) helped capture data from clients with low computer literacy and limited time available. Although the comprehensiveness of the tool is a strength, it meant that the survey required approximately 50

minutes to complete. Therefore, the length of time needed to complete the survey may have deterred some potential respondents' and/or may have caused respondent fatigue.

This evaluation was commissioned by two Government Departments in South Australia to evaluate the first SSM pilot in that state, and the evidence generated was intended to be used to inform future funding and implementation of SSMs. Furthermore, it is important to note that the survey was conducted during the first year of the Covid-19 pandemic. This meant that the sample may have included individuals who were not typical clients of TFC, such as international students who were ineligible to receive welfare support due to their citizenship status.

More importantly, resource and time constraints, compounded by the pandemic, made a repeat cross-sectional design unfeasible. As a result, there were time constraints which limited the data collection method that could be used. Hence, the clients surveyed in the study were asked about their situations 'before' and 'after' them accessing TFC in the same survey (a single-timepoint survey with retrospective self-reporting). Consequently, there may have been some cognitive biases (i.e., social desirability bias, memory recall bias) in respondents' responses (see Nederhof, 1985) that impacted the outcomes. Studies have shown that people often accurately remember events that are important, interesting or noteworthy to them (Dex, 1995; Ritchie, 2014; Robertson & Gasper, 2006). In the context of accessing food relief, there is no strong evidence to suggest whether respondents recall their experiences accurately. However, given that the study collected data from 174 participants – a substantial sample size considering that TFC is a small business with a small customer base – any potential biases in the sample are likely to have been balanced out. Additionally, the normal distribution observed in the responses supports this assertion. Nonetheless, future research could use pre- and post-assessment to control for cognitive biases.

Furthermore, the study only surveyed TFC's existing clients, as they are the beneficiaries of the service and can provide valuable insight about client experiences and ways to improve the service offerings. Therefore, the survey findings only represent views and experiences of TFC's existing clients, potentially a biased group, who are more likely to provide positive feedback than those who no longer use TFC services. Although surveying TFC's existing clients may be considered as a limitation, in fact, it was an informed decision. As TFC has been undertaking extensive changes to improve its services in the recent years, past clients' perspectives would not have been as accurate nor as insightful. Future research could conduct more comprehensive studies to include both

existing and past clients' experiences and outcomes. The positive findings from the present study led to the development of three more SSM sites across South Australia (see Pettman, Bogomolova, et al., 2022).

Conclusion

This evaluation tool captured individual-level as well as social, economic and wellbeing client outcomes. The tool can be adapted and used to evaluate alternative affordable food relief models such as community-based food provision, community connection programs, and social support services that provide financial wellbeing assistance. This comprehensive tool can be adapted and tailored to meet the specific needs of different service providers.

In conclusion, Social Supermarkets are an effective model of service delivery, not only for alleviating individual food insecurity, but also improving of social and wellbeing outcomes. The evaluation tool developed enabled the generation of this evidence and has potential to contribute further to the evidence on the impacts of food relief models on people's lives.

Chapter 5

Discussion, Conclusions, Limitations and Recommendations for Future Research

Chapter 5 concludes the thesis by discussing the main contributions of all three studies in detail. This chapter reports on the strengths and limitations of the study and presents an agenda for future research arising from the thesis. It concludes with implications for practice and policy reform.

Summary of Aim, Scope and Key Findings of the Thesis

As a recap, this PhD thesis focused on food relief clients' journeys, experiences and outcomes of using food relief services, while also capturing clients' interactions with other social support services. It aimed to identify gaps and duplications in service delivery and find opportunities to improve clients' journeys, experiences and outcomes across the food relief and the social support system. To the best of author's knowledge, no studies have, to date, captured and mapped out food relief clients' journeys and experiences across multiple social support sectors (food relief, housing authorities, domestic violence, drug and alcohol services) throughout clients' lifetimes. Further, no study has provided a comprehensive evaluation of food relief clients' economic and social outcomes in relation to using food relief services. This evidence can help pinpoint areas for improvement and intervention across the social support system and it can inform good practice for food relief delivery and collaboration across the social support system, to enhance client journeys, experiences and outcomes. The following three discrete studies contribute to delivering the overarching thesis objective:

- **Study 1:** Beyond Sales to Social Impact: A Scoping Review of the Customer Journey Mapping Research Method
- **Study 2:** Exploring Food Relief Recipients' Journeys across the Social Support System in South Australia
- **Study 3:** Social, Economic and Wellbeing Outcomes for Clients of South Australia's First Social Supermarket

Refer to Table 14 to see summary of all three studies.

Table 14. Summary of all three studies

	Study 1	Study 2	Study 3
Gap	Methodological gap: CJM has not been used in the social support services sector. Study 1 was proposed to generate new insights and to insure that CJM is appropriate for use with food relief clients.	Knowledge gap: Research on food relief clients' journeys and experiences did not exist for any aspects of the social support system. Study 2 was proposed to document client journeys and experiences across multiple social support sectors over clients' lifetimes.	Knowledge gap: There have been no objective evaluations of the SSM model and its contributions to clients' economic and social outcomes. Study 3 was proposed to evaluate economic and social client outcomes of the first SSM in South Australia.
Aim	Study 1 aimed to synthesise knowledge and examine the extent, range, and nature of evidence on the use of CJM as a research method across disciplines and to understand whether it is an appropriate method to use in the social support sector.	Study 2 aimed to explore food relief clients' journeys and experiences with food relief services across the social support system over clients' lifetimes, to identify gaps, duplications and opportunities for improvement in food relief delivery and collaboration with other services across the system.	Study 3 aimed to evaluate the socio-economic client outcomes of the first SSM in South Australia. As a result, a quantitative tool was developed to measure TFC client outcomes, including food security, financial wellbeing, social connectedness and inclusion and self-confidence.
Method	Scoping review (review study)	CJM (qualitative primary study)	Online or face-to-face quantitative questionnaire (evaluation study)
Dataset	Peer-reviewed literature (N = 70) on the use of customer/client/user journey mapping research method across discipline.	In total 21 in-depth interviews with people who used at least one of the partner food relief services (TFC, Foodbank South Australia, Anglicare SA) across South Australia.	In total 174 TFC clients were surveyed about their situations regarding food security, financial wellbeing, social connectedness and more, before and after their interaction with TFC SSM.
Key findings	<p>Study 1 guided the researcher on how to conduct CJM research, specifically, with people in vulnerable circumstances.</p> <p>Evidence 1: CJM is known to be a visual tool, which documents customer experience before, during and after customer encounters/interaction with a service, from the customers' perspective. CJM is used to document service touchpoints and help identify gaps, duplications and opportunities for service improvement.</p> <p>Evidence 2: CJM is a flexible research method that can be undertaken using primary and secondary, qualitative and quantitative methods and a variety of data collection techniques. However, primary and qualitative data collection methods and using interviews are the most common ways to do CJM research.</p> <p>Evidence 3: Typical and visual journey maps are the predominant way of analysing and presenting CJM findings.</p> <p>Evidence 4: Depending on research objectives, when engaging with populations in vulnerable circumstances, data collection in both individual and group settings is appropriate. However, interviews are the most commonly used data collection technique.</p>	<p>Study 2 captured food relief clients' journeys and experiences across social support system over clients' lifetimes. The results suggest the following areas for improvement:</p> <p>Suggestion for improvement 1 System navigation and information outreach should appear earlier in client journeys. Establishing a strong first point-of-contact for way finding could help facilitate warm referrals and connect people to relevant support services, such as food relief organisations.</p> <p>Suggestion for improvement 2: A person-centred approach is needed to provide flexible, responsive, and empathetic solutions for people who are facing different food insecurity triggers at various stages of their lives.</p> <p>Suggestion for improvement 3: People enter food insecurity because they lack economic and social capital; therefore, food relief services should provide support beyond merely food. Such services should include providing a welcoming environment for their clients to participate in social situations, such as cooking classes, barbecues and volunteering opportunities, to promote social inclusion.</p>	<p>Study 3 developed an economic and social client outcomes evaluation tool and provides evidence to suggest what the contribution of TFC is to client outcomes.</p> <p>Further, the result of the evaluation has four key messages that contributes to the food relief literature, specifically, the use and role of SSM in the food relief ecosystem.</p> <p>Key message 1: The current evidence suggests that TFC is used as a longer-term outlet to maintain food security and social connectedness.</p> <p>Key message 2: Social opportunities at TFC, such as the co-located café and barbecues, fosters social interaction and builds community connections.</p> <p>Key message 3: TFC contributes to improving clients' social, economic and wellbeing outcomes.</p> <p>Key message 4: Universal access SSMs, such as TFC, will need to invest more in training their volunteers and staff regarding warm referrals, so that they can provide wraparound services.</p>
Major contributions	Study 1 was the first scoping review to date that summarises all CJM research using keywords for customer, client and user groups, up to 2022, across disciplines. Additionally, it builds on Delor and Hubert's (2000) work on the concept of vulnerability and develops an adapted framework for identifying vulnerable populations when conducting research. This is highly relevant for the food relief sector (such as human service organisations and client service evaluators).	Study 2 made three major contributions: First, it is the first study to use the CJM research method in the context of food insecurity. Second, this study captures a series of touchpoints/interactions of people experiencing food insecurity across the social support system (that is, multiple human services sectors), recorded across clients' lifetimes. Third, findings of Study 3 generate new evidence of people's lived experiences, which validates existing research, namely, that a lack of social capital (having a social network and being socially connected) is a contributing factor to food insecurity and accessing food relief.	Study 3 developed and implemented a comprehensive evaluation tool for client outcomes by consolidating existing, reliable measures of financial wellbeing, social engagement and self-confidence into a single instrument. The instrument can be used by other service organisations and researchers to evaluate clients' economic and social outcomes and to determine the extent to which social support services are contributing to improving client outcomes. Further, with the evaluation tool that had been developed, the study evaluated economic and social client outcomes of South Australia's first SSM and demonstrates the potential for alternative models of affordable food access, which 'go beyond food' regarding the provision of social support and connection opportunities.

Academic Contributions of the Thesis

Pathways to Systems Thinking and Collective Impact

Food insecurity is a symptom of poverty, and it stems from economic, social and cultural disadvantages (Vaičiūrgis et al., 2024). This means that people from certain backgrounds and with certain demographic characteristics are more vulnerable to experiencing these disadvantages and being pushed into the edges of food insecurity. These groups might be single-person households and their children, people with lower levels of education, individuals living with poor physical or mental health conditions, people living in rural and remote communities, people with culturally and linguistically diverse backgrounds, older people, and Aboriginal and Torres Strait Islander people (Bowden, 2020; McLachlan et al., 2013).

Further, people who experience food insecurity often struggle with other complex situations, such as domestic violence, homelessness and drug or alcohol addiction, which highlights interconnections between various social support sectors (e.g., food relief and housing authorities). However, in Australia, the current social support system is disjointed, and each sector operates with limited collaboration with others. Services often do not provide support beyond their clients' relevant needs, or beyond their service offerings. For example, when the objective is only to hand out food, then it is easy to overlook a client's need for overcoming addiction; however, if the objective is to reduce food insecurity, then the service provider should refer and assist the client to access drug and alcohol services, thereby addressing the underlying cause that contributes to the client's food insecurity. When clients experience a repeated series of disconnections between sectors, it can cause people to fall through systemic gaps and, ultimately, exacerbate their situations, which prevents them from addressing the root causes of their food insecurity or seeking help early on.

Evidence suggests that, by working with the potential of collective effect, working collaboratively to address complex social issues (see Kania et al., 2014; Kania & Kramer, 2013; Weaver, 2014), and applying a systems approach (see Swanson et al., 2012) a social support system can be equipped better to address the underlying issue of food insecurity.

Studies (Kania et al., 2014; Kania & Kramer, 2013; Weaver, 2014) have demonstrated that working collaboratively reduces duplication, increases efficiency, multiplies resources and is more likely to

improve outcomes for individuals and societies. Furthermore, a systems approach avoids treating people's challenges as isolated or independent issues. Instead, it highlights their interdependency (Brown et al., 2024). This approach cuts across various socio-ecological levels, including the individual, interpersonal, organisational, community, and policy levels.

Addressing such a complex issue requires a systems-level approach that considers the broader picture, identifying interconnected problems, interdependent determinants, and drivers, and recognising existing sectors and services that could benefit from greater integration to provide comprehensive, sustainable, long-term solutions. For instance, women escaping domestic violence are more likely to experience food insecurity. Therefore, connecting women's and children's shelters with food access and poverty alleviation services could improve outcomes. The key lies in fostering collaboration across sectors to create a more cohesive social support system focused on improving client outcomes.

Finding an optimal solution that satisfies all stakeholders is challenging (Checkland, 1985; Ison, 2017). Complex problems require collaborative and innovative approaches (APSC, 2007) and interdisciplinary research (Jacobs & Cuganesan, 2014), such as systems thinking (Alford et al., 2024). Systems thinking is a model of thinking that is used to address complex problems (Cabrera & Cabrera, 2023; Plate, 2010). This approach considers interconnectivity and interrelationships between different parts (Trochim et al., 2006). It helps identify underlying structures and root causes of complex behaviours, offering a pathway to predict outcomes and adjust strategies accordingly (Arnold & Wade, 2015).

In the context of food insecurity, a systems approach can address some or all of the six dimensions of food security: food availability, accessibility, utilisation, sustainability, stability, and people's agency (HLPE, 2020; Nayak & Hartwell, 2023). Examples identified through this PhD work include the importance of enhancing social capital, fostering social connections, providing wayfinding support to navigate complex systems, and improving sector and service integration. Such findings were documented using a CJM research method. CJM is a visual research method that can capture the journeys and experiences of customers/clients/users from their perspectives before, during and after their interactions with a service (Marquez et al., 2015). CJM also highlights any gaps and duplications in service delivery and identifies opportunities for improvement. This makes CJM an excellent method for documenting food relief clients' journeys

and experiences across the social support system (or complex ecological systems (Marquez et al., 2015) over client lifetimes. To the best of author's knowledge, there is no comprehensive documentation of client journeys and experiences of social support services, let alone across their lifetimes. This gap is also highlighted in a study by McKenzie et al. (2023). However, since CJM arose from the field of marketing, it has limited use in the social sector (i.e., Crosier & Handford, 2012), and, therefore, it was not clear whether it would be an appropriate method to use with people in vulnerable situations, and if so, how it should be applied.

These methodological and knowledge gaps led to the development of Study 1, a scoping review of the CJM research method. The following sections discuss the contributions of Study 1 in detail.

Roadmap for assessing whether CJM is a suitable method for researching people in vulnerable situations

At the time of writing, there were no comprehensive reviews of CJM use in different disciplines to guide researchers on how to use CJM in various disciplines and sectors. Apart from a study by Crosier and Handford (2012) on understanding community members' experiences of public services, there is limited evidence regarding the application of CJM in social support and other human services. Therefore, Study 1 synthesised peer-reviewed literature on CJM application across disciplines and then developed a framework to investigate whether CJM is an appropriate research method to use with people in vulnerable circumstances.

The aim of the framework developed in this thesis was to guide the conceptualisation of vulnerability and was adapted from Delor and Hubert's (2000) three dimensions of vulnerability: (1) exposure – the risk of being exposed to a crisis situation; (2) capacity – not having the required resources to cope with the crisis situation (e.g., financial stability, social network, skills and education); and (3) potentiality – experiencing serious consequences because of the crisis. The framework included the concepts of study population, research topic and data collection technique to assess the data collection techniques that were used for engaging with populations in vulnerable situations.

The framework needed to consider both study population and research topic if it was to provide sufficient evidence to inform the researcher whether the population of research interest had the potential to be in a vulnerable situation. Identifying vulnerable populations for a study is not straightforward or without risk. If a researcher surveyed populations in vulnerable situations as

part of a market research study about people's logo preferences, it is unlikely to trigger trauma for participants. Conversely, researchers could interview populations that, arguably, have secure circumstances (stable economic and social status) about a sensitive topic, such as workplace harassment and could trigger distress for participants, who could re-live their experiences of harassment during discussions. It is evident that both study population and research topic play a role in identifying whether the people engaged in the study could be in vulnerable situations.

Through all six of its components (exposure, capacity, potentiality, study population, research topic and data collection technique), the framework was able to capture whether any CJM research had engaged with people in vulnerable situations, if so, in what ways. For example, a study by Bearnot and Mitton (2020) used semi-structured interviews to investigate common patterns of care for people with opioid use disorder associated endocarditis. In this scenario, the risk of being exposed to stress after being interviewed can be high; after all, the participants had to discuss their health problems and difficult experiences related to their life adjustments. Further, participants may or may not have the required capacity to cope with the crisis, whether it was related to financial stability, social network or emotional strength. Therefore, the interviews could trigger participants, which have the potential to have serious mental health consequences. The framework that was developed helps to confirm that the study (e.g., Bearnot & Mitton, 2020) engaged with people in vulnerable situations while using semi-structured interviews (individual data collection technique) to map out customer journeys.

After applying the adapted framework to the included as part of the scoping review, it was found that CJM is an appropriate method for engaging with people in vulnerable situations. However, it is important to note that the majority of studies that used CJM to engage with people in vulnerable situations used interviews (individual data collection setting) to gather information in a safe and private space, where participants shared their journeys and experiences. In the future, researchers could use the framework that was developed as a roadmap to determine whether the population of research interest is in a vulnerable situation and then choose their research method accordingly.

The findings of Study 1 informed the use of CJM in Study 2. The next section discusses the contributions of Study 2 towards documenting client journeys and experiences across multiple social support sectors over their lifetimes.

Documenting food relief client journeys and experiences across the social support system over their lifetimes

Several studies investigated food relief users' experiences with different food relief providers (Andriessen & van der Velde, 2023; Booth, Pollard, et al., 2018; Middleton et al., 2018; Pollard et al., 2017; Vaiciurgis et al., 2024). These studies often used interviews and focus groups to collect data on people's experiences with food relief at a single point in time and only with the food relief sector (e.g., Booth, Pollard, et al., 2018; Middleton et al., 2018; Pollard et al., 2017). These studies succeeded in documenting client experiences with food relief services and identifying clients' unmet needs and wants in relation to food relief offerings, for instance, wanting a dignified shopping experience (Booth, Pollard, et al., 2018; Pollard et al., 2017). Despite the valuable contributions made by these studies, they did not capture the interactions and absence of coordination among different services across the social support system. Therefore, they did not identify different intervention points throughout people's lives across the social support system, which could, in turn, lead to a formulation of prevention strategies to prevent people's situations from escalating to further crises). This literature gap calls for an investigation into client journeys and experiences across the multiple sectors that make up the social support system, such as food relief, housing authorities, domestic violence, disability support, and drug and alcohol abuse, throughout their lifetimes. This literature gap was also highlighted by a study that investigated experiences of food relief recipients navigating the Australian welfare system, which focused only on their experiences with the welfare system (i.e., McKenzie et al., 2023).

To the best of the author's knowledge, Study 2 contributes to the literature by being the only study to date to document food relief clients' journeys and experiences across multiple sectors within the social support system over clients' lifetimes. Using a CJM research method, the researcher was able to interview food relief clients, understand their overall journeys and experiences and map out the interactions they had had with social support services throughout their lifetimes. The journey map generated captured gaps and duplications in service offerings across the social support system and created ways to identify areas for improvement (or opportunities to access services earlier in people's journeys).

One of the important findings of Study 2 was closely linked to the theory of social capital (see Bourdieu & Richardson, 1986), and contributes to the food insecurity literature by providing evidence of how a lack of social capital can influence food insecurity. This is discussed next.

Lack of social capital is a contributing factor to food insecurity

Having financial difficulties often limits people's ability to engage in social situations. For example, someone with financial difficulties is less likely to have people over at their house to celebrate special occasions and share food. Similarly, they would be more likely to be restricted in their ability to engage in costly social activities, such as going to see a film or concert, and catching up with friends and family over a meal at a restaurant. Such limitations slowly force people to become socially isolated and excluded from opportunities, events, and interactions that may increase their wellbeing/quality of life. The findings from Study 2 generated evidence to suggest how lack of social capital (i.e., lack of social connectedness) can influence food insecurity. Food and social connections have a cyclical relationship, as lack of social capital contributes to experiencing food insecurity, and people experiencing food insecurity find it harder to maintain their social connections.

Before delving into how lack of social connectedness contributes to food insecurity, it is important to discuss relevant theory related to human capital. Notably, Bourdieu's (Bourdieu & Richardson, 1986; Häuberer, 2011) offers some conceptualisation of relationships with food insecurity: (i) economic capital, which focuses on people's financial strength and their ability to manage essential expenses such as food, rent and bills; (ii) cultural capital, which represents people's knowledge and skill levels, which influence people's ability to obtain or retain employment; and (iii) social capital, which reflects resources embedded in relationships, which influence people's ability to access resources. These three types of capital are interchangeable (Häuberer, 2011). For example, anyone can offer their knowledge and skills in exchange for money; or, when people face financial hardship, they can rely on their family and friends for support to improve their situation.

The findings from Study 2 suggest that people who experience food insecurity and who seek support from food relief organisations not only lack economic capital, but do not have strong social capital to begin with. People who have strong social capital can often depend on support from their social network. This finding has two implications: First, there are people who face food insecurity but who do not actively seek aid from relevant organisations, and they are, therefore, not accounted for in food insecurity statistics. This thesis found that many people first reach out for help to family and friends. This finding is supported by literature that suggests seeking aid

from food relief is a 'last resort', which is only used when times are desperate (Loopstra & Tarasuk, 2012, 2015; MacLeod et al., 2019).

In addition, people can access pathways to food security by being provided with opportunities to build economic and social capital. This finding is consistent with other research on how the synergy created by social capital, for instance, social interactions and relationships built during food access and sharing, contributes to food security in the future (Nosratabadi et al., 2020).

Given that a shortage of both economic and social capital contributes to food insecurity, it is reasonable to hypothesise that alternative food access models, such as an SSM or a community centre that provides access to affordable food and social opportunities, has the potential to provide stronger and more sustainable pathways to food security.

This hypothesis led to the design of Study 3, which focused on addressing the academic and practical knowledge gap. The study involved developing a survey tool to evaluate economic and social client outcomes of an SSM, which is discussed next.

Synthesising existing economic and social client outcomes into a singular evaluation tool

Historically, food relief has been delivered by volunteers as part of a charitable act. Despite their best intentions and making valuable contributions to short-term relief, food relief organisations do not currently address the structural and social drivers of food insecurity, such as low incomes and the rising cost of living and social disconnection (see Caspi et al., 2021; Fyfe et al., 2016; Pollard et al., 2019). Unsurprisingly, these models, which traditionally only provide access to limited, free of cost or affordable groceries, have not yet been able to reduce chronic food insecurity. Researchers have called for more empowering ways to obtain food while also accessing social connections (Booth, Pollard, et al., 2018), which points to the need for a more advanced food relief delivery model, such as the SSM.

The SSM model is 'part grocery and part social support agency', which aims to (i) enable access to affordable food, (ii) foster connections and social inclusion, (iii) offer clients social support services, and (iv) provide volunteering and skills development opportunities (Pettman et al., 2023). Despite the aims and intentions of SSM, it has not been comprehensively evaluated (Pettman et

al., 2023); as yet, there are no formal evaluations to indicate whether SSMs could provide pathways to food security.

With the intention to fill this gap, the researcher worked closely with the Linkage Partners – two government agencies, DHS and WBSA, as well as an SSM partner, TFC, to define potential economic and social client outcomes, food security, financial wellbeing and social connectedness.

A synthesis of economic and social client outcomes led to the development of the first comprehensive client outcomes evaluation tool. The evaluation tool combines items from partners' existing service evaluation surveys and a number of validated tools identified in the literature. Doing so ensured that the new tool included reliable and validated individual-level outcome indicators, alongside standard demographics and client/customer service satisfaction questions. The knowledge synthesis process was documented in Chapter 4, which provides a valuable reference point for other academics, evaluators and practitioners who wish to evaluate economic and social client outcomes with food relief and similar social support services. Although this evaluation tool was developed to assess food relief client outcomes, it was also designed to be adopted by other not-for-profit organisations within the social support sector who wish to measure their effect on their clients' lives.

Using the tool that was developed, the researcher evaluated economic and social outcomes of TFC clients, which is discussed next.

Evaluating SSM economic and social client outcomes

Although SSMs are common practice in other countries, they are yet not an established practice in Australia (Pettman et al., 2023). Research studies (Booth, Pollard, et al., 2018; Pollard et al., 2017) assessed clients' perspectives on traditional food relief services in Australia (e.g., foodbanks, food pantries, food vouchers) and introduced examples of social enterprise models that operate outside Australia (e.g., SSM, social cafés). Although these studies made important contributions through consulting clients on different model types, some hypothetical, more research is required to help translate knowledge into practical guidelines and identify what food relief services need to do to meet client needs and wants.

Building upon previous research, Study 3 of this PhD thesis evaluated clients' outcomes and satisfaction levels with South Australia's first SSM, TFC, which is located at Gepps Cross, South

Australia. The overall results of the evaluation suggest that TFC served as a longer-term outlet to enable people to access affordable food options; in addition, it was able to support clients to achieve better outcomes by, among other activities, facilitating regular social interactions. Results indicate that TFC had a positive effect on its client outcomes, including a 6% reduction in food insecurity, a 16% increase in the proportion of clients reporting being able to deal with unexpected expenses (such as medical bills), and a 57% increase in clients feeling socially connected.

Multiple mixed methods approach

This thesis incorporated a multiple method mixed methods approach to delivering the overarching research objective: to identify gaps and duplications in service delivery and find opportunities to improve clients' journeys, experiences, and outcomes regarding food relief and the social support system. The three methods used in this thesis were a scoping literature review (Study 1), qualitative primary research utilising CJM (Study 2), and quantitative evaluation research (Study 3).

Researchers have identified several reasons and benefits of using a mixed methods approach (Creswell et al., 2004; Migiro & Magangi, 2011; Onwuegbuzie & Leech, 2005; Tashakkori & Teddlie, 2003); these reasons and benefits include: (1) multiple methods used to gather relevant data for different research objectives; (2) different research methods used to complement or build upon each other; (3) different methods were used to triangulate findings from different methods and provide consistent findings; and (4) a qualitative method followed by a quantitative method to quantify the results, or, a quantitative method followed by qualitative methods to explain the factors behind the numerical data.

In this thesis, a mixed methods approach was used for multiple reasons. Starting with the overarching objective, to discover and map out food relief client journeys across the social support system, the researcher identified the need to conduct a scoping literature review and ensure that the CJM was an appropriate method to engage with populations in vulnerable situations. The results from the scoping literature review (Study 1) assured and directed the researcher with the use of CJM in Study 2. Next, the results from CJM qualitative research (Study

2) raised a hypothesis that was then tested in the quantitative evaluation research (Study 3), which extended the breadth and depth of evidence. The methods used in each study complemented and informed each other.

Furthermore, using a mixed methods approach helped to triangulate the findings of Study 1, 2 and 3 and to promote consistency and deepening of our understanding across the overall findings and conclusions of the thesis. For example, while Study 1 documented how and in what ways CJM method was used across disciplines and with populations in vulnerable situations, Study 2 demonstrated the used of CJM for the first time in the context of food relief with people experiencing food insecurity. Additionally, Study 2 provided an understanding of food relief clients' journeys and experiences with food relief and other social support services across the system. It emphasised the need for a food relief model that provides access to affordable food, connections to relevant support services and opportunities to build social networks. To complement and provide cohesion in the findings and recommendations, Study 3 quantified social and economic client outcomes of an SSM that offers provides access to affordable food, connections to relevant support services and opportunities to build social networks.

Practical Contributions of the Thesis

Applying CJM in the social support sector, specifically, in the food relief context

As discussed, Study 1 determined that CJM is a flexible research method that helps capture gaps and duplications in service delivery and helps discover areas of disconnectedness across services within a wider system. Such a method can be extremely useful in the context of increasing integration across social support providers, which is a system in which many people interact across more than one sector throughout their lives.

After realising that CJM can provide rich data, the researcher proposed to apply, for what appears to be the first time, a CJM research study in the food relief context. Specifically, this study would involve people who were experiencing food insecurity and were seeking food aid from food relief providers and who may have also interacted with other social support agencies within the wider system over their lifetimes. To the best of the author's knowledge, this was a knowledge and methodological gap.

The findings of Study 2 demonstrate that the CJM research method provided valuable insight into food relief clients' journeys and experiences across the entire social support system. Study 2 has three key findings which led to three suggestions for improvements:

1. People were often unaware of the support services available to them, and they required assistance to navigate the social support system, including knowing where to seek help and understanding the eligibility criteria for accessing various services. This finding was echoed by another study (see Nayak & Hartwell, 2023). This finding led to the first suggestion for improvement, that is, establishing a strong first point-of-contact could facilitate opportunities for warm referrals (contacting other support services for or with a client) and help individuals navigate the system more effectively. The benefits of having a strong touchpoint for information outreach and referrals have been documented before, for instance, the benefits and positive client outcomes of using online support for people in vulnerable situations (Parkinson et al., 2017), or, in the United Kingdom, having healthcare professionals provide information about social support services, when appropriate (Chatterjee et al., 2018). An example of integrated and comprehensive primary health care model in Australia is noted in other studies (see Wakerman et al., 2008; Wiese et al., 2011).
2. Food insecurity stems from economic and social triggers, such as job loss, health issues and the need to escape domestic violence, which confirms other research (Gundersen & Gruber, 2001; Hatcher et al., 2022; Leete & Bania, 2010). Furthermore, clients wanted to feel heard and to be treated with compassion. This finding is in line with other research about people wanting to feel valued and appreciated for their experiences (Corring & Cook, 1999). This finding led to the second suggestion for improvement, which is, while blanket solutions serve as a reference point, they must be complemented by person-centred approaches (Rogers, 1974; Rowe, 2017). To help clients feel heard and to offer them the right form of support, prioritising person-centred approaches is essential.
3. Food insecurity results from a lack of economic and social capital. Not everyone who experiences food insecurity triggers, such as escaping domestic violence or health problems, get pushed into the edges of food insecurity. However, people who are experiencing economic and social disadvantages once faced with a food insecurity trigger are more

vulnerable to experiencing food insecurity. This finding is confirmed by other research (Bowden, 2020; McLachlan et al., 2013; Vaiciurgis et al., 2024). This finding led to the third suggestion for improvement, that is, food relief services should enhance access to affordable food and provide opportunities for people to connect with others in their community. A study reports that food relief users appreciated the social value of interacting with others, which helped them meet people in similar situations and reduced feelings of being alone (Nayak & Hartwell, 2023). The benefits of community connections and voluntary work have been documented (e.g., Jordan, 2022; Patrick, 2014), which is consistent with the findings of this study.

Overall, the CJM method helped the researcher to generate a map of client journeys across the social support system throughout their lifetimes. This map helped identify links and disconnections across services and the multiple sectors that comprise a social support system, which is often overlooked when other methods, such as interviewing people to understand food relief users' experiences with a given food relief service.

Strengths, Limitations and Future Research

This thesis makes multiple academic and practical contributions and has some limitations. This section will discuss the key strengths and limitations, while the detailed strengths and limitations are discussed in depth within each study.

An important strength of this project is that it documented the voices of people who have lived experience, specifically, people who have experienced food insecurity and other forms of social and economic disadvantage. These people are experts of their own lives and can describe their needs and wants, as well as barriers and enablers throughout their journeys, better than any service provider or food relief organisation can (see Neve et al., 2021). Further, during the in-depth interviews, the researcher asked participants to provide solutions and suggestions to improve the journeys and experiences of other people in similar situations. The valuable information gained from these in-depth interviews informed the improvements that were suggested earlier in this chapter.

The work described in this thesis has a few limitations. The following sections detail these limitations and suggest how they can be avoided by future research and evaluation. In Study 1

(scoping review study), the researcher chose to include only peer-reviewed journey mapping research studies that had engaged customers, clients and users, but excluded patients (and, therefore, most health-related contexts). This was a deliberate decision, as initial investigations indicated that studies that conducted journey mapping research methods with patients were typically focused on single patients' journeys and aimed to provide customised solutions, instead of identifying gaps and areas for improvement for a cohort of people across a service. Future research could expand the literature and provide richer data by investigating how the journey mapping research method has been carried forward with patients across various contexts.

Another limitation of Study 1 was that the search was restricted to peer-reviewed journal articles within selected databases. While these databases likely included multi- or interdisciplinary studies, no specific efforts were made to target such research. Future studies should explore the use of CJM in multi- or interdisciplinary contexts to better understand its application across various sectors and systems.

A limitation of Study 2 was that the participants were recruited from the Linkage Partner organisations, and they were current food relief users. This means that the study did not reach people who have experienced food insecurity but who have never sought assistance from food relief agencies (such as people who rely on help from family and friends), or people who have successfully overcome food insecurity and are no longer in the system. Therefore, the recruitment process resulted in the generation of a narrow CJM. Although such a process, that is, deficit-based processes, may be considered a limitation, it is a more suitable and common approach than strength-based approaches for identify gaps and opportunities for improvement in the current system. The deficit-based approach allows us to understand and design improvements for people who are currently in the system and who are struggling to exit food insecurity and require assistance from the system to access pathways to food security. Additionally, it is important to note that, while Study 2 did not engage people who 'successfully' exited food insecurity, it still included people whose situations had improved drastically by them interacting with different touchpoints across the social support system (such as people who had experienced homelessness but had obtained secure accommodation while accessing food relief organisations). Future research should investigate and map out journeys and experiences of people who have exited food insecurity.

Study 3 has four limitations. First limitation of Study 3 was that clients surveyed by the study were asked about their situations 'before' and 'after' them accessing TFC in the same survey. This was done because of time and resource constraints, which prevented a multi-year longitudinal approach. Consequently, there might be some cognitive biases (for instance, social desirability bias, memory recall bias) in participant responses (see Nederhof, 1985). This approach has been used in similar settings to reduce respondents' burden and it has been documented as a valid approach (see Bhanji et al., 2012; O'Leary & Israel, 2013). Furthermore, studies have shown that people often accurately remember events that are important, interesting or noteworthy to them (Dex, 1995; Ritchie, 2014; Robertson & Gasper, 2006). In the context of food insecurity, which is potentially a traumatic experience, it would be expected for people to recall their situation accurately. Nevertheless, future research should evaluate and provide a longitudinal view of economic and social client outcomes, by conducting a pre- and post-assessment studies.

Second limitation of Study 3 was that the survey was conducted during the first year of Covid-19 pandemic. This meant that the sample may have included people that were not usual clients of TFC, e.g., international students that were not eligible to receive welfare support due to their citizenship status. Moreover, resource and time constraints, compounded by the pandemic, made a repeat cross-sectional design unfeasible. Consequently, a single-timepoint survey with retrospective self-reporting was employed. Now that the pandemic is under control, future studies could feasibly adopt pre- and post-assessment designs to help account for cognitive biases.

Third limitation of Study 3 was that the sample only included TFC's existing clients, as they are the beneficiaries of the service and can provide valuable insight about their experiences and ways to improve the service offerings. Therefore, the survey findings only represent views and experiences of TFC's existing clients, potentially a biased group, who are more likely to provide positive feedback than those who no longer use TFC services. Although surveying TFC's existing clients may be considered as a limitation, in fact, it was an informed decision. As TFC has been undertaking extensive changes to improve its services in the recent years, past client perspectives would not have been as accurate nor as insightful. Future research could conduct more comprehensive studies to include both existing and past clients' experiences and outcomes.

Fourth limitation of Study 3 was that the assessment tool was developed in collaboration with the industry partners for continuity to help measure the impact of SSMs and client outcomes, which resulted in the creation of a comprehensiveness tool. In turn, it meant that the survey required approximately 50 minutes to complete. Therefore, the length of time needed to complete the survey may have deterred some potential respondents and/or may have caused respondent fatigue.

Conclusions

To summarise, people can be forced into food insecurity because of different social and economic disadvantages and life events, such as intergenerational challenges, mental and physical health problems, lack of education, unemployment, the high cost of living, a lack of social connections, domestic violence and drug and alcohol abuse. It is important to acknowledge that not everyone who experiences these disadvantages experiences food insecurity, though often people who lack social capital (a social network to rely on in difficult times) when they are faced with financial hardship and other forms of disadvantage finds themselves grappling with food insecurity. After all, the food budget is one of the most flexible parts of a family budget, because most other costs (such as housing, utilities, transport, school fees) are fixed. When the cost of living across these fixed costs rises, less money is available for food. Therefore, it is crucial for food relief organisations to not only provide access to affordable food, but also to offer opportunities to engage in social situations and build social connections through, for instance, an affordable and co-located café, Sunday barbeques and cooking classes – to assist food relief recipients to expand their social capital.

People experience food insecurity as a result of social and economic disadvantages and they often grapple with complex situations, such as domestic violence, homelessness and drug or alcohol addiction, which highlights interconnectivities between various social support sectors (for instance, food relief and housing authorities). In South Australia, the social support system is disjointed, and the different sectors operate with limited collaboration between them. A disjointed system characterised by series of disconnections between services is bound to lead to people falling through the systemic cracks and ultimately contribute to exacerbating people's situations. Further, navigating a social support system is challenging and confusing. Having a point of reference could help people to navigate the system better and find out about the support options

that are available to them. One way to achieve this would be to establish a strong point of reference within the social support system to provide warm referrals and information about various support services and to provide system navigation support. Establishing a centralised system for first point-of-contact could be an excellent starting option.

Although having a strong point of reference would be useful to point people in the right direction, food relief services should also acknowledge that people have different experiences and circumstances and people appreciate compassion and being listened to. Therefore, staff and volunteers who provide services should be trained to undertake person-centred approaches informed by lived experience evidence, so that they better understand their clients' circumstances and can provide individualised and flexible solutions and connect them with relevant resources within the social support system and in the community. After all, 'people don't really need a handout, they need a guide' (participant, mid-50s). People need social connections to help them realise that they are not alone in their experiences, and to celebrate life while sharing food with others.

In summary, this thesis makes academic and practical contributions to food relief and food insecurity literature by promoting a better understanding the role of food/food relief in facilitating connections to other social services.

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Appendices

Appendix 1: Search strategy

Search strings used in each database to identify relevant peer-reviewed articles:

Web of Science

- TI=("journey map*") OR TI=(journey AND (client OR customer)) NOT TI=(patient)
- AB=("journey map*") AND AB=(customer OR client) NOT AB=(patient)

ProQuest Central

- title("journey map*") OR title(journey AND (client OR customer)) NOT title(patient)
- abstract("journey map*") AND abstract((customer OR client)) NOT abstract(patient)

Scopus

- TITLE("journey map*") OR TITLE(journey AND (client OR customer)) AND NOT TITLE(patient)
- ABS ("journey map*") AND ABS (customer OR client) AND NOT ABS (patient)

Appendix 2: Scoping review supplementary material

Table 15. List of publication titles

Publication title	Number of articles
ACM International Conference Proceeding Series	4
Lecture Notes in Computer Science (Including Subseries Lecture Notes in Artificial Intelligence and Lecture Notes in Bioinformatics)	4
BMJ Open	2
IOP Conference Series: Materials Science and Engineering	2
Journal of Retailing and Consumer Services	2
Social Marketing Quarterly	2
1St Ieee International Conference on Knowledge Innovation and Invention, Ickii 2018	1
2016 ASEE Annual Conference & Exposition	1
2021 IEEE 8th International Conference on e-Learning in Industrial Electronics (ICELIE)	1
2021 Zooming Innovation in Consumer Technologies Conference, Zinc 2021	1
Advances in Transdisciplinary Engineering	1
AMS Review	1
Applied Ergonomics	1
BMC Health Services Research	1
Business Horizons	1
Business Information Systems Workshops, Bis 2019	1
College & Research Libraries	1
Communications In Computer and Information Science	1
Contraception: X	1
Design, User Experience, and Usability: Novel User Experiences, Pt Ii	1
Designs	1
EDP Sciences	1
Energies	1
Environmental Health Insights	1
European Journal of Marketing	1
Frontiers in Computer Science	1
Human Systems Engineering and Design, Ihsed2018	1
Ieee Global Engineering Education Conference, Educon	1
I-Manager's Journal on Management	1
Industrial Management and Data Systems	1
International Journal of Business Environment	1
International Journal of Emerging Technologies in Learning	1
International Journal of Environmental Research and Public Health	1
International Journal of Human Computer Studies	1
Internet Reference Services Quarterly	1
Journal of Addiction Medicine	1
Journal of Business Research	1
Journal of Consumer Marketing	1
Journal of Direct, Data and Digital Marketing Practice	1

Journal of Fashion Marketing and Management	1
Journal of Interactive Marketing	1
Journal of International Consumer Marketing	1
Journal of Library and Information Services in Distance Learning	1
Journal of Open Innovation: Technology, Market, and Complexity	1
Journal of Service Management	1
Journal of Service Theory and Practice	1
Journal of the Academy of Marketing Science	1
Journal of Theoretical and Applied Electronic Commerce Research	1
Management 2016: International Business and Management, Domestic Particularities and Emerging Markets in the Light of Research	1
Managing Service Quality: An International Journal	1
MATEC Web of Conferences	1
Mental Health and Social Inclusion	1
Museum Management and Curatorship	1
New Design Ideas	1
New Review of Academic Librarianship	1
Palliative Care: Research and Treatment	1
Partnership: The Canadian Journal of Library and Information Practice and Research	1
Procedia Cirp	1
Procedia Computer Science	1
Procedia Engineering	1
Proceedings - 1St International Workshop on Requirements Engineering for Well-Being, Aging, and Health, Rewbah 2020	1
Proceedings of NordDesign 2014 Conference	1
Proceedings of the 2019 Ieee Xxvi International Conference on Electronics, Electrical Engineering and Computing (Intercon)	1
Proceedings of the 20Th Congress of the International Ergonomics Association (Iea 2018), Vol Vii: Ergonomics in Design, Design for All, Activity Theories for Work Analysis and Design, Affective Design	1
Proceedings of the ACM Conference on Computer Supported Cooperative Work, Cscw	1
Proceedings of the design society: international conference on engineering design	1
Product Lifetimes and the Environment (Plate)	1
Production Engineering Archives	1
Renewable Energy	1
Studies in Continuing Education	1
Sustainability (Switzerland)	1
The Seventh International Conference on Advances in Computer-Human Interactions	1
Tourism management perspectives	1
Transportation Research Procedia	1
Transportation Research Record	1
ACM International Conference Proceeding Series	4
Lecture Notes in Computer Science (Including Subseries Lecture Notes in Artificial Intelligence and Lecture Notes in Bioinformatics)	4
BMJ Open	2
IOP Conference Series: Materials Science and Engineering	2
Journal of Retailing and Consumer Services	2

Table 16. Data collection techniques used

Survey technique	Number of articles	Portion of articles (%)
<i>Singular technique</i>		
Surveys	11	13
Interviews	9	11
Workshops	3	4
App tracking	2	2
Co-design	2	2
Content analysis	2	2
Observations	2	2
Achieved data	1	1
Case studies	1	1
Data fragmentation	1	1
Diary keeping	1	1
Focus groups	1	1
Qualiwall: self- reporting studies via mobile devices	1	1
Task based activities	1	1
User tracking	1	1
<i>Combination of techniques</i>		
Interviews and surveys	5	6
Interviews and focus groups	4	5
Interviews and observations	4	5
Focus groups and surveys	3	4
Task based activities and focus groups	2	2
Case studies and workshops	1	1
Data mining and surveys	1	1
Delphi technique and surveys	1	1
Diary keeping and interviews	1	1
Focus groups and workshops	1	1
Focus groups, interviews, diaries	1	1
Interview and content analysis	1	1
Interviews, diaries, and process tracking	1	1
Interviews, focus groups, and written essays	1	1
Interviews, questionnaires, and observations	1	1
Literature review, online surveys, and interviews	1	1
Observation and content analysis	1	1
Observations, focus groups, and interviews	1	1
Observations, interviews, and surveys	1	1
Secondary data analysis and interviews	1	1
Secondary data analysis and workshops	1	1
Site visits and interviews	1	1
Surveys, interviews, case tracking	1	1
Task based activities and interviews	1	1
Task based activities and observations	1	1
Task based activities and surveys	1	1
Task based activities, focus groups, interviews, surveys	1	1
Workshops, focus groups, and surveys	1	1
Undefined	4	5
Total	84	100

Table 17. Population description

Sample population	Number of articles	Portion of articles (%)
Customers / clients (commercial settings)	22	26
Students	12	14
Travellers / passengers	10	12
Citizens	6	7
Customers and staff	6	7
Experts / employees / staff	5	6
Students and staff	3	4
Stakeholders	3	4
Adults who are vaccinated and who are not vaccinated against flu and tetanus	1	1
Clients with depression or diabetes	1	1
Clients and past clients of Special Support Nutrition Program for Woman, infant, and Children	1	1
Female runners	1	1
Females who are using or formally used contraception	1	1
Young female travellers	1	1
Indigenes Canadians and health care services	1	1
Individuals who received care for opioid use disorder associated endocarditis	1	1
Palliative care clients	1	1
People with a disability	1	1
People with mental health problems and their employment specialists	1	1
Animals (journey of dos in an animal shelter)	1	1
Children	1	1
Women who performed household cooking	1	1
Undeclared	3	4
Total	84	100

Table 18. List of countries

Country categorisation	Number of articles	Portion of articles (%)
Undeclared	27	32
Western countries (Australia, Canada, the UK, and the US)	18	21
European countries (Austria, Finland, France, Germany, Greece, Italy, Romania, Scotland, Switzerland, Turkey)	17	20
Asian countries (China, India, Indonesia, Taiwan, and Thailand)	11	13
South American countries (Brazil, Chile, Peru)	4	5
African countries (Ghana, Kenya, and Rwanda)	3	4
Multi-country	4	5
Total	84	100

Table 19. Number of articles based on disciplines

Discipline based on SCIMAGO	Number of articles	Portion of articles (%)
Business, Management and Accounting	22	26
Computer Science	16	19
Engineering	9	11
Medicine	7	8
Social Sciences	6	7
Other (Design, Economics, Environmental Science, Sustainability, Decision Science, Energy, Materials Science)	10	12
Not recognised by SCIMAGO	14	17
Total	84	100

Table 20. Summary of findings

Reference	Primary or Secondary	Qual or Quant	Data collection technique	Population	Individual vs Typical journeys	Output / Presentation
(Ai et al., 2020)	Primary	Qual	Task based activities and interviews	Students	Typical	Figures
(Akdag & Ergen, 2021)	Primary	Qual	In-depth interviews and observation	Gas station customers	Typical	Table
(Alvarez et al., 2020)	Primary	Qual	Interviews, questionnaires, and observations	-	Typical	Figures & graphs
(Andrews & Eade, 2013)	Primary	Qual	Focus groups	Students	Typical	Figures
(Bakhtieva, 2016)	Secondary	Quant	Content analysis	Experts	Typical	Tables
(Barton et al., 2019)	Primary	Qual & quant	Surveys, interviews, case tracking	Clients with depression or diabetes	Individual	Tables & modules
(Barwitz & Maas, 2018)	Primary	Qual	Focus groups and interviews	Customers	Typical	Figures & tables
(Bascur et al., 2018)	Primary	Qual	User tracking	Travellers / passengers	Individual	Figures & tables
(Bascur et al., 2020)	Primary	Qual	-	Customers	Typical	Figures
(Bearnot & Mitton, 2020)	Primary	Qual	Interviews	Individuals who received care for opioid use disorder associated endocarditis	-	-
(Bradley et al., 2021)	Primary & secondary	Qual	Literature review, online surveys, and interviews	Travellers / passengers	Typical	Figures
(Brahme et al., 2016)	Primary	Qual	Surveys	Students	Typical	Graphs
(Britton et al., 2021)	Secondary	Qual	Focus groups and workshops	Females who are using or formally used contraception	Typical	Narrative
(Canfield & Basso, 2017)	Primary	Qual & quant	Observations, interviews, and surveys	Customers	Typical	Figures
(Cateriano-Arévalo et al., 2021)	Primary	Qual	Interview and observation	Women who performed household cooking	Typical	Figure
(Crosier & Handford, 2012)	Primary	Qual	Interviews and focus groups	People with disability	Individual	Graphs
(Culén & Gasparini)	Primary	Qual	Workshop	Students, researchers, and library employees	Typical	Narrative
(Cutler et al., 2016)	Primary	Qual	Workshop	Recent PhD graduates	Typical	Tables
(Fraginière et al., 2021)	-	Qual	Qualitative survey following a semi-structured interview	Students	Typical	Visual map
(Gürvardar et al., 2016)	Primary	Qual & quant	Surveys and interviews	Customers	Typical	Narrative
(Gyimóthy, 2000)	Primary	Qual	Indepth interviews	Tourists	Typical	Narrative
(Halvorsrud et al., 2016)	Primary	Qual	Interviews, diary studies, and process tracking	Customers	Typical	Figures
(Hsiao et al., 2018)	Primary	Quant	Surveys	Citizens	Typical	Tables
(Hu & Tracogna, 2020)	Primary	Quant	Surveys	Customers	Typical	Tables
(Jaakkola & Terho, 2021)	Primary & secondary	Qual & quant	Focus groups and surveys	Customers	Typical	Tables
(Kemppainen & Frank, 2019)	Primary	Qual	Interviews, focus groups, and written essays	Customers	Typical	Graphs
(Kizilcec et al., 2021)	Primary	Qual & quant	Interviews and focus groups	Customers	Typical	Tables & graphs
(Kojo et al., 2014)	Primary	Qual & quant	Qualiwall: self- reporting studies via mobile devices	Students and staff	Typical	Tables
(Koski et al., 2017)	Primary	Quant	Workshops, focus groups, and surveys	Indigenes Canadians and health care providers	Typical	Diagrams & tables
(Kuehnl et al., 2019)	Primary	Quant	Surveys	Citizens	Typical	Tables
(Labajan & Koomsap, 2019)	Primary	Quant	Surveys	Customers and staff	Typical	Figures & tables
(Levy, 2020)	Primary	Qual	Observations, student presentations, final project assignments, and feedback received from the stakeholders upon presentation of the prototypes.	Stakeholders	Individual	Figures
(Li et al., 2017)	Primary	Quant	App tracking	Customers	Typical	Figures
(Lin et al., 2020)	Primary	Qual	Site visits and interviews	Travellers / passengers	Typical	Figures & tables
(Ludwig et al., 2017)	Primary	-	Semi-structured expert interviews	Experts	Typical	Figure
(Ly et al., 2021)	Primary	Qual	Delphi technique and surveys	Palliative care clients	Individual	Narrative
(Lynch & Barnes, 2020)	Primary	Qual	Focus groups, interviews, online diaries	Customers	-	-

Reference	Primary or Secondary	Qual or Quant	Data collection technique	Population	Individual vs Typical journeys	Output / Presentation
(Maslova et al., 2020)	Primary	Quant	Surveys	Customers	Typical	Tables
(Mast et al., 2021)	Primary	Qual	Interviews	Experts	Typical	Figures & tables
(Mele et al., 2021)	Primary	Qual	Co-design	Citizens	Individual & typical	Images, figures, graphs, & tables
(Menheere et al., 2020)	Primary	Qual & quant	Task based activities	Female runners	Typical	Figures
(Miller & Brimicombe, 2004)	Primary & secondary	Qual & quant	Secondary data analysis and workshops	Students	Typical	Narrative
(Miller et al., 2014)	Primary	Qual	Diary keeping	People with mental health problems and their employment specialists	Individual	Narrative
(Mucz & Gareau-Brennan, 2019)	Primary	Qual	Task based activities, focus groups, interviews, surveys	Customers and staff	-	Diagrams & tables
(Munch, 2019)	Secondary	-	Data fragmentation	Animals (journey of dogs in an animal shelter)	Typical	Charts
(nannan et al., 2021)	Primary	Qual	Workshop/co-design/interview	Children	Typical	Figures & tables
(Nichifor et al., 2021)	-	-	Content analysis	Customers	-	-
(Nkrumah et al., 2018)	Primary	Quant	Surveys	Customers	Typical	Tables
(Nusem et al., 2014)	Primary	Qual	Focus groups, interviews, reflective journal entries, and observations	Internal and external stakeholders from the organisation	Typical	Narrative
(Oliveira et al., 2020)	Primary	Qual	Interviews and observations	Staff/employee	-	Figures
(Ortbal et al., 2016)	Primary	Qual	Workshops	Students	Typical	Figures
(Page, 2018)	Primary	Qual & quant	Task based activities and surveys	Citizens	-	Figures
(Panzer et al., 2017)	Primary	Qual	Observations, focus groups, and interviews	Clients and past clients of Special Support Nutrition Program for Woman, infant, and Children	Typical	Figures
(Papantonopoulos et al., 2021)	Primary	Qual	Observations	Travellers / passengers	Typical	Tables & graphs
(Pomeroy-Stevens et al., 2020)	Primary	Qual	Interviews and observations	Citizens	Typical	Figures
(Qian et al., 2018)	Primary	Qual	Survey	Users	Typical	Figure
(Qian et al., 2019)	Primary	Qual & quant	Interviews and surveys	Customers and staff	Typical	Figures & tables
(Ramjan & Campiranon, 2021)	Primary	Qual	Interviews and focus groups	Customers and experts	Typical	Figures & tables
(Rojas et al., 2021)	Primary	Qual & quant	Surveys	Travellers / passengers	Typical	Figures
(Rosenbaum et al., 2017)	Primary	Quant	Surveys	Customers	Typical	Tables
(Rudkowski et al., 2020)	Primary	Qual	Observations	Customers	-	Figures & graphs
(Samson et al., 2017)	Primary	Qual & quant	Task based activities and focus groups	Students	Typical	Diagrams & tables
(Santoso et al., 2019)	Primary	Qual & quant	Surveys and interviews	Students	-	Figures
(Schau & Akaka, 2021)	-	-	-	-	-	-
(Schuhbauer et al., 2020)	Primary & secondary	Quant	Data mining and surveys	Students	Typical	Figures
(Shiratori et al., 2021)	Primary	Qual	Interviews	Customers and staff	Typical	Figures
(Sinitskaya et al., 2020)	Primary	Qual	Interviews	Customers	Individual	Figures
(Sperano et al., 2018)	Primary	Qual & quant	Case study and workshops	Students and staff	Typical	Figures
(Steinhoff & Zondag, 2021)	Primary	Qual & quant	Focus groups and surveys	Customers	-	Narrative
(Suzianti et al., 2020)	Primary	Qual	Interviews	Experts	Individual	Figures & graphs
(Van Hagen & Bron, 2014)	Primary	Qual & quant	Qualitative in-depth interviews and content reviews	Train passengers	Typical	Figure
(van Lierop et al., 2019)	Primary & secondary	Qual & quant	Secondary data analysis and interviews	Travellers / passengers	Individual	Figures

Reference	Primary or Secondary	Qual or Quant	Data collection technique	Population	Individual vs Typical journeys	Output / Presentation
(Villaespesa & Álvarez, 2020)	Primary	Quant	Survey	Visitors of the museum	Typical	Figure
(Wang & Wu, 2020)	Primary	Qual & quant	Interviews and surveys	Young female travellers	Typical	Tables
(West et al., 2020)	Primary	Qual	Case studies	Experts	Individual	Figures
(Wheelock et al., 2014)	Primary	Qual	Interviews	Adult participants who are vaccinated and who are not vaccinated against flu and tetanus	Typical	Figures
(Wilson-Nash et al., 2020)	Primary	Qual	Interviews	Citizens	-	Figures
(Wolny & Charoensuksai, 2014)	Primary	Qual	Diary keeping and interviews	Customers	Typical	Diagrams & tables
(Yachin, 2018)	Primary & secondary	Qual	Observation and online reviews	Tour guides and attendees	Typical	Narrative
(Yoo & Pan, 2014)	-	-	-	-	-	Visual framework
(Zeeuw van der Laan & Aurisicchio, 2017)	Secondary	Qual	Achieved data	Customers	Typical	Figures
(Zhu & Lu, 2021)	Primary	Qual	App tracking	Students	Typical	Figures
(Zimmermann et al., 2022)	Primary	Qual & quant	Online survey and workshop	Customers and staff	Typical	Tables & models

Appendix 3: Recruitment material – The Foodbank example

Do you use Foodbank?

You will be provided with a \$50 supermarket voucher

You are invited to participate in a research study in understanding South Australians' journeys and experiences with Food Bank, The Food Centre, Anglicare SA, and other food relief organisations. Participation is optional and will be confidential. No one but the research team will know of your participation. You will be asked to think about the time you first experienced not having enough money to buy more food, what steps you took to seek food relief. You will be also asked to describe your experiences at each stage and other services you used to help meet your needs. We want to hear about your journey.

How this will help:

This will be used to improve journeys and experiences of people seeking food relief in South Australia.

Eligibility criteria:

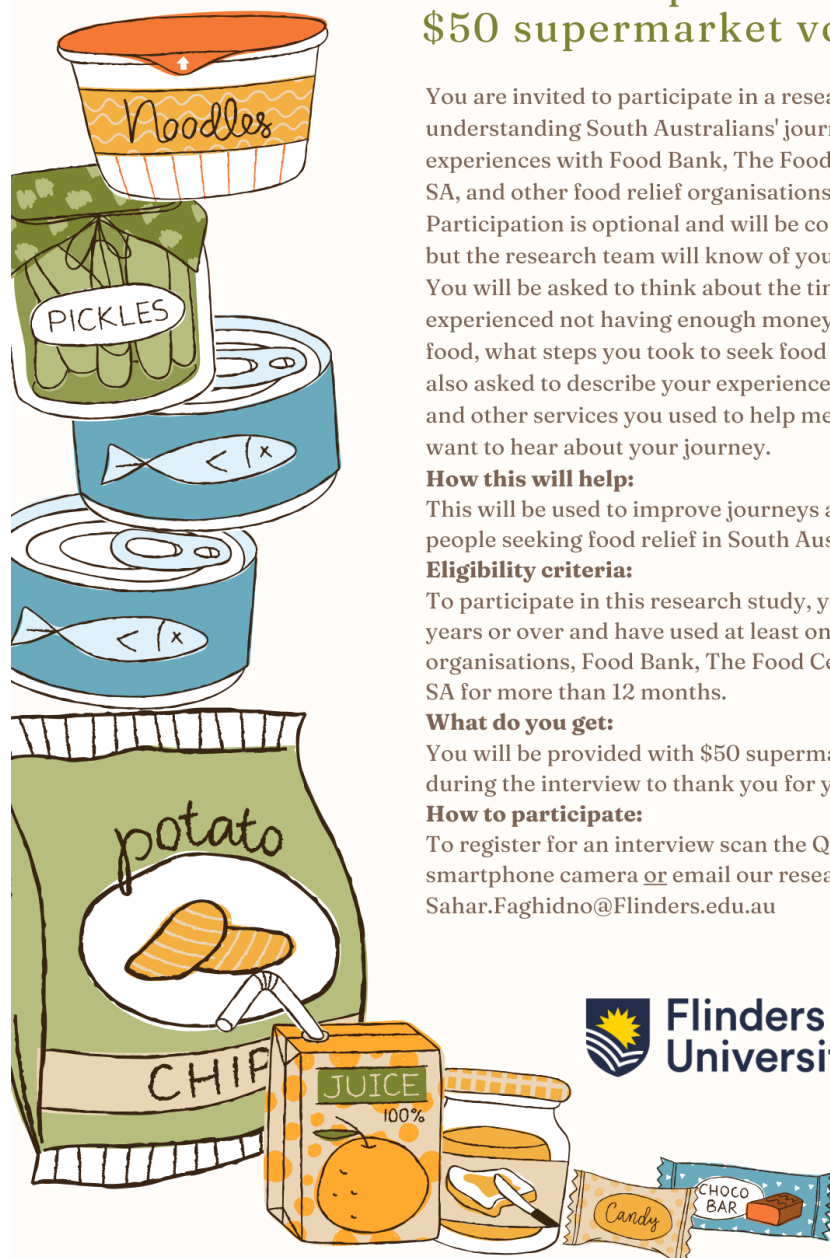
To participate in this research study, you need to be 18 years or over and have used at least one of the following organisations, Food Bank, The Food Centre, Anglicare SA for more than 12 months.

What do you get:

You will be provided with \$50 supermarket voucher during the interview to thank you for your time.

How to participate:

To register for an interview scan the QR code using your smartphone camera or email our researcher via Sahar.Faghidno@Flinders.edu.au



The project has been approved by Flinders University's Human Research Ethics Committee (5081)

The title on the recruitment material was amendment to reflect the name of partner organisation that the recruitment material was distributed to, i.e., 'Do you use Anglicare SA?' or 'Do you use The Food Centre?'

Appendix 4: Interview guide

PART 1: Introduction & consent

BACKGROUND: Thank you very much for agreeing to participate in this study. My name is Sahar, and I am doing my PhD research at Flinders University. We are working with The Food Centre, Food Bank, and Anglicare SA, and we want to better understand your experiences using this centre/service, as well as any other community services like this one. We also want to understand how we can improve all services like this, to provide a better journey and experience for people who experience food insecurity.

Past research shows that people using food relief services generally appreciate the assistance available. But sometimes, people's needs are not met, and they may feel ashamed or embarrassed to get support from those services.

PURPOSE: With the information we gather in this research, we want to create a visual map that captures all potential places that someone comes across before, during, and after accessing help with food, and the experience that people have at each of these stages. Such a map will help to identify the duplications and gaps in service delivery.

Then, together we can design solutions to improve people's journeys and experiences when they need food relief.

ETHICS: This research has been given ethics approval by Flinders University. As part of the process, we need to tell you about your rights and how the data will be used:

- Participation is **entirely voluntary**. You are free to leave or not answer any questions you don't want to answer.
- **Nothing you say will be identified**; all your information will be kept **confidential**.
- We will be using **audio recorders** to make sure we don't miss any of your ideas.
- We will do our best to **protect your privacy**. These recordings will only be used for research purposes.

In front of you is a participant information sheet and consent form that provides more details about the study and your rights. We ask you to read and then sign the Informed Consent Forms.

- Do you have any questions before we begin?
- Do I have your permission to start recording our interview?

PART 2: Exploring food relief clients' journeys, experiences, and outcomes with different food relief services across the system

We want to understand your journey and experiences before, during, and after you got to use The Food Centre. Please share whatever you think it is appropriate with me.

Together, we will try to create a map of your journeys and experiences across the services that provide food relief.

Icebreaker questions:

1. **Tell me about yourself.**
2. What sort of **meals do you cook** at home?
3. What was your **favourite meal growing up**?

Think about the time when you first ran out of food and couldn't afford to buy more, or had to skip meals, cut down on your food expenditure or meal sizes to stay within the budget:

1. **How long ago** was that time, if you remember?
2. **Walk me through your journey.** What steps did you take to **seek food relief**?
3. Did you ask for **help from friends and family**?
4. **How did you find out** about those services?
5. **What services did you use?** For example, community services that helped you get food or pay for rent, education, childcare, clothing, car registration or utilities.
6. Can you **describe your experience each time you used that service**?
7. Do you feel you **received the support** you needed it? Can you provide an **example**? (Were you **listened to and understood** by the service providers?)
8. **How did that make you feel**?
9. Tell me about the **negative experiences** you had with **this and other services**?
10. Tell me about the **positive experiences** you had with **this and other services**?
11. **What contributed to this working well**, or what made you feel satisfied?
12. **What did you do next**?

PART 3: Solutions

Now let's go back and focus on a specific part of your journey you covered earlier...

1. **What support** do you think you **needed to get through** this problem /situation /challenge?
2. What would you **do** if the **same or a similar problem** happened again?
3. If you were **to design or suggest a solution / improvement** to help you and others in a similar situation, what would that be (**how would that look**)?
4. **Overall**, if there was **one improvement** you could make to your **journey**, what would that be?

Some sensitising sentences

- A good day at ... is when ...
- I appreciate ... for ...
- In ... we had difficulties with
- To eat healthily I ...
- What stops me from eating healthy food is...
- My family and friends are ...
- Thinking of government welfare makes me feel ...
- I am grateful for ...
- It is hard when ...

Appendix 5: Food relief social and economic client outcomes evaluation survey

[SHOW ALL](#)

Introduction

Intro text:

Dear Participants,

You are invited to participate in a research study into 'Evaluation of The Food Centre's Social Supermarket' and its impact on your life. Your participation will help The Food Centre improve its services to the clients, and through it, to gain greater support of the Government and other collaborators.

This research study is conducted by The Australian Alliance for Social Enterprise based at the University of South Australia with collaboration of Wellbeing SA and The Food Centre. The survey should take about 20-25 minutes.

If you would like to know more about this study, please read the Participant Information Sheet.

By clicking next, I agree to participate in this study.

SHOW ALL

Classification and Screener Questions

Intro text: All of your answers will remain anonymous and confidential. You can be confident that no one associated with this research project can identify you from your answers. The following questions are for classification purposes only.

ASK ALL, SR

A0 Data collection	Please indicate how are you filling this survey?	CODE
	Myself	1
	Face-to-Face with a Food Centre volunteer	2
	Face-to-Face with an interpreter	3

ASK IF A0= 2 OR 3, MR, TERMINATE IF A1>=1

If the answer is yes to any of these questions, the activity must stop with that person.

A1 Screening questions to ask all face-to-face participants:	Yes (1)	No (0)
1. Are you feeling unwell with a fever (or history of fever) or respiratory symptoms (i.e., cough, shortness of breath, sore throat)?		
2. Have you returned from overseas/interstate recently?		
3. Have you been in contact with a suspected or confirmed COVID-19 case?		
4. Are you a healthcare worker (incl. students on placements) and feeling unwell?		

ASK ALL, SR, TERMINATE IF A2=17 years and under

A2 Age	Please tell us how old are you?	CODE
	Age	<PULL DOWN>
	Prefer not to say	0

ASK ALL, SR

A3 Gender	Are you...?	CODE
	Male	1
	Female	2
	Other	3
	Prefer not say	4

ASK ALL, MR

A4 Unprompted Awareness	What Food Centre offering and services are you aware of? <i>Please list as many as you can.</i>	CODE
		<ENTER>
		<ENTER>
		<ENTER>
		<ENTER>
		<ENTER>
	Don't know	99

ASK ALL, MR

A5 Awareness What offerings/services of The Food Centre are you aware of (or heard of)? <i>Please select all even if you have listed them in the previous question.</i>	CODE
Supermarket	1
Café (Arnold's Place)	2
Op Shop (Mel's Place)	3
Gardening	4
Community Hub	5
Legal Advice	6
Work experience	7
(Good Shepherd Microfinance) No Interest Loan Scheme (NILS)	8
Easy Feast™ (Family Meal Pack)	9
Volunteering program	10
(Anglicare SA) Financial counselling	11
Children's literacy program	12
Other (Please specify)	<ENTER>
None of the above	99

ASK ALL, MR, SHOW OPTIONS FROM A5, TERMINATE IF A6=99

A6 Usage What offerings/services of The Food Centre have you used in the past 12 months?	CODE
Supermarket	1
Café (Arnold's Place)	2
Op Shop (Mel's Place)	3
Gardening	4
Community Hub	5
Legal Advice	6
Work experience	7
(Good Shepherd Microfinance) No Interest Loan Scheme (NILS)	8
Easy Feast™ (Family Meal Pack)	9
Volunteering program	10
(Anglicare SA) Financial counselling	11
Children's literacy program	12
Other (Please specify)	<ENTER>
None of the above	99

ASK ALL, SR

A7. Household How many people aged 18 or over live in your household? <i>Please select one answer</i>	CODE
Number of people	<DROP DOWN>
Prefer not to say	99

ASK ALL, SR

A8. Household How many children under 18 years live in your household? <i>Please select one answer</i>	
	CODE
Number of people	<DROP DOWN>
Prefer not to say	99

ASK ALL, MR

G6. How did you find out about The Food Centre?	CODE
Friend	1
Letterbox	2
Government Agency	3
Welfare Agency	4
Social Media	5
Other (Please specify)	6

ASK ALL, SR

G8. What is the main reason that brought you to use The Food Centre's services?	CODE
Physical health	1
Mental health	2
Housing	3
Family functioning (e.g. not relating well together)	4
Lack of community participation / network	5
Money management	6
Material wellbeing (e.g. food, clothing)	7
Personal family safety	8
Education / employment	9
Age appropriate development (child/youth)	10
Volunteering	11
Other (please specify)	<ENTER>
Don't know or refuse	0

ASK ALL, SR

A9. In the last 12 months, have you used any other food charity services?	CODE
Yes	1
No	2

SHOW ALL

Food Security Questions

Intro text This section is about your food situation.

Some questions might feel repetitive, however, please note that we are interested in your situations before you started using The Food Centre services, and now. Please respond accordingly.

ASK ALL, SR

B21. Before using The Food Centre services, were there any times that you ran out of food and couldn't afford to buy more?	CODE
Yes	1
No	2
Don't know	3
Prefer not to say	4

ASK IF B21=1, SR

B22. How often did this happen? (Please choose one answer)	CODE
Times per week	<Enter number>
Times per month	<Enter number>
Times per year	<Enter number>
Rarely	4
Don't know	5
Prefer not to say	6

ASK ALL, SR

B23. Do you currently run out of food and can't afford to buy more?	CODE
Yes	1
No	2
Don't know	3
Prefer not to say	4

ASK IF B23=1, SR

B24. How often does this happen? (Please choose one answer)	CODE
Times per week	<Enter number>
Times per month	<Enter number>
Times per year	<Enter number>
Rarely	4
Don't know	5
Prefer not to say	6

**ASK ALL, SR,
 IF B1=1 or 0 SKIP TO B4
 IF B1=2 SKIP B2 AND ASK B3
 IF B1=3 or 4 ASK B2 AND SKIPB3**

B1. Which of these statements best describes the food eaten in your household in the last 12 months.	CODE
Enough of the kinds of food we want to eat	1
Enough but not always the kind of food we want	2
Sometimes not enough to eat	3
Often not enough	4
Don't know or refuse to answer	0

ASK IF B1= 3 or 4, SR

B2. Here are some reasons why people don't always have enough to eat. For each one, please tell me if that is a reason why you don't always have enough to eat	Yes	No	Don't know
a. Not enough money for food			
b. Not enough time for shopping and cooking			
c. Too hard to get to the store			
d. On a diet			
e. No working stove available			
f. Not able to cook or eat because of health problems			

ASK IF B1= 2, SR

B3. Here are some reasons why people don't always have the quality or variety of food they want. For each one, please tell me if that is a reason why you don't always have the kinds of food you want to eat	Yes	No	Don't know
a. Not enough money for food			
b. Kinds of food (I/we) want not available			
c. Not enough time for shopping or cooking			
d. Too hard to get to store			
e. On a special diet			

SHOW ALL

Financial Wellbeing Questions

Intro text: This section is about your financial wellbeing. The following are statements that people have made about their financial situation. Please read the following statements and indicate to what extent each statement is applicable to you.

In this section, again, we ask you to answer the questions about when you first came to use The Food Centre, and now.

ASK ALL, SR

C1. **Before you first came** to The Food Centre, please rate your situation on each of the following aspects:

Question	Was poor (1)	Was fair (2)	Was good (3)	Was excellent (4)
a. Having enough money for food, housing costs, and other essentials then				
b. Your ability to manage your household's day-to-day expenses then				
c. Your ability to deal with unexpected financial expenses (e.g. medical bills) then				
d. Having access to affordable food then				

ASK ALL, SR

C2. And, **currently**, how would you rate your situation, on each of the following aspects:

Question	Is poor (1)	Is fair (2)	Is good (3)	Is excellent (4)
a. Having enough money for food, housing costs, and other essentials now				
b. Your ability to manage your household's day-to-day expenses now				
c. Your ability to deal with unexpected financial expenses (e.g. medical bills) now				
d. Having access to affordable food now				

ASK ALL, SR

C3. **Overall**, what impact has The Food Centre had on the following?

Question	A negative impact (1)	Mixed or no impact (2)	A positive impact (3)	A very positive impact (4)
a. You having enough money for food, housing costs, and other essentials				
b. Your ability to manage your household's day-to-day expenses				
c. Your ability to deal with unexpected financial expenses (e.g. medical bills)				
d. Having access to affordable food				

SHOW IF A4=1-9

CLIENTS: Confidence, Skill Building, Social Participation Questions

Intro text: This section is about you and how you feel about yourself and your life in general. In this section, we will ask you questions about the impact The Food Centre had on your life.

Again, in this section there will be questions asking you about when you first came to use The Food Centre, and now.

ASK ALL, SR

DD1. We would like to ask you a few questions to enable us to measure how helpful our services are. You can choose to answer all or none of the questions, and choosing not to answer will not affect your access to any of our services in any way. When answering the questions, you could take account of the following:

- There are no right or wrong answers
- We would like you to be completely honest
- In answering the questions it is best to think of your life as it generally is now (we all have some good or bad days)

Question	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Prefer not to say
a) I am content with my friendship and relationships						
b) I have enough people I feel comfortable asking for help at any time						
c) My relationships are as satisfying as I want them to be						

ASK ALL, SR

Z1.Are you new to the Community centre? i.e. started accessing the centre, for the first time, within the last month (either online or in person)	CODE
Yes	1
No	2
Prefer not to say	3

ASK ALL, SR

Z2.I have been connected to other services as a result of the Community Centre.	CODE
Yes	1
No	2
Prefer not to say	3

ASK ALL

FF6b. How much do you agree or disagree with the following statements?						
Question	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Prefer not to say
Do you feel better connected to other people as a result of the Community Centre?						

ASK ALL, SR

D2. Before you first came to The Food Centre , please rate yourself on each of the following aspects:				
Question	Was poor (1)	Was fair (2)	Was good (3)	Was excellent (4)
a. Knowing where to get help then				
b. Your personal wellbeing then				
c. Confidence and self-esteem levels				

ASK ALL, SR

D3. And, currently , how would you rate yourself on each of the following aspects:				
Question	Is poor (1)	Is fair (2)	Is good (3)	Is excellent (4)
a. Knowing where to get help now				
b. Your personal wellbeing now				
c. Confidence and self-esteem levels				

ASK ALL, SR

D4. Overall , what impact has The Food Centre had on the following?				
Question	A negative impact (1)	Mixed or no impact (2)	A positive impact (3)	A very positive impact (4)
a. Knowing where to get help				
b. Your personal wellbeing				
c. Confidence and self-esteem levels				
d. Your life as a whole				

ASK ALL, SR

D5. How much control do you feel you have over decisions affecting your life right now? Please state your agreement to the following questions, by giving your score to each statement where 0 = no control at all and 10 = complete control .		
Question	CODE	Don't know
How much control do you have over decisions affecting your life? (e.g. decision about where you live, daily activities, what you eat)	0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10	99

ASK ALL, SR

D6. Since you have been involved with the Food Centre, do you feel:				
Question	More (1)	The same (2)	Less (3)	I don't know (4)
a. More or less lacking in companionship b. More or less left out c. More or less isolated from others d. More or less socially connected because you have been involved with The Food Centre e. More optimistic and hopeful being involved with The Food Centre				

ASK ALL, SR

D7. The next few questions are about how you rate your general wellbeing. On a scale of 0 to 10, where 0 means 'not at all' and 10 means 'completely' ...		
Question	CODE	Don't know / refused
a) Overall, how satisfied are you with your life nowadays?	0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10	99
b) Overall, to what extent do you feel that things are worthwhile?	0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10	99
c) Overall, how happy did you feel yesterday?	0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10	99
d) Overall, how anxious did you feel yesterday?	0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10	99

ASK ALL, SR

D8. Please express your level of agreement for each of the following statements. On a scale of 0 to 10, where 0 = extremely insecure and 10 = extremely confident .		
Statements	CODE	Don't know
a. I am confident in my ability to cook	0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10	99
b. I am confident in my ability to garden	0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10	99
c. I am confident in my ability to do my budgeting and save	0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10	99
d. I am confident in my ability to connect and socialise	0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10	99
e. I am confident in my ability to make good life choices	0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10	99
f. I am confident in my knowledge of where to get help	0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10	99
g. I am confident in my ability to find work when I need to	0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10	99

ASK ALL, SR

D11. The following statements have been used by many people to describe how much support they get from other people. How much do you agree or disagree with each?							
Question	Very strongly disagree	Strongly disagree	Mildly disagree	Neutral	Mildly agree	Strongly agree	Very strongly agree
a) People don't come to visit me as often as I would like							
b) I often need help from other people but cannot get it							
c) I seem to have a lot of friends							
d) I have no one to confide in							
e) I have no one to lean on in times of trouble							
f) There is someone who can always cheer me up when down							
g) I often feel very lonely							
h) I enjoy the time I spend with the people who are important to me							
i) When something is on my mind, just talking with people I know can make me feel better							
j) When I need someone to help me out, I can usually find someone							

SHOW ALL

Service Satisfaction Questions

Intro text: The following questions are about your experience with The Food Centre's services and your satisfaction levels with the quality of their services.

ASK ALL, SR

G0 Length of use	How long have you been using/shopping at The Food Centre?	CODE
	Less than a month	1
	One to three months	2
	Four to six months	3
	Seven to 12 months	4
	One year to two years	5
	Two to three years	6
	More than three years	7

ASK ALL, SR, SHOW OPTIONS FROM A6=1, 2 OR 3

G1 Length of use	How long have you been using the following programs/services?	CODE
	Less than a month	1
	One to three months	2
	Four to six months	3
	Seven to 12 months	4
	One year to two years	5
	Two to three years	6
	More than three years	7

ASK ALL, SR, SHOW OPTIONS FROM A6=1, 2 OR 3

G2 Frequency of use	How often do you use the following programs/services?	CODE
	This is my first time	1
	Hardly ever /occasionally	2
	Once a month or less	3
	Two to three times a month	4
	Once a week	5
	More than once a week	6

ASK IF A6=1

G3. In the last month, approximately how much have you SPENT in The Food Centre?	CODE
Enter an amount for The Food Centre supermarket	<OPEN>
Don't know	0

ASK IF A6=1

G4. In the last month, approximately how much have you SAVED by shopping at The Food Centre compared to mainstream supermarkets?	CODE
Less than 5%	1
5-9%	2
10-19%	3
20-29%	4
30-39%	5
40-49%	6
50-59%	7
60-69%	8
70-79%	9
80-89%	10
More than 90%	11
Did not save any money compared to shopping from other supermarkets	12
Don't know	13

ASK ALL, SR,

G5. How beneficial has The Food Centre been to your financial wellbeing on a scale of 0 to 5 where 0 = not beneficial and 5 = very beneficial .		
Question	CODE	Don't know
Does shopping at The Food Centre contribute to you being financially better off?	0 – 1 – 2 – 3 – 4 – 5	99

ASK ALL, SR, RANDOMISE

G11. The following questions are about your experience with The Food Centre. Please state your agreement to the following statements about The Food Centre.		
Tangible aspect	CODE	Don't know
1. The Food Centre has an affordable food selection 2. The Food Centre has nutritious and healthy foods 3. The Food Centre has culturally relevant food selection 4. Staff and volunteers present themselves nicely and neatly	0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10	99
Reliability aspect	CODE	Don't know
1. The Food Centre staff and volunteers are knowledgeable 2. I have a lot of confidence in the information/advice provided at The Food Centre	0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10	99
Responsiveness aspect	CODE	Don't know
1. The Food Centre staff and volunteers respond to me in a timely manner 2. The Food Centre offers plenty of community support 3. The Food Centre addresses my needs really well	0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10	99
Assurance aspect	CODE	Don't know
1. The Food Centre staff and volunteers are very friendly	0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10	99
Empathy aspect	CODE	Don't know
1. The Food Centre staff and volunteers listen to me and understand me 2. I trust The Food Centre staff and volunteers completely 3. The Food Centre connects me with community resources really well 4. The Food Centre staff and volunteers are welcoming 5. I feel valued when I come into The Food Centre 6. The Food Centre staff and volunteer treat me with dignity and respect	0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10	99

ASK ALL, SR

GG1. Do you have any dietary requirements?	CODE
Yes	1
No	2

ASK IF GG1=1, MR

GG2. What dietary requirements do you have?	CODE
Vegetarian	1
Vegan	2
Lactose Intolerance	3
Celiac Disease (Gluten Free)	4
Other (please specify)	<OPEN>

ASK ALL, SR

GG3. Does The Food Centre provide food that meet your dietary requirements?	CODE
Yes	1
No	2

ASK IF GG3=2

GG4. What food offerings can The Food Centre offer to accommodate your dietary requirements better?	CODE
Please type your response here	<OPEN>

ASK ALL, SR, SHOW OPTIONS SELECTED IN A6

G12.1 Please indicate how satisfied you are with The Food Centre's services, where 0 = Extremely Unsatisfied and 10 = Extremely Satisfied .		
Services	CODE	Not Applicable
Overall	0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10	99

ASK ALL, SR, SHOW OPTIONS SELECTED IN A6

G12.2 Please indicate how satisfied you are with The Food Centre's services, where 0 = Extremely Unsatisfied and 10 = Extremely Satisfied .		
Services	CODE	Not Applicable
Supermarket	0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10	99
Café (Arnold's Place)	0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10	99
Op Shop (Mel's Place)	0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10	99
Easy Feast™ (family meal pack)	0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10	99
Volunteering service	0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10	99

ASK ALL

G15. Are there any services that you need but The Food Centre does not offer?	CODE
Mental health program	1
Financial assistance	2
Child care centre	3
Play groups	4
Work skill progression (program that provides basic skills to get a new job)	5
Language learning	6
Employment assistance and resume help	7
Parenting groups	8
Budgeting and saving classes	9
Capacity building (volunteering and mentoring)	10
Reconnection with food (cooking classes, community kitchen, gardening and growing food)	11
Other (please specify)	<ENTER>

ASK ALL

G13. Have you recommended The Food Centre to a family member or friends, in the last 12 months?	CODE
Yes	1
No	2
Not sure	3

ASK ALL

G14. Do you have any comments or suggestions to improve The Food Centre's services/offerings/programs?	CODE
Please enter your response here.	<OPEN>

ASK ALL

G14.2. Thinking broadly, to improve your life in general are there any other services you would like access to?	CODE
Please enter your response here.	<OPEN>

ASK ALL

G16. If The Food Centre offers a free membership program (membership provides each member with an opportunity to have a say in the governance of The Food Centre, become a volunteer and enjoy 5% discounts on your grocery bill) how likely are you to become a member? Where 0=Not at all and 10=Very interested		
	CODE	Don't know
	0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10	99

SHOW IF A4=10**VOLUNTEERS: Confidence, Skill Building, Social Participation Questions**

Intro text: This section is about your volunteering experience. In this section, we will ask you questions about your motivation and reasons behind becoming a volunteer.

In this section, we ask you to answer the questions about when you first volunteered at The Food Centre, and now.

ASK ALL

F0. Have you volunteered at The Food Centre in the past 12 months?	CODE
Yes	1
No	2

ASK IF F0=1,MR

F1. Why did you decide to volunteer at The Food Centre? <i>Please answer for each question</i>	CODE
a. A friend or relative suggested it to me	1
b. Personal / family involvement	2
c. Personal satisfaction	3
d. Social contact	4
e. Religious beliefs	5
f. To be active in the community	6
g. To learn new skills	7
h. To do something worthwhile	8
i. Help others / community	9
j. Gain work experience	10
k. Use skills / experience	11
l. Felt obliged	12
m. Just happened	13
n. Volunteering is part of my rehabilitation or recovery	14
o. Someone at The Food Centre suggested it to me	15
p. Other (please specify)	16
q. Prefer not to say	17

ASK IF F0=1

FF3. Have you completed any volunteer training since 1st July?	CODE
Yes	1
No	2
Prefer not to say	3

ASK IF F0=1

FF4. Since last July, have you enrolled in or are you undertaking further education or training?	CODE
Yes	1
No	2
Not Applicable (not seeking education or training)	3
Prefer not to say	4

ASK IF F0=1

FF5. Since last July, have you gained employment?	CODE
Yes	1
No (but I am looking for work)	2
Not Applicable (not looking for work)	3
Prefer not to say	4

ASK IF F0=1

F2. When did you first start volunteering at The Food Centre?	CODE
What year	<DROP DOWN>
What month	<DROP DOWN>

ASK IF F0=1

F3. How many hours in the last week did you spend volunteering at The Food Centre?	CODE
Hours (please enter a whole number)	<OPEN>

ASK IF F0=1, MR

F4. What roles/duties have you fulfilled over the time you have volunteered at The Food Centre?	CODE
Coffeeshop	1
Ops Shop	2
Supermarket	3
Food Prep Area	4
Repacking	5
Cleaning and Hygiene	6
Warehouse and Logistics	7
Administration	8
Other (Please specify)	9

ASK IF F0=1, MR

F5. Which of the following skills do you feel you have developed through volunteering with The Food Centre?	CODE
Coaching / refereeing / judging	1
Performing / media production	2
Befriending / supportive listening / counselling / mentoring	3
Fundraising / sales	4
Food preparation / serving	5
Transporting people / goods	6
Repairing / maintenance / gardening	7
Management / committee work / co-ordination (includes day to day organising/ supervising)	8
Personal care / assistance	9
Teaching / instruction / providing information	10
Lobbying / advocacy / policy research	11
Search and rescue / first aid / fire fighting / community safety	12
Other (Please specify)	13

ASK IF F0=1, SR

F6. Have you ever volunteered at any other organisation(s) apart from The Food Centre?	CODE
Yes	1
No	2

ASK IF F6=1, SR

F7. Do you currently volunteer at any other organisation(s)?	CODE
Yes	1
No	2

ASK IF F0=1, SR

FF7. What is your primary reason for volunteering?	CODE
I'm a student	1
Seeking employment pathways	2
To fulfil Centrelink requirements	3
I want to give back and/or am retired	4
Prefer not to say	5

ASK IF F0=1

<p>F10. People are motivated to volunteer for many reasons. How well do the following items describe your thinking before volunteering at The Food Centre? Where 1=Not at all accurate and 7=Very accurate If a question is not relevant to you, rate it as '1'</p>	<p>CODE</p>
<p>a. I wanted to be able to express my personal values through my volunteer work at The Food Centre</p>	<p>1-2-3-4-5-6-7</p>
<p>b. I wanted to feel a sense of accomplishment from my volunteer work at The Food Centre</p>	<p>1-2-3-4-5-6-7</p>
<p>c. I wanted to learn something new about the world through my volunteer work at The Food Centre</p>	<p>1-2-3-4-5-6-7</p>
<p>d. I expected that volunteering at The Food Centre allowed me to think and help others instead of myself</p>	<p>1-2-3-4-5-6-7</p>
<p>e. I expected that my volunteering work at The Food Centre would be appreciated</p>	<p>1-2-3-4-5-6-7</p>
<p>f. I would be able to develop new skills and experience that will be useful for my future career by volunteering at The Food Centre</p>	<p>1-2-3-4-5-6-7</p>
<p>g. Volunteering enables me to support an organisation that is meaningful to me</p>	<p>1-2-3-4-5-6-7</p>
<p>h. I wanted to improve my employability</p>	<p>1-2-3-4-5-6-7</p>
<p>i. I wanted to build skills</p>	<p>1-2-3-4-5-6-7</p>
<p>j. I wanted an opportunity to network with people</p>	<p>1-2-3-4-5-6-7</p>

ASK IF F0=1

<p>F11. How well do the following items describe your current experience as a volunteer at The Food Centre? Where 1=Not at all accurate and 7=Very accurate If a question is not relevant to you, rate it as '1'</p>	<p>CODE</p>
<p>a. I am able to express my personal values through my volunteer work at The Food Centre</p>	<p>1-2-3-4-5-6-7</p>
<p>b. I have gained a sense of accomplishment from my volunteer work at The Food Centre</p>	<p>1-2-3-4-5-6-7</p>
<p>c. I learn something new about the world through my volunteer work at The Food Centre</p>	<p>1-2-3-4-5-6-7</p>
<p>d. Volunteering at The Food Centre allows me to think and help others instead of myself</p>	<p>1-2-3-4-5-6-7</p>
<p>e. My volunteering work at The Food Centre is appreciated</p>	<p>1-2-3-4-5-6-7</p>
<p>f. I have earned some skills that will be useful for my future career by volunteering at The Food Centre</p>	<p>1-2-3-4-5-6-7</p>
<p>g. I like being able to support an organisation that is meaningful to me</p>	<p>1-2-3-4-5-6-7</p>
<p>h. Overall, I am satisfied with my volunteering work</p>	<p>1-2-3-4-5-6-7</p>
<p>i. I will volunteer for The Food Centre over the next few months</p>	<p>1-2-3-4-5-6-7</p>
<p>j. If I have the opportunity, I would be volunteering for The Food Centre for a long time</p>	<p>1-2-3-4-5-6-7</p>
<p>k. I have increased my employment chances</p>	<p>1-2-3-4-5-6-7</p>
<p>l. I have built skills that can help me with my day-to-day and future employment opportunities</p>	<p>1-2-3-4-5-6-7</p>
<p>m. I have made useful connections</p>	<p>1-2-3-4-5-6-7</p>

ASK IF F0=1

FF6a. How much do you agree or disagree with the following statements?						
Question	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Prefer not to say
Has volunteering contributed to your sense of purpose?						

ASK IF F0=1

F12. How much of an impact do you feel your volunteer work at The Food Centre has?	CODE
A great deal of impact	1
A lot of impact	2
Moderate impact	3
Little impact	4
No impact	5

ASK IF F0=1

F13. Do you feel that your efforts are being recognised and appreciated here at the Food Centre?	CODE
Yes	1
No	2

ASK IF F13=2

F14. How can we better acknowledge the work you do?	CODE
	<OPEN>

SHOW ALL

Demographic Questions

Intro text: We are almost at the end of the survey. All of your answers will remain anonymous and confidential. You can be confident that no one associated with this research project can personally identify you from your answers to the questions. The following questions are about yourself and are for classification purposes only.

ASK ALL, SR, SKIP TO H6 IF H1=1

H1. Migrant	What is your Australian residency classification?	CODE
	Citizen – by birth	1
	Citizen – by naturalisation or acquired	2
	Permanent Residence	3
	Temporary Residence	4
	Working Holiday Visa	5
	Student Visa	6
	Graduate Visa	7
	Partner Visa	8
	Sponsor Visa	9
	Other	10

ASK IF H1 ≠1, SR

H2. Birth Country	In which country were you born? <i>Please select the name of the country you were born in.</i>	TYPE CODE
	Birth country	DROP DOWN
	Prefer not to say	

ASK IF H1 ≠1, SR

H3. Migration Year	What year did you move to Australia?	CODE
	----	<DROP DOWN>

ASK ALL, SR

H4. Ethnicity	What is your ethnicity?	CODE
		<OPEN>
	Prefer not to say	99

ASK ALL, SR

H5. Language	What is the main language you speak at home?	CODE
		<DROP DOWN>
	Prefer not to say	

ASK IF H1=1, SR

H6. Aboriginal or Torres Strait Islander origin? Are you of Aboriginal or Torres Strait Islander origin?	CODE
No	1
Aboriginal	2
Torres Strait Islander	3
Aboriginal and Torres Strait Islander	4
Prefer not to say	5

ASK ALL, SR

H7. Aboriginal or Torres Strait Islander origin? Are any other members of your household of Aboriginal or Torres Strait Islander origin?	CODE
Yes	1
No	2
I don't know	3

ASK ALL, SR

H8. Location What town or suburb do you live in?	CODE
Enter town or suburb	<OPEN>
Prefer not to say	0

ASK ALL, SR

H10. Shopping responsibility Thinking about your household and grocery shopping responsibilities, which following statement best describes you?	CODE
I am primarily responsible for household food and grocery shopping	1
I share responsibilities for household food and grocery shopping	2
I am not responsible for household food and grocery shopping	3

ASK ALL, SR

H11. Marital status Which statement best describes your current marital status? <i>Please select one answer</i>	CODE
Married	1
Living with a partner	2
Separated	3
Divorced	4
Widowed	5
Never married / Single	6
Prefer not to say	7

ASK ALL, SR

H12. Housing This question is about housing: Is where you live...	
	CODE
Owned or being purchased by the occupants	1
Rented from Housing SA	2
Rented privately	3
Retirement village	4
Other social housing	5
Other (please specify)	6
Prefer not to say	7

ASK ALL, SR

H13. Education status What is the highest level of education you have completed?	
	CODE
Never attended school	1
Some primary school	2
Completed primary school	3
Some high school	4
Completed high school	5
TAFE, Trade, or certificate	6
Diploma, advanced diploma	7
University or some other tertiary degree	8
Other (please specify)	9
Prefer not to say	10

ASK ALL, SR

H14. Work status Which of the following best describes your work status? <i>Please select one answer</i>	
	CODE
Full-time employed (permanent/contract) including self employed	1
Part-time employed (permanent/contract) including self employed	2
Casual	3
Unemployed	4
Engaged in home duties	5
Student	6
Retired	7
Unable to work	8
Carer	9
Volunteer work	10
Other (please specify)	11
Don't know	12
Prefer not to say	13

ASK ALL

FF1. Do you provide unpaid care to family member or others because of disability, a long-term health condition or problem related to old age? (<i>Excluding volunteering work for an organisation or group</i>)	CODE
Yes	1
No	2
Prefer not to say	3

ASK ALL

FF2. Do you need help or assistance in one more core activity areas: self-care, mobility and or communication, because of a disability, long-term health condition (lasting six months or more) or old age?	CODE
Yes	1
No	2
Prefer not to say	3

ASK ALL, MR

H16. Status Do you receive any of the following pension benefits? <i>Please select as many as applies</i>	CODE
Aged / widow's pension	1
Service or defence/ War widow's / Repartition pension	2
Invalid/Disability pension	3
Unemployment benefits	4
Sickness benefits	5
Family or parenting benefit	6
AUSTUDY/ Student allowance	7
Carer allowance	8
Other (please specify)	9
None	10
Prefer not to say	11

ASK ALL, SR

H17 Income What is the approximate annual gross income of your household? This is before tax is taken out <i>Please select one answer below</i>	CODE
Up to \$12,000	1
\$12,001 to \$20,000	2
\$20,001 to \$40,000	3
\$40,001 to \$60,000	4
\$60,001 to \$80,000	5
\$80,001 to \$100,000	6
\$100,001 to \$150,000	7
\$150,001 to \$200,000	8
More than \$200,000	9
Don't know	10
Prefer not to say	11

ASK ALL, MR

H9. Travel mode	How do you get to The Food Centre?	CODE
	Own car (household car)	1
	Someone else's car	2
	Bus (public transport)	3
	Train (public transport)	4
	Bicycle	5
	Tram	6
	Taxi	7
	Motorcycle	8
	Walk	9
	Uber or other rideshare services	10
	Other (Please specify)	11
	Don't know	12
	Prefer not to say	13
	None	14

[SHOW ALL](#)

Future Studies

To study impact of The Food Centre on your life over time, we need to be able to match your responses on this survey with future surveys. The findings of this research would enormously help improve The Food Centre and whole food security sector. To ensure the anonymity of your responses, we have designed a non-identifying coding system. Please note that the code will not be shared with your organisation or anybody else – only the research team from the University of South Australia will have access to the code. Please create an anonymous code using the following information:

Please use:	Examples	Your Response
The first two letters of your <u>mother's first name</u>	Mother's name is <u>K</u> AREN: [K] [A]	[] []
The last two letters of your <u>father's first name</u>	Father's name is JO <u>H</u> N: [H] [N]	[] []
The day you were born (two digits)	Born <u>03</u> December, 1970: [0] [3]	[] []

[SHOW ALL](#)

ID code to redeem your free lunch

Dear participant, we thank you for the time you put aside in completing this survey. All of your answers will remain anonymous and confidential. To show our appreciation, we are providing you with a free lunch at The Food Centre. Please enter the **ID code** you created in the box below. You will be able to redeem your free lunch as of tomorrow. All you need to do is provide your **ID code** to one of the volunteers at The Food Centre, and they can assist you from there.

Please enter the ID Code

<OPEN>

[SHOW ALL](#)

Thank you for taking this survey!

Thank you for taking this survey. If you become distressed or upset whilst completing the survey, please note that Lifeline is one of the services available to you. <https://www.lifeline.org.au> phone: 13 11 14