Researcher BN: Right so could, if you don't mind, just starting with your age, gender, and your role at the food, is it the Food bank?

SP5: Right erm, I'm 67, erm, I'm male, and, my role at the food Bank currently is I'm a trustee, erm, without any responsibility, if you like. Erm, and the reason for that is, when COVID came, erm, my wife is extremely vulnerable. So, we weren't able to go down to the food bank, erm, as other volunteers were able to, and socially distance, and mask up etc. Erm, so, I'm in the background. Er, dealing with erm requests, etc, coming through erm, and a little bit of our correspondence, and report writing, etc, something along those lines. So it has been a couple of years since I've had, well 2 and a half years, since I've had any face to face contact. However, I have spoken to, erm, a few of the volunteers just to get a sort of feedback on current, if there's any real change in, in er, the erm, the attitude and, of the clients as we call them.

Researcher BN: OK. Yeah. So do, do you speak to clients at all on the phone? Or are you mainly kind of, behind the scenes?

SP5: I'm behind the scenes, although I, I do occasionally speak to clients on the phone, erm, and then I get erm, my, my number is always been sort of out there as a contact for erm, people wanting to try and get food parcels. Erm, although we have a web-, a, not a website, erm, a e-mail address and we do have erm, a mobile phone which is, which is erm circulated between the volunteers or whoever is on call that, that week, so that number is out there as well. So we try and get that number predominantly out to the clients, and those, er, companies that are er, referring to us, er, through various media.

Researcher BN: OK, so, how often would you speak to clients on the phone? You said occasionally, is it quite rare?

SP5: Occasionally. Umm, yeah rarely, at the, at the moment.

Researcher BN: OK.

SP5: Erm, but erm, as I said I, I know it'll be second, third hand erm, if you were to ask me anything about the clients now erm, because, I'm telling you what someone else has told me. Erm, so if you want to go down that route, I'm happy to, if you don't, that's fine.

Researcher BN: No, or we can, if you’re happy to do so, we can kind of look back onto what it was like, kind of retrospectively 2 and a half years ago?

SP5: Yep.

Researcher BN: Yeah? Okay.

SP5: Yeah.

Researcher BN: OK. So just yeah, either or when I'm asking the questions, I suppose, as to whether you wanna use your, direct previous experience or, what you've heard more recently, just whatever.

SP5: Yeah. OK.

Researcher BN: So, when you did see clients face to face, what kind of, did the day-to-day role entail?

SP5: We erm, before, before COVID, we used to have, er, 2, 2 collection points. We had a, a coop collection point erm, and we had a church collection point. Erm, there was a third but it wasn't used very much, in a, in a local shop on the on the High Street. Erm, but, we used to collect from those at least once a week, sometimes twice a week, to, to take back to the, the Food bank which, we use, erm, which we've always had premises which are, erm, given to us, er, as a, as a freebie, we, we've never had to pay for premises as, as yet. Erm, although currently we do pay for erm, electric, the electricity that we use because we're now having to use freezers to freeze erm, certain perishables that we, that we do get. So erm, it was collecting that, then we would have er, a list of referrals that have come through. Erm, it used to be done erm, on, majority of it was on paper erm, er, now it's all done electronically, erm. But we had a paper system which, we would er, we would collect from various sources or they would be sent through to us. Erm, sometimes electronically, but we were still paper if, if you know what I mean. It was a paper, referral form sent electronically, which was still printed out and then used as a erm, as a guide. Er, the information that we held on the client was, not as much as we do now, it was just, basically we'd have their name, erm, and we would get their address if we, if we needed it, because, sometimes the clients would go and collect from the, the various resource, so say it was a the, the erm, CAB office erm, or erm, the, the erm, sometimes it was the church or the doc-, even the doctor's surgery. Erm, the clients would collect, so we wouldn't actually know who they were, we’d just know for our records erm, how many, how many were in the family, if it was a single person or a family, er, a erm, a single parent, and how many children, and their ages, just to give us a guide to erm, obviously with, with young, young children, we'd have to, we’d have to provide, like I say children, babies, we’d have to provide milk, and nappies, and erm, other essentials that er, that they would, that mothers would need erm, and couldn't, either couldn't get or couldn't afford, erm, so.

Researcher BN: So would you, would clients come to you to get food or would, or was it delivered, or?

SP5: No, no. It was always delivered. We, we never encourage clients to come, to the, the food bank, erm, we would always say we would deliver to the client, because, what we didn't want is loads of people turning up, erm, and encourage people to come without having a referral. So, we would then have to turn them away, and tell him to get every referral, and we didn't want our volunteers to get into some kind of confrontation with a client, because they felt that they should have a, a food parcel, erm. And, obviously, we didn't want that to happen, erm.

Researcher BN: Yeah.

SP5: And, so we used our agencies for, for that, to get the referrals, and then, we would, we would deliver, erm, although we did have several made-up parcels that would be standing erm, or kept by various agencies so they could just, if they said, or, if they came in for something, you know, at the erm, Citizens Advice Bureau, and they said, well we, we think you're entitled to a food parcel, we've got one here ready for you to go and, and so they would just giving one there and then rather than having to wait for us to deliver because..

Researcher BN: Yeah.

SP5: ..we only worked, we only worked one day a week.

Researcher BN: Ah, OK.

SP5: Erm, on a, on a Thursday. We're still, currently, we're only two days a week, a Tuesday and a Thursday. However, we have got an out of hours, erm, emergency, erm, service, so that if, if, if someone rang up on a, which happens quite regularly, on a Friday evening and says ‘ohh I’ve just got a client who, needs a food parcel they’re not gonna have enough food for the weekend’, we would then have to go and, er, get the food parcel and get it to them as soon as, it might be Friday evening, it might be Saturday morning depending on, you know, the time and the erm, availability of the, volunteers, erm.

Researcher BN: Yeah. So were you involved in the delivering parcels, did you speak to clients that way?

SP5: Yes, yes, I was. Yes. So we, we would, we would contact, if we had a, well we always asked, if we were going to deliver, we would always ask for, obviously their address, but we’d ask for a contact number, because we'd always contact them beforehand and make sure they were in, because a lot of the time they weren't, they weren't in, they were elsewhere, erm, doing whatever they needed to do, and so we would make an arrangement with them to deliver at a convenient time to them. Erm, and not to inconvenience us too much either.

Researcher BN: Yeah.

SP5: So it was sort of like a two way, a two way street. And erm, that way, you know, everybody, everybody knew what was, what was happening.

Researcher BN: Yeah. And did you tend to have, from what you remember, did you tend to have conversations with clients, or was it quite, did you not really speak much?

SP5: We, we only had conversations with them if they wanted to, speak to us, erm, if they, we would say erm, we would say their name, and say we brought you a food parcel as per your erm, request or, the referral, and, if they said thank you very much, we’d just go, we wouldn't, we wouldn't interact any further. If they then wanted to interact with us, and say, something or other, erm, or ask questions, or erm, you know, how, how do I get another food parcel if I'm not, you know, any sort of question we would then relay, if we knew the answer there and then, if not, then we would get back to them once we had er, found the source. Erm, but, you do get a variety of, you might have erm, you know, they might ask you a question about the erm, their erm payments, erm, through, through the social services, so we’d well, you would have to go back to them. We wouldn't know anything about that, you know, so.

Researcher BN: Yeah.

SP5: Erm, there's all sorts of questions do come up, erm, and er, we would, we would try and veer away from interacting with any of the children, erm, unless the parent was happy for them to interact with us. We wouldn't necessarily, you know, say you know, what's the name of your child or, how old is your child, or whatever, erm, unless it was interacted with them first. Erm, they’d say oh this is little Johnny, he's five years old, and he's starting school in September. You know, they've given you that information so you could say, hi Johnny, you're gonna, are you looking forward to school, you know, so that's the interaction we would, we would use erm, we wouldn't..

Researcher BN: Yeah.

SP5: ..we wouldn’t look for interaction. We would let them interact with us if they wanted to.

Researcher BN: Yeah, and, and how often would you say that was where, someone did want to interact, and have a conversation?

SP5: Erm, probably, about 30 to 40% of the time, they were, just, just over half the clients just, just said thank you and shut the door, you know

Researcher BN: OK.

SP5: Which is fine, you know

Researcher BN: Yeah.

SP5: If that's what they want to do, that's fine. Erm, and, you know, as I say, about 30 to 40% erm, would have some kind of conversation with you. Erm, you know, it's either asking, you know, have you had many deliveries today, or, thank, you know erm, do you think, er, do you have this in the food parcel or that in the food parcel, or, you know, do you have any dietary, you know, things, erm, if they have er, an allergy of some description or other, we try and get that beforehand, but it's not always possible to get that information beforehand. But, if they're willing to come forward and say well, I'm, I'm egg intolerant or flour intolerant or something like that, then we'd note that down. so if it came up again the next time, we’d know that, eggs and flour are not something that we would normally put in, but, if there were children involved, and especially during the summer holidays like now, we would put extra in because we knew the families would be having to feed their children, and we'd like to give them er, food that is, good for their children, erm, but also something that er, children, children like, erm.

Researcher BN: Uhumm. Yeah. So, of the, kind of 30 to 40% that did want to have a conversation, how long did these tend to last from what you remember?

SP5: Er, probably between two to five minutes, something similar to that.

Researcher BN: Yeah.

SP5: Occasionally you might get someone who wants to talk for, erm, a longer time. Erm, we have had clients that have, invited, invited us in, to have, you know, they’ve said, ‘would you like a cup of tea?’ And, normally we say no but, it depends on, on the, on the client erm, if they look as though their desperate for some company, you know erm, you know, someone who's, who's single. But, erm, I was always wary if it, if it was say, erm, if it was a, if it was a single man, or a single, sorry, a erm, a couple, then I would be OK going in. But if it was a single woman, then I would be wary about going in. Not because I thought anything could go wrong, but it’s just putting yourself into, into a position where, something could go wrong and, you know, you don't want to be..

Researcher BN: Yeah.

SP5: Erm, unless they've got someone, they've got their mother in the in the background, or something, but, very rarely that erm, people did, did ask that, but I, I have been known once or twice to go in, into the house and they've given you something to eat, even though, even if you don't take something to drink there, they're very appreciative of what you're doing for them. And, they like to give you something back. Erm, because of what,

Researcher BN: Ah OK.

SP5: ..what you've done. Erm, not saying that all, I’d say, probably if I had to put a figure on it, probably, maybe 5 to 10% would be, in that category, being, you know, really appreciative and wanting to interact with you inside their own home. Erm, so er, in that circumstance.

Researcher BN: OK. So it wasn't just that they want-, the, the need for company, it was also them giving back?

SP5: You're gone. (connection issues)

Researcher BN: Hello?

SP5: Hello.

Researcher BN: (laughs) Yeah, sorry, I was just saying, so it wasn't that, it wasn't just that they wanted company, it was also because they kind of wanted to give something back?

SP5: Yeah.

Researcher BN: Ah OK.

SP5: Erm, they were, erm, particularly when, when we started to get the, erm, Iraqi families and the Syrian families coming, er, back in, er, 2000 and say 17, 18 roundabout there. Erm, there were a couple of families that were extremely courteous and, you know, they wanted you to come in, and they felt that if you didn't come in, it was like you were dishonoring them if you like. Erm, you know, because you were not taking their hospitality. So, even though you don't know anything about their culture, you feel as though they're leading you towards, you know, this is how our culture, this is what we do. You know, you've helped us, now we want to help you.

Researcher BN: Yeah.

SP5: Sort of thing and so erm, you have to be, a little bit aware of how they're, how, how they're presenting their culture to you, and not to be, sort of, off-ish and, you know,

Researcher BN: Yeah.

SP5: ..er, and er, stand back and say no, you know, you can, you can obviously say that you refuse, but you feel as though when they, when they’re asking you, or begging you basically to come in and erm, enjoy, enjoy something to, to eat, that they've, that they've made or erm, or have, have erm purchased. Then, you feel obliged to actually do that.

Researcher BN: Yeah. Yeah. And so, what kind of motivated you, how did you end up as a trustee at the Food Bank?

SP5: Well erm, the Food Bank actually started in (name of location) in 2013 by a gentleman called (name). Erm, now sadly (name) passed away in 2015, but, he asked me to, take over the running of the, the Food bank, erm, more or less on his death bed bas-, basically. Erm, we had a long conversation, well not too long because obviously he was quite ill, but, you know, probably about 20 minutes or so, and he really wanted me to take, the, the other volunteers at the time were not erm, particularly er, I think technically minded, erm, or didn't want, he had a lot of information and reports and things that were all done on, on the computer, and they didn't want to have the, the erm, the er, obligation of having to do all of this. So,

Researcher BN: Yeah.

SP5: ..I decided to take it on. And, when we got to the pandemic in 2020, er, because of the number of people that were in the need, er, in need sorry, and, also we had the advantage of we got a Morrison supermarket opened the week that the pandemics, er, that the lockdown started, so, we got locked down on the, on the Tuesday, and on the Friday Morrisons supermarket opened. So.

Researcher BN: Oh wow.

SP5: Erm, and we got a lot of support from Morrisons, as did a lot of other food banks around the country as well. They were very, very, good. Erm, they had pallets of stocks that were being brought in and being donated to food banks. Erm, and, during the pandemic, we realized that we had erm, accumulated a large amount of money. Erm, and we then realised if you got more than £5000 in the bank, you cannot be a voluntary organization, you have to be a charitable organization.

Researcher BN: Ah.

SP5: So, we, we actually went beyond that before we, we, we erm, applied for charitable status, so we’ve been charity for a year, a year and a bit now. Erm, and obviously they're in, in the constitution it says you’ve got to have 5, erm trustees, so they asked who wanted to be a trustee and I, I initially said no because I said, you know, I've gotta look after, I'm a carer for my wife, but she encouraged me to become a trustee. Erm, so I'm basically a trustee without a portfolio, erm, so I'm a backup trustee. And er, so, that was the means by which I became a trustee, erm, through that means.

Researcher BN: OK. So did you…

SP5: It wasn't something that I sought, it was something that was asked of me and I sort of, erm, pondered it for a while and then decided, er, to go in and..

Researcher BN: Yeah.

SP5: ..and take that post.

Researcher BN: So you volunteered beforehand?

SP5: I was, I was a volunteer from 2015. I mean, I'd hepled before on a, ad hoc basis, but, erm, 2015 was when I really took over and became, er, integrally involved in the erm, the workings of the, of the Food Bank until 2020.

Researcher BN: So what motivated you originally to volunteer?

SP5: Well, I wanted to give something back to the community. Erm, my, my wife er, had retired in 2012, but she’d also erm, shortly after she retired, she was told that she had erm, ovarian cancer. So erm, we, we were working in London at the time, er, but we always had a house in (name of location), we bought a house in 1990, even, even though we were working in London, we just rented a, a flat in London, and we always came up to (name of location) for long weekends to get away from all the, the erm, the, the business of, of London and you come up to (name of location) and it's like, you know, you're in the middle of quiet street. You know, there's nothing happened.

Researcher BN: Yeah.

SP5: Erm, where we were we used to hear police, and ambulances and fire ambulance sirens all day, all night. Here, you hardly ever hear one. Erm, so it's very, very quiet, erm, you used to be able to hear the birds singing in the morning, and all of that, and so, it was really, it was really a nice break to come here and then, and then go back down to London to work again. Erm, but in 2012, we decided we'll come back here, and I'll be a carer for my wife, erm, and we were looking through, through various, erm, ways of, and, we met (name) through a Bible study group, erm, and er he, he suggested, you know, if you want to come and help, then you know, by all means help. They didn't, they didn't have a great deal of, you know, if they did one food parcel a week, it was, you know, it was erm, it was a lot, you know, so it wasn't every week, but it was still getting momentum going, you know erm, getting people to know that there was a food bank in (name of location), there was, and their volunteers, you know, everything was set up, all we had to do is erm, make sure that people knew we were there, and if people needed help then we were happy to, to do that, and to make sure that er, also the public knew that there were places where they could take food to and deposit you know erm, and we encouraged that over, especially over the Christmas period, you know, to make sure that, you know, every family had a good, had a good Christmas, you know

Researcher BN: Yeah.

SP5: Or as good a Christmas as they can. Erm, you know, even down to, erm, getting, getting presents in and making sure that we get appropriate ages for, and appropriate presence for the age and sex of the, of the child, you know, and just within a, you know, a margin of error really, you know, erm, but er, yeah, it was something I want-, I wanted to do with the community. I volunteered at the Hospice, which is erm, up in (name of location). Erm, and so I did volunteer work there as well. And erm, I'm with er carers Northumberland, erm, I'm registered with them. So, you do things with them as well, so I'm trying to keep, abreast and er in the community as much as possible, but the pandemic has really slowed that down, to a large degree for us.

Researcher BN: Yeah, yeah I bet. So what do you, what do you like the most about, both volunteering and being a trustee, at the Food Bank?

SP5: Well it gives you, erm, the, er, what's the right word, I was gonna say feeling but it's not feeling, it gives you, the erm, I can't think of the word but erm, you feel as though you’ve given something back, satisfaction of giving something back to the community, to helping others, and seeing, you know when you're doing it face to face, you see how grateful people are, erm, with, you know, with what you've, what you've done. You know erm, the end result of, you know, er making sure that you've got enough, enough food to actually deliver food parcels, and then, once, once you've delivered them you get the reaction of the, of the client, and their family, erm, of how grateful they are, you know, it's erm, you've er, just one example we've had erm, before where the, the erm, the children have come out and they've, they've sung and danced for, for us, erm, you know,

Researcher BN: Aww.

SP5: they, they just want to, they just want to show you their appreciation, you know. Erm, and er, you know it's, it’s, it's great how, you know, how people do. The vast majority, you know erm, and I’m talking 98, 99 percent of people are very, very grateful with, with what they get, erm,

Researcher BN: Yeah

SP5: ..you get the occasional one who’s not, erm, not particularly happy, but, you know, because they haven't got as much as they thought they might get, or whatever. Erm.

Researcher BN: And what do you find the most challenging part of it?

SP5: (long pause) I think it's some-, sometimes getting the, erm, the time to do everything that, as I say we were, we were open once a week erm, up untill 2020. Erm, and it was trying to make sure that, erm and there was, there was only erm, er, probably half a dozen volunteers at that time, and erm, some were working, some weren't working, erm, you know, so it was, er, it was trying to get the number of volunteers right, erm, and I'm, I'm talking about 2020, not now. Erm, luckily, now we're, we've got so many volunteers that we’re, we’re chasing them away sometimes, you know, just, and you know, you can have a day off, we don't need you. Erm, but this time of year, when people are taking holidays and erm, people have got family coming up to see them, you know, they are, dropping out, erm. But, at that time, it was challenging to make sure that we got enough people to be able to, erm, to seriously very often do the food parcels on that day, and then deliver them. Whereas now it's more like a manufacturing thing. It's, it's does, done as and when erm, people, er, collect, and then, we used to, we used to just take the, the collection bags into the food bank, leave them, and then do it on the, so, because the operation was, erm, you know, very much smaller than it is now, erm, we didn't have the numbers, if we didn't get the number of people, it took us a longer process. So, erm, whereas we gave ourselves 2 hours to go and collect, put together and then deliver the food parcels because you may only have four or five food parcels, whereas now, they could have anything up to 20, erm food parcels..

Researcher BN: Yeah.

SP5: ..on, on any day. So erm, it’s, it's a lot more mechanicalised now than what it was, and, it works a lot better than what it, than what it did. I think we were just, you know a group of volunteers just muddling along if you like, before, before the pandemic, but now it's more like a well-oiled machine.

Researcher BN: Oh well, that's good. Yeah. So in terms of, both kind of the, the 30 to 40% who wanted to speak when you used to deliver, and, your kind of rare conversations on the phone now, did you ever talk about health at all with clients? Did it ever come up about health and well-being, for example, diet, exercise, smoking, alcohol? Did any of that ever come up?

SP5: Erm, healthy food came up, erm, quite, quite regularly. I mean, we tried to give, erm, in the first instance a, a varied but healthy diet. I mean, we didn't have anything, erm, but, if you're thinking along the lines of the food that we're giving them, there’s either in a packet, or in a tin.

Researcher BN: Mm-hmm.

SP5: There's no, generally, there's no fresh food, erm, there's no erm, butter or bread or, although we had, what we called an enhanced parcel. So if there were children involved, we would make sure they had bread, they had butter, they had meat, they had erm, vegetables, you know all that fresh, fresh things rather than, you know, a single person would just get, you know, 10, 10 beans, beans soup, 10 meat erm, you know, and packets of, of erm, pasta and, and things like that, and tins of fruit and custard, erm, so they can make their own meals but when children are involved, you need a little bit more variety. Erm, er, because they need different, different things from an adult, erm, to help them grow, you know, eggs and, erm, what else er, I’m trying to think, milk erm, make sure we’ve got fresh milk and, because we provide them with erm, long life milk, erm normally, but we would give them fresh milk if there were children involved. Erm, along with fresh vegetables. We did try some schemes where, we could give, give them a voucher and they could go to a fruit and vegetable shop and buy their own veg. But, a lot of, erm, a lot of clients felt that it sort of erm, it showed them, it showed other people that they were needing help.

Researcher BN: Ah, OK.

SP5: But, but erm, on the back of that, also the, the schools used to do a similar sort of thing for, for erm families who were, so, it, it seemed to work better in schools than it did with the food bank. We also had a erm, a fish, a fishmonger who, who erm, provided vouchers for, for fish aswell, and he would give us vouchers, and the clients could go in and get fish from a, you know, fresh fish from, from that day's catch from, that had been landed, so erm, there were various means of, of doing it, but not all of them worked erm, because a lot of clients didn't want themselves identified, erm, I don't know if you, erm, if you have seen that we use our own vehicles here but there are some food banks that use a vehicle that's got food bank written on it. Now..

Researcher BN: Ah.

SP5: …that would be the last vehicle I would want outside my house

Researcher BN: Yeah (laughs). Definitely.

SP5: because everybody knows that you're getting food from a food bank. Erm, so, I've always thought it's very strange, you know, to advertise that, you're actually bringing people, you know, food giving them help, but your advertising the fact that they're getting help from a food bank, erm,

Researcher BN: Yeah.

SP5: Because erm, all our packaging and bags and things, were just normal, normal bags from the supermarket, there weren't identified in any way, shape or form as being from a food bank. So, if you're carrying them down the street, it looked as though you've been to the local shop to get food. Erm, so they couldn't identify that that was from a food bank rather than from a shop.

Researcher BN: Uhumm.

SP5: And I think a lot of a lot of clients, want, want that, they don't want to be identified by, by their neighbors, having t, I think with the way things have changed, I think that, that stigma has, has not all gone, but I think a lot of it has gone. That people are really in need, and they realise that, they've got to have help and, they don't mind their neighbours or friends or whoever family, knowing that they need help because so many people do need help,

Researcher BN: Yeah

SP5: ..and erm, especially during, like these summer holidays, you know, help with erm, getting, er, food for children, you know, putting up packed lunches and things like that, so children can go out, you know, and, and go somewhere and have a packed lunch with them. So they didn't have to be, you know, they didn't have to go and buy the food. Erm, you know from, from a shop, they've already got a packed lunch with them, but it's very, erm, which is something which is very nutritious, erm, and full of, you know it's erm, er, you try not to give them crisps and a bottle, a bottle of pop. We try and give them something more, erm, er, what's the word, nutritious, and give them a bottle of water, erm.

Researcher BN: So did-

SP5: You know, to try and make it er..

Researcher BN: Did conversations about healthy eating come up then? Would you tend to talk about that?

SP5: If they wanted to, as, as I said. Erm, we, we let the, the clients lead us you know, rather than, you know, us saying, not unless there was something, you know like erm, we work with the schools during the, the summer, the summer holidays this was pre pandemic. Erm, in identifying families that were, would be a particular, erm, risk of not being able to feed their, their children. i.e if they got school, if they were entitled to school meals. We know that all 5 to 7 year olds are entitled to their school, school meal free of charge. But there are families who are on low, low income who are also entitled too. So, the schools would give us information, erm, with the er parents’ permission, erm, to help them out during the er school holidays with, with food, erm, and erm, we’d make sure that those families were, were helped. Erm, say during the spring holiday, er, Easter holiday or the half term, they’d get one food parcel during the summer, holiday they’d get two food parcels, you know, so you're helping them out. But it's primarily for the children. It's not, it's not for the adults, it's aimed at the children.

Researcher BN: Right.

SP5: Erm, to, to help them out, to help their, their family feed, feed their children. Erm, so it would be more aimed at them rather than the adults.

Researcher BN: Right, so what, in terms of the adults, did any other kind of, health behaviours come up, like, even mental health, physical activity, smoking, anything like that?

SP5: Well, well we did, we did find that there were quite, quite a few, erm, coming out of, erm, mental health facilities erm, that were put on, you know, a, a health register for health visitors to actually visit them, to see how they were coping. So we got a lot of referrals that way, and we would be told beforehand that erm, this, this person does have mental health issues. Generally, they are well, well treated at, with medication at the moment, so, they're not, they're not any, they're not of any concern to you. However, we have, we have had one or two where, you know, they've been a little bit awkward, let's probably put it that way. Erm, you know, and er, sometimes with, when we want to deliver they, they want you to deliver it, say, 7:30 at night, and they say, well, it's, we've got a, a single female volunteer, and we're not gonna let her go in at seven, 7:30 at night to you, when it's dark, you know? So we have to be a little bit practical on, you know, 4:00. O'clock is a better time, not 7:30 at night. You know, it's all so we've got to look after our own volunteers as well as, erm, looking, looking after the, the clients. Erm, but generally, again, it's very rare to have any, any kind of erm, er, negative interaction with people with mental health because they're generally well, er, well, medicated before they come out to, to start trying to live on their own. Erm, and their treatment is well underway. So, you tend not to get, but, you do get a little bit, erm, anxious about when you're going out to see someone who does have mental health problems, because, you, you never know what, what to expect, but as far as I'm aware, even, even now erm, we haven't had anything more than like a minor, minor grumblings, you know, just disgruntled rather than anything, you know, major or physical or anything like that. But it wouldn't be productive.

Researcher BN: Did they-, yeah.

SP5: I was going to say I wouldn't put up with anything physical anyway, we'd just, we'd just walk, we’d just walk away, whether we'd delivered the parcel or not, you’d just, you’d just walk away. Erm, take yourself out of the situation, erm.

Researcher BN: Did they want to talk about mental health? Do people, did people want to talk about mental health with you, have a chat about it?

SP5: Not, not really. I mean, I think, er, a lot of people don't really want you to know that they've got mental health problems. Erm, I, I can't think of a, a situation where someone has wanted to talk about, erm, their, they might say that, erm, I have got, I have got problems but, they haven't specified anymore than that. But, we are, we were told by the erm, the referrers, erm especially when they're, er, health professionals, that this person does have mental health issues, but they, they shouldn't be a problem. Erm, and if they, if they did think that they might be a problem, then they would say can you deliver to our office, and we'll..

Researcher BN: Yeah.

SP5: ..and we’ll take it to them. So, we were always safeguarded that way, that, we let the er health professionals lead us, in terms of if there was likely to be a problem.

Researcher BN: Yeah. So, did you ever talk about smoking, physical activity, alcohol, or not much?

SP5: Not, not really. Erm, some of the clients you got to know quite well, but erm, we didn't get involved in their personal life. You know, if they said something like, oh, do you get cigarettes or alcohol in the food parcel, I’d say no, you just get food, you don't get anything extra. Erm, like that erm, and that's one of the reasons why when we did the vouchers, we specified that they had to be a, a fruit, a fruit and vegetable shop, because, they could go into the Coop with a voucher and buy cigarettes or booze or whatever, you know, so, erm, it was always, always a, a vegetable. Or if they needed, say, erm baby food or nappies, we would send them to boots with their voucher, so they could get their nappies or they could get their baby food. They couldn't buy anything off the shelf, which is, you know, contrary to that, erm.

Researcher BN: Yeah.

SP5: So er, that way we make sure that people who are getting.. we have had or heard of instances where people have got a food parcel and then, believes they've sold it on to get money to buy, Cigarettes, booze, drugs, whatever. And, if we do hear of that, then, we erm, we just won't accept the referrals, and we tell the referral agency that we won't accept the referral for them because we know that they, they have passed their, or sold their erm, food parcel on for, for money to get other, other items, so therefore, they don't really need a food parcel. Erm.

Researcher BN: Yeah. So did you ever talk about, kind of finance, employment, housing? Did those conversations ever come up?

SP5: If they asked us about, erm, whether they could get money from the food bank, we always said no we’d only provide food. Erm, we'd never provide money to buy food because you couldn't be sure what they were gonna buy. Erm, and as I said, erm, if they ever needed something extra and we couldn't get it for them, we’d give them a voucher for, a specific shop where they could go and buy things. Erm, if they did ask us questions about that type of thing, we would point them towards, erm, Citizens Advice Bureau, and say it would be best to speak to someone who's qualified to, to answer your questions, because we're not qualified to, to talk to you about that, you know, erm, if you need help with, with food or, or finance or, sorry not food erm, housing, or finance or other health issues, then there are other appropriate agencies who you can go and speak to.

Researcher BN: Yeah. So is there anything that would, you think would have, kind of if you put yourself back into that time when you were delivering, is there anything you think would help you to have conversations with people about health and lifestyle and, kind of, the wider socio determinants of health?

SP5: Well, when, when (name) first started the food bank, he wanted to erm, provide a, a community service, as well and, he used to have erm, a, a Saturday club for, for children, that they could come and, it was to give the parents a rest, if you like. Erm, the parents were encouraged to be there, but they could sit and have a cup of coffee and chat amongst themselves, and the children were looked after so, he had an er, a vision of doing that. Erm, you know, as well as the food bank. So the, the erm, the clients who were requiring food parcels where then, sort of erm, asked, erm, whether they wanted to put their children into this club it was, it was a Saturday morning for two hours from, I don't know, 10 till 12 I think, and it was for, I think it was five to, about 11 or 12. I can't remember. I think it was just, er, it wasn't high school age it was just, it was junior and middle school age erm, or middle school as it was then. Erm, so, but after he passed away, that sort of, erm he was the real driving force with that. Erm, and after he passed away, his wife wasn't really interested in carrying that on so it all fizzled out. But, erm, I've always wanted to try and get, er, a community kitchen running in (name of location), but it's never really, we, we did have a community kitchen which was associated with the food bank, erm.

Researcher BN: Ah OK.

SP5: Especially during the pandemic. Erm, and because we were getting large amounts of fresh food as well as erm, the, the erm community kitchen used to make a soup, out of the, you know, vegetarian, it's not, vegetable soup, not vegetarian, erm vegetable soup. Erm, and these would be for those people who are on the referral would get it free, but, others could come and get it for a discounted, you know, rate they would pay say, 50 pence for a, for a bowl of soup, and they’d come in and, and you know, sort of like a, or, trying to get the community together once lockdown had had dropped away again. I mean, everybody had to be erm socially distanced and wearing masks and washing their hands, etcetera, but still, they could, they could sit in the same room and talk to each other, you know. Being on separate tables etcetera. So it, it got a little bit, and then if they were vulnerable people who were not able to provide a meal, they would, they would make a meal, and then take it to that er, vulnerable persons’ home, erm, and drop it off, it would be a hot meal for them to eat, erm, whether it was just one course or two courses, whatever it was, and they would then, so it was like Meals on Wheels, but it wasn't, there was no payment involved. Erm, and that happened through, through the pandemic. Erm, unfortunately, the lady that was doing, dealing with it has since been diagnosed with cancer, and it is working, but it's not working in the same way as it was during the pandemic, erm, and the likes of erm Christmas, in that there were, they were getting orders for, you know, vulnerable people at Christmas dinner and providing them with a Christmas dinner. So, you know, instead of having some jam and bread for Christmas, they got, you know, er, a full Christmas dinner provided, cooked, everything. Erm, so, but when I was hoping to do pre pandemic was to be able to have a kitchen associated with the food bank, so that erm, we could have that as well, but there were, there were certain logistics that, made it erm, difficult to, to operate, although during the pandemic erm, it seemed to work because just about anything goes during the pandemic, you know, whatever you can provide is really great and the community are really grateful for, so.

Researcher BN: Yeah.

SP5: Erm, and so we'll just, erm, we’re just a, er a food bank, providing food for vulnerable, vulnerable people and er, nothing else on the, on the cards for future, er, projects or anything like that.

Researcher BN: Yeah. Is there any sense that stops you from, talking about health and lifestyle with clients?

SP5: Only them really. You know, if they, if they don't want to talk to you in a, you know, if they are not open to you talking to them if you know what I mean, they, they say thank you for the food parcel, go inside, shut the door. Erm, if they do ask a question about, we, as I said before, we can either answer them there and then, or, we can get the information they require and then, erm, let, them know what it is and where they can find it and who's, who's the best source of that particular, erm, question that they have, and then let them do it, as and when if they want to.

Researcher BN: Yeah. And do you think it's an appropriate environment to talk about those sorts of things, so like health behaviours, mental health, housing, finance, do you think it's an appropriate environment?

SP5: I think any environment is appropriate, as long as the client has approached you.

Researcher BN: Okay.

SP5: You know, if you, if you say ohh erm, for instance, erm, we tried to give you healthy eating, but if you want something more healthy, you know, we can, we can discuss that with you, we’re, we're sort of putting something on to them that we don't really want to do. But if you say, you know I, I would like to have a more healthy diet, I don't want to have, you know erm, baked beans, or this or that or the other, I would like to have such and such. And as long as it's within our remit to be able to do that, then we'll try and do it, you know, erm, especially if they have allergies to something, or have some other er, food concern, erm, that they would like to have something different, erm. Then we will try and oblige them with that

Researcher BN: Yeah.

SP5: …within the parameters of our, our erm, our abilities.

Researcher BN: Yeah. So, obviously before I kind of mentioned brief, the term brief health interventions had you, were you familiar with that term, before? Had you ever received like training in how to initiate a, a brief health conversation before?

SP5: Not in, not prior to 2020, we have had erm, training since then last year. Erm, but, it's not a, a great deal of training, some, some of the volunteers have had more training than that because some of them have a, have a health background,

Researcher BN: Ah okay.

SP5: ..you know, they've worked in a health service so they've got, they've got that background already, erm.

Researcher BN: Yeah.

SP5: Others, erm, have not so much. So, erm, like that, I've, I've done safeguarding training, erm, as a making sure that you’re safeguarding yourself, but also safeguarding your clients as well. But, also more importantly, to safeguard, erm, erm, seeing that there’s safeguarding opportunities with erm, vulnerable adults or children within the family. Like, you know, you may see something that you, you think is not appropriate for a, for a parent or guardian to be, to be doing, with a vulnerable adult or a child. Erm, you know, make sure that you report it to the, the right agencies to, to erm, to get the appropriate action erm, and investigation going, it might be something, nothing, it might be something really very simple, but erm, you may be, you may be witnessing something that's starting to happen to a vulnerable person, erm, whether it be a child or an adult, or the beginnings of something grooming or whatever, you know, erm.

Researcher BN: Yeah. So what, did you say, did you receive training in 2020 about brief health conversations?

SP5: No, no, erm.

Researcher BN: Ah OK.

SP5: Not in, not in there no, just safeguarding.

Researcher BN: Yeah. Okay. So are you familiar with the term making every contact count, or have you never heard of it?

SP5: I've heard that, I've heard of, I've heard that, yeah.

Researcher BN: OK.

SP5: Erm, and, erm, we used to go to a lot of events in, to do it with er, Macmillan, erm, and other agencies, where they had erm, a number of agencies altogether erm, with, with stands outside, and then you were you know, in a, in a all day conference. And I think those were terms that er, you know, make every opportunity count and, but I think it's more like a, a health service erm, er, slogan if you like.

Researcher BN: Right.

SP5: Er rather than it's out, rather than being out in the general community, you know erm, so I, er, but I, I do remember it, it er, coming up at one or two of the, the conferences that we were at. Erm, and, you know that, you can, you can see, erm, a little bit, a little glimpse of peoples lives, you know, when you are erm, delivering or interacting with er, clients but they, you only see what they let you see. Erm.

Researcher BN: Yeah.

SP5: So, you know, there's not a great deal of opportunity, but, I think when you're talking about health visitors and things, who actually go into their home and talk to them, and, you know, see what their needs are. They've got a bigger, erm, a bigger opportunity to interact and be able to use that slogan, make every opportunity count, erm, so, I think from our perspective it's, it's a limited, limited way of looking at it from that point of view, but in terms of, erm, looking at the vulnerability of children or adults, we have got, we have got an ability or, erm, to be er, to see things that might be happening in, in, in a family that may not be, may not be right, or, may not be erm, as, as good as it should be. Erm, in which case, you know, the safeguarding rules say that, you know, report it to the, the agency and let them investigate it, whether it's something or nothing, you know, at least you've tried to do something.

Researcher BN: Yeah. OK. So in terms of, is there any kind of training that you would want to receive in a system with kind of an initiating conversations around health and well-being?

SP5: (long pause) I don't understand.

Researcher BN: So there's no kind of specific topics, so, kind of, areas that you would want to receive training in helping having conversations around health behaviors?

SP5: No, I, I don't think we're, we're set up for, for that. Some of the other food banks in, in the Northumbria area are a lot bigger, and have erm, a, a larger repertoire of, of erm, agencies feeding into them, so they can actually help people a lot more than what we can, I think we can just feed those agencies the information that they, erm, that are family may. Need or want help with.

Researcher BN: OK. Yeah. Fair enough. Erm, and, so in terms of any resources that would help, do you think it is a, a resource thing that determines, whether you can have these conversations?

SP5: I'm not sure what you're, what you’re getting at erm, what resources?

Researcher BN: So do you, do you think the other food banks are more well equipped because they have, more resources?

SP5: Yes, I think erm, there are a number of food banks in Northumbria, which are set up erm, to be more than a food bank. Erm, in that they are able to help people with their finance, advise them on their finances, advise them on how to erm, er, you know er get, erm, housing, housing problems sorted out, and any other, any other situations they find themselves in, and they can then filter them to the appropriate agency. But they can do that within their own food bank. When, when people come in erm, they sit down, have a chat, have a cup of coffee. They've got that sort of facilities to be able to do that, whereas we don't, we're just a food bank that delivers food. And, if and when we see something or been asked something, we will, we will erm, send it to the appropriate authority to contact the client, and see how they can help them.

Researcher BN: Yeah. Uhumm. So do you think, if you, if you did receive training in, in brief health conversations, do you think it would have any effect on the health and well-being of your clients?

SP5: Depends on the client, I think. I think with everything, if you're, if you, as a person are, are willing to, look at change, whether it's through health or finances or whatever it happens to be, then you're more likely to change. If you don't want to change, you're not gonna change, so, you know. Erm, I think, being able to talk to people about it is, is one way, but I think erm, people make up their own mind, whether they want to do it. But if someone comes and says I want, I want to do something, I want to be more healthy, I want to get, erm, you know, more physical exercise, that's half the battle because they've said they want to do it. Erm, whereas if you're, you're going to them and say, you know, like a doctor might say to you, you know, I think, maybe you need a bit more physical exercise and you eat more healthy and I can send you on courses and get you this that and the other, you know, to help you. Erm, and it'll be up to you to decide whether you do that or not.

Researcher BN: Yeah.

SP5: Erm.

Researcher BN: Yeah, definitely. Well, that was everything I had to ask you, is there anything you wanted to add?

SP5: No, I think we've, we've covered quite a, a wide range of erm, topics on, on there. I mean, some of them I wasn't, I wasn't quite expecting but erm, hopefully I was able to give you enough information of what we might do, erm, as, as a Community food bank.

Yeah. No, definitely. Thank you.

SP5: And er, just, just to let you know that I know we’re called the (name of location) Food bank, but we, we extend from (name of nearby locations) so all, all the little villages in between. Erm, so we’ve got quite a big catchment area. Erm, there is a food bank at, at (name of location) which, erm, we correspond with, but we sometimes get crossovers on, on erm, referrals and things, because they're not sure of who to send it to. But erm, so we have got quite a big, for a small food bank, we've got quite a big catchment area, erm.

Researcher BN: Yeah.

SP5: But we seem to be able to manage, er, with the amount of help coming in, erm, is more than the help that is needed out in the community so we're always, nearly, well nearly always you know, in a, in a positive wave. But we do get monies in as well, so we can, we can erm, chop up any, any food stuffs that we need, as and when we need them.

Researcher BN: Yeah.

SP5: Or indeed any special, special dietary requirements, or requirements for erm, mothers with, or indeed fathers with babies. Erm, so the er, we try and make sure we've got everything, everything that we need.

Researcher BN: Yeah.

SP5: Erm, and can cope with that. So, I don't think we, I can think of a single time we haven't been able to help somebody, erm, with a particular food parcel. I'm not saying with any other, er, problems that they have. Erm, but in terms of getting, getting food to a vulnerable family, then, I think we've, we've managed to, to do a erm, as far as I'm aware, a 100 percent erm, good job.

Researcher BN: Yeah, that's great. Something to be really proud of really, isn't it?

SP5: Yeah, it is.

Researcher BN: Yeah. Definitely. No, thank you very much for your time.

SP5: You’re welcome.

Researcher BN: And thank you for answering honestly.

SP5: Yeah well, I’ve just given you the information that I know.