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Who Really Cares? Introducing an "Ethics of Care" to Debates on Transformative Value Co-creation

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Abstract

This paper introduces an "ethics of care" lens to the literature on Transformative Services Research (TSR) to understand how service users and providers co-create transformational value and well-being. In considering six food poverty organizations—categorized as market-oriented, faith-oriented, or neighborhood-oriented—the authors argue that the intention behind enacting the ethics of care drives different possibilities for transformative value. The analysis is organized in line with Tronto's (1993; 2001) phases of caring, and makes connections between values that drive the organization's work, emerging subjectivities, practices that unfold as a result, and ultimately the value that is co-created. The findings show that caring relations must be considered "in situ," as an organization's values and practices are what determine the potential for transformative value.

Key Words: Ethics of Care, Transformative Value, Values, Transformative Service Research (TSR), Food Poverty

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1. Introduction

The emerging field of Transformative Services Research (TSR) is concerned with the potential of services to improve the lives and well-being of individuals (Anderson et al. 2011; Anderson et al., 2013; Anderson and Ostrom, 2015; Black and Gallen, 2015; Rosenbaum, 2015). Some researchers have recently used TSR to explore the role of intentionality while investigating both the intended and unintended effects of the efforts of service providers to improve well-being of their users (Finsterwalder and Kuppelwieser, 2020; Kuppelwieser and Finsterwalder, 2016). However, not many have explored the impact of the *ethical context* in which service providers operate on well-being outcomes. Omitting the ethical context is a serious oversight as it is this ethical context that shapes and directs the practices of service providers on the ground. The ethical context is what gives them motivation, purpose, and intentionality, and thus ultimately impacts their potential to genuinely foster well-being.

To remedy this blind spot, this study applies the ethics of care (Tronto, 1993; Held 2006) to understand caring practices within service delivery. Ethics of care refers to "a way of living one's life and resolving personal conflicts that is driven by feelings of responsibility for enhancing the well-being of others and a sensitivity to the interpersonal consequences of one's actions and choices" (Thompson 1996: 401). In other words, it is an approach to relationships which prioritises attentiveness and mutual respect. We apply the ethics of care to our data by using Tronto's (1993) three phases of caring (caring about, caring for, and care giving).

The first phase, “caring about,” begins with understanding how the problem is framed; questions here include: *What* is the nature of the problem we care about? The second phase, “caring for,” is largely about responsibility: *Who* is responsible for addressing that problem? The third phase, “care giving,” determines *how* that care then proceeds, or how the practices of care are enacted. Simply put, the three phases are mapped onto the what, who, and how of caring. Tronto’s three phases of caring are vitally useful because, as shown later, it allows us to connect the values of an organization (the what and the who) to the caring practices (the how) enacted by its members. Overall, the paper argues that the purpose and intention (the values) behind these caring practices are what ultimately determine whether transformative value can emerge. This argument is a unique contribution to current theorizations of transformative value within TSR.

The research context of this study is food-poverty organizations (FPOs). The growing number of food banks in the UK reflects a shift of caring responsibility from the state to FPOs (Lambie-Mumford and Dowler, 2014). This shift creates a pressing need to understand how this caring responsibility is practiced and to explore its potential for fostering the well-being of its users who are more often than not excluded or “underserved” (Sanchez-Barrio et al., 2015). An ethics of care lens is used to examine the experiences of those volunteering and working in FPOs in three different ethical contexts, categorized as market-oriented (two organizations), faith-oriented (here faith refers to organized Christian religion - two organizations), and neighborhood-oriented (two organizations). The paper explores how values in each context frame and motivate caring practices that subsequently impact the transformative value of service providers and users.

The research is laid out in the following way: the paper begins with an overview of well-being and transformative value in TSR. The ethics of care lens is then introduced, and its

usefulness in unpacking the link between values, practices, and transformative value is explored. This section is followed by the methodology and the findings. The findings in relation to the three organizational orientations (market, faith and neighborhood) are organized according to Tronto's (1993) three phases of caring (caring about, caring for, and care giving). The discussion and concluding sections relate the findings back to the aims of the paper in two ways. The first way is by exploring how the values of the organization impact on the practices and relations of care that are enacted. The second way is by considering the potential of these practices and relations to produce transformative value for both service providers and users in each of the three organizational types.

2. Transformative Service Research and Well-being

The focus of Transformative Service Research (TSR) is to explore the potential for services to improve the lives of individuals and communities (Anderson et al., 2011), in particular via enhanced well-being and quality of life (Black and Gallen, 2015). The research concerns consumer and societal welfare in the aggregate (Ostrom et al., 2010) but also the life circumstances of individual users (Dagger and Sweeney, 2006). For enhancements to users' well-being and quality of life to emerge from the service interactions both provider and user must actively and mutually participate in the interaction (Rosenbaum, 2015; Sanchez-Barrios et al., 2015).

In exploring value co-creation and well-being, TSR researchers have focused specifically on ways in which the value that is co-created might be "transformative." Transformative value can be achieved when service providers act "as a 'bridge' for both individual and societal transformation" (Blocker and Barrios, 2015: 265). In defining transformative value, Blocker and Barrios distinguish it from habitual value; the latter reflects the mundane and everyday

value that meets consumer needs, whereas transformative value "generates uplifting change for greater well-being among individuals and collectives" (2015: 265). Blocker and Barrios observe that transformation occurs when individuals become aware of their role in replicating social structures and, instead of continuing the *status quo*, opt to make changes in dominant patterns of behavior. In summary, this conception of transformative value highlights its exceptional nature.

Such beneficial value co-creation outcomes (well-being, quality of life, meaning, purpose) may be both intended as well as unintended (Kuppelweiser and Finsterwalder, 2016), but may not always be achieved. Indeed, consumers may not only be neglected but in fact be harmed in the course of service delivery (Rosenbaum, 2015). Similarly, some services may have effects that "spill over," having ramifications beyond those intended, and affect a wider audience than the provider originally envisaged (Neghina et al., 2015). More recently, the focus on such unintended or accidental outcomes has led to the consideration of the intentionality of the actors' efforts in the co-creation process (Finsterwalder and Kuppelwieser, 2020). Further, Finsterwalder and Kuppelweiser distinguish between external intentionality—which is "the execution of intended actions"—and internal intention—which is "an agent's mental state and represents the aim to undertake these actions" (2020: 3).

Although intentionality is useful for investigating the intended and unintended effects of the efforts to improve well-being, what is absent is consideration of the ethical context, in particular of the *values* that underpin these intentions. Values are ethical and moral principles guiding actions or standards of behavior (Arvidsson, 2011) and are one's judgment of what is important in life (Schminke, Arnaud, and Taylor, 2015). These ethical values provide a foundation for making judgments about fairness, which in turn provides the basis for action, practice (Schminke et al., 2015), and intentionality. These values also create significant

relations “that are able to tie participants to a project, motivate them to keep supplying their productive input, and give a sense of meaning and purpose to their participation” (Arvidsson, 2011: 270).

The link between values, practices and the process of value co-creation is of interest to TSR as a whole but particularly relevant in the case of vulnerable users who may be excluded from the mainstream marketplace due to poverty, ill health, or other factors (Baker et al., 2005; Blocker and Barrios, 2015; Mulder et al., 2015) and hence find their experience overlooked. Examination of these links provides a greater understanding of value co-creation and facilitates the opportunity for organizations to move beyond the co-creation of habitual value and co-create value that has the potential to be transformative for both individuals and society.

The next section illustrates how ethics of care is useful in linking values and value co-creation in FPO’s by providing an in depth understanding of the “values and practice” (Held 2006: 6) emerging from the relations between service providers and vulnerable users (Held, 2006; Ruddick, 1989; Thompson, 1996).

3. Ethics of care and enhancing food well-being

The ethics of care are driven by feelings of responsibility for, and awareness about, how one can enhance and support the well-being of others (Thompson, 1996). Although the ethics of care began as a feminist version of ethics, Ruddick (1989) highlighted that the characteristics of maternal thinking have embedded values and practices which can be exported to other aspects of public life, for example consumption (Heath et al., 2014; Shaw et al., 2017). Hence, while researchers have used the ethics of care concept to focus on caring for

vulnerable others and on providing a deeper insight into the role of emotions (Held, 2006), TSR is only now beginning to delve deeper into these types of emotional relationships within service settings. For example, in their research on volunteers, Mulder et al. (2015) do not directly reflect upon ethics of care but acknowledge that there is a need for the actors involved in the co-creation process to be compassionate, caring, and respectful of others.

An ethics of care recognizes that people in caring relations can act for themselves as well as for others, and sees individuals as neither egoistic nor altruistic. In highlighting the centrality of the affective component, caregiving is understood not simply as doing things for vulnerable others but providing attentive support in which a mutual sense of self-worth is established and where value co-creation can occur. Value co-creation is a reciprocal process that assumes all actors are engaged, committed, and active (Storbacka et al., 2016). Of particular relevance to the TSR literature is that an ethics of care rejects the assumption in many traditional ethical theories that abstract reasoning about moral dilemmas is important in order to remove the arbitrariness that might emerge from a consideration of the messiness of social relationships. Rather than abstracting from the situation, instead an ethics of care embeds the solving of moral dilemmas in the context of relationships with others, for example by exploring the emotional implications of these relationships for all actors involved.

Tronto (1993) helpfully sees an ethics of care as consisting of a progression of phases. The first phase of "caring about" involves attentiveness, and a disposition of benevolence. It relates to the nature of the caregiver, e.g., the service provider who wishes and intends to transform the value offering. This phase is followed by "caring for," a phase in which responsibility is assumed towards a needy other. The third phase of "care giving" consists of practices and actions of care that require technical and moral competences and skills that

address the needs of vulnerable others. The only study applying this frame in a marketing context is Shaw et al.'s (2017) study, in which the authors explore the links between care and caring and the how and what of consumption.

Adopting Tronto's (1993) phases of the ethics of care can illuminate the values and practices underpinning value co-creation by FPOs. As suggested by the literature, FPOs and their various initiatives—from farm shops to community gardens, community shops, and even breakfast clubs in schools—offer opportunities for enacting care (Holloway et al., 2007; Lambie-Mumford and Dowler, 2014; Surman and Hamilton, 2019). Building on these studies, this article frames FPOs as offering a specific form of care via the provision of food. This is similar to Block et al.'s (2011:6) view of food well-being: "as a positive psychological, physical, emotional, and social relationship with food at both the individual and societal levels." This approach to food moves away from a nutrition perspective to reflect a more holistic role for food in people's lives. Food well-being incorporates five domains of consideration: food socialization (the cultural and social role of food at an individual and societal level), food literacy (societal and individual knowledge of nutrition), food marketing (consumers' choices and marketing activities influencing individuals and societies), food availability (the accessibility and variety of food at an individual and societal level), and food policy (social and government policies on nutrition, safety, agriculture, and labeling) (Block et al., 2011). In a similar way, Scott and Vallen (2019) focus on the holistic role that food plays for both individuals and communities and its impact on short and long-term well-being. Following this perspective, food poverty has been seen as a symptom of a "group of overlapping challenges" (Bublitz et al., 2019a: 136) which exacerbates existing health and social problems, often neglected by the "government welfare safety net" (Thompson et al., 2018: 101).

To summarize, the contribution of this study lies in the linking of two research strands—TSR and the ethics of care—to aid our understanding of how the purpose (the values) behind caring practices in a services context ultimately facilitate the potential for transformative value to emerge. Hence, the two objectives of this study are:

- To explore how an organization's values impact the enacted practices and relations of care (using Tronto's ethics of care frame).
- To examine the potential of these practices and relations to produce transformative value for both service providers and users.

4. Methodology

This study emerges from a multi-method ethnography conducted together with the outreach department of a local theater company. The first phase of the study consisted of site visits to FPOs, non-participant observation, and two workshops led by theater practitioners. Participants for the study were drawn from six FPOs in two major Northern UK cities. These cities were chosen for the following reasons. City A has been identified by the Fabian Commission on Food and Poverty as one of the ten cities with the highest incidence of food insecurity across the UK. The city participates in the Sustainable Food Cities Network and has several thriving community food projects. City B, on the other hand, was chosen as it is just beginning its journey towards Sustainable Food City status, and has developed innovative approaches to tackling food poverty. In addition, both cities have seen an increase in food poverty and are characterized by high levels of deprivation.

The study used judgment sampling to identify organizations tackling food poverty in both cities. The aim of sampling was to reflect the variety of organizational types that constitute

FPOs, including registered charities, community organizations, and social businesses. Once these organizations were identified, the chief executive or assistant manager was contacted and invited to participate in the study.

Field notes were taken during the site visits, observations, and workshops. Peer-to-peer discussions and short interviews were audio recorded. In total, 26 participants were involved in the workshops, and the transcribed field notes/discussions/short interviews resulted in 50 pages of typed notes. The observational data and interviews collected during this phase informed the production of a piece of documentary theater (see Burgess et al., 2017; Surman et al. 2018 for indepth discussions of this methodology). This piece was performed to an invited audience of 80 key stakeholders from the community, which included academics, local councilors, managers, and volunteers from a variety of FPOs. The cast included community members, and the performance was followed by a discussion in which the audience, prompted by the issues raised in the play, shared their own life stories and experiences in relation to food poverty. The key themes to emerge from the various aspects of the ethnographic research were around the nature and emergence of food poverty and the form and focus of caring responses.

To supplement the ethnographic data, interviews were conducted with other members of the participating organizations through a process of snowball sampling (Silverman, 2006). In this second phase, 12 qualitative interviews were conducted (eight women and four men) with staff and volunteers from the FPOs, some of whom participated in the ethnography and some who did not. Table 1 details who was interviewed from each organization, and provides organizational information about activities, staffing, size, and primary user group.

This study follows previous work, including that by Ozanne et al. (2017), that takes a "relational engagement approach," to working with research participants, utilizing different methods and stakeholders to generate transformative consumer and service research. This study draws on data from the 12 qualitative interviews. Theoretical saturation was achieved at this number, when combined with the short interviews, additional data, and interpretations collected during the ethnography in phase one. All organizations and individuals have been given pseudonyms to preserve anonymity.

INSERT TABLE 1 HERE

As shown in table 1, participants had diverse backgrounds, e.g., chief executives with private industry experience as well as volunteers who had experienced food poverty themselves. This diversity provided a better understanding and broader view of service providers' experiences. In all cases, the chief executives and managers also worked with volunteers on a day-to-day basis and engaged with the users. Thus, all respondents were able to discuss their experiences of engaging with users of their services. The interviews were audio recorded and subsequently transcribed, they typically lasted for 60 minutes and took place on site at each FPO's venue.

This research uses a feminist perspective to invoke a contextualized form of reasoning as opposed to an abstract one; one which acknowledges the role of emotion (Edwards and Mauthner, 2002). The ethics of care framework provides an understanding of the relations between service providers and users, and also provides a frame for the researchers' relationships with participants. As discussed above, this framework is based on developing a mutual sense of self-worth (Held, 2006). The framework directs attention towards

responsibility in this relationship between service provider and user (Noddings, 1984) as well as toward the "relational, dialogical nature of human interaction" (Denzin, 1997: 273). Thus, the type of questions that were asked related to the organization's work and the participant's role and motivations, e.g., Could you tell me about your role? How did you get involved to begin with? What are your (the organization's) main challenges? Through the discussions, the researcher attempted to gain a deeper understanding of the motivations and values of the participants as well as those of the organization per se. The researcher also encouraged participants to reflect on their thoughts and feelings during interactions with service users (Midegley, 2016). These conversational discussions allowed respondents to feel comfortable talking about the emotional role of their work and to relate stories from their day-to-day interactions with users of the FPO.

Using an analytical approach similar to Weaver et al. (2019), who researched the alleviation of poverty, this research used the data analysis software NVIVO to code interviews in order to illuminate themes within each individual discourse. An interpretive approach was taken to analyzing the data, where each of the transcriptions were analyzed thematically (Hudson and Ozanne, 1988; Spiggle, 1994) using Tronto's phases of ethics of care to guide the emerging themes. These emerging themes were tested against alternative explanations or interpretations among the research team (Weaver et al., 2019) and with the ethics of care literature. The final analysis resulted from a continuous back and forth between the literature, the data, and the various authors (Wallendorf and Belk, 1989; Thompson, Pollio, and Locander, 1994). In addition, as this research is part of a larger ethnographic piece, the data themes were triangulated through an iterative process with the field notes from the larger ethnographic study.

5. Findings

Tronto's (1993) phases of care were used as heuristic categories to organize the analysis of the delivery of care. Differences and similarities emerged amongst the FPOs about how food poverty is framed (i.e., theme 1, *caring about—framing the problem and identifying needs*), responsibility is taken (i.e., theme 2, *caring for—who is responsible for meeting needs?*), and finally how actions are undertaken (i.e., theme 3, *care giving—discerning and attending to care needs "in the moment").*

In order to provide an analytical overview of such differences and similarities, three different care orientations were identified. *Care orientations* are a set of beliefs, standards, ideas, and ideals guiding the practices of service providers toward a user in need. As illustrated in the following sections, the first caring orientation is *market-oriented*, which sees the marketplace as the stage on which economic inequalities emerge and also where solutions can be found. The second caring orientation, *faith-oriented*, includes organizations that were guided by a Christian religious perspective and where the service was delivered from a church or church related building. This orientation sees inequalities in a broader sense and as a result of material and affective deprivations. Pastoral care and material support administrated by the organization are seen as a solution for such a structural inequality. The last orientation, *neighborhood-oriented*, sees the localized inequalities of the community through a socio-historical lens which accentuates the notion of class struggle. Material support and solidarity within the community are seen as the primary coping strategies. Table 2 and the following sections show in detail how the three care orientations substantially frame values and direct caring practices of the respective organizations.

INSERT TABLE 2 HERE

5.1. Caring About – framing the problem and identifying needs

Tronto's description of "caring about" identifies the issues of awareness and attentiveness to a caring deficit involving: "listening to articulated needs, recognizing unspoken needs, distinguishing among and deciding which needs to care about" (2001: 62). Tronto's notion of identifying needs is here understood as the way in which food poverty is framed. In the examined FPOs, the problem of food poverty was framed in contextualized terms rather than in abstract ones, which, as Held (2006) reminds us, implies that relationships are seen in a specific *here and now*.

In line with recent research (Bublitz et al. 2019a, 2019b; Thompson et al., 2018), food poverty is blamed on the State and its failure to provide for citizens. Changes to the system of benefit distribution are particularly identified as plunging people into crisis. Although the origins of food poverty are described in similar terms, the perpetuation of food poverty and potential solutions to it are framed differently. FPOs with a market-oriented care frame food poverty as a problem that resides within the marketplace and thus refer to issues of choice and access.

> … without the income you can't make the purchase of food. Without the right level of income, your decisions about what particular food you buy for you, and your family, are skewed, and they're quite restricted. […] So, I guess it's about whether people can actually afford to eat. Then it's about what kind of choices people are able to make with the income that they have. (Becca, volunteer, Discovering Answers)

> … when you've got debt, no gas or electricity, kids are hungry, you've got a million and one things going on, you're not thinking about how you're going to make a vegetable soup. (Jenna, volunteer, Let's Go Skill)

The above quotes define food poverty using some of the food well-being dimensions highlighted by Block et al. (2011). Here, food poverty is seen as resulting not only from a lack of food literacy at the individual level but also from a lack of consumer knowledge and ability to make choices and to fully participate in the marketplace (food marketing) by making "good" decisions of what and how to consume and thus eat.

A different account is provided by FPOs with faith-oriented care, in which food poverty is understood as a form of isolation and lack of support, or as Bublitz et al. (2019a: 136) put it, as "only one of overlapping challenges:"

> There is a huge bottleneck of people trying to get through the system and get benefits back on track when they're entitled to it […] the lack of food is only the flower—all the root stuff is about being isolated, not accessing benefits and things, family breakdown. (Adam, chief executive, Brighter Futures)

This type of organization sees food poverty as the result of social exclusion, being excluded from a network of familial and social support. In fact, isolation is seen as the main issue which is then made visible via lack of financial resources and accompanying hunger.

A similar account is provided by FPOs with a neighborhood-oriented care in which great emphasis is given to the local and familial network.

> There's been lots of poverty within that [ex-mining] area from the '80s anyway. These are generations who've gone through the poverty trap. Previous governments wouldn't have allowed them to go below the poverty line. Now we're seeing it on a daily basis. (Bob, founder, Together as One)

A socio-historical perspective to the problem positions it as having roots in the coal mining pit closures under Thatcher's government in the 1980s and the related working-class

struggles continuing into the present. Recognizing the macro aspects of the job market, this organization sees food poverty as a systemic and societal problem that is perpetuated from generation to generation, producing a structural crisis at a local level. As such, this type of organization frames the problem of food poverty around Block et al.'s (2011) food well-being dimensions of food availability and food policy.

To summarize, these three types of organizations frame the problem of food poverty around different food well-being dimensions, actors, and indeed networks. Consequently, different caring practices and interventions unfold by attributing blame to different actors (government, communities, market, and job market) and by identifying individual needs in different ways (lack of nutritional and consumption competences, isolation and localized deprivation).

5.2. Caring for – who is responsible for meeting needs?

Tronto (2001: 63) describes "caring for" as "when someone assumes responsibility to meet a need that has been identified. Simply seeing a need for care is not enough to make care happen; someone has to assume the responsibility for organizing for the care work that will meet the identified needs." Echoing Held (2006), Tronto's (2001) notion of taking responsibility for a dependent other, who is temporarily in a subalternate position, sees caring relationships as a matter of protecting and safeguarding. The selected FPOs maintain a very clear understanding of their responsibility towards vulnerable others and their protective roles, which are however framed in very different ways.

FPOs with a market-oriented care see the market as the source of problems but also as a potential actor for solving food poverty.

> I spoke to Marks and Spencer's, and I got them, basically, to donate all of their just-to-be-out-of-date food. And that basically kept a lot of families, a lot of women and children, fed very well. So, I think there's a lot of things that we could do, perhaps locally, to tweak that kind of stuff. (Becca, volunteer, Discovering Answers)

The FPO's responsibility is conceptualized as harnessing the potential offers in the market by encouraging consumers to donate to the organization and by encouraging retailers to redistribute food that they would otherwise throw away. In addition, Let's Go Skills aims at "educating the donor" in donating good quality food while insisting on its responsibility to refuse donations that do not conform to its food standards. FPOs act as care brokers in two important ways. First, as creating a "distribution network" (Bublitz et al. 2019b), in liaising between abundance and dearth of food, and channeling it to where it is needed. Second, and more importantly, they act as an educator of "good food standards" within the marketplace (individual donors, supermarkets, and clients) (see also Bublitz, 2019b).

FPOs with faith-oriented care see the responsibility of the organization as bringing service providers and users together, creating a forum through which an individual can receive, express, and enact spiritual and material care. As the quotes below show, the emphasis here is not on the market and its redistribution of "good" resources but on a localized network through which various types of material and spiritual support are enacted.

> We did ten weeks' drama here with them. Me and Sheila, who co-runs the project, we came up every… I think it was Tuesdays, for ten weeks, and at the end we did a little production. Members of the public came, which gave them confidence, and self-respect, restoring their dignity as part of something that they valued. (Jane, co-founder, Safe Space)

> We take them and sit down, give a cup of tea, biscuits, whatever has been donated. It is chatting to people and feeling that they have been listened to […] it is about moving people on, not leaving people where they are at. (Adam, chief executive, Brighter Future)

Having framed food poverty as a lack of food socialization, these FPOs direct their responsibility toward enhancing the cultural and social aspects of well-being, both at the individual and collective level. Located in a deprived urban area, these organizations see their responsibility as building a localized network in which "we do look after each other," as Adam, the chief executive of Brighter Future, says. Indeed, he also remarks that looking after each other does not simply imply the distribution of "whatever has been donated." rather, looking after each other is about providing pastoral care on an individual basis ("we take them and sit down") and about building a community via workshops. Caring is thus less focused on the quality of the food provided and more on listening and on building self-confidence. The responsibility of feeding fades into the background of caring practices that enhance the well-being dimension of food socialization (see also Scott and Vallen, 2019).

This understanding of responsibility is also common amongst FPOs with a neighborhood-oriented care. For these FPOs, responsibility is seen as primarily offering a space in which family and friends can meet and "do something." Distribution of food items is seen as merely one of the responsibilities of the organization, which is centered around the idea of regenerating a localized network of support.

> A lot of me [sic] friends, a lot of me [sic] family were suffering, they were going into [breaks down in tears] abject poverty. It isn't good to see your friends, your family being stuck in benefit traps […] you can't justify it, can you? Yes, it's personal, we're living it every day, aren't we? You see it everyday […] It's just stressful every day. (Bob, founder, Together as One)

> People are just sort of knocking about, with nothing to do apart from register with the Home Office every other day. (Raquel, co-founder, Healthy Food First)

The responsibility here is described as "personal" since the user is not an undetermined individual but someone from the local network (friends and family). Because these organizations see these individuals as disconnected within the local network, they understand

their responsibility as a matter of creating occasions in which the network is reactivated and people can interrupt their isolation, find purpose and "do something." As such, the role of the organization is understood as harnessing resources (food availability) but also as offering structure and meaning (food socialization) for people who may otherwise just be wasting their time ("knocking about").

5.3. Care giving – discerning and attending to care needs "in the moment"

An organization's ability to respond to need is based on its staff and volunteers' willingness to be attentive to the needs of others and to be available whenever needed. Volunteers and staff enact care through the mere fact of "being attentive," being there and being ready to engage with those in need of attention. Embodying support, staff and volunteers deliver what Tronto terms, "the actual material meeting of the caring need" (2001: 63). Importantly, Tronto recognizes that knowledge about how care is practiced is central to care giving, and that "competence is the moral dimension of caregiving. Incompetent care is not only a technical problem, but a moral one" (2001: 63). Care responses are shaped very much in the moment, bypassing formal sense-making, as some of the volunteers have (as more than one volunteer commented) "been there themselves." While care giving is central to the daily work of volunteers, the way that care is conceptualized varies in the three types of organizations. FPOs with faith-oriented care see care giving as one form of spiritual nourishment. Welcoming isolated people and seeking to improve their limited social capital are the most common practices of food socialization (Block et al., 2011). As one interviewee explained:

> I go and pick them up. If they're very isolated and vulnerable, I will go down to their house and I will bring them (to the community center), and if

> it's just to sit down and have a cup of tea. We give them a nice nourishing lunch. (Jane, co-founder, Safe Space)

Volunteers and staff demonstrated a sensitive approach to care giving, which involved a tacit and nuanced understanding of needs and a carefully measured response designed to ease suffering and maintain dignity (see also Bedore, 2018). Aware of their powerful position, they learn to respond in ways that maintain respect for individuals. The notion of respect is expressed through and embodied in a variety of practices, materials, competence, and meanings, such as spaces of care (Bedore, 2018) where conversations take place in a reassuring environment. Embedded in commensality and sharing (Scott and Vallen 2019), eating and drinking ease the intensity of the exchange of harrowing and highly emotional stories. These faith-oriented ethical values illustrate the importance of the psychological understanding of Block's et al. (2011) shift toward food well-being as a holistic dimension.

FPOs with a neighborhood-oriented care, in contrast, do not have any spiritual commitment. They try to create a shared space within a specific housing estate or area of the city and rely on a commonality of experiences to maintain the dignity of those in need. Volunteers in these organizations paid close attention to the material environment in an effort to maintain the dignity of individuals.

> Food was always a focal point of the estate […] It's your way of giving something back as well, you know? When you you're eating, you're also talking, aren't you? So food is the focal point of community isn't it? (Bob, founder, Together as One)

While great effort is dedicated to practices around food provision (the well-being dimension of food availability), volunteers also pay attention to the cultural and social aspects of the estate (the well-being dimension of food socialization). This included, for example, organizing social activities that can rebuild people's cultural and social capital. These activities centered around the estate and fostered solidarity and a sense of pride in their

locality. For example, Raquel describes the response of the local residents when Healthy Food First had to cancel the launch of its community food hub and garden because of an arson attack:

> We couldn't believe it: hundreds of people turned up and held hands around the building site. It was just before we were about to start, and it's just like we've got these amazing photographs of people just linking hands and just going, no, we're looking after it. We're going to make it happen. (Raquel, co-founder, Healthy Food First)

These feelings of solidarity are intimately connected to the histories and narratives of the locality. In this case, solidarity was central to the authoring of a more hopeful and positive future (Hage, 2003). Indeed, in a study of the sense of belonging in a neighborhood, Bennett (2015: 957) observes that "the geographical and material elements of an ontological belonging can lead to an ethic of care for the future" .

Market-oriented care practices are significantly different from the previous ones. The central aims of market-oriented organizations are teaching individuals to cook healthy meals and make better consumption choices. Such practices address two specific food well-being dimensions, namely food literacy and food marketing:

> So, we'll be selling slow cookers or giving them away as a parcel and people can come in, buy their bags, a range of bags. It's a kind of retail approach, a commercial approach, for us, where we're actually selling them bags. Just like a family of two or three, £4, the meat comes chopped, the veg comes chopped. We make the sauces here fresh, that kind of thing. We pour it in. They get used to cooking. And then we're introducing them to other stuff and other cookery techniques upstairs. (Steven, co-founder, Let's Go Skill)

Seeing the market as the appropriate context for solving inequalities, this type of organization focuses on the idea that educating individuals to make "better" food choices is a sustainable and long-term solution to food poverty. Having established a direct ethical link between competent care giving and the provision of nutritional food, these organizations' primary practices revolve around teaching and re-skilling as opposed to feeding, sharing, and

listening. Here, practices of care are focused on expanding the cultural (gastronomic) capital by teaching individuals the relevant technical skills of shopping, cooking, and eating and how to make "good choices" in the marketplace.

6. Discussion

The findings in this paper have generated a greater understanding of the relationship between the ethics of care and the values underpinning it. Work to date that has applied Tronto's framework (1993), for example Shaw et al. (2017) has assumed that care is framed, planned, administered, and received monolithically and indistinctively by all actors involved in the process. However, this study looks at organizational values and practices to find that there is no universal way of framing and delivering care. In particular, introducing the notion of care orientation changes our interpretations of motives by taking us beyond the intentionality of individual actors (Finsterwalder and Kuppelweiser, 2020). Care orientation incorporates the role of structural and cultural elements (local communities, religious (Christian) organizations, and social enterprises) as well as their scope, set of beliefs, standards, ideas, and ideals. Introducing care orientations to Tronto's phases of care has shown how the overall process of caring varies substantially in terms of values, practices, relationships, and subjectivities. This contextualized analysis of care orientations also generates a greater understanding of how care orientations have the potential for transformative value. Table 3 and the following sub-sections provide a detailed illustration of these contributions.

---------- INSERT TABLE 3 HERE ----------

6.1. Market-oriented care

Organizations enacting market-oriented care clearly see well-being as a matter of individual empowerment in the marketplace. While they see the problem of food hunger as a structural problem of food availability, their values and practices are mainly focused at the individual level, around the dimensions of food literacy and food marketing (Block et al., 2011). Thus, their values and practices are oriented toward teaching and building skills in relation to food nutrition and consumption practices (from acquisition to food preparation). Their aim is to improve users' cultural capital via practices in which there is a clear dyadic relationship between the service provider (who teaches) and the user (who learns). Since the relationship is top-down, the emerging subjectivities are related hierarchically. The service provider emerges as a central point since her/his intentionality (Finsterwalder and Kuppelweiser, 2020) is directed at educating donors and receivers, re-distributing resources, and developing the cultural capital of the receiver.

Interestingly, the donor is here understood as an important actor and there is an attempt to expand the practices of care outside the dyadic relation of provider-user. However, the donor remains in a peripheral and passive position and has no direct contact with the user. Similarly, the user is arguably positioned as marginal and passive in the sense that they are required to "activate" their competences to solve their own problems (Patrick, 2016).

This view is problematic because it does not develop any collective sense of responsibility and does not facilitate any relationships within the marketplace (for example, between donors and users). Responsibility is seen simply as an individual problem to be fixed by learning how to survive in the current status quo. This individualized and hierarchical care orientation appears to merely reproduce habitual value which remains rooted in (and serves to reproduce)

the mundane. Thus, transformative value which destabilizes the status quo is unlikely to be achieved.

6.2. Faith-oriented care

Organizations with faith-oriented care tend to frame their values and practices about well-being around the dimension of food socialization (Block et al., 2011). Here, the focus is on an immediate response to material and spiritual needs through care practices of listening, feeding, and praying, delivered via the (Christian) church community and guided by the values of spiritual nourishment. Such practices aim at developing users' social capital, which is achieved via one-to-one and group activities where food becomes a tool for facilitating socialization. Relationships emerging between service providers and users are a mixture of communal and hierarchical relations. The majority of care practices are provided on a one-to-one basis, which tend to replicate the hierarchical and patronizing view of users needing help to fix their own problems (Finsterwalder and Kuppelweiser, 2020). While problems are not framed as a lack of consumption competences, they are still seen as individual gaps to be addressed via pastoral care and spiritual support. Communal activities, in which charity and church members engage with users, show some attempt to redirect responsibility from the individual to the community. However, such activities tend to be seen as beneficial only for the user and their own self-confidence. As such, these activities reproduce hierarchical relationships (teacher and learner) in which patronizing and condescending practices might emerge. As Tronto (2011) observes, attempts at care giving, however well-meaning, that are informed by patronizing views are morally incompetent and can cause unintended consequences, including the stigmatization of those in need (Rosenbaum, 2015). Similar to

the organizations with market-oriented care, these organizations tend to reproduce subjectivities which do not disrupt but rather confirm the status quo.

6.3. Neighbourhood-oriented care

These organizations place greatest emphasis on the values of commonality and community. Values and practices are oriented toward a well-being understood around the dimension of food availability and food socialization (Block et al., 2011). Values and practices aim at redistributing resources (food) and building up local, place-based social capital for the entire community, including the service providers. Hierarchical relationships are not so visible within these organizations, where users are not defined as individuals lacking skills or in need of spiritual support. Receivers are defined as vulnerable members of the local community and, as such, they are helped by service providers who recognize themselves as being in a relatively "better" position.

This care orientation foregrounds the role of emotions, through which the creation of a sense of self-worth is mutual. As such, it recognizes that service providers are involved in a mutual exchange. Rather than merely delivering care, they are participants in a care relationship involving mutual obligations (Hage, 2000), which has affective implications for all parties. However, the data also highlights that a mutual exchange is undermined by occasional appeals to individual responsibilities and self-sufficiency that continue to stalk contemporary neoliberal culture (Patrick, 2016).

Despite these appeals, these organizations have the potential for a reflexive engagement to "rupture the habitual" (Blocker and Barrios, 2015) and to be transformational. In fact, in their attempt to shorten the distance between service provider and user, they provide opportunities

for genuine encounters with less privileged members of the community, who are not defined in the marketplace language as "service users." These personalized and localized relations might be characterized by a sense of being "in common" (Cloke, May, and Williams, 2017) or "caring with" (Tronto, 2001), forging a reflexive consideration of relations with others and awareness of location within social structures. It is within genuinely communal relations that an ethics of care approach has the most potential to foster subjective well-being through transformational value for all parties. Responsibility is at the heart of an ethics of care approach, particularly in attending to the needs of vulnerable others. Yet, this responsibility is a shared one; as our findings show, care can only proceed successfully if it is based on a commonality of experience and affect.

7. Conclusion

In creating an agenda for future TSR, Anderson et al. (2013: 1205) observe that "positive customer–service employee interactions contribute to consumers' and employees' everyday affective state, emotional health and self-esteem." This study has demonstrated that looking at relationships, rather than simply interactions, and how these are nested within care orientations produces a more in-depth understanding of how transformative value can be achieved. The study has the potential to "scale deep" in understanding how different care orientations of FPOs have an impact "within a community to secure food access for people living in a specific community" (Bublitz et al., 2019b: 362). Although all FPOs aim to resolve the same problem, as intentions differ, so do understandings of food poverty (framing), caring practices, relationships, and subjectivities. The variety of care orientations is key to understanding how different types of care enactments have the potential for transformative value. As such, this theoretical contribution also has a managerial implication,

since services around care—for-profit and non-profit services—can be planned on the basis of their care orientations and their potential for transformative value can also be assessed. This understanding of care orientations is also important for policy makers as care orientations of service providers can predict their practices, relationships, and indeed potential for value transformation. For example, policy makers addressing food well-being at a local level might prioritize FPOs with a neighborhood-oriented care since these have a greater potential for value transformation.

Scaling deep also brings another contribution to the table. This paper argues for care as an orientation towards food well-being dimensions, which are influenced by the above outlined caring practices. It extends the literature on food well-being (Scott and Vallen, 2019, Block et al., 2011, Bublitz et al. 2019a) by scrutinizing the ethical values and micro-caring practices of local FPOs that inform food availability, food literacy, food marketing, and food policy. While some studies have stressed the importance of relationship building and management for food access infrastructure for FPOs (Bublitz et al., 2019b), they have done so within the managerial marketing principles instead of examining the quality and dynamics of relationships through which food well-being is channeled. Ethics of care as a concept emphasizes the care relationship with a less economically secure individual, instead of with a "client" or "target group" (Bublitz et al., 2019b), and is thus more appropriate to gain a deeper understanding of social inequality.

Finally, scaling deep by looking at relationships through an ethics of care lens further addresses Bublitz et al.'s (2019b) call for local community-based insights into food poverty. This paper proposes two arguments for how an ethics of care lens is useful in understanding "the role of local initiatives in creating community cohesiveness in social change efforts to secure food access and address other poverty-related issues" (Bublitz et al., 2019b: 363). Our

findings have shown how a care-driven analysis makes the “overlapping challenges” (Bublitz et al., 2019a) of food poverty beyond hunger (Thompson et al., 2018) visible and thus tangible for more informed policy interventions. In showing how care is enacted through FPOs and how they can help transition users towards stability this paper contributes to an enhanced understanding of how care is essential for food well-being.

Looking ahead, further research could explore a wider range of responses to food poverty by embracing additional FPO types and functions. This study has taken a deep dive approach in exploring a small number of frontline managers and volunteers in FPOs and, as such, has its limitations. Future work could apply an ethics of care lens to a range of actors in the service ecosystem to include intermediaries and service users. Those studies could further explore the potential for transformative value to emerge from this network of caring relationships as well as the potential barriers to this emergence. Lastly, further research is needed to explore the ethical context of care provision via FPOs to deepen our understanding of the links between feeding, food provision, and care.

References

Anderson, L., Ostrom, A. L., and Bitner, M. J. (2011). Surrounded by services: A new lens for examining the influence of services as social structures on well-being (Working paper). Carey School of Business, Arizona State University

Anderson, L., Ostrom, A., Corus, C., Fisk, R., Gallan, A., Giraldo, M., Mende, M and Williams, J. (2013). Transformative service research: An agenda for the future. *Journal of Business Research*, 66 (8), 1203–1210. https://doi.org/10.1016/j.jbusres.2012.08.013

Anderson, L. and Ostrom, A. (2015). Transformative Service Research: advancing our knowledge about service and well-being, *Journal of Service Research*, 18(3): 243-249

Arvidsson, A. (2011). Ethics and value in customer co-production, *Marketing Theory*, 11(3), 261–278. https://doi.org/10.1177/1470593111408176

Baker, S., Gentry, J.W., and Rittenburg, T.L. (2005) Building understanding of the domain of consumer vulnerability, *Journal of Macromarketing*, 25(2), 128-139. https://doi.org/10.1177/0276146705280622.

Bedore, M. (2018). Socio-spatial relations of care in community food project patronage. *Social and Cultural Geography*, *19*(7), 873-893.

Bennett, J. (2015). 'Snowed in!': Offbeat rhythms and belonging as everyday practice. *Sociology*, 49(5), 955–969. https://doi.org/10.1177/0038038515589299

Black, H. G., and Gallan, A.S. (2015). Transformative Service Networks: Cocreated Value as Well-Being. *The Service Industries Journal,* 35(15–16), 826–845.

Block, L.G., Grier, S.A., Childers, T.L., Davis, B., Ebert, J.E., Kumanyika, S., Laczniak, R.N., Machin, J.E., Motley, C.M., Peracchio, L. and Pettigrew, S., (2011). 'From nutrients to nurturance: A conceptual introduction to food well-being'. *Journal of Public Policy and Marketing*, *30*(1), 5-13.

Blocker, C., and Barrios, A. (2015). The transformative value of a service experience. *Journal of Service Research*, 18(3), 265–283.

Bublitz, M. G., Hansen, J., Peracchio, L. A., and Tussler, S. (2019a). Hunger and Food Well-Being: Advancing Research and Practice. *Journal of Public Policy and Marketing*, 38(2), 136-153.

Bublitz, M.G., Peracchio, L.A., Dadzie, C.A., Escalas, J.E., Hansen, J., Hutton, M., Nardini, G., Absher, C. and Tangari, A.H., (2019b). Food access for all: Empowering innovative local infrastructure. *Journal of Business Research*, *100*, 354-365.

Burgess, G., Kelemen, M., Moffat, S., and Parsons, E. (2017). Using performative knowledge production to explore marketplace exclusion. *Qualitative Market Research: An International Journal*. 20(4), 486-511.

Cloke, P., May, J., and Williams, A. (2017). The geographies of food banks in the meantime. *Progress in Human Geography*, 41(6), 703–726. https://doi.org/10.1177/0309132516655881

Dagger, T., and Sweeney, J. (2006). The Effect of Service Evaluations on Behavioral Intentions and Quality of Life, *Journal of Service Research,* 9(1), 3-18.

Denzin, N.K. (1997) Interpretive Ethnography: Ethnographic Practices for the 21st Century. London: Sage.

Edwards, R., and Mauthner, M. (2002). Ethics and feminist research: Theory and practice. *Ethics in qualitative research*, 14-31.

Finsterwalder, J., and Kuppelwieser, V. G. (2020). Intentionality and transformative services: Well-being co-creation and spill-over effects. *Journal of Retailing and Consumer Services*. 52, 101922.

Hage, G. (2000). On the ethics of pedestrian crossings: Or why 'mutual obligation' does not belong to the language of neo-liberal economics. *Meanjin*, Dec. 2000, 1–10.

Hage, G. (2003). Against paranoid nationalism searching for hope in a shrinking society. London: Merlin Press.

Heath, T., O'Malley, L., Heath, M., and Story, V. (2014). Caring and conflicted: Mothers' ethical judgments about consumption. *Journal of Business Ethics*, 136(2), 237–250. https://doi.org/10.1007/s10551-014-2441-z

Held, V. (2006). *The ethics of care: Personal, political, and global*. Oxford: Oxford University Press.

Holloway, L., Kneafsey, M., Venn, L., Cox, R., Dowler, E., and Tuomainen, H. (2007). Possible food economies: A methodological framework for exploring food production–consumption relationships. *Sociologia Ruralis*, 47(1), 1–19. https://doi.org/10.1111/j.1467-9523.2007.00427.x

Hudson, A. L., and Ozanne J. L. (1988). Alternative ways of seeking knowledge in consumer research. *Journal of Consumer Research*, 14(4), 508–521. www.jstor.org/stable/2489157

Kuppelwieser, V. G., and Finsterwalder, J. (2016). Transformative service research and service dominant logic: Quo Vaditis? *Journal of Retailing and Consumer Services*, 28, 91-98.

Lambie-Mumford, H., and Dowler, E. (2014). Rising use of "food aid" in the United Kingdom. *British Food Journal,* 116(9), 1418–1425. https://doi.org/10.1108/BFJ-06- 2014-0207

Mulder, M. Rapp, J. Hamby A., and Weaver, T. (2015) Consumer transformation through volunteer service experiences, *The Services Industries Journal*, 35 (15-16), 865-882.

Neghina, C., Caniels, M.C.J., Bloemer, J.M.M., and van Birgelen, M. J. H. (2015). Value Cocreation in service interactions: Dimensions and Antecedents. *Marketing Theory,* 15(2), 221-242.

Noddings, N. (1984). Caring: A Feminine Approach to Ethics and Moral Education, Berkeley: U of California Press

Ostrom, A. L., Bitner, M. J., Brown, S. W., Burkhard, K. A., Goul, M., Smith-Daniels, V., and Rabinovich, E. (2010). Moving forward and making a difference: research priorities for the science of service. *Journal of service research*, *13*(1), 4-36.

Ozanne, Julie L., Brennan Davis, Jeff B. Murray, Sonya Grier, Ahmed Benmecheddal, and Hilary Downey, et al. (2017), Assessing the Societal Impact of Research: The Relational Engagement Approach, *Journal of Public Policy and Marketing*, 36 (1), 1–14.

Patrick, R. (2016). Living with and responding to the 'scrounger' narrative in the UK: Exploring everyday strategies of acceptance, resistance and deflection. *Journal of Poverty and Social Justice*, 24(3), 245–259. https://doi.org/10.1332/175982716X14721954314887

Prahalad, C. K., and Ramaswamy, V. (2004). Co-creation experiences: The next practice in value creation. *Journal of Interactive Marketing*, 18(3), 5–14. https://doi.org/10.1002/dir.20015

Quach, S, and Park Thaichon. 2017. From connoisseur luxury to mass luxury: Value co-creation and co-destruction in the online environment. *Journal of Business Research* 81:163-172. doi: 10.1016/j.jbusres.2017.06.015

Rosenbaum, M. S. (2015). Transformative service research: Focus on well-being. *The Service Industries Journal,* 35(7–8), 363–367. https://doi.org/10.1080/02642069.2015.1025061

Ruddick, S. (1989). Maternal thinking: Toward a politics of peace. Boston: Beacon Press.

Sanchez-Barrios, L., Giraldo, M., Khalik, M., and Manjarres, R. (2015). Services for the underserved: Unintended well-being. *The Service Industries Journal*, 35(15–16), 883– 897.

Schminke, M., Arnaud, A., and Taylor, R. (2015). Ethics, values, and organizational justice: Individuals, organizations, and beyond. *Journal of Business Ethics*, 130(3), 727–736. doi:10.1007/s10551-014-2251-3.6

Scott, M. L., and Vallen, B. (2019). Expanding the Lens of Food Well-Being: An Examination of Contemporary Marketing, Policy, and Practice with an Eye on the Future. *Journal of Public Policy and Marketing*, 38(2), 127-135

Shaw, D., McMaster, R., Longo, C., and Özçaglar-Toulouse, N. (2017). Ethical qualities in consumption: Towards a theory of care. *Marketing Theory*, 17(4), 415–433.

Silverman, D. (2006). Interpreting qualitative data: Methods for analysing talk, text and interaction. London: Sage.

Spiggle, S. (1994). Analysis and interpretation of qualitative data in consumer research. *Journal of Consumer Research*, 21, 491–503. http://www.jstor.org/stable/2489688

Storbacka, K., Brodie, R., Böhmann, T., Maglio, P., Nenonen, S. (2016) Actor engagement as a microfoundation for value co-creation, *Journal of Business Research*, 69(8), pp: 3008-3017. https://doi.org/10.1016/j.jbusres.2016.02.034

Surman, E. and Hamilton, L. (2019). Growing consumers through production and play: A phenomenological exploration of food growing in the school foodscape. *Sociology*, 53(3): 468-485.

Surman, E., Kelemen, M., Millward, H., and Moffat, S. (2018). Food, Ethics and Community: Using Cultural Animation to Develop a Food Vision for North Staffordshire. *Journal of Consumer Ethics*, *2*(2).

Thompson, C. (1996). Caring consumers: Gendered consumption meanings and the juggling lifestyle. *Journal of Consumer Research*, 22(4), 388–407. https://www.jstor.org/stable/2489789

Thompson C. J., Pollio, H. R., and Locander, W. B. (1994). The spoken and the unspoken: A hermeneutic approach to understanding the cultural viewpoints that underlie consumers'

expressed meanings. *Journal of Consumer Research*, 21, 432–452. http://www.jstor.org/stable/2489684

Thompson, C., Smith, D., and Cummins, S. (2018). Understanding the health and well-being challenges of the food banking system: A qualitative study of food bank users, providers and referrers in London. *Social Science and Medicine*, 211, 95-101.

Tronto, J. (1993). Moral boundaries: A political argument for an ethic of care. Abingdon: Routledge.

Tronto, J. (2001). An ethic of care. In M. Holstein and B. Mitzen (Eds.) *Ethics in community-based elder care* (pp. 60–68). New York: Springer Publishing Company.

Weaver, Todd, Mark Mulder, Leslie Koppenhafer, Kristin Scott, and Richie L. Liu. (2019). Diving in together or toes in the water: The interplay of community and nonprofit engagement in poverty alleviation, *Journal of Business Research*, 100, 431-440.

Wallendorf, M., and Belk, R. W. (1989). Assessing trustworthiness in naturalistic consumer research. In E. C. Hirschman (Ed.), *Interpretive consumer research* (pp. 69– 84). Provo, UT: Association for Consumer Research. http://acrwebsite.org/volumes/12177/volumes/sv07/SV-

Table 1: Organizations and their activities

Organization ***Staff interviewed***	**Activities**	**Type**	**Size**	**Premises**	**Primary user group**
Let's go Skill *Chief exec (Steven, male)* *Assistant manager (Laura, female)*	• Provision of free meals through local community centres • Provision of cookery classes • Lobbying on food poverty	• Social business – charitable incorporated organization	• 40-60 paid staff and volunteers	• Commercial kitchen and cookery school	• Families and individuals in food poverty in the city A region
Discovering Answers *Chef exec (Becca, female)*	• Provision of advice on welfare benefits, personal health budgets and training • Food plays a role in the training e.g. nutritional knowledge and cooking classes	• Registered charity – user led organization	• 40-60 paid staff and Volunteers	• Offices	• Run by people with disabilities for people with disabilities, in the city B region
Brighter Futures *Chief exec (Adam, male)* *Development manager (Mark, male)* *Foodbank manager (Alison, female)*	• Wide range of community projects (day nursery, playgroup, sex and relationships education for young people, street support for sex workers, temporary accommodation) Food based initiatives include:	• Registered charity – social enterprise	• 40-60 mostly volunteers with some paid staff.	• Church building including large hall, kitchen, café area and small shop, smaller meeting rooms	• Families and individuals in food poverty in the city A region

3 foodbank volunteers (Estelle, Georgia, Mary, female)	• Food bank • Community supermarket – which they refer to as a food hub				
Safe Space *Co-founder (Jane, female)*	• Café and English teaching • Lunch and social club • Small food bank	• Registered charity	• 5-10 volunteers, (one paid ESOL teacher)	• Church Hall and grounds/office	• Asylum and refugee families and individuals in food poverty in City B region.
Together as One *Founder (Bob, male)*	• Community garden • Ad hoc food bank	• Regional trade union branch	• 5-10 volunteers	• Ad hoc – no central hub	• Small community in City B coming together for the community
Healthy Food First *Co-founder (Raquel, female)*	• Focus on nutritional education through the arts – various arts focused food events throughout the year • Community shop and café • Cookery lessons for local community • Community garden/allotment	• Social enterprise	• 10-20 volunteers	• Community centre with garden and offices.	• Small/medium community in City A coming together for the community

Table 2: Summary of key findings

	Market-oriented care **(Let's go Skill, Discovering Answers')**	**Faith-oriented care** **(Safe Space, Brighter Futures)**	**Neighbourhood-oriented care** **(Together as One, Healthy Food First)**
Caring about (framing the problem)	• Lack of access to the market; lack of consumption competence and skills • Food well-being: lack of food literacy and food marketing (individual level)	• Isolation and lack of access to welfare support • Food well-being: lack of food socialisation and food availability	• Politicized understanding of governmental failure. Historical oppression and localized poverty • Food well-being: lack of food availability and food policy
Caring for (who is responsible for meeting needs)	• Channeling marketplace help (from companies to consumers) • Responsibility of enhancing food well-being through food availability	• Listening to others and bringing community together • Responsibility of enhancing food well-being through food socialisation	• Enacting localised solidarity • Responsibility of enhancing food well-being through food socialisation and food availability
Care giving (attending to care needs 'in the moment')	• Education, teaching skills and competences. • Improving cultural capital • Practices of food well-being around food literacy and food marketing	• Listening and providing moral and spiritual support • Creating social capital • Practices of food well-being around food socialisation	• Reinserting people in the local network • Re-vamping existing social capital • Practices of food well-being around food availability and food socialisation

Table 3: Ethics of care profile of food poverty organizations in the study

Organizational care orientation	**Dominant Care Values**	**Dominant Care Practices**	**Relation to the "other"**	**Caring subjectivities**
Market-oriented care (Let's go Skill, Discovering Answers')	• Individual empowerment through market	• Teaching • Skilling up (nutritional knowledge)	• Dyadic	• Carer: being the focal point of contact between donors and receiver. • Receiver: becoming a competent consumer
Faith-oriented care (Safe Space, Brighter Futures)	• Bodily and spiritual nourishment through the church community	• Listening • Feeding • Praying	• Communal and dyadic	• Carer: being an active member of the religious community, providing spiritual and pastoral care • Receiver: becoming a welcomed and self-confident member of the community around the charity
Neighbourhood-oriented care (Together as One, Healthy Food First)	• Self-reliance through community cohesion and neighbourhood solidarity	• Listening • Sharing food and stories	• Communal	• Carer: being a member of the neighbourhood • Receiver: being a member of the neighbourhood