Family homelessness is an increasing challenge across the western world. Those who experience it are amongst the most powerless in societies that presume a security of tenure and living conditions. Homelessness, and responses to it, impacts across everyday life, not least food and eating. Food experiences of homeless families are indicative and symbolic of a lack of power and dignity. This paper draws on key findings from a study of food access among families living in emergency homeless accommodation in the Dublin region.

Food research among homeless populations has mainly been confined to descriptions of the nutritional health and dietary practices of single males. Such studies indicate that a shift from independent living to dependency on others for food can compromise nutritional health (Evans and Dowler 1999).

Some studies have examined the food situation of homeless families living in sheltered accommodation (Koh et al. 2016; Lewinson 2010; Richards and Smith 2006), but focus on families with multiple and complex needs and intergenerational experiences of disadvantage. Now family homelessness increasingly refers to those who have become homeless through exclusion from affordable private rented or local authority housing.

Although family homelessness remains a prominent issue nationally, this study confines itself to homeless families in emergency accommodation in the Dublin region. Here, in April 2016, 1723 children were recorded as homeless; by April 2017 this figure had increased by 24% to 2134, within 1069 families (Department of Housing, Community and Local Government 2018). Despite ministerial announcements of a fall in the national figures for families in such accommodation (Department of Housing, Community and Local Government 2018), the most recent data shows the number of families living in emergency homeless accommodation has increased with 1121 families consisting of 2385 dependents so registered (Department of Housing, Community and Local Government 2018).

These statistics represent those designated ‘officially’ homeless by local authorities and so legally entitled to emergency accommodation. This may be a hotel room; a room in a hostel with shared facilities; a Bed and Breakfast service [B&B]; or self-catering accommodation.

Although there has been much anecdotal evidence and considerable media attention to the constraints faced by families in emergency homeless accommodation in Ireland, there has been a dearth of research into their food-related lived experiences. Nevertheless, food and eating issues are central to everyday life and require thinking beyond food in terms of a functional requirement of service providers.

As homelessness contributes to social exclusion and marginalisation (Shinn 2010; Wright 2005) we take into consideration the importance of the social and cultural acceptability of food in terms of access and availability (Dowler et al. 2001; Riches, 1997) and the need to consider how the provision of food does not undermine human dignity and the capacity to provide for oneself (Kent 2010).

Food constraints among homeless families

Studies demonstrate the links between homelessness and food insecurity and poor dietary intakes. In the UK, a study of women and children living in temporary accommodation found they had similar issues to other low-income groups in accessing and consuming a healthy diet. Diets were often poor, with many women failing to meet the recommendations for key nutrients (Coufpsopolus and Hackett 2009). Fifteen years ago a study of food poverty among homeless people in Dublin illustrated that homeless adults were similarly vulnerable to poor nutrition and underweight (Hickey and Downey 2003).

As well as concerns about the functional aspects of food and diet, research has examined the social and cultural aspects of food and eating among homeless people. They face barriers to accessing food, storage and cooking facilities, and this situation is particularly acute for those with children.

Abstract: This paper introduces findings from a study of food access among 10 families living in emergency homeless accommodation. ‘Photo-voice’ was used to examine families’ everyday food experiences and their strategies to provide food for themselves and their children. Storage was a constant pressure that impacted on food choice and dignity and constrained food choices. Regimented meal times and restricted access to cooking facilities challenged parents’ food provision efforts for themselves and their children, and negatively influenced dietary intake. Conditions in emergency accommodation do not support children’s positive food socialisation. They eat in socially unacceptable circumstances without dignity, like dining on the bed, at a counter, and sometimes under CCTV. Parents’ narratives of their food experiences in emergency homeless accommodation are indicative and symbolic of a lack of power and dignity. They demonstrated the importance of and need for control over one’s food, and of acts of resistance to gain control.

Dining Without Dignity: Food and Eating Among Families in Emergency Homeless Accommodation in Dublin

Michelle Share & Marita Hennessy
Regulation and control is characteristic of homeless service provision. In a US study of food choice and health beliefs among low-income mothers, homeless participants in shelters reported strict rules on in-room food storage, a lack of food choice, and the constraints of structured mealtimes (meals served too early, meals too close together resulting in snacking at night) (Dammann and Smith 2009). Children’s food choices were often unhealthy due to barriers to food availability and to restrictions on foods allowed in rooms, with non-perishable snacks only being permitted.

Restrictive controls in relation to food provision were also experienced among homeless women and their children living in a US Transitional Living Centre (TLC) (Davis et al. 2008). The shelter’s meal routine impacted on participants’ emotional wellbeing to the extent that they sought freedom and comfort through junk food. The food situation of families in homeless accommodation is somewhat comparable to that in custodial settings. Godderis (2006) identifies that a lack of control over food provision and a repetitive meal regime generates acts of resistance among prisoners in order to gain some control and dignity. Thus, while food provision for those in institutional contexts such as homeless hostels (and custodial care) may be viewed as enabling, Miller and Keys (2001, p. 331) suggest that the benefits sometimes ‘invalidate dignity’. This occurs through excessive rules and policies in settings without explicit rationale (ibid., p. 345).

Hickey and Downey (2003) identified a range of constraints around hygiene and the safe and secure storage of food in emergency accommodation in Dublin, particularly in B&Bs, reflecting the situation in the UK (Stitt et al. 1994). In a US context, families living in hotels had greater food storage difficulties than those living in shelters (Wiecha et al. 1993). In the UK, Jenkins (2014) found that storage of fresh and frozen food was difficult for families living in hostels, with 57% sharing a standard-size fridge with other families. Homeless families also experience challenges trying to prepare food in the absence of adequate preparation, cooking and dining facilities (Hickey and Downey 2003; Stitt et al. 1994).

Being able to provide a family meal is considered a normative aspect of everyday life Eating together as a family is important as it allows parents to model and establish structures for positive eating practices with their children (Patrick and Nicklas 2005). Homeless families, like other low-income groups (Beagan et al. 2015), prioritise their children’s food needs (Stevens 2010) and will go to great lengths to acquire sufficient food for their families. Food planning and budgeting can come to dominate everyday life (Beagan et al. 2015; Stevens 2010). Families adopt survival strategies such as: adopting savvy shopping habits (Richards and Smith 2006; Wiig and Smith 2009); planning ahead by buying food with a long shelf-life (Stevens 2010); skipping meals to ensure children get to eat (Deloitte 2006; Richards and Smith, 2006; Stevens, 2010; Wiig and Smith, 2009); and calling on family and friends to provide meals (Derrickson and Gans 1996). Avoidance of food waste is a constant issue (Wiig and Smith 2009) while some homeless families in temporary or sheltered accommodation use food banks and food charities (Stevens 2010) to supplement their diets.

Leinson’s US study of homeless families in extended stay accommodation shows how they respond to their food circumstances through acts of resistance or resignation (Leinson 2010). Families adjusted either their emotional responses or the physical characteristics of the hotel space to accommodate their needs, or adapted their behaviour to fit the environmental context, for example, by ‘getting comfortable’. They added entertainment, toys, mementos and functional items. They developed solutions such as holding plates while sitting on couches/beds; dividing space, visibly or invisibly, to signify separation of spaces; and getting away from their room, or hotel, to favoured alternative places. Yet, some residents preferred to remain uncomfortable to ensure that their stay was temporary (Leinson 2010). Such accounts underscore that food is much more than a functional requirement. Where one eats, with whom and how is imbued with feelings of worth and dignity:

> Those caught in a stigmatised social position must strive to assert their worth and dignity, laying claim to particular moral virtues or subject positions [...] food practices are a particularly potent weapon in marking symbolic boundaries through the stigma and judgement levelled at some ways of eating (Beagan et al. 2017, p. 3)

**Methodology**

A mixed methods research strategy sought to examine the following research questions:

1. How do families access, store, and cook food in emergency homeless accommodation?
2. How does emergency accommodation impact on the daily food habits, nutrition, health and well-being of parents and children?
3. What strategies do families use to access food in emergency homeless accommodation?

These questions were addressed using visual participatory methods, an interviewer-administered background survey and an in-depth photo-elicitation interview that used parents’ photographs of their everyday food worlds in emergency homeless accommodation.

**Interview one**

A short quantitative structured questionnaire was administered in a one-to-one interview. This captured demographic background; household living circumstances (access to cooking facilities, food shopping habits and expenditure); health issues; and the pattern of food consumption. Interview one lasted approximately 40 to
Food provision, storage and cooking facilities in emergency homeless accommodation

Food provision
Some emergency accommodation provided breakfast. Though participants with such provision found it beneficial, it was not always accessible. Its timing, location in a communal dining area, combined with pressure to ready and transport children to school, meant families often did not avail of the breakfast provided. Instead, they purchased en route or children received breakfast at school (if available and they arrived in time to receive it). Morning periods in any family domestic setting with young children are typically characterised by multiple parallel activities and complex scheduling arrangements. For families in emergency homeless accommodation this situation is more problematic. It impacts in terms of not having what is deemed by many health professionals to be the most important meal of the day, crucial for children to effectively engage with education. It also means families experience socially diminished circumstances, children without a place to sit to eat their breakfast, ‘normalised’ to dining in homeless communal settings, or with tourists, rather than as a family around their own table.

As with breakfast, families did not always access dinner when provided by the accommodation provider. It was usually available in the late afternoon, between 4:30pm and 5:30pm. This constrained families, particularly when they had to travel from an outer suburb where their child(ren) attended school. Furthermore, the timing meant that families had to spend longer in the evenings than desired in their one-room space. They also tired of the communal dining arrangements and would often return to their room where they ate on the bed.

P4 had access to her accommodation provider’s dinner service, available between 4:30 and 5:30pm. It offered a

45 minutes. Participants were given guidance on, and asked to take, photographs of meal-time/cooking/food-shopping events for one week to be used at interview two. They were provided with guidelines on how to approach photographic data-gathering: they should not take photos of people without permission and should focus on the meal/cooking/ shopping event. They were asked to sign a release form for use of their photographs in reports/presentations/other publications. Participants’ transferred their photographs via WhatsApp or Bluetooth to the researchers in advance of their second interview.

Interview two
An in-depth semi-structured one-to-one interview using the photo-elicitation method. Participants’ photographs were used as prompts to reflect on food practices in their everyday lives. Interviews ranged from 45 to 90 minutes. They examined access, storage and cooking facilities in emergency accommodation and how families felt about and managed their food situation. Data collection took place from December 2016 to April 2017. Research ethics approval was obtained from Research Ethics Committee of the School of Education, Trinity College Dublin.

Analysis
Data analysis involved a reflexive and iterative process (Halcomb and Davidson 2006) that commenced with the digital audio-recording of each interview and contemporaneous note-taking. Summary notes and written reflections were taken after each interview. Deductive content analysis was used to identify initial themes, later subjected to an inductive analysis and the identification of illustrative examples, including images, to demonstrate the meaning of the themes from the participants’ perspectives.

Findings
Participant characteristics
Ten parents (4 men; 6 women) resident in emergency homeless accommodation in the Dublin region, mean age of 34.4 years, participated in the interviews. Four were in couple households with the remaining six in single-parent households. The children (20 in total across the 10 participants) ranged in age from 4 months to 22 years, with eight under the age of five; eleven attended school.

Time designated as homeless ranged from one to 36 months with a modal category of one to three months. Participants’ current living circumstances varied as to accommodation and facilities provided. Some settings were distinctly geared to the budget travel market but others had reoriented to serving homeless people only. Further types of accommodation could be described as B&Bs for homeless families and tourists; and commercial hotels serving tourists mainly, with homeless families in a minority. Other families were in hostel accommodation, sharing bathrooms with other hostel residents, also homeless.

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![Figure 1. Dining on the bed with hotel-supplied dinner.](image-url)
environment, and as the timing did not always suit their toddler’s schedule or mood. Although service providers and charities emphasise the importance of access to food provision in emergency accommodation, the findings of this study and other research highlights that this is not straightforward. Structured meal provision and early dinners in homeless shelter accommodation increases fast food consumption and late-night snacking among children (Dammann and Smith 2010). Structured meal provision is problematic as families have no control over their own, and their children’s, food choice and are unable to eat in socially acceptable circumstances as a family.

**Food storage**

For all families, regardless of accommodation type, food storage was a constant everyday pressure that impacted on their food choice and dignity. B&B and hotel accommodation, particularly the budget-type premises used for homeless families, is not intended for long-term dwelling. All but one family shared one room. In some cases children shared a bed, or single parents shared with their child/baby.

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As well as personal possessions, parents also tried to store food in their rooms and experienced great difficulties in doing so. Families with meal services stressed that there was a need to be able to provide food for their children outside of the set times. While some had a small fridge in their room, others did not, and used other strategies to keep perishable items cool. P2, through his photo (Figure 2), described how he used the windowsill for perishable items that were used to make sandwiches for his children.

Lack of food storage and refrigeration impacted on what parents could buy. They could not buy larger quantities of food that would have offered better value. This resulted in frequent shopping trips. Although families did not report insufficient money for food, they found that their circumstances forced them to spend more on food — particularly ready-made meals, snack foods and takeaways — than they would have before becoming homeless.

Even for those with access to kitchen facilities, not having adequate storage space meant that they limited their choice of ingredients to items that they could store and that generated minimal food waste. None of the families with access to a kitchen had a personal, lockable cupboard and some had to share a fridge/freezer with other families. Although P6 felt it was beneficial to have access to a fridge and a freezer, access was problematic. She described the difficulties of her situation through her photo (Figure 3) of a jammed-up freezer of food that was out of date/left behind by previous residents.

These circumstances caused many other difficulties, such as food theft; insufficient space in a shared fridge; and having to use makeshift storage and transportation equipment for their food. This reflects the food circumstances of those in prison, where dining areas can be sites of contention, domination, and where institutional power is exercised (Godderis 2006).

P5 carried his ingredients to the kitchen in a plastic bag and stored them in a cardboard box in his room. Through his photos (Figures 4 and 5) he described his situation:

I take this picture because the way I live is basically not very good. I have no place to put my stuff I have to put it in a bag (P5).

Cooking facilities
Families had differing experiences with access to cooking facilities that ranged from no access; shared microwave and fridge; to shared kitchen with cookers, fridge, and dining area. While families without cooking facilities felt their situation could be improved if they had access to a kitchen, the accounts of those with such access highlighted numerous constraints. These included: restricted access to kitchen; lack of equipment; queuing to cook and dine; and surveillance.

P7 described having to ‘stake out’ a table to ensure that her family could eat together at the only family dining table available. She spoke through her photos of an unrelaxed and controlled eating environment, accentuated by CCTV surveillance (Figures 6 and 7):
No matter where you are standing in the kitchen there is a camera pointing at you and all them cameras are upstairs in the office for them to look at – It feels like I am always being watched no matter where I go in the whole building, sometimes it’s for safety but not a good feeling (P7).

The study identifies that access to food, storage, equipment and a place to eat is much more than a functional requirement. In all of their descriptions about trying to cook and dine at their emergency accommodation, participants revealed the erosion of their dignity as a human being. This is evident in how their access to food preparation and cooking facilities was controlled and regulated.

We see how families with access to cooking facilities experience family dining. For some it is not possible at all, whereas for others they may do so under surveillance seated in a row. Commensality, eating together in a positive social environment, is recognised to be protective of health. It offers opportunities for relationship building, for reflection on the day, or upcoming events, and to eat and enjoy food in an unhurried way and for language and cultural socialisation (Ochs and Shohet 2006). These possibilities were not afforded families with access to kitchen facilities in emergency accommodation.

Daily food practices

*Prevalence of takeaway meals, convenience foods and snacks*

Regardless of accommodation type, emergency accommodation impacts negatively on families’ daily food habits and dietary quality, not only in terms of what is consumed but in how they prepared and ate their food. Although families with access to cooking facilities reported cooking simple meals, they were constrained in the range and type of ingredients they cooked because of inadequate storage, refrigeration, and access to the kitchen itself. Many resorted to convenience foods. The foods consumed on an everyday basis were high-fat items: whole-fat milk and chips. Reported daily fruit and vegetable consumption was low. Participants reflected that their daily food patterns had changed since moving to emergency accommodation as they now relied more on takeaways. None of the participants demonstrated a lack of knowledge or awareness about food and nutrition; rather they were constrained in their food choices by the contextual conditions of their living circumstances.
Even participants with meal services still needed to provide food for themselves and their children for other times of the day. There were limits to what they could do in their room and so, in addition to takeaway meal deals of chicken and chips, or pizza, they supplemented their diets with foods such as breakfast cereal, toast, noodles, instant pasta, biscuits and crisps. How families prepared foods such as noodles and instant pasta varied depending on their access to cooking facilities. Those without a microwave or kitchen access were reduced to improvised cooking techniques, such as boiling food in a kettle as P3 described (See Figures 8 and 9).

Finding a place to eat
Having procured a takeaway meal, or made an improvised convenience meal in one’s room, participants described the difficulties of eating in the room. For some there was no table or chair, or only one chair. All but one family used the bed as a table (Figure 10) and one used the floor.

Eating meals in the room, on the bed, particularly with young children and babies, placed great pressure on parents as they tried to keep the area clean. Through his photo P2 described how his family did not eat on the bed and instead ate on the floor having made an improvised tablecloth with tin foil (Figure 11).

Participants tried to make environmental adaptations: some tried to ‘normalise’ the situation with their own plates and cutlery, particularly for children.

Cleaning up and food waste
The use of one’s own plates and utensils was necessary when preparing a meal in their room, but presented further challenges when parents tried to wash up after the meal, in a bathroom without a draining board. Through her picture (Figure 12), P4 described how she would wash dishes in the sink and place them in the bath before drying them:
Two mothers described regression in terms of their children’s diets. Through her photo (Figure 13), P6 talked about how her living conditions were so challenging, with no access to a fridge and no access to a kitchen overnight, that she resorted to returning her two-year old child to infant formula. She explained that she tried to keep fresh milk warm in a flask but this did not work well.

P4, who had concerns about her toddler not eating the food supplied in the hotel ‘other than a sausage’, used jars of commercially prepared baby food. She reflected that it was not appropriate for a two-year-old to be eating readymade food intended for 4- to 6- month old babies, but felt she had limited choice.

These findings emphasise the inadequacy of emergency hotel and B&B accommodation for parents of babies and toddlers and of its negative impact on children’s diet and food socialisation. They need to be considered in the context of the extensive research that children of homeless families living in sheltered accommodation report dietary deficiencies, such as iron deficiency in children under the age of two (Partington 1998) overweight (Smith and Richards 2008) and obesity (Schwarz et al. 2007).

Figure 12. Bathroom sink for washing dishes.

Families that chose to cook in the room were also concerned about breaking rules. Dealing with food waste was problematic and led to undignified practices of hiding the food waste. Such practices become the norm for many families and it reduces them to produce and consume food not in the manner that is the acceptable norm in society (Friel and Conlon 2004).

Participants’ accounts of their efforts to produce food and adapt their environments highlights the ‘invisible work’ of food production experienced by other marginalised groups (Beagan et al. 2017), for example, queuing for the kitchen, children waiting outside the kitchen while their parent cooks.

Child food practices

Parents of babies and toddlers emphasised the challenges in providing their children with positive food experiences, both socially and nutritionally. P5 spoke of not being able to bake a birthday cake for his child’s birthday. Although he had the ability to do so, the accommodation regulations made it difficult; a cake requires slow cooking and his children, whose entry to the kitchen was prohibited, would have had to wait outside the kitchen. Furthermore, they could not have had a birthday party with invited guests as visitors were not allowed.

Parents’ descriptions of their circumstances also revealed compromised weaning practices. The environment made it difficult for mothers of artificial formula bottle-fed or breast-fed babies. The former faced constraints related to the hygienic preparation and storage of baby milk and lack of kitchen access. For the latter, there was a lack of privacy and space and access to a 24-hour kitchen with cooking facilities.

Figure 13. Reverting to artificial baby food.
Their responses varied in terms of taking their own agency and there were some acts of resistance. Parents provided examples of eating with families/and or friends; going out to a restaurant; using improvised cooking techniques and prohibited equipment, and use of charity services. Acts of resistance were largely covert and passive, such as bringing Toasters and sandwich makers into the room. Participants generally avoided direct confrontation with service providers owing to fear of being asked to leave their accommodation. Just one participant engaged in overt acts of resistance. She used the hallway to dry clothes and was regularly in conflict with the service provider about trying to access the kitchen after it closed at 11pm.

Participants’ strategies reflect those reported in other research on homeless families. Although many families relied upon other family members to provide them with meals, this could become burdensome and lead to feelings of guilt for all parties. Nevertheless, availing of dinner with their broader families helped participants to provide a normal environment and better nutrition for their children and allowed them to maintain the dignity of eating in a family setting.

Few families used charitable meal services on a regular basis, but almost all had some experience of doing so. Reflecting research elsewhere (Beagan et al. 2017; Miller and Keys 2010), most viewed dining in a communal setting with other homeless families and homeless individuals as inappropriate for children. For P8, who resisted the use of such services, it also reinforced negative feelings about living in emergency homeless accommodation.

It says that you are now on the bottom rung of society there is no lower you can get. [P8]

Conclusion

The study aimed to explore food access and nutritional health and wellbeing among families living in emergency homeless accommodation in the Dublin region. Although it did not specifically set out to explore issues of power as they related to food, participants’ accounts of their everyday food experiences in emergency homeless accommodation were infused with symbolic power. They revealed how they were subjected to controlled and controlling food environments and how they responded. Participants’ use of the photo-voice/elicitation method was central to gaining nuanced understandings of the complexities of their food and eating experience. It functioned to illustrate, and give meaning to, how food in emergency accommodation can reinforce social exclusion. It revealed the efforts homeless families make to redeem some control over their lives. More than the functional and nutritional aspects of food, they highlighted that their everyday food situation in emergency accommodation, regardless of the type of food/catering services provided, was disempowering and undignified. Like other marginalised groups, through their acts of agency and of resistance they tried to lessen the marginalisation and shame they experienced.

Children’s positive food socialisation is also limited by their living circumstances in emergency homeless accommodation. They are positioned to eat in socially unacceptable circumstances, without dignity. There are moral and ethical concerns about children growing up in emergency homeless accommodation. In its most recent review of children’s rights in Ireland, the UN Committee on the Rights of the Child noted concerns about the delays experienced by homeless families in accessing social housing and their living in unsuitable or emergency accommodation on a long-term basis (United Nations Committee on the Rights of the Child 2016).

Some families have developed positive strategies to alleviate the constraints in their accommodation, but these are not sustainable. While families do their utmost to meet the basic needs of their children, including providing them with food, they are prohibited from doing so by the constraints of living in emergency accommodation.

Although the issue of food dignity is often considered in the context of food security in developing countries, given the growing number of homeless families in emergency and temporary accommodation, and the expansion of the charitable food services sector in Ireland, there is a need to foreground the debate on how food provision must not undermine human dignity and the capacity to provide for oneself (Kent 2010).

Families in emergency homeless accommodation often experience a long and difficult pathway to becoming officially homeless. Arrival in emergency homeless accommodation puts them on a new path of uncertainty about their future accommodation. Added to this is the loss of control over their everyday food decisions, as these have largely been placed in the hands of others. They have also lost the capacity to provide food for themselves and their families. Although current policy responses to homeless families appear to be driven by the need to ensure that families are not living on the street, where food and kitchen facilities are provided in homeless service provision there is a need to go beyond functional requirements and consider the social and cultural aspects of food. Questions also need to be asked about who has the power to decide what and how homeless families should eat? Although a plethora of charitable services work to ensure that no one goes hungry, such forms of ‘caring’ can result in the social marginalisation of these families and to living a life without dignity:

Caring, thus, can appear benign whilst also being politically charged and morally laden; its performances may be as care-less as care-full. Unearthing not only this slippery nature of care, but also how this slipperiness is produced and mobilised draws our attention to the unseemly politics of food more widely. Illustrating how particular bodies, persons and citizens are marginalized and denigrated by carelessly-careful debates around food
... intersects with wider concerns regarding food, social justice and the (bio)politics of everyday inequality (Abbotts et al. 2015, pp. 14–15).

About the authors

Dr Michelle Share is a senior research fellow at the School of Education, Trinity College Dublin. Her doctoral thesis ‘Risk, responsibility and choice: food and eating in Irish second level schools’ examined food provision and education issues amongst students, teachers, parents and caterers in different school types in Northern Ireland / Republic of Ireland. She has researched and published on dietary and food issues amongst women dieters, asylum seekers, older people in community settings, children and young people, and young people in alternative education and training settings (commissioned by safefood). Her most recent study (commissioned by Focus Ireland) examined food access and nutritional health among families in emergency homeless accommodation.

Ms Marita Hennessy holds a BSc in Nutrition, a Diploma in Youth and Community Work, a MA in Health Education and Health Promotion, and a Specialist Diploma in Teaching, Learning and Scholarship. She is currently a Health Research Board-funded SPHeRE PhD Scholar within the Health Behaviour Change Research Group in the School of Psychology at NUI Galway where she is investigating early life interventions delivered by health professionals to prevent childhood obesity. Marita has worked in a variety of research, policy, and practice roles spanning healthcare.

Works cited


