Food security & disadvantage

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St Luke's Anglicare

Outline

- Who is St Luke's Anglicare ?
- Food insecurity amongst people experiencing disadvantaged
- Food security is a human right – the policy context
- Myth busting !
- How can local government support programs to alleviate food insecurity for people experiencing disadvantage and what approaches will lead to success?

St Luke's Anglicare – our mission

- *" We work within rural and regional communities to assist people to make positive changes, to be connected and to contribute to their communities. Our practices promote respect, hope, and fairness and we challenge any actions that devalue, disadvantage and discriminate."*

Who do we work with?

- Started operating in 1979
- Community Service Organisation with 350 workers
- Provide services and programs for
  - Children, youth and families
  - Mental health services
  - Community development
  - Workforce training
  - Innovative Resources (publishing etc)

Funded by State and Federal Government Departments & Community and Philanthropic Donations

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RESPECT | HOPE | FAIRNESS

Who is experiencing disadvantage and at risk of food insecurity?

- Low income households
  - people with reduced work hours (increased greatly during GFC) ABS, 2010
- Mothers and children; particularly single parent households
- People with disabilities – mental and physical
- Households reliant on Centrelink payments   (18% of working aged Australians; ABS, 2008)
- Sole person households
- Culturally and linguistically diverse including Indigenous Australians
- Homeless
- Estimated that approximately 25% of low socioeconomic households are food insecure (Victorian Population Health Survey, DHS, 2007)

- National Nutrition Survey, 1995;*When there isnt enough to eat*, Anglicare, 2007; Household Food Insecurity: Associations With At-Risk Infant and Toddler Development, Jacobs et al, 2008;DHS, 1997; SIGNAL, 2000.

Why should we be compelled to act?

- Universal Declaration of Human Rights 1948 Australia is a signatory (Article 25)

- State Government Policy
  - *Fairer Victoria: standing together through tough times* ("improve health and wellbeing and reduce health inequalities")
  - Key priority health promotion issue (Improving access to healthy food)

- Federal Government Policy
  - *Eat Well Australia*, Social Inclusion Policy
  - Variety of policies to address other determinants of health

- "Economic growth is not the most important measure of a country's success. The fair distribution of health, well-being and sustainability are important social goals"

- "Effective local delivery requires effective participatory decision-making at local level. This can only happen by empowering individuals & local community"

- (Fair Society, Healthy Lives – The Marmot Review, 2010)

RESPECT | HOPE | FAIRNESS

- "Reducing health inequalities is a matter of fairness & social justice"
- "Action on health inequalities requires action across all of the social determinants of health"

- *Fair Society, Healthy Lives – The Marmot Review, 2010*

- "Social justice is what faces you in the morning. It is awakening in a house with adequate water supply, cooking facilities and sanitation. It is the ability to nourish your children and send them to school where their education not only equips them for employment but reinforces their knowledge and understanding of their cultural inheritance. It is the prospect of genuine employment and good health: a life of choices and opportunity, free from discrimination."

- Mick Dodson, Annual Report of the Aboriginal and Torres Strait Islander Social Justice Commissioner, 1993

The Determinants of Health
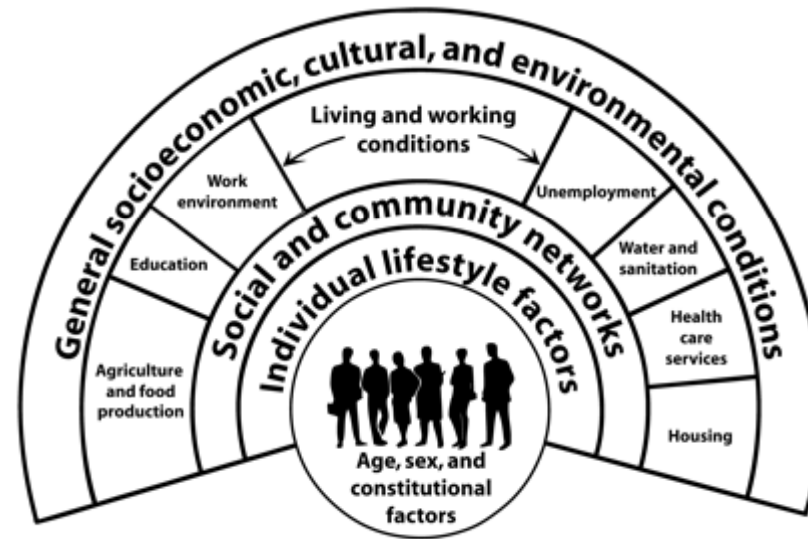
The Dahlgren and Whitehead schema of
factors that influence health, 1995

Social determinants of health

- *"The social determinants of health are the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics." (WHO, 2005)*

- Including
  - Early life & education
  - Employment and working conditions
  - Nutritious food
  - Housing
  - Transport
  - Income

What are the consequences for people experiencing food insecurity?

- Greater burden of disease
  - Heart disease, obesity, diabetes, some cancers, mental health issues
  - WHO, 2010; ABS,2008;DHS, 2001, 2007

- Physical and developmental delays in children who experience food insecurity

- Social exclusion – not able to fully participate in community life (share a meal with friends & family; attend community events)

How do people experience food insecurity?

- Hunger (adults = 75%; children 25%)
- Going without meals – adults (74%) & children (14%)
- Cannot afford to eat the variety of food they know they should
- Lethargy, poor concentration
- Weight loss or gain
- Depressed and ashamed
- Humiliation and anger
- Stress & worry

  - *When there isn't enough to eat, Anglicare, 2007;*

Food insecurity & social inclusion a new lens for an old problem

- Strong Federal Government agenda around social inclusion

- Food insecurity is regarded as a measure that reflects people ability to truly participate in community life

- Food consumption is social, promotes social interaction and builds relationships.
- No culture promotes eating alone
- (Rosin, 1996)

Case study

- *"My daughter wanted to have a friend on the weekend. The friend opens the fridge and pantry and says you haven't got any nice food – muesli bars and that. This time I said no she couldn't come over; we have got to make the food last...*

- *Shame - in drama class they had to say what makes them angry. My daughter wanted to say "it sux because you haven't got enough food", but didn't want to. I don't feel we are fully participating in life. Some friends I wont invite over, I couldn't offer then a biscuit with a cup of tea – well I don't have coffee at the moment, I love coffee and haven't had it for a week."*

- *When there isn't enough to eat, Anglicare 2007*

Emergency relief

- Thank you for all your hard work

- ER recipients describe the experience of asking for help as humiliating, shameful and that they often feel judged by the volunteers.

- Volunteers often describe people seeking regular help as "rorting the system"

Budgeting & Shopping – myth busting

- "People would have enough money for food if they budgeted properly "– the best budget in the whole world cannot fix not having enough money – the food budget is discretionary
- "They don't know how to shop wisely "– physical access to the shops is a much greater barrier – low income households say if they had more money they would chose to buy more fruit and vegetables and other healthy choices
- "No one is going without" – many households are choosing between food and other bills

Fictional family – case study

- 2 adults and 2 children
- Centre link income =
  - Newstart = $822.50 per fortnight
  - FTB = $435 per fortnight
  - Rental assistance =$131.32 per fortnight
  - Household income = $1388.82

  - Household income per week = $694
  - Household expenditure = $622
  - $72 left over

Household Expenditure

- Rent
  - 3 bedroom = $295 per week (Bendigo) – 43% OF INCOME
    - [www.domain.com.au;](www.domain.com.au)   (average rental price 16.3.10)
- Food
  - Healthy Food Access Basket
  - $217 per week
    - Palermo CE, Walker KZ, Hill P, McDonald J. The cost of healthy food in rural Victoria. *Rural and Remote Health* 8 (online), 2008: 1074. Available from: http://www.rrh.org.au
- Utilities - (gas and electricity only) $35 per week
  - VCOSS – *A snap shot of electricity and gas services and their impact on households seeking emergency relief,*2009
- Car – Rego/Third Party/Fuel = $40
  - www.vicroads.vic.gov.au
- Education = $35 per week (includes uniforms, books excursion, camps etc)
  - Brotherhood of St Lawrence, *Cost Shifting in education*, 2009

$72 needs to buy PHONE, WATER, MEDICAL COSTS, CLOTHES, SHOES ETC ETC

Choices and Skills – myth busting

- "Healthy Food is cheap" – yes sometimes it is but not everywhere and can people get to where it is cheap
- "People on low incomes eat too many convenience foods "– everyone is doing this; more likely to happen in working families
- "What these people need is cooking lessons "– more likely to lack the kitchens and equipment needed for home cooking and cannot afford to have a stocked pantry
- Research shows low income parents if they had greater financial resources ,would buy more healthy food choices.
- Hidden Hunger, 1999; Inglis & Ball 2008

What works?

- Strong partnerships & leadership
- Be active, be visual in the local community
- Local champion – employ local people, be careful not to wear out local volunteers
- No one approach fits all communities – research well to identify local barriers
- Use your downstream projects to advocate upstream

A Community development approach

- Building social capital, sustainable communities, community networking, business and community partnerships. The principles include:
  - working "with" people rather than "for" them
  - enhancing participation in the community and in decision making especially for the most disadvantaged
  - focusing on geographic communities as integrated wholes, not just target groups
  - building on the existing strengths, skills and organisational capacities of communities
  - building relationships between people who have power and resources and those who don't

Greater Dandenong Food Alliance

- Food distribution centre with income stream, training, education pathway and greatly increased food available for agencies
- Avocare Community Distribution Centre
- Strengths
  - Diverse range of partners
  - Common understanding about need and consequences
  - A common plan
  - Great outcomes
  - National Heart Foundation Award

A health promotion approach

- Enable – facilitate action, provide leadership and support

- Mediate – bring people together who have complementary needs

- Advocate – speak out on behalf of those who cannot

Bilingual peer education

- Provided training opportunities for bilingual peer leader on healthy eating for children 0-5
- Strengths
  - Diverse range of partners – internal and external
  - Sustainability – ongoing support
  - Empowered emerging communities
  - Employment pathways for trainees
  - National Heart Foundation Award – Victorian Category

Some useful strategies

- Supporting Emergency relief providers
  - new approach vouchers from local F & V (increases affordability); food rescue to contribute to parcels
- Peer education and workforce capacity building
- Culturally appropriate health promotion info
- Supported playgroups
- Community transport
- Community kitchens (allow access to kitchens owned by council) and gardens/farms; community supported agriculture
- Creating a supportive policy environment

Partnerships

- Partnerships and coordination of effort are crucial

- Partnerships need a shared agreement on what needs to change

- An agreed understanding of what will happen if nothing is done

- Development and implementation of shared action plan is what will make a difference
  - *Multiple people and agencies can make a difference, The McCaughey Centre, Melbourne Uni, 2010*

Food insecurity & St Luke's

- Include food security in submissions
- Research partnership with local government to map local determinants
- Analysis of internal data bases to increase evidence base and gain understanding about how clients experience food insecurity
  - Use for Advocacy and to inform practice for workers
- Continue to advocate

Strength-based Approach

- The problem is the problem, not the person

- People are the experts on their own situation – listen!! They need to feel safe to share their stories and experiences, feel heard and validated.

- Notice what is going well – highlight this.

- Reframing – are people *"hard to reach"* or are our programs delivered in a way that is not appealing or socially acceptable
  - Neighbourhood renewal

  - *Communities of Hope – a strength-based resource for building community (2004)*

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Thank you for your attention

Questions?