

# WHEN THERE'S NOT ENOUGH TO EAT

**A national study of food insecurity among  
Emergency Relief clients**

**State of the Family Report *Volume 2***

Research report prepared for Anglicare Australia  
by ANGLICARE Diocese of Sydney, Social Policy & Research Unit

October 2012



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Emergency Relief clients**

## **State of the Family Report **Volume 2****

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ANGLICARE Diocese of Sydney, Social Policy & Research Unit  
October 2012



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## EXECUTIVE SUMMARY

Food security requires access to readily available, safe and nutritious food. It has become increasingly evident, to workers providing Emergency Relief (ER) across Anglicare agencies nationally, that some low income households are struggling to access sufficient and appropriate food. Of greatest concern are the children of these households and the impact that food insecurity is having on their current life chances and future well being.

In March 2012 the network of Anglicare agencies participated in a joint research study, deploying an internationally recognised survey tool, the Household Food Security Survey Module (HFSSM) originating from the US. Over a six week period, a total of 590 people accessing Emergency Relief services were interviewed at 63 sites in all states and territories. This was a purposive and targeted sample of people accessing Emergency Relief (ER) or other forms of food support.

The aim of the study was to answer some key research questions in relation to food insecurity:

1. How severe is food insecurity for households accessing ER services?
2. What is it like for children?
3. Who is food insecure?
4. What limits people's access to food?
5. How do food insecure households cope?
6. What are the impacts of food insecurity?
7. What predicts increasing food insecurity?
8. What can be done?

The following presents a summary of the key research findings from both the quantitative and qualitative data which provided answers to these key research questions.

### 1. How Severe is Food Insecurity for Households Accessing ER Services?

**96%**  
OF ADULTS  
WERE FOOD  
INSECURE

Based upon responses to the HFSSM questions, the overwhelming majority of adult respondents (96%) experienced some form of food insecurity and three out of four of all respondents (76%) were severely food insecure. The additional National Health Survey question relating to food insufficiency was also used to compare this sample of respondents to a national random sample. It asked 'In the last 12 months were there any times that you ran out of food and you couldn't afford to buy more?'. In the 2004-05 NHS survey, 5.1% of Australians answered positively to this question.<sup>1</sup> By comparison,

87% of respondents in the Anglicare survey answered positively to this question. These results indicate that most of the sample in the study was food insecure based on both a national and an international measure.

The HFSSM also makes it possible to determine not just the presence of food insecurity in a three month period but also how often it occurs. Findings indicated that between one-third and a half of respondents were experiencing food insecurity almost every week or even more frequently during the previous 3 months. The most intense levels of food insecurity were experienced by nearly a third of the sample (31%), who were severely food insecure almost every week.

**1/3** WERE SEVERELY FOOD INSECURE AT LEAST ONE A WEEK

For food insecure households other findings emerged. For adults in households experiencing recurrent or chronic food insecurity, there was anxiety about running out of food (83%) and for three out of four adults (76%) this was a lived experience since they had run out of food in the last three months and could not afford to buy more. As a result a number of adults (73%) were cutting the size of their meals or skipping meals (62%). For 61% of adults there was hunger and one in three adults (37%) regularly did not eat for a whole day.

## 2. What Is It Like for Children?

The food insecurity scale for children revealed that over three quarters of households with children were food insecure or severely food insecure during the previous 3 months. However, living in a food insecure household does not necessarily mean that a child experiences food insecurity. Adults were asked a series of confidential questions about their children's experiences and both quantitative and qualitative responses were given. Four out of five (79%) children in these households were experiencing some form of food insecurity but more than one in three (36%) were severely food insecure.

ALMOST **80%** OF CHILDREN WERE FOOD INSECURE

In households experiencing recurrent or chronic food insecurity, most (71%) were relying on low cost food to feed their children, – two thirds (65%) reported that they could not provide a variety of food for their children, in more than one in three households (38%) adults reported that children were not eating enough and in 29% of cases children were going hungry. In one in three households with children (32%), adults were forced to cut the size of their children's meals and in 16% of cases adults reported that their children skipped meals. In 7% of households children did not eat for a whole day either weekly or some weeks. The most intense levels of child food insecurity were experienced in 8% of households where children were severely food insecure almost every week.

Respondents to the Anglicare survey made a number of comments on the impact the lack of food in the household was having on their children. Children were seen as variously being 'grumpy', 'upset', 'embarrassed' and exhibiting behavioural problems. Parents were concerned that their children could not invite friends over to the house because there was no food and sometimes this limited after school

activities. Other respondents commented that school lunches were often minimal, and that these impacted school attendance and performance in the classroom. In some cases the schools appeared not to understand the situation, creating embarrassment for the parents and leading to parents keeping their children home from school as a consequence. Several parents commented that it affected their children's view of the world as to how they saw others and themselves.

PARENTS TRIED  
TO PROTECT  
THEIR CHILDREN  
FROM THE WORST  
EFFECTS BY  
GOING HUNGRY  
THEMSELVES

What also emerged from this study was evidence of strong protective mechanisms on the part of parents endeavouring to buffer their children against the worst effects of having inadequate food in the household. Of the 272 adults who completed the child HFSSM questions for their household, only four respondents (1.5%) revealed that children in their household were experiencing more severe food insecurity than adults. The majority of respondents (55%) were living in households where children fell into a less severe food insecurity category than the adults. Just under half (43%) of

respondents were living in households where children and adults fell into the same food insecurity severity category.

The child food insecurity results evident from this study indicated that in the most marginalised and socially excluded households in Australia there are children going hungry – some on a fairly regular basis. The qualitative data also indicates that for children this can be an embarrassing circumstance which generates anger and frustration. Parents see this as impacting their learning and leading to lower school attendance and performance. Adults appear to strive strenuously to protect their children from food insecurity but sometimes there is just not enough food and children are forced to go hungry.

### 3. Who is Food Insecure?

In order to determine the key characteristics of a food insecure household a number of demographic questions were provided. What was clearly evident was that food insecure households were also low income households. More than one in four households (24%) were endeavouring to survive on incomes of less than \$600 per fortnight compared with the HILDA national sample of 16%. Further to this, more than two thirds of all households (67%) were on incomes of less than \$1,000 per fortnight compared with only 30% in the HILDA national data set, which is more reflective of the general population. This was not a surprising finding given that the literature also supports the view that low income is a critical factor in food insecurity.

TWO THIRDS  
OF HOUSEHOLDS  
WERE ON INCOMES  
OF LESS THAN  
**\$1000**  
PER FORTNIGHT

A large number of food insecure households had someone resident in receipt of the Disability Support Pension (41%), and one in three (32%) were receiving the Parenting Payment single. Of particular concern for this study was that 31% of households had someone receiving the Newstart Allowance and 77% of households did not have anyone in paid employment.

Key items of expenditure for low income households are housing and food. It is therefore also not surprising that renting and rental stress feature in the findings of this study. The overwhelming majority of households were living in rented accommodation (78%) compared with 26% nationally.<sup>2</sup> A further one in ten (12%) were in insecure forms of accommodation or living on the streets.

**94%**  
OF PRIVATE  
RENTERS  
EXPERIENCED  
RENTAL STRESS

Those who were renting were generally not paying high rents, given the constraints of their income. Almost three quarters of food insecure households were paying rent below \$499 per fortnight. However if a distinction is made between private and public renters a different pattern emerges: 99.5% of public renters were paying less than \$600 per fortnight in rent compared with 60% of private renters. Being in the private rental market was a source of considerable rental stress. Two out of three households with food insecure adults were spending over 30% of their income on rent. Just over two in every five renting and food insecure households (41%) were spending over 45% of their income on rent. Again, for the private renters the situation was more severe with 94% of these households spending over 30% of their income on rent and 71% spending over 45% of their income on rent.

Other groups who were vulnerable to food insecurity included single parents (32%) and sole person households (28%). Indigenous people were also significantly over represented in this sample, comprising 16.7% of all food insecure households compared with 2.2% in the national population.<sup>3</sup>

#### **4. What Limits People's Access to Food?**

Undoubtedly the most significant issue for respondents was the inadequacy of income. Nine out of ten respondents indicated that their households did not have enough money to buy the food they needed. In turn, a lack of sufficient income led to a precarious existence where an unexpected expense could catapult a family into crisis. Indeed nine out of ten respondents indicated that this had occurred in the last three months. Such unexpected expenses included unusually high or unexpected bills such as utility expenses, health issues, car maintenance and repairs, school related expenses, a death or funeral in the family, supporting an extended family member and relationship breakdown.

**9** OUT OF **10**  
DID NOT HAVE  
ENOUGH MONEY  
TO BUY THE FOOD  
THEY NEEDED.

For some, it is not just access to a sufficient amount of food but also accessing appropriate quality food. In this study three out of four respondents indicated that in the last 12 months there had been times when they had not been able to eat the kinds of food they wanted to, and, for more than half respondents, this happened on a weekly basis. One in three found it difficult to access food of the right quality and accessing fresh food, including meat and vegetables, was an issue for almost half of those who were food insecure. Many people knew and understood the value of such food but found it was just too expensive. For the more than one in three who had dietary issues, such as food allergies and intolerances, accessing the appropriate food was difficult, again because of the expense.

**1** IN **10**  
DID NOT HAVE A  
FRIDGE OR OVEN

There were also physical access issues particularly for those with health and mobility problems. A further issue related to access was adequate storage and cooking facilities, with one in ten clients not having a fridge or an oven, or sometimes affected by power disconnections.

## 5. How do Food Insecure Households Cope?

### THE MOST COMMON COPING STRATEGIES WERE SEEKING ER ASSISTANCE AND GOING HUNGRY

The most common coping mechanism identified by respondents was accessing assistance from an ER service or Foodbank (88%) and this was followed closely by going without food (67%). Two out of three also identified extending the due date of paying a bill (66%) and putting off paying a bill (65%). For half the respondents seeking help from family was also a coping strategy.

The qualitative data also provided some significant insights and reflections on how adults cope with trying to manage food in their households. These included accessing free meals, setting menus and planning shopping trips when food was on sale, purchasing 'generic', 'home brand' or just 'cheaper' food items, buying food close to its use by date and seeking help from family or friends. Many budget recipes were listed, most of which used cheaper meats such as mince, or carbohydrate sources such as rice, pasta or bread. These carbohydrates were commonly used to enlarge serving sizes or allow more costly (but more nutritious) ingredients such as meat and vegetables to provide multiple meals for families. Carbohydrate sources were sometimes cited as forming entire meals: minimalist diets consisting of noodles or breakfast cereal were among the more drastic recipe ideas.

## 6. What are the Impacts of Being Food Insecure?

Respondents were given an opportunity via open ended questions to reflect on the key impacts of their lack of food on themselves and their children. More than one third of respondents indicated the presence of stress and anxiety and for some this was overwhelming, sometimes leading to a sense of frustration. Anger was a recurring theme, with some people using terms such as 'angry', 'agro', 'cranky', 'grumpy', 'pissed off', 'violent' and 'feral', along with references to fighting and arguments in the household as a result of being hungry. Some equated this stress with low energy and lethargy, others with family conflict, the capacity to think and function, and feelings of inadequacy. Several mentioned a sense of isolation and disconnection and others that the constant worry about accessing more food and how to access it was causing mental health issues.

More than one quarter of respondents in the survey made comments in relation to depression, sadness, anger, loss of self worth, feelings of inadequacy and uselessness. Others referred to a sense of isolation and disconnection which appeared to be a self reinforcing cycle. More than one third of respondents indicated that food insecurity had compromised their health. Specific health issues mentioned included being diabetic and losing weight. A number spoke of being hungry. Respondents

talked about the anxiety, pain and shame of not being able to feed their children, despite trying to provide for their families. Many of these respondents felt that they were 'bad parents' or felt a sense of shame connected to not being able to support their family. There was an overwhelming sense of despair in the responses which gave indications of people feeling degraded and disempowered.

**DEPRESSION,  
ANXIETY,  
HUNGER,  
SHAME AND  
ISOLATION**

## **7. What Predicts Increasing Food Insecurity?**

Up to this point we have largely confined the discussion to those factors which are strongly associated with people who are food insecure. However it is also important to establish, once people are classified as food insecure, what are the key predictors of *increasing* food insecurity along the food insecurity continuum. In other words – once you experience food insecurity – what are the factors that may make your situation worse? It is possible from the data to identify those factors associated with *increasing* levels of food insecurity, within a sample that is largely comprised of people who have been experiencing and are continually moving through various degrees of food insecurity.

The strongest correlations with increasing food insecurity related to income insufficiency, including the perception that there is not enough money in the budget to buy food (0.58), that there is not enough money for the household to live on (0.45) and that the household has run out of money in the previous 3 months due to an unexpected expense or event (0.45).

Other factors which were positively correlated with increasing food insecurity included:

- The perception that fresh foods are too expensive to buy (0.35)
- Not having a refrigerator (0.32)
- The cost of transport and increasing distance to the shops (0.30)
- The lack of variety in food (0.28)
- People living in insecure housing such as boarding houses, caravans or staying with friends, (0.27)
- Not having another person to share food costs with (0.27)
- Lack of a workable stove, oven or microwave oven (0.23)
- Special dietary needs (0.18)
- Being on the Newstart Allowance (0.17).

Multiple regression indicated that perceptions of the household's budget situation were among the strongest predictors of increasing food insecurity. However it is notable that factors other than the household budget also made independent contributions to the model, including transport affordability, walking to the shops, and the lack of a refrigerator. Being on the Aged Pension, in a lone person household

or being a couple with no children all acted in a negative direction. The regression indicated that increasing food insecurity is partly explained by issues directly related to household budgeting, food purchase, food quality and food storage and preparation.

## 8. What Can be Done?

This report examines in some detail what can be done in response to food insecurity (Chapter 10) and makes several recommendations (summarised in Chapter 11). These recommendations are grouped into four categories: food-specific policy, income policy, employment policy and housing policy recommendations.

In relation to food-specific policies, it is concluded that the inaugural National Food Plan must better recognise the importance of the inadequacy of income and its role in food insecurity. Food policies need to be implemented for disadvantaged communities across all government jurisdictions within a coordinated and integrated framework. The report recognises that State/Territory and Local Governments have an important role to play in addressing food insecurity through food initiatives and through urban land use and public transport policies.

Food insecurity for individuals and families is not well understood in Australia. Food specific policies require a national approach to monitoring levels of food insecurity in the general population using a tool such as the HFSSM.

Given the crucial role that Emergency Relief plays in the temporary alleviation of food shortages and hunger in households there should be an expansion of funding to ER services nationally. This should be accompanied by the funding of intensive case management and innovative service models. The report also recognises that there are many other worthwhile local community interventions such as the establishment of local growers markets, community kitchens and community gardens, along with education and resilience building programs.

The report provides evidence of the food insecurity of people surviving on government payments, faced with rising household costs and rental stress. The report recommends the establishment of an independent body to review regularly the adequacy of all government payments, a reversal of the legislation to remove access to the Parenting Payment for single parents whose youngest child turns 8 years old, and an increase to the Newstart Allowance and other allowance payments by at least \$50 per week. The report also calls for new tax and transfer measures to encourage workforce participation, an increase in the rate of Commonwealth Rent Assistance and ongoing commitments to increase the supply of housing through the National Affordable Housing Agreement and funding for the National Partnership Agreement on Homelessness.

What is required is a recognition of the extent and depth of food insecurity, the impacts it has on families and, in particular, children and the need for an integrated and multi-layered policy approach to a problem that affects marginalised households in Australia.



# 1

# INTRO INTRODUCTION ON

“

*Food insecurity is not  
a simple problem  
with a simple solution.*

”

Anglicare agencies nationally have become increasingly concerned at the levels of hardship and deprivation evident in people accessing emergency food relief. Of particular concern have been those households with children, where cutting or skipping meals, hunger and its allied impacts are not being adequately addressed.

What has been observed by workers in the field is that food insecure households are generally socially excluded households. What is social exclusion? It is an umbrella concept which is relatively new (c 1970's) but encompasses the experience of deprivation from a number of interrelated perspectives – homelessness, income and food poverty, poor educational opportunities, disability, and physical and mental health. As a framework for examining disadvantage it can include the lack or denial of resources, rights, goods and services, and the inability to participate in normal relationships and activities available to the majority of people in society. Its impacts can be devastating for the individual and macroeconomic in scope for the wider equity and cohesion of society. As a lens to examine deprivation it assists researchers and policy framers to consider the impact of current living standards on future life chances – particularly important in relation to the intergenerational transmission of disadvantage. Social exclusion is an evolving concept providing a more panoramic, dynamic and longitudinal view of disadvantage than simple income poverty and offers an opportunity to examine wider systemic causes and in differing spheres. The causes of exclusion can be cumulative and compounding and its consequences multi-generational.

Food insecurity needs to be understood within this broader social exclusion framework – because it is not a simple problem with a simple solution. Like social exclusion, it too has multiple causality, is complex, can change over time and seriously impacts the well being, community connections and inclusion of people who experience it. So, while the food insecurity research explored in this report is one part of that social exclusion dimension, it is important to remember that it is not easily unbundled from the wider social exclusion experience. This is critical when examining a policy response later in this report – because policy needs to be multi faceted, integrated and multilayered to be effective.

The term *food security* refers to access by all people at all times to enough food for an active, healthy life. At a minimum, food security includes:

- (1) The ready availability of nutritionally adequate and safe foods, and
- (2) An assured ability to acquire acceptable foods in socially acceptable ways (e.g., without resorting to emergency food supplies, scavenging, stealing, or other coping strategies).<sup>4</sup>

Conversely, *food insecurity* refers to the 'limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways.'<sup>5</sup>

This definition was adopted by the United States Department of Agriculture (USDA)<sup>6</sup>, which periodically conducts one of the most comprehensive studies on food security. A number of other studies and agencies have adopted this definition, such as the American Dietetic Association<sup>7</sup>; the NZ Ministry of Health<sup>8</sup>; the NSW Centre for Public Health Nutrition<sup>9</sup>; and Statistics Canada.<sup>10</sup>

The definition of food insecurity, adopted for this study, refers to both the availability of food and one’s ability to access that food. The literature refers to various factors that can impact the supply of and access to food.<sup>11</sup> They include the following.

**TABLE 1 | Food Supply and Accessibility**

| Food Supply  | Food Accessibility   |
|--|--|
| <ul style="list-style-type: none"> <li>• Price*</li> <li>• Quality*</li> <li>• Variety*</li> <li>• Promotion</li> <li>• Number and location of food supply outlets which supply healthy foods</li> </ul> | <ul style="list-style-type: none"> <li>• Financial resources*</li> <li>• Cost of living*</li> <li>• Distance and transportation to shops*</li> <li>• Mobility*</li> <li>• Storage facilities*</li> <li>• Cooking facilities*</li> <li>• Social supports*</li> <li>• Knowledge*</li> <li>• Skills*</li> <li>• Time*</li> <li>• Preferences</li> </ul> |

Adapted from: Rychetnik, Webb, Story & Katz (2003); Dowler (1998) cited in Booth & Smith (2001)  
 Note: Factors marked with an \* were incorporated into the Anglicare questionnaire.

## 1.1 International Studies

It is generally recognised that in developed countries the prevalence of food insecurity ranges from 4% to 14%.<sup>12</sup> Food security is measured annually in the US using the Household Food Security Survey Module (HFSSM) on a representative population sample. In 2010 14.5% of households were food insecure, including 9.1% with low food security and 5.4% with very low food security. Very low food security means “at times during the year, the food intake of household members was reduced and their normal eating patterns were disrupted because the household lacked money and other resources for food.”<sup>13</sup> Of households with children, 20.2% were food insecure, including 9.8% where both children and adults were food insecure. In 8.8% of households with children, children had low food security and in 1.0% children experienced very low food security.<sup>14</sup>

From the US 2010 HFSSM, of the households receiving US food vouchers (now referred to as SNAP benefits), 52% were food insecure. Of those, whose income was less than 130% of the poverty line, 48.3% were food insecure – including 20.1% who experienced very low food security.<sup>15</sup> This provides some form of comparison to Emergency Relief clients in the Anglicare survey.

Using a version of the HFSSM, a UK survey of 25,818 materially deprived households conducted over 2003-2005 found that 29% were food insecure.<sup>16</sup>

Nord and Parker<sup>17</sup> reviewed national US measurements of food security using the HFSSM. They identified that in 2008 21% of households with children were food insecure and in 11% of those households, children were directly experiencing food insecurity. Furthermore, 6.9% of adults in households with children experienced very low food security (hunger), compared with 1.3% of children. In Canada it is estimated that just under 10% of all households are food insecure.<sup>18</sup>

## 1.2 Australian Research

The 2001 National Health Survey (NHS) of the general Australian population found 5.2% of the Australian population to be food insufficient at some time in the past 12 months.<sup>19</sup> Food insufficiency simply relates to not having enough food, that is, it is an indicator not a measure of food insecurity.

Three recent Australian studies have attempted to better understand the prevalence of food insufficiency in Australia. These studies have used tools based on the NHS Question:

*“In the past 12 months were there any times when you ran out of food and couldn’t afford to buy any more?”*

Note that whilst these studies use the above measure to define food *insecurity*, and use this term in their description of results, the measure’s limited scope more correctly reflects food *insufficiency*.

A 2006 study of food insecurity by Susan Quinne and Stephen Morrell<sup>20</sup> attempted to measure the prevalence of food insecurity among independently living persons aged 65 years and over across NSW. This study used data from a sample of 8881 people who were surveyed by the NSW Department of Health using the Older Person’s Health Survey. This survey included the ABS designed question on food insufficiency, as well as demographic information and health information (including how regularly the person ate fruit and vegetables). Quine and Morrell found that approximately 2% of older people were experiencing food insufficiency.

A 2008 study by Jeromey Temple<sup>21</sup> used the dataset of the 2004-05 ABS National Health Survey to determine different levels of food insufficiency. Temple’s different stages of what he defined as ‘food insecurity’ were based on two questions in the National Health Survey, the first addressing food depletion (“In the past 12 months

were there any times when you ran out of food and couldn't afford to buy any more?") and the second addressing adequate food intake ("When this happened did you go without food?").

Temple established that about 5% of Australians were 'food insecure' in 2004-2005, and that 40% of this group was 'severely food insecure' (i.e. ran out of food due to a lack of financial resources and therefore went without food). Furthermore, he explored the different characteristics of people who were 'food secure', 'moderately food insecure' and 'severely food insecure'.

Other recent studies addressing the prevalence of food insecurity have been conducted on a state level in Victoria and South Australia. These surveys have both used the food insufficiency question from the ABS National Health Survey to measure food insecurity. In 2009 the Victorian Population Health Survey found that 5.4% of Victorians were food insecure. The incidence of food insecurity was much higher in particular regions, for example in Gippsland, with food insecurity prevalence rates of 8.0% among the general population and 10.2% among women.<sup>22</sup> A 2009 study by Wendy Foley *et al.*<sup>23</sup> used data from the South Australian Monitoring and Surveillance System, operated by SA Health. A sample of 19,037 South Australian residents was asked a question identical to the ABS National Health Survey question on food insecurity, along with other health-related questions. Foley *et al.* found that 7% of South Australians were experiencing food insecurity.<sup>24</sup>

### **1.3 The Anglicare Australia Study**

In 2005 ANGLICARE Sydney conducted a pilot study of food insecurity in its Wollongong Emergency Relief centre adapting a survey tool from the United States Department of Agriculture (USDA) called the Household Food Security Survey Module (HFSSM). The aim was to establish the depth and experience of food insecurity for people accessing ER services in that region. In a period of one month 128 clients were surveyed, the results forwarded to the USDA for verification and a report subsequently published via the web.<sup>25</sup>

In 2010 it was decided to conduct a national survey of this adapted HFSSM tool across the wider Anglicare Australia network with a targeted, purposive sample of clients accessing either Emergency Relief or other services providing material support. A Memorandum of Understanding was established and 15 agencies agreed to participate over a six week period in February/March 2012.

This study examines both the severity and chronic nature of food insecurity for people accessing Emergency Relief and related support services. It also identifies those people most at risk of food insecurity, the characteristics of food insecure households, issues of economic and physical access to food and the impacts that severe food insecurity can have both on adults and children. A number of policy options are explored and a series of recommendations made. The case studies and comments provided by clients were recorded as handwritten notes during interviews.

What emerges from this study is that for households experiencing deep social exclusion characterised by significant material deprivation, food insecurity is a real and persistent presence which has significant impacts on health, well being, functioning and social inclusion.

# 2

# METHODOLOGY

“

*A 30–45 minute survey was deployed  
in a one-to-one interview setting across  
a number of ER sites nationally.*

”

## 2.1 The Survey Tool

Two survey tools were used in the survey to measure food insecurity:

- The Household Food Security Survey Module from the United States Department of Agriculture (USDA)
- A question on food insufficiency from the Australian Bureau of Statistics (ABS) National Health Survey

These tools were incorporated into a 30-45 minute survey, which was deployed in a one-to-one interview setting across a number of ER sites nationally.

### 2.1.1 The USDA Household Food Security Survey Module

The central measure of food insecurity in this study was adapted from the USDA Household Food Security Survey Module (HFSSM). The HFSSM uses a series of questions on whether households have enough money for sufficient quantity and quality of food or meals, and whether the respondents worried about not having enough food. Specifically, the questions identify:<sup>26</sup>

- Anxiety or perception that the household food budget or food supply is inadequate
- Perceptions that the food eaten by adults or children is inadequate in quality
- Reported instances of reduced food intake, or consequences of reduced intake, for adults
- Reported instances of reduced food intake or its consequences for children

The version of the HFSSM used in the Anglicare Australia Study included questions about the three months prior to the survey period.<sup>i</sup> Respondents answered for their household. Children's and adults' experiences were measured in separate scales, with 9 questions pertaining to adults' experience and 7 for that of children in the household. Due to the sensitive nature of children going hungry in the household, these questions were confidentially completed by the participant at the end of the survey.

### 2.1.2 The ABS National Health Survey

Some Australian studies looking at a lack of food have utilised a question from the National Health Survey (NHS), which was first used in the 1995 National Nutrition Survey (NNS): 'In the last 12 months were there any times that you ran out of food and you couldn't afford to buy more?'. This question measures a lack of quantity of food, i.e. 'food insufficiency'.

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<sup>i</sup> The survey period ran from late February to late March, with an extension for the Northern Territory, where surveys were conducted a month later due to logistical issues. As a result, most participants were describing their food situation from mid December through to mid March.



The question was asked again in the 2001 NHS and the 2004-5 NHS. The question was removed in the 2007-8 National Health Survey but has been used for the National Nutrition and Physical Activity Survey (NNPAS) 2010/11.

When compared with the HFSSM this question captures only a limited aspect of the experience of food insecurity. Food insufficiency in this question simply relates to not having enough food, whereas food insecurity is a broader concept which also covers the quality and variety of food, food insecure behaviours (such as cutting the size of meals) and worrying about the food situation. However the National Health Survey question has been included in the survey tool to provide for a comparison between people accessing emergency food services and the wider Australian population.

### **2.1.3 Other Survey Questions in the Anglicare Australia Study**

The 2005 pilot study identified limits to the HFSSM and addressed these limits by adding other survey questions to address broader issues of food insecurity. Topics addressed by the additional survey questions included:

- Reasons why participants struggled to obtain food;
- Coping strategies used by food insecure participants;
- The impact of food insecurity on individuals and families;
- The experience of using emergency food relief services; and
- Demographic information, including information on household/family, housing, income, employment, age, Indigenous status, postcode, country of birth, year of arrival and language spoken at home.

Following the 2005 pilot study all of these topics were retained, although the structure and order of the questions was altered. In addition some new topics were tested at three locations in Sydney and the Illawarra during 2011<sup>ii</sup> and introduced to the current survey. These new topics included:

- Transport;
- Regular household expenditure<sup>iii</sup>;
- Strategies for managing the household food situation<sup>iv</sup>; and
- Migration stream and visa status for participants who were born overseas.

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<sup>ii</sup> Survey tests ran in September and November 2011 at Mt Druitt (5), Wollongong (9) and Marrickville (5).

<sup>iii</sup> Adapted from the Household, Income and Labour Dynamics in Australia (HILDA) Self Completion Survey.

<sup>iv</sup> An open ended question to complement the question on coping strategies, which was multiple choice and focussed on reactive actions such as going without food, using food relief services, avoiding bills or selling personal belongings. The open ended question provided space for participants to talk about other strategies, including proactive strategies, used to manage the household food situation.

## 2.2 Survey Recruitment and Deployment

The ethics application for this study was approved by the Brotherhood of St Laurence. All participants received an information sheet on the survey and gave consent to be interviewed. Questions on child food insecurity were completed in confidence by the participant without any assistance from the interviewer.

The survey was deployed across 63 service delivery locations, with a small number of surveys deployed in people's homes during home visits. Interviewer training packs were developed and deployed to ensure consistency in interviewing across numerous sites. In order to ensure a wider coverage of clients, copies of the survey questions were translated, where feasible, into specific languages nominated by sites as being relevant to their particular communities, namely Portuguese, Arabic and Vietnamese. Several interviewers also verbally translated the survey into Dinka and Cantonese. All survey responses were recorded in English. In most sites clients were offered a \$20 supermarket gift card as remuneration for their time and to cover the costs of participating.

Different sites could choose from a selection of methods to recruit survey participants to suit their existing client culture and processes:

- 41 sites (67%) put up posters to advertise the survey;
- 41 sites (67%) invited people to participate when they came into the building;
- 28 sites (46%) invited people to participate when they phoned for an ER appointment;
- 14 sites (23%) used a randomised process to call and invite previous ER clients.

Anglicare agencies developed different strategies for staffing the interviews:

- 20 sites (33%) used paid ER staff;
- 13 sites (21%) used other paid staff (e.g. management, HR);
- 12 sites (20%) used internal research staff;
- 10 sites (16%) used ER volunteers;
- 9 sites (15%) used students or interns; and
- 7 sites (11%) used external research staff.

A total of 590 surveys were conducted during the survey period. These were posted back to Sydney and electronically scanned, verified and entered into an SPSS database for analysis.

## 2.3 Limitations

There were a number of limitations regarding sampling, primarily due to differences in resources available to each agency. The total number of surveys completed at each site was a factor of available resources for surveying and did not necessarily represent the number of ER clients accessing each site.

## 2.4 Participation Rates

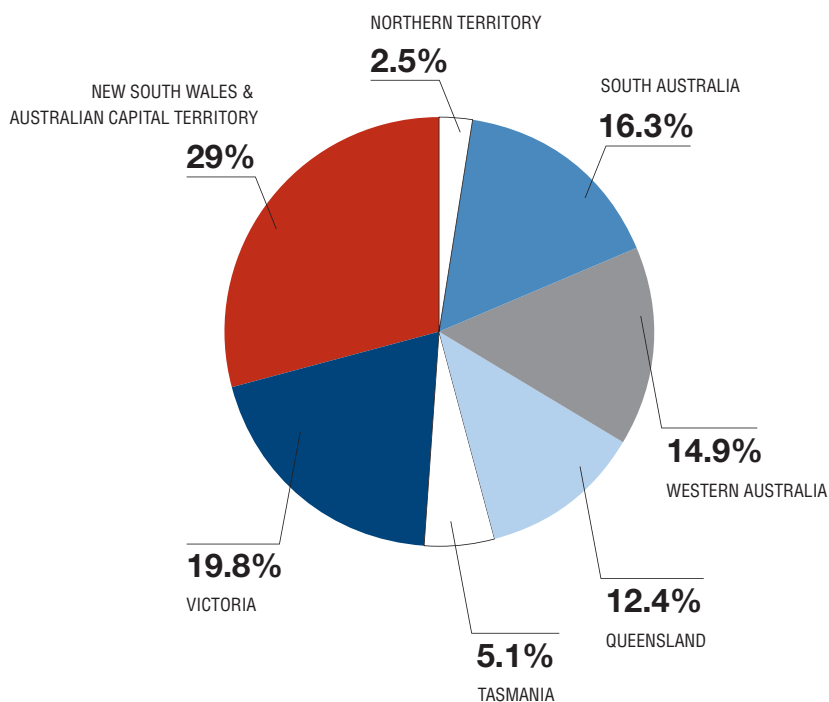
A total of 15 agencies participated in the survey and these are listed in Table 2.

**TABLE 2 | Participating Agencies**

| Agency Name                   | Number of Surveys Completed | Percentage of Total Surveys |
|-------------------------------|-----------------------------|-----------------------------|
| Ac.care (SA)                  | 31                          | 5.3                         |
| Anglicare Canberra Goulburn   | 44                          | 7.5                         |
| Anglicare Central Queensland  | 32                          | 5.4                         |
| Anglicare Northern Territory  | 15                          | 2.5                         |
| Anglicare South Australia     | 56                          | 9.5                         |
| Anglicare Southern Queensland | 41                          | 6.9                         |
| Anglicare Sydney              | 89                          | 15.1                        |
| Anglicare Tasmania            | 30                          | 5.1                         |
| Anglicare Victoria            | 73                          | 12.4                        |
| Anglicare Western Australia   | 88                          | 14.9                        |
| Benetas (Vic)                 | 9                           | 1.5                         |
| Samaritans (NSW)              | 38                          | 6.4                         |
| St John's Youth (SA)          | 9                           | 1.5                         |
| St Laurence Geelong (Vic)     | 15                          | 2.5                         |
| St Lukes Bendigo (Vic)        | 20                          | 3.4                         |
| <b>Total</b>                  | <b>590</b>                  | <b>100</b>                  |

The State based representation is illustrated in Chart 1.

## CHART 1 | Percentage Participation by State and Territory



Using ABS classifications for urban and non urban populations, 54% of clients surveyed lived in major urban areas, with the remaining 46% living in regional and rural areas.<sup>v</sup>

### 2.5 Analysis of Data

Survey data was analysed in three stages. After generating food insecurity scores using the HFSSM, frequencies and basic cross tabulations were run for all closed ended questions in the survey. The second stage involved an analysis of all open ended survey questions and other comments volunteered by respondents recorded by interviewers during the survey. Results from these two stages of analysis are reported on in chapters three through eight.

The third stage of analysis sought to determine correlates of food insecurity in largely food insecure households. Using the raw HFSSM scores for adults as a dependent variable, multiple regressions were used to identify factors that predict increasing levels of food insecurity within a sample that is already largely food insecure. Results from this stage of analysis are reported on in Chapter 9.

<sup>v</sup> Urban and rural areas have been defined using the ABS Section of State (SOS) areas. “Major urban areas” refer to areas with populations of 100,000 or more. “Regional and rural areas” refer to areas classified as “other urban” (population of 1,000-99,999), “bounded localities” (population of 500-999) or “rural balance” (population of less than 500) by the SOS.

## 2.6 Respondent Profiles

A number of demographic questions were asked of participants which related to age, gender, ancestry and language, household size and composition, household income, employment, housing type and tenure and household expenditure. These profiles represent all participants in the survey and are detailed below.

- 60% of respondents were female.
- The survey group was relatively young with 71% being 49 years of age or younger. However the largest age group in the sample (29%) was between 40 and 49 years of age.
- Almost one in five respondents was born overseas. Twenty identified as entering Australia through the humanitarian and refugee migration streams and two had applied for asylum after arriving in Australia. Seventeen percent spoke a language other than English in the home.
- A further 16.6% (94) identified as Aboriginal and/or Torres Strait Islander, a considerably higher proportion than the average in the national population of 2.2%.<sup>27</sup>
- Almost one third of respondents (30%) represented single person households. Another 40% were two or three person households.
- Only 21% of households were receiving income from paid full time, part time or casual employment
- Average fortnightly income for the majority of respondents was extremely low. More than two thirds of households (67%) were on less than \$1,000 per fortnight or \$500 per week. These figures are unequivalised, which means that household size has not been taken into account. However the March 2012 Melbourne Institute's Henderson Poverty Line estimates indicate that for a single person the poverty line occurs at \$470 per week and for all other household types the poverty line occurs across a range from between \$603 to \$1137 per week.<sup>28</sup> Undoubtedly the households represented in this survey could be considered to be experiencing significant financial and economic hardship.
- Many of these households had someone on a Disability Support Pension (42%) and someone receiving a Carer Payment (14%). Also of interest are the prevalence of reliance on the Newstart Allowance (30%) and the Parenting Payment (31%). Only one-in-six households (16%) had a wage or salary earner.
- Four out of five households (78%) were renting and a further 11.4% experienced insecure housing or homelessness ranging from emergency accommodation and couch surfing to living in squats, cars and tents. A smaller proportion were paying off a mortgage (7%) and 4% owned their own home.

- Of those renting, 44% were in public housing compared with 14% of all renters nationally in the 2011 Census. A further 7.5% of surveyed households were in community housing compared with 2.2% of all renters nationally, indicating that households in this survey were three times more likely to be accessing community housing compared with the national average. Finally 41% of households were in the private rental market.

Profiles for food insecure respondents only are provided later in this report.

## KEY FINDINGS

### RESPONDENT PROFILES:

- 60% were female
- 71% were under the age of 49 years
- 40% were two or three person households while 30% were singleperson households
- One in five households had someone in paid work
- 42% of households had at least one person on a Disability Support Pension
- 78% were renting and of those 44% were in public housing

# 3

## HOW SEVERE IS FOOD INSECURITY?

“

*More than three quarters of households ran out of food and were not able to buy more ... just over a third of households had adults who regularly did not eat for a whole day.*

”

In order to compare the diverse experience of food insecurity among the respondents and their households, a number of scales were developed using questions from the HFSSM. Separate scales were developed to measure adults and children. In addition, separate scales were developed to measure:

- The **severity** of food insecurity (based on the number of different manifestations of food insecurity that were experienced) and
- The **frequency** of food insecurity (based on how often these experiences were occurring).

### 3.1 Calculating the Severity of Food Insecurity

Using the core HFSSM measure outlined in the Methodology section of this report, the severity of a household’s food insecurity can be categorised as:

- Food secure<sup>vi</sup>
- Food insecure
- Severely food insecure

Scales for the severity of food insecurity were created by counting the number of HFSSM questions that received a positive response (Table 3). Separate scales were derived for adults and children in the represented households.

**TABLE 3 | Determining Severity Levels of Food Insecurity**

| Severity Level         | Adult Measure                                   | Child Measure                                   |
|------------------------|---|---|
| Food secure            | Positive responses to 0-1 adult questions       | Positive responses to 0-1 child questions       |
| Food insecure          | Positive responses to 2-5 adult questions       | Positive responses to 2-4 child questions       |
| Severely food insecure | Positive responses to 6 or more adult questions | Positive responses to 5 or more child questions |

Households falling in the more severe categories of food insecurity not only answer positively to more questions, they tend also to give positive answers to the questions regarding more intense or severe experiences of food insecurity.<sup>29</sup>

<sup>vi</sup> The “food secure” category includes people who are “marginally food secure”, i.e. people who are generally food secure but have experienced one aspect of food insecurity in the previous 3 months. It should be noted that people who are marginally food secure often experience a poor quality of life which is similar to food insecure households. Cf Coleman –Jensen (2010).



### 3.2 Severity of Adult Food Insecurity: Results

Respondents were asked nine questions about the food situation of themselves and other adults in the home. For all but one of these questions, the majority of respondents had experienced these aspects of food insecurity at least once in the previous 3 months (Table 4).

**TABLE 4 | Positive Responses to the Adult HFSSM Questions**

| In the previous 3 months...  | Once or more often | Never   | Total  |
|--|--------------------|---------|--------|
| <b>Adult Questions</b>   |                    |         |        |
| 1. We worried whether our food would run out before we got money to buy more.            | 93.1%              | 6.9%    | 100.0% |
| 2. The food we bought just didn't last and we didn't have money to buy more              | 92.6%              | 7.4%    | 100.0% |
| 3. We couldn't afford to eat the variety of food we should have                          | 90.2%              | 9.8%    | 100.0% |
| 4. How often did you (or other adults) cut the size of your meals?                       | 82.7%              | 17.3%   | 100.0% |
| 5. How often did you (or other adults) skip meals?                                       | 76.2%              | 23.8%   | 100.0% |
| 6. How often did you (or other adults) eat less than you felt you should?                | 84.8%              | 15.2%   | 100.0% |
| 7. How often were you (or other adults) hungry but didn't eat?                           | 72.7%              | 27.3%   | 100.0% |
| 8. How often did you (or other adults) not eat for a whole day?                          | 50.3%              | 49.7%   | 100.0% |
| 9. Have you (or other adults) lost weight because you didn't have enough money for food? | 49.2%*             | 50.8%** | 100.0% |

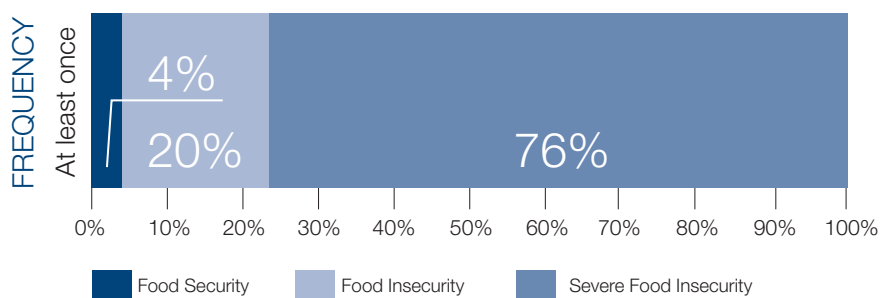
\* = 'Yes'    \*\* = 'No'

The food insecurity severity scale for adults was calculated from the responses of the 579 respondents who completed the adult food security questions.<sup>vii</sup> The majority of respondents (76%, n=440) answered positively to six or more of the adult questions, indicating that over three quarters of the sample were severely food insecure during the 3 month period. An additional 20% (n=116) gave positive responses to 2-5 questions and scored as “food insecure” (Chart 2). This meant that 96% of households were experiencing some form of food insecurity.

ACROSS THE WHOLE SAMPLE  
**96%** OF RESPONDENTS INDICATED SOME LEVEL OF FOOD INSECURITY

<sup>vii</sup> 11 respondents did not complete a sufficient number of adult questions to receive a food insecurity severity score.

## CHART 2 | Levels of Food Insecurity among Adults



The additional National Health Survey question related to food insufficiency and asked respondents: ‘In the last 12 months were there any times that you ran out of food and you couldn’t afford to buy more?’. In the 2004-05 NHS survey, 5.1% of Australians answered positively to this question.<sup>30</sup> By comparison, 87% of respondents in the Anglicare survey answered positively to this question.

Although the HFSSM tool found that 556 respondents were food insecure, only 90.5% of these respondents were experiencing food insufficiency according to the National Health Survey question. This demonstrates that, while the National Health Survey provides a basic indication of the prevalence of food insufficiency, there is a small minority whose experience of food insecurity is not captured by this survey tool. Australian food insecurity figures based on the National Health Survey question are highly likely to be an underrepresentation of the prevalence of food insecurity.

### 3.3 Calculating the Frequency of Food Insecurity

Within the survey both the HFSSM tool and the National Health Survey tool collected information on how *frequently* respondents experienced the phenomenon. The positive responses to the HFSSM discussed above can be further analysed by identifying situations where the phenomenon in question occurred:

- Only in one or two weeks during the 3 month period;
- Some weeks but not every week during the 3 month period; or
- Almost every week during the 3 month period.

By combining these results with the severity levels identified above, a second scale was developed to show the **frequency** of food insecurity among respondents. As frequency levels intensify, only those responses that indicate a frequently occurring phenomenon are counted as positive responses. The frequency levels are not mutually exclusive; rather they are a means to recreate the severity of food insecurity scale to identify respondents who are experiencing recurrent or chronic food insecurity (Table 5).

**TABLE 5 | Determining Frequency Levels of Food Insecurity**

| Frequency Level  | Severity Level                   | Adult Measure                                   | Child Measure                                   |
|--|----------------------------------|---|---|
| <b>At least once</b><br>Positive responses are:<br>“Only in one or two weeks”,<br>“some weeks but not every week” or<br>“almost every week”. | Food security                    | Positive responses to 0-1 adult questions       | Positive responses to 0-1 child questions       |
|  | Food insecurity                  | Positive responses to 2-5 adult questions       | Positive responses to 2-4 child questions       |
|  | Severe food insecurity           | Positive responses to 6 or more adult questions | Positive responses to 5 or more child questions |
| <b>Recurrent</b><br>Positive responses are:<br>“Some weeks but not every week” or<br>“almost every week”                                     | No recurrent food insecurity     | Positive responses to 0-1 adult questions       | Positive responses to 0-1 child questions       |
|  | Recurrent food insecurity        | Positive responses to 2-5 adult questions       | Positive responses to 2-4 child questions       |
|  | Recurrent severe food insecurity | Positive responses to 6 or more adult questions | Positive responses to 5 or more child questions |
| <b>Chronic</b><br>Positive responses are:<br>“Almost every week”.  | No chronic food insecurity       | Positive responses to 0-1 adult questions       | Positive responses to 0-1 child questions       |
|  | Chronic food insecurity          | Positive responses to 2-5 adult questions       | Positive responses to 2-4 child questions       |
|  | Chronic severe food insecurity   | Positive responses to 6 or more adult questions | Positive responses to 5 or more child questions |

Unless otherwise indicated, this report uses the severity scale based on the frequency level ‘to at least once’ to identify food insecure adults and children.

### 3.4 Frequency of Adult Food Insecurity: Results

Eight of the adult HFSSM questions include data on frequency.<sup>viii</sup> For six of these questions, between a third and a half of respondents were experiencing these aspects of food insecurity almost every week or even more frequently during the previous 3 months (Table 6).

**31%** OF  
 RESPONDENTS  
 WERE SEVERELY  
 FOOD INSECURE  
 ALMOST EVERY  
 WEEK

<sup>viii</sup> “Have you lost weight because you didn’t have enough money for food” was a dichotomous question. No frequency information was collected from this variable.

**TABLE 6 | Responses to the Adult HFSSM Questions**

|   | Almost every week | Some weeks but not every week | Only 1 or 2 weeks | Never | Total  |
|---|-------------------|-------------------------------|-------------------|-------|--------|
| 1. We worried whether our food would run out before we got money to buy more. | 42.5%             | 40.4%                         | 10.2%             | 6.9%  | 100.0% |
| 2. The food we bought just didn't last and we didn't have money to buy more   | 36.0%             | 40.0%                         | 16.6%             | 7.4%  | 100.0% |
| 3. We couldn't afford to eat the variety of food we should have               | 47.1%             | 31.2%                         | 11.9%             | 9.8%  | 100.0% |
| 4. How often did you (or other adults) cut the size of your meals?            | 42.5%             | 30.7%                         | 9.5%              | 17.3% | 100.0% |
| 5. How often did you (or other adults) skip meals?                            | 35.2%             | 26.7%                         | 14.3%             | 23.8% | 100.0% |
| 6. How often did you (or other adults) eat less than you felt you should?     | 39.8%             | 32.7%                         | 12.3%             | 15.2% | 100.0% |
| 7. How often were you (or other adults) hungry but didn't eat?                | 27.4%             | 34.0%                         | 11.3%             | 27.3% | 100.0% |
| 8. How often did you (or other adults) not eat for a whole day?               | 16.3%             | 20.7%                         | 13.4%             | 49.7% | 100.0% |

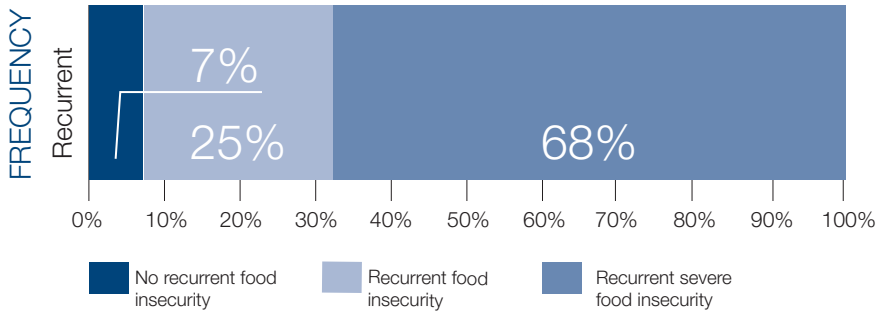
There are a number of key findings for respondents who were experiencing aspects of food insecurity recurrently or chronically during the survey period (the first and second columns added together in Table 6):

- 83% of respondents were worried that food would run out and there would not be sufficient money to buy more;
- More than three quarters of households (76%) ran out of food and were not able to buy more;
- For three out of four households (78%) there was lack of variety of food;
- Adults in 73% of households were cutting the size of meals and adults in 62% of households were skipping meals;
- 72% of respondents indicated that the adults in their household were eating less than they felt they should;

- 61% of households had adults who were going hungry but didn't eat;
- Just over a third of households (37%) had adults who regularly did not eat for a whole day.

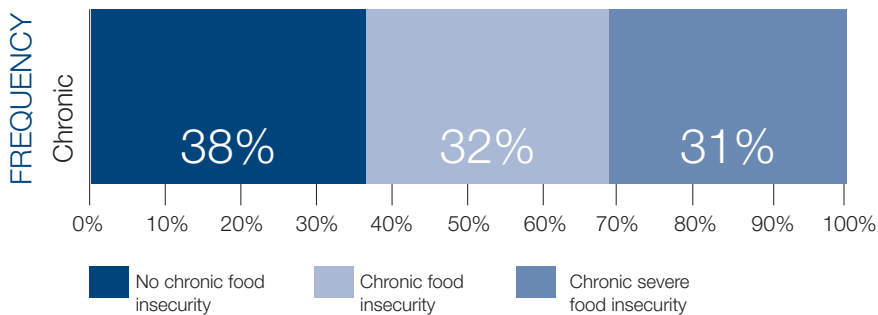
Recalculating the severity scores using the different frequency levels of food insecurity reveals that 93% of households had adults who were recurrently food insecure (See Chart 3).

**CHART 3 | Levels of Recurrent Food Insecurity among Adults**



Over half of the sample (62%) was chronically food insecure (see Chart 4). The most intense levels of food insecurity were experienced by nearly a third of the sample (31%), who were severely food insecure almost every week (Chart 4).

**CHART 4 | Levels of Chronic Food Insecurity among Adults**



### 3.5 Summary of Findings

The Anglicare Australia Study sought respondents from Emergency Relief and food support services. It is therefore not surprising that very high levels of food insecurity have been identified. However the finding that 76% were severely food insecure is very concerning. Further using a question on food insufficiency it emerges that 87% of the survey sample experienced food insufficiency compared with a national population finding in 2005 using the same question of 5%.

It is also important to establish the frequency of food insecurity and, for this targeted sample, nearly one third (31%) were severely food insecure almost every week. This is indicative that for many people accessing food relief services the experience of food insecurity is both severe and chronic.

#### KEY FINDINGS

##### SEVERITY AND FREQUENCY OF ADULT FOOD INSECURITY:

- In 96% of households adults experienced food insecurity.
- In 76% of households adults were severely food insecure.
- In just under a third of households (31%) adults were experiencing both severe and chronic food insecurity.

# 4

## WHAT IS IT LIKE FOR CHILDREN?

“

*It affects everything. The school wants to know why the kids are hungry. You try and avoid as you can't afford to feed them. It's embarrassing. My kids have no shoes. He's come home with black eyes 'cos he's the poor kid.*

”

There were 590 respondents to the adult survey which represented 767 children, 650 of whom were living in the respondents' homes permanently or most of the time and 117 of whom were living with respondents some of the time (e.g. in shared custody or a respite arrangement).

The severity and frequency of food insecurity among these children has been calculated using seven child specific questions from the HFSSM, regarding household members aged less than 18 years. These questions were not limited to parents or full time guardians; they were available to all respondents who lived in a household with children, including respondents who only had children living in their household for less than half the time. Answers to these questions were recorded in confidence by the respondent and were not seen by the interviewer.

Just under half of the sample (46.1%, n=272) completed the child HFSSM questions. These respondents represented 88% (n=676) of all the children represented in the sample. The remaining 12% of children lived with respondents who chose not to complete the child HFSSM questions.

ALMOST  
**80%**  
OF CHILDREN  
WERE FOOD  
INSECURE

#### 4.1 Severity of Child Food Insecurity: Results

Respondents living with children were asked 7 questions about the food situation of children in the home. Over half of these respondents indicated that the children in their home had experienced at least one of the following aspects of food insecurity:

- Eating only a few kinds of low cost food;
- Not eating a variety of food;
- Not eating enough food (Table 7).

**TABLE 7 | Positive Responses to the Child HFSSM Questions**

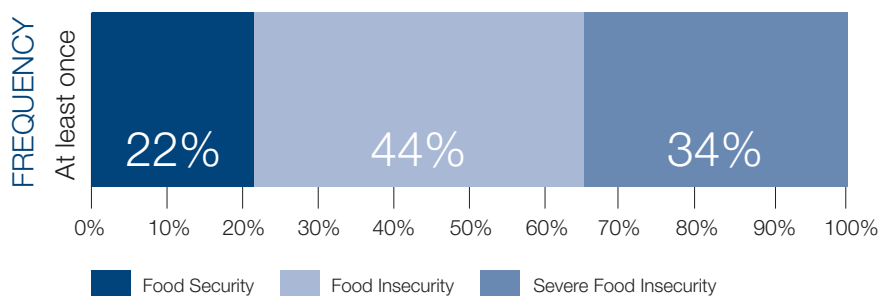
| In the previous 3 months...  | Once or more often | Never   | Total  |
|--|--------------------|---------|--------|
| <b>Child Questions</b>   |                    |         |        |
| 1. We relied on a few kinds of low cost food to feed the children because we were running out of money to buy food | 83.2%              | 16.8%   | 100.0% |
| 2. We couldn't afford to feed the children the variety of food they should have                                    | 77.8%              | 22.2%   | 100.0% |
| 3. The children were not eating enough because we just couldn't afford enough food                                 | 51.8%              | 48.2%   | 100.0% |
| 4. How often did you cut the size of the children's meals?   | 46.2%              | 53.8%   | 100.0% |
| 5. How often were the children hungry but you couldn't afford more food?   | 39.2%              | 60.8%   | 100.0% |
| 6. How often did the children skip a meal?   | 24.2%              | 75.8%   | 100.0% |
| 7. Did your children not eat for a whole day?  | 9.9%*              | 90.1%** | 100.0% |

\* = 'Yes' \*\* = 'No'



The food insecurity severity scale for children reveals that over three quarters of households with children (78%) were food insecure or severely food insecure during the previous 3 months. Approximately a third of households with children (34%, n=92) answered positively to at least five of the child HFSSM questions. Nearly half of households with children (44.5%, n=121) gave positive responses to 2-4 child HFSSM questions (Chart 5 ).

**CHART 5 | Levels of food insecurity among children**



Applying the severity scores to the actual number of children represented by these households yields a very similar pattern:

- 145 children (21.4%) were food secure;
- 290 children (42.9%) were food insecure; and
- 241 children (35.7%) were severely food insecure.

In total, some 79% of children were either food insecure or severely food insecure.

## 4.2 Frequency of Child Food Insecurity: Results

All seven of the child HFSSM questions include data on frequency (Table 8).

There are a number of key findings for households with children which were experiencing aspects of food insecurity recurrently or chronically during the survey period (the sum of the first and second columns in Table 8):

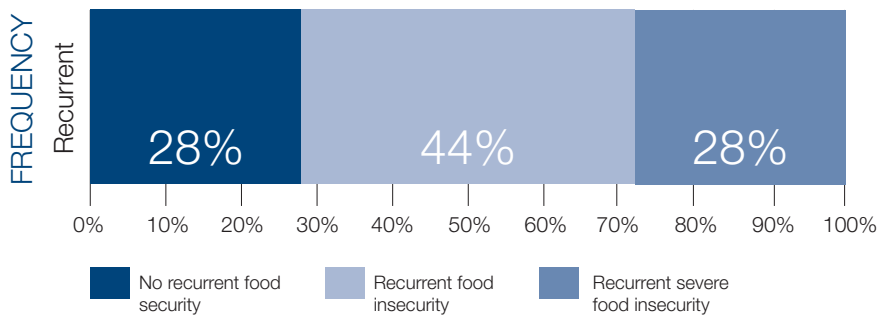
- The majority of households had to compromise the quality of their children's food, with 71% feeding children only a few kinds of low cost food and 65% limiting the variety of food their children ate.
- In over a third of households (38%) children were not eating enough and in 29% of households children were reported as going hungry.
- 32% of households with children had to cut their children's meal portions and in 16% of households with children the children had to skip a meal.
- In 7% of households with children, the children had gone an entire day without eating in the last three months.

**TABLE 8 | Responses to the Child HFSSM Questions**

|  | Almost every week | Some weeks but not every week | Only 1 or 2 weeks | Never | Total  |
|--|-------------------|-------------------------------|-------------------|-------|--------|
| 1. We relied on a few kinds of low cost food to feed the children because we were running out of money to buy food | 32.6%             | 38.7%                         | 11.8%             | 16.8% | 100.0% |
| 2. We couldn't afford to feed the children the variety of food they should have                                    | 22.9%             | 41.6%                         | 13.3%             | 22.2% | 100.0% |
| 3. The children were not eating enough because we just couldn't afford enough food                                 | 12.2%             | 25.9%                         | 13.7%             | 48.2% | 100.0% |
| 4. How often did you cut the size of the children's meals?   | 11.4%             | 20.5%                         | 14.3%             | 53.8% | 100.0% |
| 5. How often were the children hungry but you couldn't afford more food?   | 9.2%              | 19.4%                         | 10.6%             | 60.8% | 100.0% |
| 6. How often did the children skip a meal?   | 4.4%              | 11.4%                         | 8.4%              | 75.8% | 100.0% |
| 7. Did your children not eat for a whole day? How often did this happen?   | 2.2%              | 5.1%                          | 2.6%              | 90.1% | 100.0% |

Recalculating the severity scores for children using the different frequency levels of food insecurity reveals that 72% of households with children had children who were at least recurrently food insecure or recurrently severely food insecure (Chart 6).

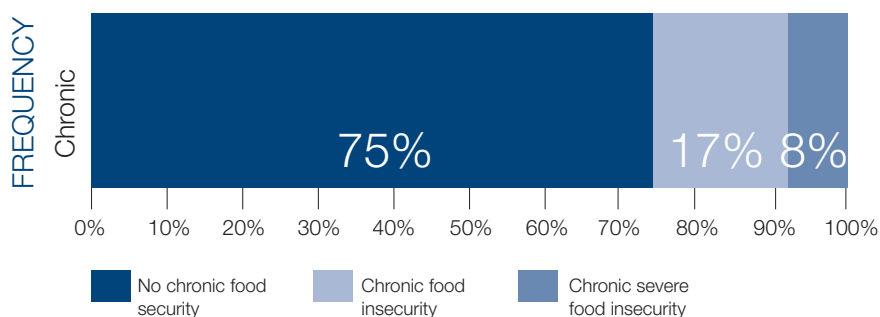
**CHART 6 | Levels of Recurrent Food Insecurity among Children**



A quarter of households with children had chronic child food insecurity or chronic severe child food insecurity (Chart 7). The most intense levels of child food insecurity

were experienced in 8% of households with children (n=18) where children were severely food insecure almost every week.

**CHART 7 | Levels of Chronic Food Insecurity among Children**



### 4.3 Summary of Findings

Over three quarters of households with children experienced child food insecurity or severe child food insecurity during the previous 3 months. 44% of households with children had children who were food insecure and another 34% of children were severely food insecure. For 8% of children severe food insecurity occurred at least every week.

**8%**  
OF CHILDREN  
EXPERIENCED  
SEVERE FOOD  
INSECURITY  
EVERY WEEK.

## 4.4 Implications of Child Food Insecurity

### 4.4.1 Impacts on Children

The vulnerability of households with children to food insecurity has been documented in international studies.<sup>31</sup> The Anglicare Australia finding that 72% of households with children had children who were at least recurrently food insecure or recurrently severely food insecure, is both compelling and confronting. The risks for such children have been well documented. Children who live in food insecure households and are themselves food insecure are at risk and vulnerable to a broad range of significant and sometimes long lasting consequences. The US-based Center on Hunger and Poverty cites numerous studies that point to such consequences which include both psychological and behavioural impacts expressed through higher levels of aggression, hyperactivity and anxiety as well as passivity. Such children often have difficulties getting along with their peers and evidence an increased need to access mental health services. However the consequences of food insecurity for such children are not limited to these areas alone. They have a lifelong impact on learning and education as witnessed by impaired cognitive functioning and

diminished capacity to learn, lower school test scores and poorer overall academic achievement, repeating grades in school, truancy, tardiness and school suspension.<sup>32</sup>

Respondents in the Anglicare survey made a number of comments on the impact the lack of food in the household was having on their children (n=58). Children were seen as variously being 'grumpy', 'upset', 'embarrassed' and exhibiting behavioural problems.

*...kids embarrassed, different to other kids.*

*...the kids would drive me up the wall 'cos they're starving!*

*...kids get cranky and irritable*

Lack of social connection and social isolation are important bi-products of food insecurity and for some children it is this issue rather than economic adversity that causes a problem. Parents were concerned that their children could not invite friends over to the house because there was no food. Other parents had to limit their children's recreational activities.

*Sometimes my daughter will come home from school and want to have her friends over but I can't feed them snacks*

*Anything [I do] with the kids has to be free and within walking distance of the home*

Others commented that school lunches were often minimal, and that lack of food impacted school attendance and performance in the classroom. In some cases the schools appeared not to understand the situation, creating embarrassment for the parents and leading some parents to keep their children home from school as a consequence.

*Difficult to study at school. Stop you from going to school-can't afford to get to school*

*I can't send kids to school with what they need; for example, piece of fruit for morning tea*

*It affects everything. The school wants to know why the kids are hungry. You try and avoid as you can't afford to feed them. It's embarrassing. My kids have no shoes. He's come home with black eyes 'cos he's the poor kid.*

*...had to keep children from school because no food snacks-*

*...if there is no food to put in the lunchbox [our] children are likelier to skip the school every now and then*

Several parents commented that it affects their children's view of the world – as to how they see others and themselves.

*I don't know ...it makes them look differently at people who have more*

*...embarrassing...kids see others have more and judge home*

*...it affects them when they see other kids that have so much. It makes them feel worthless.*

One parent expressed frustration at the children raiding the pantry when food supplies were low and a grandparent felt that her grandchildren wouldn't come to visit because she didn't have food to give them like their other grandparents.

*I get angry with the kids when they just go and help themselves when we are running low on milk, bread and school foods*

*Some grandchildren won't come to her house because they can't accept that these grandparents won't give them what they want whereas the other grandparents will.*

#### 4.4.2 Adult Protective Mechanisms

Previous studies based on the HFSSM have demonstrated that generally adults try to protect the children in their home from food insecurity; it is common for adults in the home to have more severe food insecurity scores than children as they go without food so that the children can eat:




**ADULTS GO  
HUNGRY  
TO PROTECT  
THEIR CHILDREN**

*As the situation becomes more severe, the food intake of adults is reduced and adults experience hunger, but they spare the children this experience. In [the most severe stage], children also suffer reduced food intake and hunger and adults' reductions in food intake are more dramatic.<sup>33</sup>*

This trend was also seen within the Anglicare sample. Of the 272 adults who completed the child HFSSM questions for their household, only four respondents (1.5%) revealed that children in their household were experiencing more severe food insecurity than adults. The majority of respondents living with children (55.1%) were living in households where children fell into a less severe food insecurity category than the adults. Just under half (43.4%) of respondents were living in households where children and adults fell into the same food insecurity severity category (Table 9).

**TABLE 9 | Severity of Adult and Child Food Insecurity, Households with Children**

|                                    |             | Adults: Food Insecurity Severity |                        |       |
|------------------------------------|-------------|----------------------------------|------------------------|-------|
| Children: Food Insecurity Severity | Food Secure | Food Insecure                    | Severely Food Insecure | Total |
| Food Secure                        | 1.5%        | 6.6%                             | 13.6%                  |       |
| Food Insecure                      | 0.0%        | 9.6%                             | 34.9%                  |       |
| Severely Food Insecure             | 0.0%        | 1.5%                             | 32.4%                  |       |
| Total                              |             |                                  |                        | 100%  |

Key  Households where child food insecurity is less severe than adult food insecurity  
 Households where child food insecurity and adult food insecurity are equally severe  
 Households where child food insecurity is more severe than adult food insecurity

This was also evident from the comments made in the open ended questions. Some respondents admitted that even if they had to go without food, they did their best to make sure that their children could eat:

*I've gone without so that [my son] can have proper meals.*

*Sometimes [I] go without to ensure [my] child has food.*

*The last thing I want is for [my] children to go without food.*

*If your kids have got food, you're OK.*

*Not to be able to feed your kids is unforgivable.*

*I know a lot of people that go without to feed their children.*

*I look after the kids as the number one priority.*

*The adults have to do without and make sure they feed their children.*

*I've tried to cut down on food portions to let children have enough and not go to bed hungry. I try to give them meat with five veg and go without myself.*

*I buy a little bit of food every day so I know the baby has something to eat that day.*

*I try to get the things the kids need, so long as they have meals on the table and their lunch in their bags!*

*I ensure my son always has the basics of bread, spreads, milk, yoghurt and fruit, in addition to cereal and eggs to ensure basic needs are covered... he never goes without, even if I do.*

*It doesn't really affect me. I don't worry if I don't eat – I just worry if the kids don't eat.*

The child food insecurity results evident from this study indicate that in the most marginalised and socially excluded households in Australia there are children going hungry – some on a fairly regular basis. The qualitative data also indicates that for children this can be an embarrassing circumstance which generates anger and frustration. Parents see this as impacting their learning and leading to lower school attendance and performance. Adults appear to strive strenuously to protect their children from food insecurity but sometimes there is just not enough food and children are forced to go hungry.

As a caveat to the adult protective mechanism a July 2012 report from the Social Policy Research Centre<sup>34</sup> of NSW observes that children in poor households often go to considerable lengths to try and protect their parents from the more adverse effects of poverty. They may do this by seeking part time work, not mentioning to parents school exclusions and other school related costs or by choosing cheaper options when available.<sup>35</sup>

## KEY FINDINGS

### SEVERITY AND FREQUENCY OF CHILD FOOD INSECURITY:

- 78% of households with children experienced child food insecurity, representing 213 households and 531 individual children.
- 34% of households with children experienced severe food insecurity, representing 92 households and 241 individual children.
- In 10% of households with children, the children had gone an entire day without eating at least once in the last three months. In 7.3% of households with children this occurred either weekly or some weeks but not every week.
- In over half of households with children (55%) children were experiencing a less severe level of food insecurity than adults, suggesting that to at least some extent adults in these households were successfully protecting children from more severe experiences of food insecurity.



# 5

# WHO IS WHO IS FOOD INSECURE? INSECURE?

“

*One of the most critical factors is low income ... other factors include being homeless or a sole parent or being Indigenous.*

”

In the literature a number of key socio-economic characteristics and groups have been associated with food insecurity:

- Low income,<sup>36</sup>
- Recipients of government benefits<sup>37</sup>
- Renting as opposed to home ownership<sup>38</sup>
- Homelessness<sup>39</sup>
- Unemployed households<sup>40</sup>
- Single parent<sup>41</sup>; particularly single mother households<sup>42</sup>
- Being Indigenous<sup>43</sup>

Others have included: geographical isolation,<sup>44</sup> drug and alcohol dependencies,<sup>45</sup> frail older people<sup>46</sup> and people with special needs due to disability or ill health,<sup>47</sup> recently divorced or separated,<sup>48</sup> those in shared accommodation, one-adult households and single people,<sup>49</sup> low education<sup>50</sup> or school non-completion,<sup>51</sup> families with three or more children,<sup>52</sup> households without elderly people,<sup>53</sup> households with non-citizen heads,<sup>54</sup> people with a history of mental illness,<sup>55</sup> African-, Latin- and Native- American household heads in the US,<sup>56</sup> and living in the central city of a metropolitan area in the US.<sup>57</sup>

The following provides a review of the profile of those who presented to the Anglicare Australia study as food insecure reflecting many of the above findings in the literature.

## 5.1 Low Income and Government Benefits

**2** OUT OF **3**  
HOUSEHOLDS  
RECEIVED  
LESS THAN  
**\$1000**  
PER FORTNIGHT

In the Anglicare Australia study more than one in four food insecure households (24%) were endeavouring to survive on incomes of less than \$600 per fortnight compared with the Household, Income and Labour Dynamics in Australia (HILDA) national sample of 16%. Further, more than two thirds of all households (67%) were on incomes of less than \$1,000 per fortnight compared with only 30% in the HILDA national data set, which is more reflective of the general population (Table 10).

**TABLE 10 | Fortnightly Household Income: Food Insecure vs HILDA**

|                | Anglicare Study: Food Insecure Sample | HILDA |
|----------------|---------------------------------------|-------|
| Nil/Negative   | 0.9%                                  | 7.3%  |
| \$1-\$99       | 0.0%                                  | 1.0%  |
| \$100-\$199    | 0.2%                                  | 0.5%  |
| \$200-\$299    | 0.6%                                  | 0.7%  |
| \$300-\$399    | 1.9%                                  | 1.3%  |
| \$400-\$499    | 10.8%                                 | 2.3%  |
| \$500-\$599    | 9.6%                                  | 2.9%  |
| \$600-\$699    | 11.7%                                 | 3.2%  |
| \$700-\$799    | 10.6%                                 | 6.0%  |
| \$800-\$899    | 11.7%                                 | 2.4%  |
| \$900-\$999    | 9.3%                                  | 2.4%  |
| \$1000 or more | 33.0%                                 | 70.2% |

Sources of household income for food insecure respondents revealed the following trends:

- 41% (n=227) of households had at least one person aged 15+ years in receipt of a Disability Support Pension
- 31% (n=169) of households had at least one person aged 15+ years in receipt of Newstart
- 16% (n=89) of households had at least one person aged 15+ years in receipt of wages or salary
- 32% (n=186) of households had at least one person aged 15+ years in receipt of the Family Tax Benefit
- 7% (n=36) of households had at least one person aged 15+ years in receipt of the Aged Pension
- 32% (n=176) of households had at least one person aged 15+ years in receipt of the Parenting Payment single
- 7% (n=38) of households had at least one person aged 15+ years in receipt of the Youth Allowance
- 14% (n=78) of households had at least one person aged 15+ years in receipt of a Carers Payment

**31%**  
ON NEWSTART

There has been a strong causal link identified in the literature between food insecurity and low income.<sup>58</sup> Of all socio demographic characteristics of food insecure people, lack of income predominates. This is especially true for people relying on government benefits. The 1995 ABS National Nutrition Survey (NNS) found that those on government pensions or benefits were more likely to experience food insecurity than those receiving other forms of income.<sup>59</sup> In the same study, the socio-demographic factors related to food insecurity became much weaker after income levels were taken into account.<sup>60</sup> This points to the relevance of a food security measure that assumes lack of sufficient income to be the key reason behind food insecurity.

Furthermore, economic modelling was carried out in Australia by Paul Henman in 2003 to assess the adequacy of government benefits for different household types and applied to a range of common household expenses. According to Henman, the 'low cost' budget standard:

*...represents a level of living which may require frugal and careful management of resources but would still allow social and economic participation consistent with community standards and enable the individual to fulfil community expectations in the workplace, at home and in the community.*<sup>61</sup>

Results showed that, across Australian capital cities, single male households that solely relied on government benefits received 63-76% of what they needed to live on for the low cost standard outlined above; in Sydney it was 63%. A single parent with one child received 83-99% of what their household needed to get by on the low-cost standard; in Sydney it was 84%. Single parents with two children received 74-92% (Sydney 74%).<sup>62</sup>

A reliance on government benefits is a significant barrier to healthy food consumption, particularly in regional and rural areas. A food basket study of regional and rural supermarkets in Victoria found that in regional and rural Victoria, couple families in receipt of unemployment benefits would have to put aside 40% of their income for groceries to be able to feed their families healthy food. Single parents would have to put aside 37% of their income to be able to feed their families healthy food.<sup>63</sup> If families in these situations are not able to have a grocery budget this large due to other expenses, they are forced to buy unhealthy food or to go without food.

The high proportion of people on a Disability Support Pension in the Anglicare Australia study is an issue for concern. The literature indicates that people who are 'dependent on carers are particularly at risk of hunger and malnutrition if they are unable to feed themselves independently or have special needs for food preparation and feeding'.<sup>64</sup> This is true for some people with disabilities and frail elderly people.

Huang *et al.*<sup>65</sup> looked at the dynamic relationship between income, household assets, competing demands on resources and food insecurity for households with and without a person with a work-limiting disability. Using a 1999 US national sample they found that 13% of households headed by a person with disability were food insecure or severely food insecure, compared with 7% of households headed by a person without a disability.

## CASE STUDY

### Female, aged 40-49 years, living with husband and a child.

The respondent previously ran her own business which folded because it wasn't making enough money. Now she is on the Disability Support Pension and her husband is caring for her and their son. Recently her father was gravely ill and not expected to survive. They made regular trips to visit him in hospital, often staying the night. They also covered some of his bills. When he recovered he moved in with them for a few months but he didn't contribute to any household expenses and didn't get on with his grandson. He eventually fell out with the family. They are still trying to catch up on all their bills from this period. The adults and child in this household were both in the second most severe food insecurity category, with both the parents and the child eating poor quality food and the parents occasionally skipping meals.

They also found that household assets appeared to play a more important role than income in protecting people with disability against food insecurity. Observing that "the protective effect of income is smaller for people with disabilities than for those without", they explain further:<sup>66</sup>

*...given the same level of liquid assets, people with disabilities are better protected from food insecurity than are nondisabled counterparts with similar characteristics. People with disabilities may feel higher levels of security when these accumulated assets are used to buffer income loss due to disability... an increase in liquid assets from the first quartile to the third quartile decreases the probability of food insecurity risk by 40% for households headed by people with disabilities, and by nearly 30% for households headed by people without disabilities.*

Huang *et al.* link this finding to a recommendation that food security programs for people with disabilities should not be asset tested, and that programs should encourage asset building by people with disabilities.

Another issue for concern in the Anglicare Australia study is the number of people reliant on the Newstart Allowance (30%). This issue is more fully explored in Part 10 of this report where concerns in relation to the adequacy of the Newstart Allowance are addressed.

**12%**  
EXPERIENCED  
SOME LEVEL OF  
HOMELESSNESS

## 5.2 Renting and Homelessness

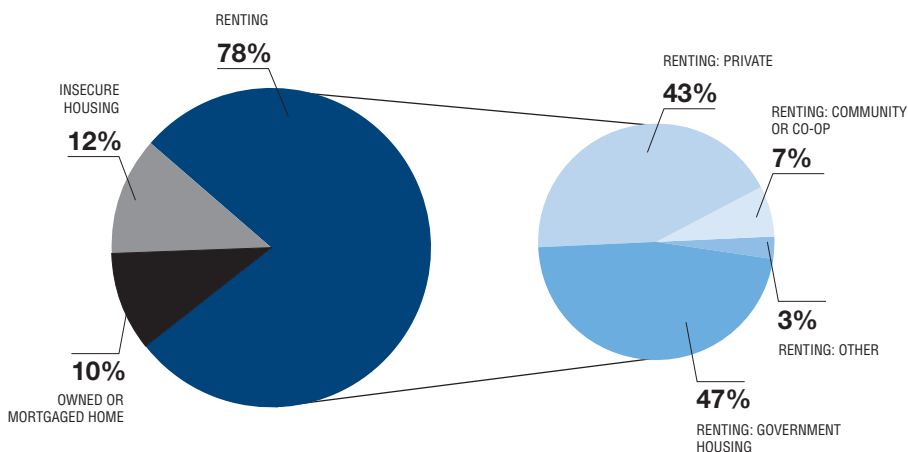
### 5.2.1 Tenure

The literature associates food insecurity with renting, high rental costs and housing instability<sup>67</sup> and the opposite with home ownership.<sup>68</sup> Within the Anglicare sample the overwhelming majority of households experiencing adult food insecurity were living in rented accommodation (78%). Of the remaining 22%, one in ten (10%)

were living in households that were either purchasing or owned their own home, while 12% were in insecure forms of accommodation or living on the streets (Chart 8).

Among renters, just under half were living in government housing (47%) and a slightly smaller proportion (43%) were renting in the private market (Chart 8). The remaining 10% were paying rent to community or co-operative housing (7%), a caravan park owner or manager (1%) or other people (2%). This compares very differently with the national profile where the 2011 Census reveals that renters only make up 26% of the population whereas home buyers and people who own their own homes constitute two thirds (66%) of all households.<sup>ix</sup> The proportion of people nationally who reside in public housing is just 4%.

**CHART 8 | Renting Households and Landlord Type, all Households with Adult Food Insecurity**



### 5.2.2 Homelessness

**78%**  
OF FOOD  
INSECURE  
HOUSEHOLDS  
WERE RENTING

Among adults who experienced food insecurity in Anglicare’s study, some 12% were living in insecure forms of accommodation which is considered to be primary, secondary or tertiary homelessness. Four percent were living on the streets or in a squat, car or tent; 3% were in emergency accommodation, refuge or shelter; 3% were in a boarding house room; 2% were staying temporarily with family or friends.

For those experiencing insecure housing and homelessness there is a strong association with food insecurity. A small-scale Melbourne based study<sup>69</sup> reported that some homeless people would eat a lot of food when it was available due to insecurity about when their next meal would occur. An interviewee in that study said that they would not eat for days and survive on coffee and cigarettes. Dachner and

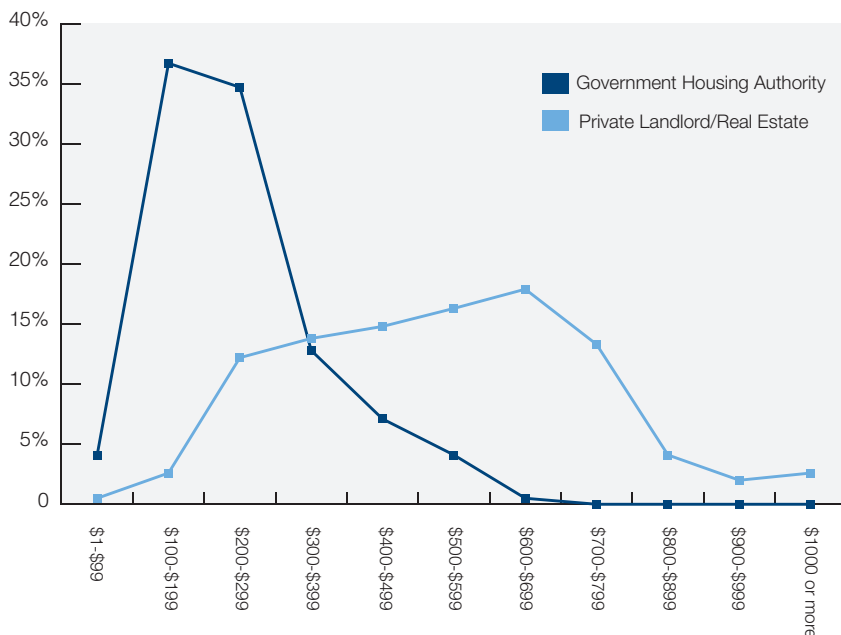
<sup>ix</sup> [www.abs.gov.au](http://www.abs.gov.au)

Tarasuk<sup>70</sup> contextualise the food insecurity of homeless young people in Toronto, Canada, describing their difficulties in securing adequate shelter and employment. Their income could not purchase all the food they needed and so they organised their days around when free food was offered by social services. Experience at these organisations was mixed. Mobile food vans were another option utilised, as well as rummaging through bins, obtaining day old food from take away outlets and stealing food from supermarkets. Ill health sometimes prevented the young people from obtaining food. The lack of food meant that when it was obtained, it became a precious commodity which was guarded, could become the source of arguments and shared only with trusted people or close friends.

### 5.2.3 Rent and Rental Stress

Respondents to the Anglicare Australia study, who were renting, staying with family or friends, living in a boarding house or at emergency accommodation, were asked to indicate the amount of money they spent on housing. Of these almost three quarters of food insecure households were paying rent or board below \$499 per fortnight. Indeed 46% were paying rent below \$299 per fortnight. There is however a significant difference in the levels of rent being paid by those in public housing versus those in the private rental market or paying rent to community housing providers or to caravan park owners (considered as ‘other’ in the analysis). 99.5% of public renters were paying less than \$600 per fortnight in rent compared with 60.5% of private renters. Indeed households on the private rental market were generally more exposed to higher rents (Chart 9).

**CHART 9 | Fortnightly Rent or Board Paid by Tenure Type, All Households with Adult Food Insecurity**



# 94% OF PRIVATE RENTERS WERE EXPERIENCING RENTAL STRESS

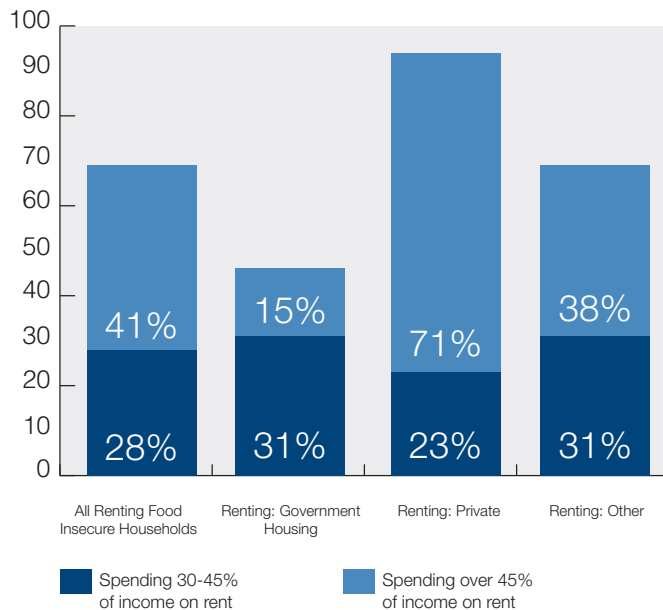
For most households it is the proportion of household income which rent constitutes that can cause rental stress - not necessarily the level of rent.

Housing costs have been found to influence a household's food security. A study of three disadvantaged suburbs in south west Sydney identified that renting households were nearly three times more likely to be food insecure than households with mortgages or who owned their homes.<sup>71</sup>

Furthermore, Fletcher *et al.*<sup>72</sup> compared US county-level housing cost data with HFSSM food security scores of low-income households with young children within the same regions between 2001 and 2003. They found that increases in median rental costs led to higher rates of food insecurity among low income households. A \$1,000 per annum average rental increase for households with children was associated with a 28% increase in household food insecurity.

Low income households are also vulnerable to rental stress – leaving them little discretionary income for food and payment of utility bills. In the Anglicare Australia study, rental stress was very common among renting households with food insecure adults. More than two thirds (69%) of households with food insecure adults were spending over 30% of their income on rent. Just over two in every five renting and food insecure households (41%) were in the severe category, spending over 45% of their income on rent. Rental stress rates were particularly high among privately renting households with adult food insecurity, with 94% of these households spending over 30% of their income on rent and 71% spending over 45% of their income on rent (Chart 10).

**CHART 10 | Rental Stress by Tenure Type, all Households with Adult Food Insecurity**





## 5.3 Unemployed Households

Participants in the Anglicare Australia study were also asked to indicate the nature of the employment status of their households. The findings included:

- 9% (n=50) of households had at least one person aged 15+ years in full time work
- 6% (n=31) of households had at least one person aged 15+ years in part time work
- 8% (n=44) of households had at least one person aged 15+ years in casual work
- 32% (n=178) of households had at least one person aged 15+ years looking for work
- 40% (n=227) of households had at least one person aged 15+ years unable to work
- 27% (n=150) of households had at least one person aged 15+ years doing home duties (looking after children or housekeeping)
- 20% (n=110) of households had at least one person aged 15+ years studying
- 8% (n=43) of households had at least one person aged 15+ years who was retired

**77%** OF  
HOUSEHOLDS  
HAVE NO  
ONE IN PAID  
EMPLOYMENT

### CASE STUDY

#### **Female, aged 50-59 years, living with husband and one child.**

This respondent's husband lost his job 18 months ago. Now they are both working but he is in a low paid job and still looking for better work. He gets down and depressed, it's hard to prop him up among the other stresses. The family lives in a mortgaged home. They are able to keep up mortgage repayments but they have put off paying bills, gone without food and pawned belongings to get by. The adults are in the most severe food insecurity category, regularly eating less than they should and sometimes skipping meals. Although she has a professional job, she struggles at work and finds her job stressful because people don't understand her situation. She often finds herself in situations where she can't engage in the culture of her workplace, for example going to lunch meetings.

In this study 77% of food insecure households have no one resident who is in any form of employment. This is not a surprising finding given that a number of studies indicate a strong correlation between food insecurity and/or insufficiency and employment status. Temple<sup>73</sup> found that employment was linked to food sufficiency whilst Foley *et al.*<sup>74</sup> found that unemployment appeared to increase the likelihood of experiencing food insufficiency. Bartfeld *et al.*<sup>75</sup> also found that households with unemployed heads were more likely to have higher incidences of food insecurity, and that the same was true for US states with high unemployment.

However it should be noted that this employment profile is very different to what could be considered a nationally representative sample as provided by HILDA.<sup>x</sup> In more than 60% of the national representative households at least one person is employed full time compared with only 9% of the Anglicare Australia study. While one third of households nationally have at least one person in the household involved in part time work the percentage in the Anglicare Australia study is only 7%. While only 6% of members in households nationally are seeking work, 32% in the Anglicare Australia study are actively looking for employment. Table 11 indicates these findings.

**TABLE 11 | Employment Status of Household Members: HILDA vs Anglicare Australia Study**

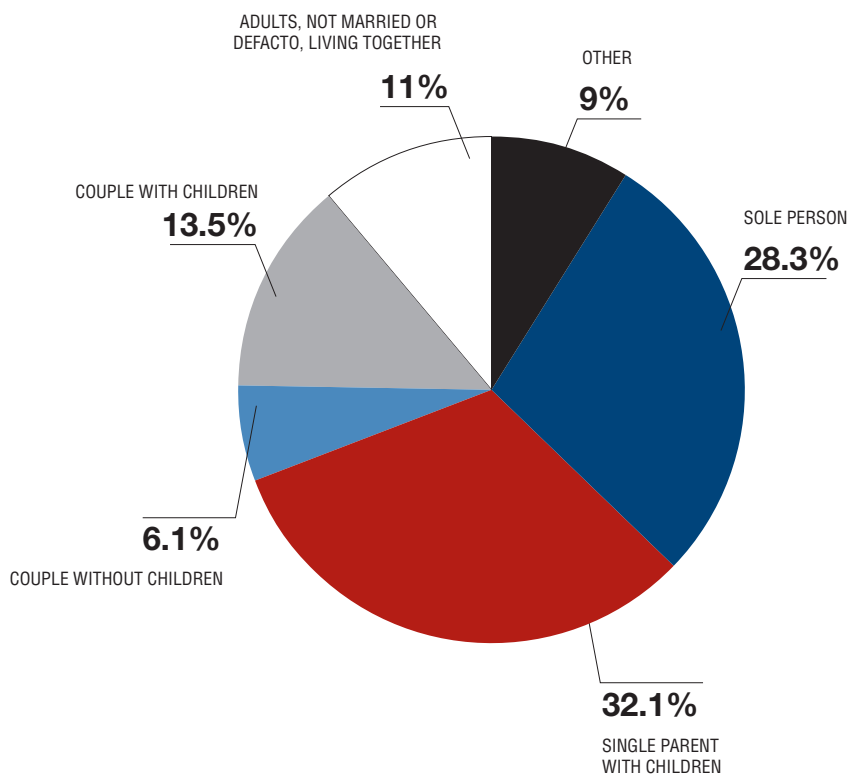
|  | Anglicare Australia Study:<br>Food insecure Sample | HILDA |
|--|--|-------|
| At least one person is employed 35+ hours                            | 8.6%   | 60.7% |
| At least one person is employed less than 35 hours                   | 7.2%   | 32.3% |
| At least one person is looking for work                              | 31.8%  | 6.2%  |
| At least one person is retired                                       | 8.4%   | 24.9% |
| At least one person has home duties                                  | 26.1%  | 13.5% |
| At least one person is a non-working student                         | 19.6%  | 9.4%  |
| At least one person is in another category, including unable to work | 36.8%  | 4.4%  |

<sup>x</sup> Cf the Household, Income and Labour Dynamics in Australia (HILDA) Survey.

## 5.4 Single Parent Households

Single parents with children were the largest household type constituting almost one in three (32%) of all household types followed very closely by the sole person household at 28.3% (Chart 11). Taking into account the number of people usually resident in these households, there were at least<sup>xi</sup> 1,548 people living in food insecure single parent households based on a sample of 548 respondents.

**CHART 11** | Household Type of Food Insecure Households (n=555)



Comparison with HILDA data provides a useful benchmark of various household types compared with a national representative sample and it is evident that single parent households are significantly over represented in the food insecure study (Table 12).

<sup>xi</sup> Respondents could include up to 6 or more people so the final number is an underestimate.

**TABLE 12 | Household Type: HILDA vs Anglicare Australia Study**

|  | Anglicare Australia Study:<br>Food insecure Sample | HILDA |
|--|--|-------|
| Sole Person                                      | 28.3%  | 28.9% |
| Single parent with children                      | 32.1%  | 6.6%  |
| Couple without children                          | 6.1%   | 26.8% |
| Couple with children                             | 13.5%  | 25.4% |
| Adults, not married or de facto, living together | 11.0%  | 5.6%  |
| Other  | 9.0%   | 6.7%  |

The literature would indicate that being a single parent<sup>76</sup> - particularly a single mother<sup>77</sup> - appears to increase the likelihood of experiencing food insecurity. Stevens (2010)<sup>78</sup> found that out of a sample of 21 young mothers aged between 15 and 24, 16 of them were experiencing food insecurity.

Factors for single mothers that contributed to their food insecurity included:

- Housing instability. Many described prioritising the food budget over housing payments.
- Income
- Affordable food sources
- Transportation

**16.7%**  
OF FOOD INSECURE  
HOUSEHOLDS ARE  
INDIGENOUS

All the mothers in the Stevens study had developed coping strategies that were primarily aimed at making sure their children were fed. Furthermore, all mothers were aware of the need to eat healthy food, but were constrained by their tight budgets. Some women had even less money to feed themselves and their children because they were also expected to provide for other family members or partners who were also poor.

## 5.5 Being Indigenous

There is a significant over representation of Indigenous people among food insecure households in the Anglicare Australia study – with 16.7% identifying as Indigenous compared with the national average of Indigenous people of 2.2%.<sup>79</sup>

The link between being Indigenous and being food insecure is not a surprising finding. In a national study in 2004-5, five times more Indigenous Australians reported they had run out of food in the last 12 months compared with the general population<sup>80</sup> (24% Indigenous compared with 5% non-Indigenous Australians), including 4 times as many who went without food when they couldn't afford more. This food insufficiency (as measured by the NHS question) was most prevalent in the Northern Territory (with 45% running out of food), followed by South Australia (29%) and Western Australia (26%). Queensland and Victoria were 21%; Tasmania and ACT together were 19% and NSW 18%. Remote areas had a higher prevalence (36%) than non-remote areas (20%). Aboriginality as a risk factor for food insecurity is echoed in other studies.<sup>81</sup>

The National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan Intervention paper<sup>82</sup> cites a number of issues that contribute to the food insecurity of many urban dwelling Indigenous Australians. These include:

- Low income, with financial constraints rather than nutrition dictating food choice
- Limited transport and town planning which makes fast food more accessible than supermarkets
- Inadequate storage and cooking facilities, exacerbated by overcrowding
- Social and cultural factors such as lack of knowledge, difficulties changing habits in large busy households with different food preferences, addictions, transient lifestyles and cultural and family commitments
- Historical socio-political issues such as 'identity, racism, and the quality of relationship to the wider mainstream'<sup>83</sup>

Other factors can intersect to threaten the food security of indigenous Australians living in remote areas. For example, in a remote Aboriginal community, Parnngurr Outstation in the Western Desert, a community shop is the main food source, meaning that food supply has a greater impact on food insecurity than financial resources. Factors such as seasonal flooding and instability of community management can lead to food scarcity, with fresh food dwindling after a short period of time. This is somewhat lessened by sharing of food and lending money throughout the community.<sup>84</sup>

The exorbitant prices in outback community stores was raised in a number of consultations FaHCSIA held with Aboriginal communities regarding the "Northern Territory Emergency Response" – and this supposedly after store licensing had come into effect.<sup>85</sup> It was suggested that governments should subsidise the costs of healthy food.

Food insecurity has also been found amongst Indigenous people in Canada. A 2007-8 study by Egeland *et al.*<sup>86</sup> involved interviewing the primary caregivers of a sample of 1,428 Inuit preschool children in the Nunavut province of Canada. The interview included the administration of the United States Department of Agriculture

HFSSM. This survey tool included 18 questions – two more than the 16 questions used when the tool was administered in Sydney by Nolan *et al.* (2006). Egeland *et al.* found higher than average levels of food insecurity among these Indigenous preschoolers, with nearly 70% of children in the sample residing in households with food insecurity, compared to 5.2% of all Canadian households with children and 33.3% of off-reserve Aboriginal households (as identified in a previous 2004 study). They also found a strong link between obesity and food insecurity. The Egeland study demonstrated that Indigenous Canadian preschoolers were extremely vulnerable to food insecurity, particularly Inuit preschoolers in Nunavut. However the study also acknowledged that it did not include traditional Indigenous food sources in its analysis, which may have skewed results. It recommended that future food security studies of Indigenous groups include traditional food sources when studying access to food.

## 5.5 Other Demographics

### 5.5.1 Ancestry

Four out of five respondents from food insecure households in the Anglicare survey (81%) were born in Australia which is higher than the national average of 72%. Most households (82%) spoke English as the main language.

Although migrants are underrepresented in this study<sup>xii</sup> it is important to note that food insecurity has been found amongst refugee communities both abroad<sup>87</sup> and locally. A number of Australian studies have been conducted amongst refugee communities concerning their food security experiences. In 2007 Southcombe<sup>88</sup> interviewed 76 African and Middle Eastern refugees living in the Fairfield LGA of Sydney, who had arrived in Australia within 5 years. She found that food insecurity among African refugees was 62%, compared with only 6.3% for Middle Eastern refugees. Dinka-speaking people were found to be the most food insecure (85% of the total sample), followed by Kirundi (69%) and Arabic Sudanese (63%). Help was not sought by 53% of respondents for various reasons, including: they did not know who could help them, they felt they could manage on their own, their social network experienced similar problems and because of a lack of English. People who sought help generally did so from community agencies or friends.

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<sup>xii</sup> This may reflect local recruitment strategies for the survey and difficulties in interviewing non English speaking clients although significant attempts were made to provide various translated versions of the survey.

## CASE STUDY

### **Female, aged 40-49 years, living with husband and six children.**

This respondent migrated to Australia from Southern Sudan in 2005. When her husband was younger he fought on the front line in the Sudanese civil war. Now he is older he has developed some health complications including diabetes. The household lives on an income of \$1200 a fortnight, which needs to stretch to cover rent, high electricity bills, low sugar food and compulsory property maintenance so that they are not evicted by their landlord. During the week of the survey they had also had some extra expenses which had left them without enough money for food. One of their daughters needed to pay for books at school and they also needed to send some money to family back in Africa. The respondent travels for over an hour – walking and catching the bus – to get to her nearest supermarket. The return fare is expensive and sometimes she doesn't have enough money to buy food and pay for her fare. On those days they go with less food. The adults and the children in this household both fall into the most severe category of food insecurity.

The respondent doesn't like asking for food – it's a very uncomfortable and embarrassing thing to do in her culture. Her friends often help her out without her needing to ask. That's the way it works in her culture. She has received food from welfare agencies before but never because she asks directly. She has been a few times to ask for help with bills, sometimes then she is given food as well.

A study by Gallegos *et al.*<sup>89</sup> focused on a sample of 51 recently arrived refugees from a range of countries now living in Perth, Western Australia. Using the ABS National Health Survey question, they identified that 71% of respondents had run out of food.

These two studies provide a number of explaining factors that influence the experience of food insecurity amongst sampled groups. They include:

- Unavailability or high cost of cultural foods<sup>90</sup>
- Distance to shops and a lack of transport<sup>91</sup>, which limited respondents' access to bulk food and low cost food markets<sup>92</sup>. Southcombe cites other research that shows how refugees often settle in poorer suburbs with limited infrastructure like public transport.<sup>93</sup>
- Large household bills<sup>94</sup>
- Late welfare payments<sup>95</sup>
- Poor household management and budgeting skills<sup>96</sup>
- Lack of knowledge of where to buy food, especially low cost food, and how to cook it<sup>97</sup>

- Limited income, due to sending large portions of their income overseas to support family in their homeland or refugee camps<sup>98</sup>

Specific impacts of food insecurity on refugees include:

- Anxiety, stress and worry<sup>99</sup>
- Tiredness, irritability, difficulties concentrating<sup>100</sup>
- Argument and conflict, shame and avoidance of social occasions<sup>101</sup>
- Increased feelings of powerlessness and exclusion<sup>102</sup>
- Difficulties staying optimistic about life in the host country<sup>103</sup>
- Prevention of the sharing of knowledge about cultural food practices to the next generation<sup>104</sup>
- Exacerbation of resettlement difficulties<sup>105</sup>

Citing a number of studies, The Smith Family further describes the food insecurity of refugees:<sup>106</sup>

*Upon resettlement, refugees must carry the burdens of the past whilst facing current challenges such as being resettled in the poorest neighbourhoods, obtaining suitable housing, limited English proficiency, having limited financial resources and facing limited economic opportunities. As a consequence of these challenges, a high prevalence of food insecurity among refugees resettled in developed countries has been observed.*

Approximately 25% of clients seen by the NSW Refugee Health Service suffer from nutrition-related illnesses such as anaemia, Ricketts, gastro-intestinal parasitic infections, poor appetite and dental problems. Refugees may also arrive with compromised health and nutrition and the experience of food insecurity or food anxiety in the host country can exacerbate these health concerns.<sup>107</sup>

### **5.5.2 Age and Gender**

Sixty one percent of food insecure households were represented by women in the survey and the age range was relatively young with 73% of food insecure respondents being 49 years of age or younger (Table 13).



**TABLE 13 | Age Range of Food Insecure Respondents**

|                  | Number     | Percentage  |
|------------------|------------|-------------|
| Less than 20 yrs | 11         | 2.0%        |
| 20-29 yrs        | 82         | 15.0%       |
| 30-39 yrs        | 142        | 26.0%       |
| 40-49 yrs        | 161        | 29.5%       |
| 50-59 yrs        | 95         | 17.4%       |
| 60-69 yrs        | 40         | 7.3%        |
| 70-79 yrs        | 10         | 1.8%        |
| 80+ yrs          | 5          | 0.9%        |
| <b>Total</b>     | <b>546</b> | <b>100%</b> |

### 5.5.3 Urban and Rural Differences

Fifty-three percent of food insecure households in the survey were located in major urban areas and forty-seven percent in regional and rural locations.

No statistically significant differences in food insecurity were detected between urban and rural respondents. Eighty-one percent of adults in food insecure households in major urban areas were severely food insecure compared with 76% in regional and rural households. Forty-two percent of children in food insecure households in major urban areas were severely food insecure compared with 45% in regional and rural households. Similarly there were no statistically significant differences between urban and rural food insecure respondents regarding the frequency of food insecurity.

## 5.6 Summary of Findings

The literature indicates a number of key variables play an important causative role in food insecurity. The Anglicare Australia study indicates food insecure households exhibit a number of characteristics reflected in other studies. One of the most critical factors is that relating to low income – and in this sample of food insecure households almost two thirds are on income of less than \$1,000 per fortnight. This is largely a result of a significantly welfare dependent sample and the inadequacy of some of the payments particularly in relation to Newstart.

Most food insecure households are renting and those in the private rental market are very vulnerable to rental stress. Other factors at play in characterising food insecure households include being homeless or a sole parent or being Indigenous. Although people from a non-English speaking background were not over represented in this sample this may well reflect the difficulties in accessing this population group for interviewing purposes. The literature is very clear that such populations are also at risk of food insecurity.

## KEY FINDINGS

### WHO IS FOOD INSECURE?

The key characteristics of food insecure households as evident from this study were as follows:

1. **Low Income** – About 67% of all households were surviving on incomes of less than \$1,000 per fortnight. The chief sources of income were the Disability Support Pension (41%), the Newstart Allowance (31%) and the Single Parenting Payment (32%).
2. **Sole Parents** – who constituted almost one third (32%) of all household types.
3. **Single persons** – who constituted 28% of all household types
4. **Renting** – 78% of all housing tenure was made up of people who rented, either publicly or privately.
5. **Rental Stress** – Food insecure people experience significant rental stress especially if they were in the private rental market where 94% were spending more than 30% of their household income on rent. This is a reflection of the inadequacy of income for such people given they are generally at the lowest end of the rental market.
6. **Unemployment** – 77% of respondents did not have anyone in their household in employment either full time, part time or casually.
7. **Being Indigenous** – Indigenous people were significantly over represented in this survey among insecure households at 16.7% compared with 2% in the national population.

# 6

## WHAT LIMITS PEOPLE'S ACCESS TO FOOD?

“

*There is no money to pay for food ... I'll try to buy some fresh fruit and vegetables but they are too expensive and I run out of money fast.*

”

Food insecurity is centred on access to both the appropriate quality and quantity of food and for those people experiencing severe food insecurity both of these can be seriously compromised by lack of financial resources and by physical access.

**1 IN 4**  
**RAN OUT OF FOOD**  
**ON A WEEKLY**  
**BASIS BECAUSE**  
**THEY COULD**  
**NOT AFFORD TO**  
**BUY MORE**

## 6.1. Economic Access

### 6.1.1 Income Inadequacy

In the Anglicare Australia study clients also experienced significant levels of food insufficiency and this was largely due to economic circumstances and income inadequacy. Indeed 88% of all respondents indicated that they had run out of food in the last 12 months. Among food insecure adults, for one in four respondents this was a weekly occurrence because they could not afford to buy more (Table 14).

**TABLE 14 | How Often Did You Run Out of Food and Couldn't Afford to Buy More?**

|                        | Number     | Percentage  |
|------------------------|------------|-------------|
| Once a week or more    | 121        | 24%         |
| Once every two weeks   | 138        | 28%         |
| Once a month           | 126        | 25%         |
| Less than once a month | 110        | 22%         |
| <b>Total</b>           | <b>495</b> | <b>100%</b> |

Respondents were also asked to consider the adequacy of their income. More than half (57%) of all food insecure respondents considered that their household did not have enough to get by on. Only 5% considered that there was sufficient income to get by on and provide a few extras .

In subsequent questions it was also evident that lack of income was a key element in accessing food. In fact 91% of all food insecure adults indicated that they did not have enough money to buy the food they needed and for just over half (52%) this was a problem because there was no one in the household with whom they could share costs.

Lack of money for food is considered the major access-related cause of food insecurity beyond other factors. Nolan *et al*<sup>108</sup> found a strong correlation between food insecurity and low income. Households with no capacity to save money

(for example households on government benefits) were five times more likely to be food insecure than households that could save. Furthermore, households reporting that the price of food was a problem were more likely to be food insecure.

Undoubtedly the interaction of available financial resources with other cost of living factors can drain the food budget. Studies have shown that food is often the only discretionary item in the budget of low-income households and therefore prone to erosion by more pressing expenses.<sup>109</sup> This situation can occur despite careful planning. The New Zealand Grocery Marketers Association (NZGMA) along with other local and overseas research confirms that low-income consumers shopped the most carefully. The NZGMA study showed that:

*These people were “on the look-out for the best prices and deals on almost all the items they buy”. Price was the main factor in choosing where to shop, followed by location.<sup>110</sup>*

In the open ended options in the Anglicare survey respondents were asked to consider the reason for their household food insecurity and more than 200 comments were recorded. The issue of major concern was the price of food and the lack of income (n=97). This was compromised by costs for rent, electricity and bills in general and the lack of money to make ends meet.

*Just not enough money*

*Too many bills*

*Because rent is too high every bit of money I get gets spent on bills and rent. This is a major issue.*

*When the bills come it becomes very difficult*

*Paying bills and don't have food money left over.*

*Food or toilet paper - which is more important?...There is no money to pay for food.*

*Everything is on the verge of being disconnected. I have a padlock on the gate. If they can't get in, they can't do reads. I've got disconnection notices on everything. It's like living in a jail.*

Other perceived needs which related to being food insecure included transport issues (n=9), issues with children (n=5), storage problems (n=5) and addictions (n=6).

**91%**  
DID NOT HAVE  
ENOUGH MONEY  
TO BUY THE FOOD  
THEY NEEDED

**89%**  
HAD RUN OUT OF  
FOOD BECAUSE OF  
AN UNEXPECTED  
EXPENSE OR  
EVENT

### 6.1.2 A Precarious Existence

Inadequacy of income can in turn create a precarious existence for many. Emergency relief services are designed to function as a short-term support in a time of crisis.

Generally this is understood as supporting people when they experience a major or unforeseen change in circumstances, such as a house fire, death in the family, or unexpected job loss. But, as noted by ACOSS, 'for many groups of recipients social security payments are inadequate to meet basic living costs'.<sup>111</sup>

*In this context, many individuals and families are only just scraping by and there is no slack for the unexpected. In these circumstances any event which results in additional financial stress is unlikely to be absorbed - for example, the washing machine breaking down; new school uniforms; health care costs or quarterly bills such as heating.*<sup>112</sup>

A supplementary question was asked in the Anglicare survey in relation to this issue. 89% (n=494) of food insecure adults indicated that they had run out of food in the last three months because of an unexpected expense or event.

Respondents were also given the option to provide free comment on the nature of the unexpected crises that had led to their need to access Emergency Relief: The most significant issue raised (n=119) related to bills – which were sometimes unexpectedly high or a number of bills all coming in close together. More than one third (n=44) cited electricity and /or gas bills as a significant issue but others included bills for phone (n=12), water, rent, storage and legal fees. Several mentioned that having someone stay had pushed up their bills to a point where they had to seek assistance.

*...bills keep on piling up, I can't put off bills all the time, I have to get food vouchers eventually*

*...all bills came at once,*

*...people staying at our house and using power... having to pay the power bill-higher than we expected.*

*...electricity bill doubled*

For more than 20% (n=112) health issues had been a significant factor. These ranged from unexpected hospitalisation of either themselves or a family member (often a child), an accident requiring medical treatment which was unaffordable, an unforeseen medical bill, the lack of bulk billing for a particular specialist, inability to pay for medications and the need to travel either interstate for hospital treatment or to catch taxis or public transport to a medical appointment.

*I spend a lot of money on medication and have a lot of health problems. I keep going to see the doctor and they keep giving me things I have to buy and take.*

*I've got scoliosis and a disk bulge and something else-if I don't go to the chiropractor-the pain management is keeping me out of a wheelchair and keeping me out of pain management (leads to addictions) but the initial costs for the chiropractor were frequent and a lot out of my pension*

*Earlier in the year my sister needed a wheelchair... the government paid some but I paid the rest. Anything she needs, I'll pay.*

*My son has to get to the specialist in Orange (1 hour away) and that is expensive. I usually ask someone to give me a lift and pay them petrol.*

Also ranking highly in terms of unexpected expenses (n=98) were those relating to the household car – its maintenance, registration, accidents and rising petrol costs.

*...registration ran out, car went over pits. Large amounts for pits and rego and plates stolen.*

*...my car the engine light came on and I took it to my mechanic and it was an ongoing expense that added up to about \$1000*

*...car broke down so had to borrow money for repairs.*

School related expenses for children also caused problems for some families (n=54) – including the cost of covering uniforms and shoes, school books, school excursions, school photos and school camps. Several respondents mentioned that they were providing support for their grandchildren or that their grandchildren had recently moved in with them which was causing additional expense. For others there were sporting fees due so their children could participate in activities such as netball, football and dance.

*...school expenses I had to buy books and uniforms. My son's shoes broke. He wouldn't go to school he was embarrassed.*

*...school things - only a few days' notice, it is horrible.*

*...we had to give money for jumpers for boys football team. I have to help them out and help the community and help my sons so they can play in the carnival*

*...they've definitely had to come first before food. With the kids, if something comes up, then it's the same thing.*

*...grandchildren came to live with me. Had to buy clothes school books and more food.*

For a number of people (n=44) the unexpected expense was generated by a death in the family and funeral. Expenses related to covering the costs of the funeral, family coming to stay, buying new clothes for the funeral and travel costs incurred, particularly when funerals were some distance from the home and sometimes interstate.

*...father passed away. Have to pay for flowers and food at the cemetery.*

*...wife passed away and I had to give up my job to look after my daughter*

*...father died. Had to stay in Moruya for funeral*

*...family asking for money to travel to funerals, help with food and fuel for the trip*

Supporting extended family members – often in crisis – was also rated as causing additional and sometimes unexpected expenses (n=23). This ranged from children returning home to periodic visits or care required for an ageing parent.

*...when my son comes to visit, everything becomes thin. I can't afford him to stay but we want to be together. If he stays a week it takes me a couple of months to catch. but I can never catch up. I stock up for him, but that's ok, so I can go without.*

*...a family member was in crisis (mental health) when I checked on them they had no food stored. I stocked up their food and cooked for them. It caused me to go into rental arrears but family comes first so I had to do it.*

Relationship problems were also considered an issue (n=23) ranging from family breakdown, separation and domestic violence to unpaid maintenance and families moving in.

*...I was going through domestic violence. My ex took his name off the lease and I was forced to leave premises because I couldn't afford to pay.*

*...my family (sister in law, husband and kids] had to move in with me.*

*...fiancé left me. Went to work in Orange for a few days and when I came everything was gone, so had to buy a new fridge...Didn't have a kettle, toaster, microwave or any food. It was all gone.*

There were a range of other issues also mentioned that caused families to access Emergency Relief, including: vet bills (n=19), experience of theft (n=13), buying presents (n=11), removalist's costs (n=17), addictions (n=13), needing to borrow money or lending money to a friend (n=19), replacing household items such as fridges, ovens, and windows (n=19), work related issues (n=10), Centrelink (n=14) and court related issues (n=13).

Thus the 'living on the edge' experience for many means that even slight changes in circumstances can produce serious difficulties for people, prompting them to seek financial or material aid.

## **6.2 Physical Access**

Physical access can relate to transport as well as the lack of access to cooking and storage facilities.

### **6.2.1 Transport**

In order to ascertain if physical access to food was an issue for clients, respondents in the Anglicare Australia study were asked about the time it takes them to get to shops, their chief mode of transport and a series of questions in relation to physical access.

46% of food insecure respondents (n=251) lived within an easy distance of the place they went to buy groceries, travelling for up to 10 minutes to get to the local shops. However one in 10 respondents (n=56) travelled for over half an hour to an hour to get to the shops, and a small percentage (4%, n=18) travelled for at least an hour or more to get to the shops. Most of these respondents felt that not having access to a car had contributed to their food insecurity.



Respondents were also asked which mode of transport they generally used to access the local shops. Just under half (46%) drove their own car, and 40% walked at least some of the way to get to the shops. One in five (20%) relied on public transport. A small proportion of clients used other transport options instead of, or in addition to, public transport or walking. These included using a bicycle (2%), getting a lift from a family member or friend (5%), borrowing someone's car (2%) or catching a taxi (3%).

**1 IN 3**  
CONSIDERED NOT  
HAVING A CAR  
WORSENERED THEIR  
FOOD SITUATION

A subsequent question which related to health and mobility does shed some light on the issues for clients. One in three clients (33%) indicated that they had difficulty accessing shops because of health and mobility problems.

Questions were also asked specifically in relation to transport access and the findings indicate some physical access issues:

- One in four (25%) considered that public transport was inadequate and unreliable
- More than one third (38%) identified that not having access to a car for shopping worsened their food situation
- 43% felt that transport was too expensive

The literature is divided regarding the impact distance to shops and transport availability has on a household's food security. Undoubtedly however location can play a part in exacerbating food insecurity. The location of supermarkets for example supplying lower-cost food compared with small convenience stores can be problematic for people living in new and under-resourced areas. Supermarkets are not required to operate in a particular area, and as such there can be a concentration of supermarkets in mid to high income areas, and fewer supermarkets spaced further apart in low income areas. This is a particular problem for car-less, low income households in areas with poor local public transport. For instance, whilst a food supply outlet may be within reasonable driving distance, there is only so much that a single mother with small children and without a car can carry home on the bus. This complication can also prevent people without cars from buying food in bulk, as the volume can make the shopping bag too heavy to carry a distance. Furthermore although cheaper per unit, the overall price can be significant and other things may have to be foregone.

The south-west Sydney study by Nolan *et al*<sup>13</sup> identified that difficulties getting to food shops using their usual mode of transport (in this case, mostly by car) was significantly associated with food insecurity status. When questioned further, a quarter of the food insecure respondents citing transport difficulties explained that this was the case because of reduced mobility. Other associated reasons included difficulties shopping with children and the actual distance to shops. Whilst difficulties accessing shops was independently associated with food insecurity, distance to food shops and reliable and adequate public transport were not.

Other Australian studies have identified lack of access to food outlets in disadvantaged areas. In its 2005 food security report, the City of Port Philip, Victoria

observed the lack of low cost food outlets located within easy walking or public/community transport distance for many vulnerable and low income residents.<sup>114</sup> O'Dwyer and Coveney's 2006 research identified the presence of food deserts in Adelaide, where there was poor access to supermarkets due to distance (less supermarkets were found in the lower socio-economic suburbs) and low car ownership. However this study did not measure food security status.<sup>115</sup>

A number of other studies have not found distance and transport to be significant factors for food insecurity. A Canadian study by Kirkpatrick and Tarasuk<sup>116</sup> of 12 Toronto neighbourhoods with high levels of poverty found that levels of food insecurity were not significantly impacted by whether families felt they had adequate access to local shops or the cost of transportation to buy food. For these families, distance and transport costs predicted only marginally higher odds of severe food insecurity among families living further than 2km from a discount supermarket. These however were removed when socio-demographics (income, benefit dependency and recent migration to Ontario) were factored in, suggesting that economics and migration to be stronger predictive factors for food security than access to shops.

It is interesting to note that participants in a US study by Larson and Mosley differed between economic access and physical access as concerns for their food security:<sup>117</sup>

*Overall, the residents in the North Minneapolis neighborhood seemed more concerned with physical access to grocery stores and supermarkets, while respondents in Frogtown-Midway were more often worried about economic access to adequate food. These findings echo those of Whalen et al. (2002), where focus-group participants also differed in their perception of economic versus geographic accessibility.*

Ward *et al*<sup>118</sup> also applied a healthy food basket to South Australian rural communities of varying rurality and found that healthy food costs more in rural areas compared with metropolitan areas. Low socio-economic households in rural area were slightly worse off in terms of affordability compared with their metro counterparts. However, households' affordability of food was lower for lower socio-economic groups generally who spent three times the proportion of their income on food than high socio-economic households.

## **6.2.2 Cooking and Food Storage Access**

Other issues of physical access relate to access to appropriate cooking and food preparing facilities. Some low cost accommodation, especially some hostels and boarding houses, may not provide all the facilities necessary for cooking and have limited secure storage for food. Limited fridge and freezer space can also limit the amount of cheaper bulk items that can be bought. Furthermore, when a fridge breaks down, food can not only be lost but – for low income earners – there may not be immediate cash to replace this essential item. Eating low-cost, healthy meals is the most difficult for homeless people without any space in which to cook or store food. Housing overcrowding and inadequate cooking facilities has also been cited as a factor contributing to food insecurity in some Indigenous communities.<sup>119</sup>

In the Anglicare Australia study these issues were evident. One in ten food insecure clients did not have a fridge (n=53), 13% (n=71) did not have a working stove, oven or microwave and 8% (n=45) did not have power connected. For almost one in five respondents (19%) health and mobility problems reduced their capacity to be able to cook for themselves.

### 6.3 Access to Quality Food

Food insecurity is not just about accessing sufficient food but also being able to access food of an appropriate quality. In the Anglicare Australia study three quarters of respondents (76%) indicated that in the last 12 months there had been times when they had not been able to eat the kinds of food they wanted to. For more than half respondents (54%) this occurred at least once a week, and for a further 22% this occurred at least once a fortnight (Table 15).

**TABLE 15 | How Often Could You Not Eat the Kinds of Food You Wanted to?**

|                        | Number     | Percentage  |
|------------------------|------------|-------------|
| Once a week or more    | 236        | 54.4%       |
| Once every two weeks   | 96         | 22.1%       |
| Once a month           | 66         | 15.2%       |
| Less than once a month | 36         | 8.3%        |
| <b>Total</b>           | <b>434</b> | <b>100%</b> |

In subsequent questions respondents also indicated that for one third (34%) it was difficult to access food of the right quality and for 44% they could not get a variety of foods such as meat, vegetables, fruit, dairy products and bread. Various overseas studies indicate that low-income families who have a less nutritious diet are aware that they are not eating well, however they cannot afford more healthy food, such as fresh fruit and vegetables.<sup>120</sup> This was also validated in the Anglicare Australia study where 72% of respondents felt that they should eat more fresh foods but that these were too expensive. For 22% there was an acknowledgement that they needed to know more about making healthier meals.

In the open ended questions there were concerns around the price of meat, fresh fruit and vegetables and the need to substitute with cheap filling food, often not nutritious and high in carbohydrate.

*I'll try to buy some fresh fruit and vegetables but they are too expensive and I run out of money fast.*

**34%**  
COULD NOT  
ACCESS  
QUALITY FOOD

*...just can't afford it - eat a lot of frozen vegies. Always buy homebrand, budget mince, cheap pastas.*

*I often miss out or we reduce the variety of foods (e.g. much bread for son as carb source) due to costs and lack of funds*

*Meat is too expensive prices have gone up*

*I am a meat eater but very hard because of price to get fresh meat.*

Respondents were also asked about special dietary needs and how these were met. Over one third (37%) indicated that they needed special foods but could not purchase them because of the expense. For a small number (7%), reflecting the lack of ethnic diversity in the client profile, there was difficulty in accessing culturally appropriate food.

In the open ended questions a number of respondents (n=42) specifically addressed issues pertaining to health – particularly special dietary needs associated with coeliac disease, asthma and diabetes and the nutritional needs of children with a disability.

*My son needs yeast free bread to control his asthma. But I can't afford the yeast free bread. But what can I do? He eats it.*

*Being a diabetic and heart condition have to buy more expensive food.*

*I'm constantly in hospital with Bartter syndrome (affects kidneys) and my daughter has a chronic lung disease.*

*Child with life long disability. Eats more than average. 3 children.*

*Food allergies. Always put needs of animals and grandmother before self. Cheaper to get junk food than fresh food*

*I am a diabetic and insulin dependent and can't afford to buy the food that I need*

Price is a particular consideration for low income households. Price refers to the affordability of nutritious food and can be determined by supply factors such as food freight costs, or environmental or economic factors. A household's judgement regarding affordability depends upon the money they have available for food. Low income households can struggle to afford the healthier food because it may be more expensive than those foods that are filling but less nutritious.

In 2009-10 the average Australian household spent 17% of total household expenditure on food and non-alcoholic beverages – up 34% since 2003-4. For those in the lowest equivalised disposable household income quintiles the proportion was 19% and 15% for the highest quintiles.<sup>xiii</sup> The cost of food is such an issue it has been the subject of a national inquiry.<sup>121</sup>

<sup>xiii</sup> "Equivalised disposable household income provides an indicator of the income estimates with respect to household size and composition, while taking into account the economies of scale that arise from the sharing of dwellings." ABS (2011) Household Expenditure Survey 2009 – 10 Summary of Results, ABS Cat.no. 6530.0, Australian Bureau of Statistics, Canberra, viewed 15.7.12, [http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/CB07CC895DCE2829CA2579020015D8FD/\\$File/65300\\_2009-10.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/CB07CC895DCE2829CA2579020015D8FD/$File/65300_2009-10.pdf), p.5

On average, Australian weekly earnings have grown faster than food prices and the CPI in general since 1995.<sup>122</sup> Whilst this may show the bigger picture, the experience can be different in disadvantaged communities. Other research also looks closely at the quality and variety aspects of food security in the food of healthy food baskets. Often the less processed foods like fruit, vegetables and meat are more expensive than high calorie, high fat foods. Indeed, 2006-8 price changes for healthy food such as fruit, vegetables, eggs, bread, cheese and milk had increased the most.<sup>123</sup>

A study in New Zealand by Wang *et al*<sup>124</sup> found the 'healthy' foods were always more expensive than the 'regular' alternatives in both urban and rural outlets. Wang *et al* argue that the high cost of healthy alternatives, particularly of less processed foods and foods that are low in sugar, are more likely to prevent people from adopting healthier diets and preventing early onset diabetes.

Research into the cost of a healthy diet in Queensland, based on the 2006 Healthy Food Access Basket (HFAB), shows that between 2000 and 2006 costs have risen by 50% (or \$148.87), compared with an inflation rate increase of 32.5%.<sup>125</sup>

The cost of healthy food compared with less nutritious food is also an issue, preventing low income people from accessing nutritious food.<sup>126</sup> The Queensland study found that healthy food prices had risen more than less nutritious food. Earlier Queensland research into the HFAB underlines this trend:<sup>127</sup>

*...since 2000, the annualised per cent increase in cost of the HFAB has been higher than the increase in the Consumer Price Index for food in Brisbane. The cost of healthy foods has risen more than the cost of some less nutritious foods, so that the latter are now relatively more affordable.*

A Northern Territory government study into food basket costs paints an even starker picture;<sup>128</sup> costs have risen by a similar amount in remote and urban areas between 2000 and 2011; 59% and 60% respectively.

## 6.4 Summary of Findings

Undoubtedly the most significant issue for respondents was the inadequacy of income. Nine out of ten respondents indicated that their households did not have enough money to buy the food they needed. In turn lack of sufficient income led to a precarious existence where an unexpected expense could catapult a family into crisis. Indeed nine out of ten respondents indicated that this had occurred in the last three months. Such unexpected expenses included unusually high or unexpected bills such as utility expenses, health issues, car maintenance and repairs, school related expenses, a death or funeral in the family, supporting an extended family and relationship breakdown.

There were also physical access issues particularly for those with health and mobility problems. A further issue was related to access to adequate storage and cooking facilities with one in ten clients not having a fridge or an oven, sometimes compromised by power disconnections.

Accessing appropriate quality food is an issue for food insecure adults. In the current Anglicare Australia study three out of four respondents indicated that in the last 12 months there had been times when they had not been able to eat the kinds of food they wanted to and for more than half respondents this happened on a weekly basis. One in three found it difficult to access food of the right quality and accessing fresh food, including meat and vegetables, was an issue for almost half of those who were food insecure. People knew and understood the value of such food but found it was just too expensive, given their other household expenses. For the more than one in three who had dietary issues such as food allergies and intolerances accessing the appropriate food was difficult, again because of the expense.

## KEY FINDINGS

### ACCESS ISSUES

Among food insecure respondents:

- More than half (57%) considered that their household did not have enough to get by on and 91% indicated that they did not have enough money to buy the food they needed.
- 76% indicated that in the last 12 months there had been times when they had not been able to eat the kinds of food they wanted to. For more than half of these respondents (54%) this was at least a once a week occurrence and for a further 22% this happened at least once a fortnight.
- For 34% it was difficult to access food of the right quality and 44% they could not get a variety of foods such as meat, vegetables, fruit, dairy products and bread.
- 72% of respondents felt that they should eat more fresh foods but that these were too expensive.
- 33% indicated that they had difficulty accessing shops because of health and mobility problems and more than one third (38%) did not have access to a car for shopping.
- One in four (25%) considered that public transport was inadequate and unreliable and 43% felt that transport was too expensive
- For 19% health and mobility problems reduced their capacity to be able to cook for themselves.
- One in ten clients did not have a fridge, 13% did not have a working stove, oven or microwave and 8% did not have power connected.

# 7

# HOW DO FOOD INSECURE HOUSEHOLDS COPE?

“

*We approach emergency relief and food banks at least once a week ... and just ration everything ... I would just go without food but I will always make sure my kids eat.*

”

A number of coping mechanisms have been identified amongst food insecure groups. Some of these include: using food grants or food banks (Emergency Relief),<sup>129</sup> making meals with low cost foods,<sup>130</sup> buying food items because they are on sale or inexpensive,<sup>131</sup> buying food at low cost stores,<sup>132</sup> using coupons to purchase food,<sup>133</sup> cutting down on the variety of household food<sup>134</sup> or avoiding buying expensive foods like fresh meat and vegetables,<sup>135</sup> putting off paying bills,<sup>136</sup> relying on others for food or money<sup>137</sup> or borrowing,<sup>138</sup> pawning belongings,<sup>139</sup> stealing,<sup>140</sup> kitchen gardens,<sup>141</sup> farmer's markets,<sup>142</sup> food co-operatives<sup>143</sup> and food buying clubs (people form groups to buy groceries together in bulk at reduced prices).<sup>144</sup>

Some of these coping mechanisms were also identified in the Anglicare Australia study highlighted below.

## 7.1 Statistical Findings

The most common coping mechanism identified by food insecure respondents was accessing assistance from an ER service or Foodbank (88%) and this was followed closely by going without food (67%). Two out of three also identified extending the due date of paying a bill (66%) and putting off paying a bill (65%). For half of the respondents, seeking help from family was also a coping strategy (Table 16).

**Table 16 | Coping Strategies for Food Insecure Respondents**

|  | Number | % of respondents |
|--|--------|------------------|
| I have gone without food                     | 367    | 67%              |
| I have received help from family             | 272    | 50%              |
| I have received help from friends/neighbours | 221    | 40%              |
| I got help at a food bank or ER service      | 484    | 88%              |
| I ate somewhere that gives out free meals    | 138    | 25%              |
| I put off paying a bill                      | 356    | 65%              |
| I asked to extend the due date of a bill     | 365    | 66%              |
| I pawned or sold personal belongings         | 243    | 44%              |
| I bought food on credit                      | 62     | 11%              |
| Total all food insecure respondents          | 549    |                  |



## 7.2 Respondents' Reflections on Coping Strategies

Several closed ended questions explored the strategies which people deploy in order to cope with food insecurity and the lack of sufficient food for their households. Additionally a number of respondents (n=341) provided information in the free comment section and the number of strategies reported by individual participants varied greatly. Some gave just one strategy whilst others listed multiple strategies. Where multiple strategies were listed by a given participant, they were individually allocated under relevant thematic headings for analysis.

Previous studies have used a variety of descriptive terms to categorise the coping strategies used by people experiencing food insecurity. The analysis which follows uses six categories, the first four of which were similar to those used by Kempson *et al.* (2002):

- Community-based resources
- Monetary reserve management
- Shopping tactics
- Informal support methods
- Making food go further
- Desperate measures

### 7.2.1 Community-Based Resources

In the last three months nine out of ten households (90%) had asked for food from an ER centre. Of this group more than half (62%) had sought assistance between two and five times (Table 17).

**TABLE 17 | Frequency of Accessing Emergency Relief**

| How many times have you asked for food in the last 3 months? | Number     | Percentage  |
|--|------------|-------------|
| Once   | 135        | 27%         |
| 2-5 times  | 311        | 62%         |
| 6-10 times   | 37         | 7%          |
| 11-20 times  | 13         | 3%          |
| 21-50 times  | 7          | 1%          |
| <b>Total</b>   | <b>503</b> | <b>100%</b> |

Apart from ER there were other means of sourcing food. Respondents were also asked how many times they had accessed free meals from such places as Community Meal programs. Some 31% of food insecure households had supplemented their meals this way at least once over the three month period but for some it was a frequently recurrent method of getting food: 13% (n=68) had accessed free meals more than 6 times over the three month period and a small number (n=35) had done so more than 20 times in the past 3 months.

A review of the survey sites indicated that for many clients however access to free meals was not an option as it was not provided locally. Indeed:

- Just under half the participants lived in areas with nowhere to get a free meal
- Nearly 10% of participants lived in areas where no one gave out grocery cards
- 64% of participants lived in areas without school breakfast clubs

Multiple use of agencies as well as frequent visits to individual agencies was also evident in the free comment section of the survey:

*We approach emergency relief and food banks at least once a week*

*I usually come here [Anglicare] for lunch and at night I go to the Indian sisters' charity. They put on a two course meal at night except for Thursday or Friday night. I then go to a soup van for those two nights*

Throughout the survey respondents made a number of free comments about their experience of Emergency Relief. More than half (n=321) had very positive reflections on the service provision and the importance of it in providing a means of surviving. There was a distinct preference for the provision of food cards rather than food bags as this enabled them to buy fresh food.

*The one on one relationships are good. I feel free to talk there. I like vouchers because I can get the food I actually need - fresh when required.*

*I'm very grateful there's someone out there who can actually help us. It's all good food. If my kids are fed I'm happy*

*Without them I would be very suicidal.*

*Without the service, I would be starving at the moment.*

*That I wouldn't be able to survive without them. They have provided me with the basics and I can pay the bills.*

Other respondents expressed some concerns (n=100). These related variously to the need for longer opening hours, the provision of more vouchers, widening the voucher system beyond one supermarket to enable shoppers to access bargain places such as Aldi, and occasional difficulties in accessing ER centres due to transport issues, waiting times, or getting through to ER reception on the phone. There was a specific difficulty for the homeless. Where services are required to operate within specific geographic boundaries, the lack of an address for a homeless person is a

barrier to accessing Emergency Relief. For others, being in a rural area also created access difficulties.

*...you can't access them unless you're from a certain area. I'm homeless so I don't have a permanent address so it stops you from using them.*

*...not enough around in rural areas. They only have a budget for so much each year and when that's gone it's gone and it's very hard.*

A number of people also had a problem with the quality and type of food given out when food vouchers were not used. These issues concerned a lack of fresh food such as meat and vegetables, use of food which had passed its use by date, insufficient portions, use of frozen meat which had been thawed, the inappropriate nature of some food if members of the household had special dietary requirements and/or food allergies and the variety of food which in some cases seemed to be largely confined to tinned goods.

*Most of food given is expired and I'm scared to use it but I have no choice and use it.*

*I can only feed my children with it generally because I have allergies and intolerance.*

*They don't cater enough for people who are lactose intolerant or have food allergies*

*The quality of food. They are very carbohydrate heavy. But it's a catch-22 situation as these foods are the cheapest and it's better than nothing.*

A number considered that there was just not sufficient support provided and family size was not taken into account when handing out food.

*Services are not realistic in some circumstances such as giving a \$30 food voucher for a single parent with 7 kids.*

*Vouchers are not enough it can't last the fortnight you need to go back and then they refuse you.*

*It only gives you three bags*

*Vouchers given are not enough. A \$30 voucher doesn't last a day, they should be at least \$70 to \$80.*

*Food vouchers received are not enough. I have two children and I can only get 1 \$50 voucher... how is that supposed to last me the rest of the fortnight?*

Still others felt as if they were being judged by staff, thought that interviews were intrusive and sometimes felt demeaned by having to ask for food handouts.

*Sometimes you feel like crap for asking*

*The things that don't work well is when you get someone who's not very understanding it's very demeaning*

*Some other places make you feel like rubbish like you scum*

*Everyone gets treated like a bludger. Can get depressing at times*

*A lot of questions you feel a bit put upon - as the circumstances are bad enough - a bit intrusive*

## **7.2.2 Monetary Reserve Management**

Formulation of a household expenditure plan was the most common budgetary strategy used by survey participants. Some gave specific amounts of money to be allocated to weekly food shopping; for example, "I try to set a budget of \$60 per week".

Others made more general remarks regarding their habit of writing down a budget, writing a weekly menu plan ("I write down how much money I am getting and then do a menu") or planning their shopping trip to coincide with receipt of income, ensuring that food is purchased before money is spent on other commodities ("shop when it's pay day for the fortnight").

Some of the comments reflected a sense of being forced into a difficult budgeting situation: for example, "juggling" and "run a tight ship". Others felt that budgeting simply did not work for them: "This doesn't always work; my partner gets bored and eats" and "Try to budget. But it never works". These participants were echoing sentiments which have been expressed in other research: that people feel bound by budgetary constraints which make weekly food expenditure planning a difficult task to undertake.<sup>145</sup>

Seeking help from government or private organisations to manage financial planning was also mentioned, including financial counselling and the use of food cards and food vouchers from agencies.

In the closed ended question almost half of the respondents (44%) indicated that they had pawned or sold personal possessions and this was also mentioned in free comment particularly in relation to selling household possessions via garage sales. A further 11% had bought food on credit. Other strategies involving acquisition of extra funds involved, firstly, simply earning more money by means of extra work, for example, 'odd jobs like gardening' or by increasing the number of hours worked ("Working extended hours on overtime"). Scavenger schemes such as collection and sale of bottles and cans for recycling were used to bolster the household income. Some turned to busking, which was described by one participant as being "one step up from begging".

Various areas of household spending were identified as those which could be pared back in order to channel extra funds into the weekly shopping purse. Some of the reductions/cessations made by the people surveyed include:

- Cigarettes and alcohol : "I don't buy cigarettes over food"
- Treats: "Cut out a lot of the junk food" and "Don't buy rubbish chocolate and crap like that"

- Outings: “I don’t go out ever to save money”
- Buying presents: “ Buy presents for birthdays and Christmas at relief centres”

While these may be considered luxuries, more basic household needs were also considered necessary for reduction in order to provide food:

- Spending less on clothing: “I only buy new clothes once a year”
- Cutting back on general household bills such as electricity: “I conserve how I use energy in the house to get a cheaper bill”

For some it was necessary to get support in paying utility bills. In the close ended question two thirds of food insecure adults indicated that they had sought assistance in paying off an electricity bill and had requested an extension on payment of their bill.

A few stated that they have had, regrettably, to cease sharing meals with their extended family and/or friends in order to provide more food for those within their own families: “When family come to visit I don’t give out food - like bread and meat - ‘cause then there is nothing for my kids”.

### 7.2.3 Shopping Tactics

Some people tackled their shopping trips with a deal of planning before they set out, by scouring catalogues, noting items on sale and writing a shopping list and not deviating from it. Some people sourced local markets and the larger chain supermarkets for food and others spoke of buying hampers on a lay by system. The most common technique cited was simply hunting for bargains, which was described as ‘buying specials’ ‘discount grocery shopping’, or variations on these comments. In so doing, the purchase of ‘generic’, ‘homebrand’ or just ‘cheaper’ food items was suggested. Additionally, buying in bulk when the price of a particular item was reduced, and therefore creating a stockpile for future consumption, was recommended.

Some made mention of specific items to seek out, such as powdered milk as a cheaper and longer lasting alternative to fresh milk. Others described buying whatever was either past its best before date or close to its use by date, because such goods are sold off cheaply to clear the shelves. The latter practice, buying items close to the use by date, has the potential to pose a threat to physical health and well-being if these items are stored and consumed after this date.

### 7.2.4 Informal Support Networks

People who are food insecure draw on resources from both within themselves and from their immediate social networks (family and friends) in order to manage their households. In the closed ended question 50% of all food insecure respondents indicated that they had sought help from family and 40% had asked for assistance from friends or neighbours.

Family and friends provide support for the food insecure, as noted in previous studies conducted in the US.<sup>146</sup> Participants reported that parents and siblings had come to their assistance either through monetary assistance or provision of meals to share. Likewise, bartering, car pooling, group shopping expeditions were activities which were shared by survey participants with their friends. While most comments were made in a positive sense, there were those who had been forced to borrow from multiple sources or repeatedly ask the same people for help in order to meet minimal personal food intakes.

Some examples are:

*I ask friends for donation so they cook for me*

*Even though we have an independent household the three adults in the household try to help each other out whilst the next payment comes through*

*If I have nothing at home I can always drive to a family member for food*

### **7.2.5 Making Food Go Further**

A number of respondents to this question stated that they grow and harvest some of their food requirements. This is mostly done through maintenance of vegetable gardens, with several keeping chickens as well.

The majority of comments in this category concerned the cooking process, however, with over a quarter of those who shared their coping strategies offering a suggestion which related to food preparation, consumption and storage. Many budget recipes were listed, most of which used cheaper meats such as mince, or carbohydrate sources such as rice, pasta or bread. These carbohydrates were commonly used to enlarge serving sizes or allow more costly (but more nutritious) ingredients such as meat and vegetables to provide multiple meals for families. Soups and stews were frequently mentioned in the recipe list. Carbohydrate sources were sometimes cited as forming entire meals: minimalist diets consisting of noodles or breakfast cereal were among the more drastic recipe ideas. Extensive use of carbohydrate-based foods was particularly noted, understandably, in research conducted by nutrition educators in the United States.<sup>147</sup> The following list gives some examples of these strategies in operation:

*Mince in hollow loaf bread and cheese on top in oven*

*You can use a lot of rice to fill up the kids!*

*Add eggs and rice to lots of things to make them go further*

*Make stews so we are using everything*

*Cereal-sometimes that has become dinner for a night*

Some participants recognised the advantage of cooking ‘from scratch’ as opposed to using prepared meals:

*I make damper instead of buying bread*

*I try and make my own pastas and things like that*

Several people reported more drastic measures being taken:

*My kids love corn, so sometimes I've just given them that for dinner*

*If the kids have scraps, I'll pop that onto a slice of bread and that'll be my dinner*

Freezing food for later consumption was another strategy related to household management; people either cook in bulk in order to freeze some for another day, or simply freeze any leftovers so as not to waste anything produced in their kitchens:

*I freeze bulk things that I make*

*We freeze leftover food*

### **7.2.6 Desperate Measures**

One of the most common coping strategies was simply going without food – 67% of all food insecure adults indicated that this had occurred in the last three months but for the severely food insecure this percentage was 77%. Portion control, or what has been described in previous research as ‘consumption reduction behaviours’ is sometimes used in varying degrees of severity:

*I tend to go without on a regular basis*

*You just ration everything*

Some participants described having resorted to undesirable activities such as ‘at times I raided garbage bins’ or eating the children’s scraps in order to stave off hunger.

There were comments as well which reflected a considerable degree of desperation on the part of food insecure people. Sometimes the adults in the household reduce their intake in order to provide more food for the children; this has been portrayed by researchers as a form of triage to identify those most in need of food:<sup>148</sup>

*Feed the kids and I go without. I feed them and go without myself*

*I would just go without food but I will always make sure my kids eat*

Skipping meals is a strategy cited in both early and more recent food insecurity research overseas<sup>149</sup> and various means are being used to achieve this, for example: “I drink coffee to reduce my appetite”

Hiding food has become another means of household food provision:

*I hide food in a bag so family don't eat it but they still find it*

*Family asks me for a feed...I tell them lies that I haven't got any food... I need that food for me*

Stealing food was declared by only four participants, but is an important indicator of the depths to which some food insecure individuals are driven by their situation.

Other activities such as “wheel and deal in the streets to buy some more [food]” and “Live on credit card” indicate the difficulty in which these participants have found themselves.

### 7.3 Summary of Findings

The statistical evidence indicates that when faced with food insecurity the most likely outcome is people choosing to go without food. Receiving help from an ER service or food bank was also relied upon along with pawning or selling personal items or putting off paying a bill. When offered the opportunity to provide personal reflections on how they cope with food insecurity respondents in this study reported using multiple strategies in order to manage their difficult household financial situations. For many it meant accessing ER services, charitable organisations and places which provided free meals. Money management strategies by many included aiming getting support to pay bills or extend the due date of the bills and reduce unnecessary expenditure.

Shopping expeditions were seen to be subject to strategic planning both before leaving home and whilst at the shops. Recipes using less expensive ingredients were used, or recipes were ‘bulked up’ to extend the available amount of food. Every bit of food not consumed immediately was stored for future occasions. Family and friends were turned to, either for provision of meals or for financial assistance. Some were reduced to unpalatable means of managing their lives, such as illegally sourcing their food. While demonstrating resilience and resourcefulness in coping with food insecurity, these strategies are viewed as necessities which are neither welcomed nor enjoyed by those employing them. As some have said, “No strategies work, I have given up”, “It’s just too hard” and it’s “devastating”.

## KEY FINDINGS

### COPING STRATEGIES

- The most common coping strategies among food insecure clients were receiving help from an ER service or food bank (88%) or going without food (67%).
- 67% of all food insecure adults had gone without food in the last three months but for the severely food insecure this percentage was 77%.
- In the last three months nine out of ten households (90%) had asked for food from an ER centre. More than half (62%) had sought assistance between two and five times.
- 44% had pawned or sold personal possessions in the last three months.
- 50% of all food insecure respondents indicated that they had sought help from family and 40% had asked for assistance from friends or neighbours.



# 8

## WHAT ARE THE IMPACTS OF BEING FOOD INSECURE?

“

*It makes me feel degraded as a human being  
... it's heartbreaking to see kids go without ...  
it's not how life is meant to be.*

”

## 8.1 Concepts of Well Being

Food insecurity has been found to affect nutritional status and health, which are contributing factors to wellbeing. Statistics Canada found that food insecure respondents were 3.2 times as likely to have experienced high levels of distress and were 3.7 times as likely to have 'reported symptoms suggesting a high probability of having had a major depressive episode in the previous year.'<sup>150</sup> Indeed food insecurity is known to lead to a range of social and emotional consequences including:

- worrying about the likelihood of going without food<sup>151</sup>;
- anxiety about not having enough food to show hospitality to friends and family<sup>152</sup>;
- anxiety amongst children<sup>153</sup>;
- feelings of deprivation<sup>154</sup>;
- a range of feelings associated with a lack of control over the food situation – and the need to hide this (e.g., powerlessness, shame, inequity, exclusion, fear)<sup>155</sup>
- coping strategies that may be considered socially unacceptable such as accessing emergency food relief, stealing, eating at soup kitchens, etc.<sup>156</sup>.

A Canadian study highlighted a number of these social aspects (and consequences) of not having enough food.<sup>157</sup> Respondents, all of whom were disadvantaged in some way and many of whom were found to be food insecure using a tested measure of food insecurity<sup>158</sup>, were asked to describe what having enough food meant to their family. Amongst other factors, respondents referred to an adequate amount of food and resources for food to maintain self-respect, as well as having a freedom of choice. They also referred to the capacity to assume social responsibilities and observe rituals, these customs invariably involving the provision of food.

Stress from food insecurity may also be a factor leading to poor psychological well being, especially if the stress is protracted. A 1997 New Zealand study found that 12% of New Zealand households felt stressed because of not having enough money for food and 13% felt stressed because they could not provide food for social occasions<sup>159</sup>.

Poor well being can also lead to a lack of efficacy where individuals feel they do not have control over their life and can cause social disconnection. A study of disadvantaged households in Québec, Canada, illustrated that elements of well being are intrinsic to the experience of food insecurity.<sup>160</sup> The study presented the respondents' experience of food insecurity – not only in terms of 'a lack of food in the present and in the future,' but also a sense of alienation. These were identified as the two core characteristics of food insecurity, based on a qualitative data analysis of

group and individual interviews involving 98 households. The first characteristic, a lack of food, was manifested in a shortage of food, the unsuitability of food and diet and a preoccupation with access to enough food. The second core characteristic, alienation, could be generally described as a “lack of control over the food situation and the need to hide it.” Potential reactions identified from respondents included socio familial perturbations, hunger, physical impairment and psychological suffering.

This study indicated that one of the reactions, psychological suffering, was said to intensify the feeling of exclusion and powerlessness (including pessimism as well as a difficulty to overcome obstacles and get back to a normal situation) that was already present in 40 deprived households.<sup>161</sup> The results also indicated broader social implications relating to community wellbeing or social capital. Intermediate implications of chronic food insecurity included<sup>162</sup>:

- Impaired learning for children and adults
- Loss of productivity
- Increased need for health care
- Intensification of the process of exclusion and a feeling of powerlessness
- Erosion of transfer of knowledge and practices to the next generation
- Erosion of conviviality
- Decreased constructive participation in social life
- Reinforcement of development of a two-tiered food distribution system
- Threat to harmonious life in a community.

On a global scale, food insecurity was considered to “feed socioeconomic inequities and affect the potential for social and economic development.”<sup>163</sup>

## **8.2 Anglicare Australia Findings**

Respondents were given the opportunity in the Anglicare Australia study, via open ended questions to give feedback and impressions on the impact that food insecurity has had both on themselves and their households. This section of the report details the accumulated responses under the key impacts identified in the literature.

## 8.2.1 Stress, Anger and Anxiety

More than one third of respondents (n=181) indicated the presence of stress and anxiety and, for some, this was overwhelming, sometimes leading to a sense of frustration. Anger was a recurring theme with (n=59) people specifically using terms such as 'angry', 'agro', 'cranky', 'grumpy', 'pissed off', 'violent' and 'feral', along with references to fighting and arguments in the household as a result of being hungry.

*...I just start growling at people*

*...violent. feral. Become unaware of other people around you*

*...gets me cranky, I can really spit the dummy, I'm not used to it.*

*...It causes family conflict. Family arguments. I've never been through this before... the last 2 years*

*...we have to share food at home...arguments happen if someone missed out or doesn't have as much as someone else...end up fighting... too, fighting over food...*

*...we get angry and argue if we don't eat.*

Some equated this stress with low energy and lethargy, others with family conflict, impaired capacity to think and function, and feelings of inadequacy. Several mentioned a sense of isolation and disconnection and others that the constant worry about accessing more food and how to access it was causing mental health issues.

*I reckon it does mentally and physically get you down. It gets to the stage where you can't think.*

*...affects mentally and can't function if hungry.*

*...worry me guts out*

*...stressed out, feeling inadequate*

*...stressful, demoralising, socially isolating.*

*...I don't talk to others. It stresses me and my mental health goes down.*

*...I am thinking hard and get stressed...worried...trying to think how I can get more food*

*...you stress over things 'cos you don't know where the next feed's coming from.*

*...can't go out and mix with people or share meals. Have to spend money on necessary things.*

## **8.2.2 Depression and Self Esteem**

More than one quarter of respondents in the survey (n=147) made comments in relation to depression, sadness, anger, loss of self worth, feelings of inadequacy and uselessness. Some referred to the food insecurity experience as degrading, demoralising, devastating and disempowering. Others referred again to a sense of isolation and disconnection which appeared to be a self-reinforcing cycle. For those who still had friends there was guilt that their friends had to help them out. For others the sight of the empty pantry or fridge was a constant reminder of their situation.

*...it makes me want to burst into tears. It's very hard.*

*...I'm starving... get hunger pains...get moody and angry, more depressed*

*...it's quite depressing and humiliating and makes you feel like you fail at the most basic of needs it's sad... you see some people eating and you think I want that too but I can't afford it.*

*...it's not how life is meant to be.*

*...it affects you very badly you think of yourself as a failure sometimes you just want to go to sleep and never wake up. You're just living to survive. Social life doesn't happen*

*...when I am depressed people don't want to know me so they stay away and that makes me even more isolated*

*...very withdrawn and don't go out. Don't want to let people know.*

*I don't get out much. I no longer know people socially. I am at home all the time. I don't go out or have any friends anymore*

*It's draining not knowing you have that food. Especially since I always worked in my life before losing my job. I was able to go to the fridge and have a midnight snack. Now at dinner sometimes there's not much to cook. It becomes monotonous having 2 minute noodles all the time.*

*...to see an empty fridge or pantry is depressing. It is a constant reminder of the situation.*

### 8.2.3 Shame and Embarrassment

A small number of respondents (n=30) specifically indicated feelings of shame and embarrassment as a result of food insecurity. For some this related to other people feeling sorry for them, shame at not being able to pay their way when they went out with friends or not being able to offer visitors a cup of coffee or biscuits. This in turn led to reduced social interactions and connections.

*... gives you bad name...makes people not want to hang out with you because they have to pay for you... or they hang out with you because they feel sorry for you. has seen all friends "ditch me"*

*...other people feel sorry for us. We're too proud to ask sometimes.*

*...you don't want people dropping by when you don't have biscuits to put out. You don't invite them.*

*...it can be quite embarrassing sometimes when you have people come over and they go to the fridge and there's one carton of milk and one thing of margarine*

*...it makes me feel degraded as a human being and we don't entertain anymore. We feel extremely embarrassed and try not to let our son know.*

*I feel embarrassed when my 20 year old visits and there is no food to eat.*

*...can't go out for tea or have people over. Sucks*

For others accessing help from a service for food made them feel ashamed.

*...I feel belittled, humbled and hope I don't run into somebody I know when I go there.*

*...I feel ashamed to access free meals*

For others their situation engendered a sense of failure:

*...embarrassing to self - that I haven't managed better. Feel that I could have handled better.*

### 8.2.4 Compromised Health

More than one third of respondents (n=217) indicated that food insecurity had compromised their health. Specific health issues related to being diabetic (n=16) and losing weight (n=23). A number (n=29) spoke of being hungry and several described the feeling in some detail:

*You can't see straight. I've become suicidal over food. You don't have energy - you start getting stomach pains and you get to a point where you don't feel like eating*

*anymore because you become nauseous and stressed. Sometimes you can go 2 to 3 days without eating.*

*...you feel completely helpless. Your stomach becomes painful. Then the kids will struggle more*

*...I can get moody and tired. Sick in the stomach. Light headed*

*... Feel sick... just drinking tea and water...vomiting...get weak*

Many respondents (n=37) mentioned feeling tired, weary and lethargic, finding it difficult to get out of bed and get through the day's chores leading to a sense of depression, frustration, stress and hopelessness. Some maintained they needed to sleep more and others that hunger generated sleeplessness and disrupted sleeping patterns.

*...feel I have no energy in my body and want to sleep 'cos there's a pain*

*...not much energy to do things next morning*

*...we get really tired sometimes and there's not enough energy to do things, and feel a bit down.*

*...feel weak and sit around all day, we drink water when hungry.*

*...it affects my motivation, my concentration and energy wise on a daily basis. Not being able to do everything that I'd like to do in that day ...just going for a walk and doing a bit of exercise... the energy from healthy foods is not there.*

*...you get all irritable when you don't have food in your gut*

*Makes me feel horrible. Wish I didn't need to do it.*

## **8.2.5 Parenting**

Respondents (n=61) talked about the anxiety, pain and shame of not being able to feed their children, despite trying to provide for their families. Many of these respondents felt that they were "bad parents" or felt a sense of shame connected to not being able to support their family.

*Well, it's stressful because, as a parent, you want to provide for your children. When you can't provide the basics it's very depressing.*

*I worry and stress out that I will not have enough food to feed the kids.*

*I think 'How am I gonna feed my kids?'*

*As long as I am awake I worry about what the children will eat when they come home.*

*It's heartbreaking to see kids go without.*

*[I have] low self esteem, not being able to provide for my family.*

*It's not a nice feeling, not having enough food. Especially trying to feed your children.*

*It hurts to say 'no' to the kids.*

*I feel a lot that, especially with the kids, you feel like you're not bringing them up properly. Not being a good parent, being able to feed them. Other people might think you waste your money on other stuff.*

*There's nothing more depressing than not being able to feed your kids. You feel worthless as a parent.*

*You think 'Shit. What kind of parent gives their kids cereal [for dinner]?!'*

*It makes me feel bad as a mother.*

### **8.3 Summary of Findings**

A number of studies confirm the deep seated impacts of being food insecure across a broad range of domains including the physical, social, and psychological. The Anglicare Australia study supports these findings. Respondents reported a number of physical symptoms including hunger, weight loss, nausea, lethargy and loss of focus and concentration. For those with medical conditions such as diabetes the danger of hunger and lack of adequate food is life threatening. Socially, respondents reported not being able to entertain family or friends and not being able to invite their children's friends over after school. They also reported embarrassment and shame at having to ask for assistance, feelings of stress, anxiety and inadequacy. For some there was a sense of hopelessness and clear signs of depression. For children, parents noted that when hungry their children were 'cranky' and resentful, were embarrassed at school by lack of lunches and snacks and could be subject to abuse and bullying as the 'poor' kid at school. Additionally parents perceived poor learning outcomes for these children with difficulties focusing and reduced attendance at school because of the embarrassment of their circumstances and the difficulty of explaining their situation to teachers.



# 9

## WHAT PREDICTS INCREASING FOOD INSECURITY?

“

*Food insecurity has a range of possible causes apart from the relative cost of food ... a variety of strategies apart from financial strategies should be employed to address severe and chronic food insecurity.*

”

## 9.1 Correlates of Increasing Food Insecurity

This report has outlined a wide range of factors that are related to *levels* of food insecurity, including the demographic profile of people who are prone to experience food insecurity. Up until this point, the analysis has been focused on what factors lead to food insecurity with respondents classified as either food insecure or food secure. Comparisons have then been drawn between the food insecure group and data from the wider community, to highlight the characteristics and situation of people classified as food insecure.

However it is also important to establish, once people are classified as food insecure, what are the key predictors of *increasing* food insecurity along the food insecurity continuum. In other words – once you experience food insecurity – what are the factors that may make your situation worse? It is possible from the data to identify those factors associated with *increasing* levels of food insecurity, within a sample that is largely comprised of people who have been experiencing and are continually moving through various degrees of food insecurity.

The following analysis treats food insecurity as a scalar concept by which each respondent has been graded on a multi-point scale from food secure at one end of the scale through to the chronically and severely food insecure at the other end of the scale. The following analysis identifies those factors associated with *increasing* levels of food insecurity, within a sample that is largely comprised of people who have been experiencing and are continually moving through various degrees of food insecurity.

The strongest correlations with increasing food insecurity related to income insufficiency, including the perception that there is not enough money in the budget to buy food (0.58), that there is not enough money for the household to live on (0.45) and that the household has run out of money in the previous 3 months due to an unexpected expense or event (0.45).

Table 18 below shows those factors that are most closely associated with increasing levels of food insecurity. The correlations shown are Gamma correlations, which are commonly used with ordinal level data.

**TABLE 18 | Correlates of Increasing Food Insecurity  
Anglicare Emergency Relief Clients**

|  | Correlation (Gamma)<br>with Adult FSSM* |
|--|---|
| Not enough money in budget to buy food I need (Q7a)            | 0.58                                    |
| Negative perception of household money situation (Q28)         | 0.45                                    |
| Run out of money due to unexpected event (Q26)                 | 0.45                                    |
| Source of income: Age Pension (Q18d)                           | -0.38                                   |
| Should eat more fresh foods but these too expensive (Q7p)      | 0.35                                    |
| Transport is too expensive (Q7f)                               | 0.33                                    |
| Don't have a fridge (Q7h)                                      | 0.32                                    |
| Don't have a car for shopping (Q7d)                            | 0.30                                    |
| Walk for 5 mins or more to get to shops (Q9b)                  | 0.30                                    |
| Can't get a variety of food (Q7c)                              | 0.28                                    |
| No-one to share food costs with (Q7k)                          | 0.27                                    |
| Tenure type: insecure housing (Q21)                            | 0.27                                    |
| Household type: Married/De Facto with no children (Q15)        | -0.25                                   |
| Don't have a working stove or oven (Q7i)                       | 0.23                                    |
| Gender (a6)**  | 0.21                                    |
| Can't get food of the right quality (Q7b)                      | 0.20                                    |
| Need to know more about making healthy meals (Q7j)             | 0.19                                    |
| Have special dietary needs but these foods too expensive (Q7n) | 0.18                                    |
| Source of income: Newstart Allowance(Q18b)                     | 0.17                                    |
| Weekly amount spent on cigarettes (Q25e)                       | 0.15                                    |
| Number of minutes to travel to shops (Q8)                      | 0.13                                    |
| Housing stress (Q20 Q22 Q24)                                   | 0.11                                    |
| Age of respondent (Q11)  | -0.10                                   |

\* All correlations statistically significant at  $p < 0.01$  level

\*\* Correlation used was CramersV

The main correlates of increasing food insecurity can be grouped as follows:

### 9.1.1 Household Income Inadequacy

This group of variables, which provide the strongest correlations with increasing food insecurity, includes the perception that there is not enough money in the budget to buy food (0.58), that there is not enough money for the household to live on (0.45)

and that the household has run out of money in the previous 3 months due to an unexpected expense or event (0.45).

### **9.1.2 The Costs of Fresh and Special Foods**

Some people need to purchase special kinds of food due to health requirements (e.g. diabetics) or for cultural reasons (e.g. Halal foods). These could conceivably exacerbate food insecurity due to the higher costs associated with such foods. Special dietary needs were weakly correlated with food insecurity (0.18). However the perception that fresh foods are too expensive to buy was more strongly correlated with food insecurity (0.35).

### **9.1.3 Food Quality**

Aspects of food that were correlated with food insecurity were not just about the cost of food. A lack of knowledge about the preparation of healthy meals (0.19), a lack of variety in food (0.28) and being unable to get food of the right quality (0.20) were all correlated with increasing food insecurity.

### **9.1.4 Location and Transport Costs**

The cost of transport was moderately correlated with increasing food insecurity. It would be expected that people with little money to live on would not be able to readily pay for transport (0.33) or would not be able to afford to run a car (0.30). Being unable to afford transport means that the only way that some people can get to the shops is to walk – walking to the shops for more than 5 minutes is correlated with food insecurity (0.30) as is the number of minutes taken to travel to the shops (0.13).

### **9.1.5 Lack of Appliances in the Home**

While the lack of access to affordable transport exacerbates food insecurity, being unable to adequately store and prepare food in the home is another impediment. Not having a refrigerator was one of the stronger correlates with increasing food insecurity in this data (0.32), as was a lack of a workable stove, oven or microwave oven (0.23).

### **9.1.6 Source of Income**

The main income source that was positively correlated with increasing food insecurity was being on the Newstart Allowance (0.17). Being on the Youth Allowance was also positively correlated, but at the higher threshold of statistical significance of  $p < 0.05$ . These correlations are further evidence of the inadequacy of these allowances and the consequent inability of some people to survive adequately while looking for work. Interestingly, being an Aged Pension recipient was negatively

correlated with food insecurity (-0.38), as was age (-0.10). This may be due to the relative generosity of the Aged Pension compared to other Government benefits and/or the resilience of the older generation who lived through the hard times of the Great Depression and World War 2.

### **9.1.7 Housing Tenure and Housing Stress**

People living in insecure housing such as boarding houses, caravans or staying with friends, were also more likely to experience increasing food insecurity (0.27). A weak but statistically significant correlation was detected between housing stress and food insecurity (0.11). 'Housing stress' is the ratio of rent or mortgage repayments compared to household income.

### **9.1.8 Discretionary Spending**

The interviews carried out with clients of Emergency Relief services often revealed how little money people had for discretionary spending. The only element of discretionary spending that was related to increasing food insecurity was the amount of money spent on cigarettes (0.15). This is perhaps not surprising in view of the strongly addictive nature of smoking. Nevertheless the correlation is weak. It should be noted that there was no association with either spending on alcohol or spending on gambling.

### **9.1.9 Demographics and Household Characteristics**

Despite the larger proportion of females in the sample (61%), being male was positively associated with food insecurity. This may reflect the traditional role of females in food preparation, with females better equipped to cope with food management when budgets are tight. Being in a couple household with no children was negatively correlated with food insecurity (-0.25). This is probably an artefact of other household types, such as single parent households and couples with children, having more people to feed but with less opportunity to have dual incomes. Not having another person to share food costs with was also correlated with increasing food insecurity (0.27).

## **9.2 Multiple Regression**

Multiple regression is a statistical procedure that enables the independent impact of various factors on food insecurity to be calculated. This procedure measures the degree to which several variables combine to predict the dependent variable; in this case, increasing levels of food insecurity. Independent variables used in this analysis included all of the correlates shown in Table 12 above. The resulting model shows that several of these variables cumulatively predict over 30% of the variance in increasing food insecurity levels.

It should be noted that the dependent variable (Adult FSSM) has been re-derived for this procedure, taking into account the full range of response options available in each of the survey questions. This yielded a 25 point scale which had relatively normal properties compared to the reduced scale that has been used throughout this report.

In keeping with the correlations shown in Table 18 above, Table 19 below shows that perceptions of the household's budget situation were the strongest predictors of food insecurity. However it is notable that factors other than the household budget also made independent contributions to the model, including transport affordability, walking for more than five minutes to get to the shops, and the lack of a refrigerator. Being on the Age Pension, in a lone person household or being a couple with no children all acted in a negative direction.

Two blocks of variables were entered into the regression calculation. The block entered first included all demographic variables, income source variables and variables directly measuring costs, such as grocery costs, housing costs, power bills and discretionary spending costs. This first block of variables accounted for only 7% of the variance in food insecurity. The second block, which included all other variables, added a further 27% of variance. This suggests that increasing food insecurity is better explained by issues directly related to household budgeting, food purchase, food quality and food storage and preparation.

**TABLE 19 | Significant Predictors of Food Insecurity  
Anglicare Emergency Relief Clients**

| Source                                    | B      | Std Error | Beta  | t      | Sig. |
|---|--------|-----------|-------|--------|------|
| Neg. perception of h'hold money situation | 3.643  | .631      | .302  | 5.769  | .000 |
| Not enough money in budget for food       | 5.102  | 1.089     | .238  | 4.685  | .000 |
| Walk over 5 mins to shops                 | 3.151  | 1.399     | .209  | 2.252  | .025 |
| Gender (male)                             | 2.620  | 0.794     | .178  | 3.302  | .001 |
| Household type: lone person               | -2.626 | 1.245     | -.166 | -2.110 | .036 |
| Don't have a fridge                       | 4.880  | 1.776     | .152  | 2.748  | .006 |
| Housing tenure: renter                    | 2.676  | 1.334     | .129  | 2.005  | .046 |
| Transport is too expensive                | 1.726  | .740      | .120  | 2.332  | .020 |
| Household type: married/de facto, no kids | -3.905 | 1.818     | -.112 | -2.147 | .033 |
| Should eat more fresh foods               | 1.623  | .794      | .106  | 2.043  | .042 |
| Source of income: Age Pension             | -3.207 | 1.587     | -.105 | -2.020 | .044 |
| Adj R <sup>2</sup> = .349                 |        |           |       |        |      |
| n=365                                     |        |           |       |        |      |

Both Table 18 and Table 19 suggest that ensuring income adequacy will play a role in reducing the likelihood of food insecurity by relieving pressure on household budgets. Campaigns such as those pursued by the Anglicare Australia network to raise the levels of government benefits receive some justification from this analysis. As discussed earlier, the vast majority of people accessing Emergency Relief services are dependent upon some form of government benefits, including 30% on the Newstart Allowance.

However the presence of other factors to do with food preparation, the quality of food, nutrition, transport access and appliances in the home suggest that food insecurity has a range of possible causes apart from the relative cost of food and that a variety of strategies apart from financial strategies should be employed to address severe and chronic food insecurity.





# 10

## WHAT CAN BE DONE? WHAT CAN BE DONE? BE DONE?

“

*What is required is a recognition of  
the extent and depth of food insecurity  
... for most marginalised households  
in the country.*

”

The intersection between food insecurity and other domains of social exclusion has been confirmed by the findings of this research. Food insecurity is therefore an issue therefore that needs be tackled at a number of policy levels:

1. Food specific
2. Community
3. Income
4. Employment
5. Housing

## 10.1 Food Specific Policies

A number of Australian government jurisdictions have developed food policies which aim to address various factors influencing food security.

### 10.1.1 The National Food Plan

In 2011 the Department of Agriculture, Fisheries and Forestry invited consultation on a discussion paper for an inaugural National Food Plan.<sup>164</sup> Whilst the focus of this plan was food supply, food insecurity was acknowledged, with income, disadvantage, food costs, remoteness and other factors and at-risk groups being cited, along with lack of nutritional information, 'factors which divert income to items other than food and reduce the ability to budget effectively' and other 'factors specific to individuals and families'.<sup>165</sup>

In July 2012 the Department of Agriculture, Fisheries and Forestry released a Green Paper for public comment. Existing and proposed policy measures in the Green Paper concerning food security for vulnerable households include:<sup>166</sup>

- Support for food production and improved response to natural disasters
- Expand support of community stores to areas outside the Northern Territory
- Existing income support and income management in expanded areas
- Inclusion of food security questions in the 2011-13 Australian Health Survey

However Anglicare is concerned that there is lack of a sufficient focus on the adequacy of income in relation to mitigating food insecurity. The Green Paper states:<sup>167</sup>

*...income is not a sole determinant as other factors play a critical role. Addressing the food security needs of particular households require supplementary measures focused on the manner in which income is applied and additional support services.*

A number of 'supplementary measures' are already in place, such as financial counselling and education, Emergency Relief and no interest loans, all of which received increased funds in the 2011-12 budget. The Anglicare Australia study has clearly indicated the prevalent role of income insufficiency in leading to food insecurity. Nor is this necessarily an issue of better management of already low levels of existing income or quarantining a portion of income for food, as evidenced through the extreme coping mechanisms to which a number of households are forced to resort.

The Northern Territory Intervention was a first attempt federally to implement mandatory income management. In the subsequent Australian Institute of Health and Welfare evaluation (2010), it was reported that 75% of people interviewed were spending more money on food, 50% were spending more money on fruit and vegetables, and that another 50% were spending less on cigarettes. However, it is not possible to compare consumption with the pre-income management period to determine if these trends are stable or even sufficient to improve individual health and wellbeing. At the same time, almost three quarters (73%) of community store owners reported that cigarette sales had remained the same, contradicting the results obtained in the qualitative interviews.

Another study undertaken by Brimblecombe *et al* from the Menzies School of Medical Research compared the expenditure patterns from ten Arnhem Land Progress Aboriginal Corporation (ALPA) stores from 1 October 2006 to 30 September 2009, which represented about 14% of the Indigenous population in the remote Northern Territory. The ALPA stores were considered to have committed to a long-term campaign to improve nutritional outcomes in their local communities. Even so, the study found that:

*Income management had no effect on total store sales, food and drink sales, tobacco sales and fruit and vegetable sales, independent of the government stimulus payment. Soft drink sales and turnover dropped initially with income management, but increased thereafter. These findings suggest that, without an actual increase in income as occurred with the government stimulus payment, income management may not affect people's spending overall. The findings challenge a central tenet of income management – that people's spending habits will be modified in a positive way with mandatory restrictions on expenditure alone.<sup>168</sup>*

Although there is some evidence that income management in the Northern Territory has contributed to an increase in the purchase of fruit and vegetables, these sales have represented just 4% of total store purchases.<sup>169</sup> In contrast, tobacco sales were more than four times higher than fruit and vegetable sales.<sup>170</sup>

Since it is acknowledged that Indigenous people in the remote Northern Territory experience widespread food insecurity as a consequence of prohibitive food costs, limited availability of healthy foods and social immobility, it is disappointing that the Federal Government is yet to address these equity issues. This situation could be rectified if the Federal Government compensated store owners for the cost

of transporting fruit and vegetables into remote communities. If combined with nutritional education programs, such measures could assist individuals and families to improve their diets through access to cheaper foods. The Federal Government could begin with an economic 'scoping' study that would involve an interrogation of existing longitudinal Basics Card data, in order to calculate the average weekly costs of a 'healthy' diet for individuals and families.

According to the Federal Government's evaluation framework for the New Model of Income Management, improved food and housing security were classified as medium term outcomes of income management. With the possible exception of financial counselling, none of the inputs listed in the framework were connected to improving the cost and availability of food, nutritional educational campaigns, or providing incentives to 'compliant' individuals and families.

With the extension of income management to five trial locations outside of the Northern Territory as part of the *Building Australia's Future Workforce* package the limited variety of outlets where items can be purchased with a basics card may prove problematic for some households. For example, it may be difficult for ethnic households to purchase low cost culturally-specific foods from local ethnic stores, depending on the proximity of registered outlets to their home and the adequacy of local public transport. An analysis of the registered vendors accepting the Basics Card<sup>171</sup> shows that there is a mix of bakers, butchers, fruit and vegetable stores and smaller independent supermarkets, amidst the chain supermarkets which predominate, although not all of these outlet types are in all areas. There are no farmers' markets and food co-operatives listed; these can be cheaper alternatives to shopping at supermarkets but more difficult for administering a basics card. Indeed a North Carolina study<sup>172</sup> comparing produce costs at farmers' markets and supermarkets, found a mean price saving of 17.9% at farmers' markets among all 230 produce items compared. This is an important finding, as food insecure people have been found to purchase lower cost foods, a strategy which can limit the consumption of fresh meat, fruit and vegetables.

Evaluations on the success of mandatory income management are ambivalent. Quarantining the income of very low income households does not resolve the fundamental issue of inadequate income. Kirkpatrick and Tarasuk<sup>173</sup> and numerous other studies have shown that income remains a key determining factor of food insecurity.

## RECOMMENDATIONS

1. The forthcoming National Food Plan should recognise and respond to the inadequacy of current income support payments and address the most significant aspect of food security and the one with the weight of nutritional research behind it - that of adequate income.

### 10.1.2 Other Food Policies and Strategies

A number of strategies to address food issues are being employed locally around Australia by state government, community groups, area health services, local councils and other agencies to improve the access to and supply of food in the local area. Some of these initiatives are being delivered in collaborative partnerships with businesses and the local community. Power discusses the two main approaches to redressing food insecurity - poverty elimination (anti-poverty or social justice approach) and making food systems sustainable (sustainable food systems approach).<sup>174</sup> She further catalogues the latter interventions in terms of 'self-provisioning', and alternate food distribution and marketing.

There have been a number of other food policies and/or strategies developed at Federal, State and local levels and these include:<sup>175</sup>

- The National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan 2000-2010 (NATSINSAP): a COAG strategy, which included improving standards in remote community stores, as well as nutritional education and other local actions in remote Aboriginal communities. This strategy unfortunately does not assist the many urban Indigenous Australians at risk of food insecurity.
- Victorian Food for All, including subsidies and information for local councils to implement local food policies
- Eat Well Australia policy, which finished in 2010, and individual State/Territory Eat Well policies.
- Shared disaster management and resilience and critical infrastructure development arrangements
- Food chain information sharing and development
- Regular healthy food basket price monitoring, as is conducted in Queensland<sup>176</sup> and more recently in Victoria
- Dietary recommendations inclusive of low cost meals for economically disadvantaged households, as recommended by the Public Health Association of Australia (PHAA).<sup>177</sup>
- Funding for local initiatives that address issues specific to the local area. The Victorian Government's Food for All policy provides such funding to local governments.

However a coordinated and systematic approach needs to be developed across all jurisdictions to ensure food policies are implemented in all disadvantaged communities.

## RECOMMENDATIONS

2. For states and territories without a food policy to develop such a plan, and for local councils in these jurisdictions to be supported to also develop plans. Plans should incorporate a range of strategies mentioned in this report and informed by the literature. Responses should take into account physical and economic access barriers which exist in regions, communities and neighbourhoods

### 10.1.3 Monitoring

After years of advocacy by nutrition peak bodies and researchers, food security is once again being measured in the general population, as well as in the Indigenous population. Results of the Australian Health Survey, incorporating the National Nutrition and Physical Activity Survey, will be available mid 2013 and mid 2014 for the general and Indigenous populations generally.

A number of bodies have advocated for monitoring of food security in the general population,<sup>178</sup> utilising:

- A short food insufficiency question<sup>179</sup>
- A separate question on separate coping strategies that incorporates cutting or skipping meals and reducing the variety of food<sup>180</sup>
- More in depth measurement of food security for disadvantaged groups<sup>181</sup>
- Food price and supply surveys in urban and rural areas<sup>182</sup>

Given the issues for low income food insecure households as evident in this report it is imperative that regular monitoring of food insecurity occurs at both a national and state level.

## RECOMMENDATIONS

3. The inclusion of food sufficiency measures in the Australian Health Survey is welcomed and should occur periodically to monitor levels of food insecurity in the general population. As the questions used can underestimate population incidence, further testing of a deeper measure, such as the Household Food Security Survey Module, for the Australian context, needs to be employed in nationally representative samples.
4. There needs to be regular monitoring of the cost of healthy foods in disadvantaged areas across all jurisdictions.

### 10.1.4 Community Infrastructure

Infrastructure can be developed by local councils to enhance local food security, including:

- Land zoning to reserve arable land for food production
- Planning new housing developments which incorporate supermarkets or other food outlets within walking distance, public transport routes to shops and a density level to enable food outlets to remain economically viable.
- Offering free or low-cost community transport to main food outlets and/or encouraging outlets to provide transport or home delivery.
- Inspecting the adequacy of food preparation and storage facilities at boarding houses, caravan parks, refuges and low cost temporary accommodation.
- Allowing community open spaces to be become productive food growing areas, including incorporating community gardening and edible landscapes, for example
- Many of the interventions relating to transport and placement of groceries aim to redress food deserts, particularly in under-resourced and low socio-economic suburbs. Policy recommendations from Larson and Mosely include the following.<sup>183</sup>

*It is vital that administrators and policymakers at all levels of government understand that hunger cannot be completely resolved through emergency food programs. Government tax incentives to encourage grocery stores to move into existing food deserts may help alleviate spatial accessibility problems... Food intervention programs that encourage supermarkets to place new stores in food deserts have also been found to change the behaviour and accessibility of residents in those areas.*

These strategies are also important considerations when developing food policies.

#### RECOMMENDATIONS

5. Local Councils and State/Territory governments to address public transport costs and routes to supermarkets as a key component of food security plans in their jurisdictions.
6. Local Councils and State/Territory governments to use leasing arrangements and other powers such as local bylaws to encourage the provision of good quality and low cost fresh food in low socio-economic suburbs.

### 10.1.5 Emergency Relief

The provision of food provides immediate emergency relief to food insecure households and in Australia there are a number of such programs in operation at a local level, developed to mitigate the worst effects of food insecurity in communities. Indeed this Anglicare Australia study has explored food insecurity, primarily through the numerous local emergency relief programs operating across the Anglicare network. For the purposes of this study services were asked to provide a list of local food insecurity interventions which they deploy at their sites or which were offered locally (Table 20).<sup>xiv</sup>

**TABLE 20 | Local Food Security Interventions at Participating Anglicare Sites**

| Food-related interventions available to survey respondents       | % respondents had access to this type of food assistance | % participating study sites provided this assistance |
|--|--|--|
| Free hot meals   | 54.1%  | 14.8%  |
| Free snacks  | 49.5%  | 24.6%  |
| Food in kind (pantry)  | 97.9%  | 73.8%  |
| Food in kind (fresh)   | 52.5%  | 31.1%  |
| Community garden   | 28.5%  | 4.9%   |
| Home visits  | 36.1%  | 8.2%   |
| Food outreach (e.g. food van)                                    | 38.8%  | 1.6%   |
| School breakfast club  | 35.9%  | 6.6%   |
| Grocery vouchers   | 90.2%  | 85.2%  |
| Other (such as community cafe, occasional BBQ, subsidised meals) | 19.2%  | 13.1%  |

There have been very few studies which evaluate the effectiveness of such programs in relieving food insecurity. Nord and Parker<sup>184</sup> comment on the difficulty of measuring the effectiveness of food assistance programs:

*Biases due to self-selection of more food-needy households into these programs make it difficult to measure the extent to which the programs improve food security. Food-insecure households are more likely than food-secure households to participate in the programs. In survey data, this self-selection more than offsets ameliorative effects of the programs.*

However, they cite a number of studies where food provisioning programs have mitigated levels of food insecurity, such as:<sup>185</sup>

<sup>xiv</sup> Local sites of participating agencies nominated from a short list of interventions those that were available in their area. This was compared to the number of respondents for that site. Two sites did not respond, leaving a total number of 61 sites and 562 respondents.



- National School Lunch Program (NSLP) Free or reduced price nutritious lunches and snacks for children in public and non-profit private schools and childcare institutions, based on income.
- Summer Food Service Program (SFSP) Free meals and snacks over the summer months in low income areas for children 18 years and under, as well as for people with disabilities over 18 years participating in school disability programs.
- Supplemental Nutrition Assistance Program (SNAP) Income-tested food card to use at participating retailers – available for households with gross income 130% of the poverty line or lower.
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Food, nutrition education and advice and referrals provided to low income women during and after pregnancy and to young children at nutritional risk.

Despite these programs, food insecurity amongst US children persists and Nord and Parker call for further research to determine why this is the case.

The provision of emergency food occurs on a daily basis around Australia. In 2010-11 approximately 700 community organisations, operating 1350 outlets, provided FaHCSIA-funded Emergency Relief.<sup>186</sup> Emergency Relief was provided on 324,000 occasions in 2009-10.<sup>187</sup> Food is a commonly provided form of assistance by ER centres. Agencies report increasing demand on an annual basis but not concomitant increase in funding to meet the need.

Emergency Relief can take the form of food, grocery vouchers, payment of medication, contribution towards utility bills, assistance with housing and moving costs, and other forms of material aid. At times this is combined with further support such as financial counselling, no-interest loans, case management, brokerage, advocacy and a range of other support services. Provision of food can be an incentive for clients to connect to the service system and receive a deeper level of support that addresses not just the lack of food but some of the more complex underlying issues.

Emergency Relief agencies are able to source food from donations, government funding and subsidised staples from Foodbank, a non profit agency which distributed 24 million kilograms of subsidised food to 2,500 welfare agencies across Australia in 2011/12, enough for 32 million meals annually. In order to meet increasing demand for subsidised food, Foodbank is calling on the Federal government for increased operational funding of \$4.7 million per annum for 5 years. In addition, states without funding for warehousing expansion, such as NSW, are asking for funds to meet this need.<sup>188</sup>

Consequently, there is an increasing need to support agencies which provide emergency food relief. Further research and evaluation on outcomes for food insecure clients is also required as a matter of urgent priority. Such initiatives should focus on food insecurity risks, food consumption patterns among disadvantaged groups, and the effectiveness of existing measures designed to mitigate food insecurity.

7. The Federal Government to increase financial support to agencies delivering food relief to low income households in Australia.
8. The Federal Government as a matter of urgent priority to evaluate the outcomes for food insecure clients of emergency food provision and develop and sponsor in-depth research into food insecurity risks, in-depth testing amongst disadvantaged groups, the true extent of ER provision which is not just government funded and food consumption patterns and evaluate the effectiveness of measures to mitigate food insecurity.

### 10.1.6 Case Management

The people who seek assistance from ER services are among the most socially excluded households in the nation – a social exclusion that is represented by complex, multiple and diverse disadvantage. Levitas has perhaps provided the most compelling definition of such exclusion:

*Social exclusion is a complex and multi dimensional process. It involves the lack or denial of resources, rights, goods and services, and the inability to participate in the normal relationships and activities, available to the majority of people in a society, whether in economic, social, cultural or political arenas. It affects both the quality of life of individuals and the equity and cohesion of society as a whole.*<sup>189</sup>

Social exclusion can be:

- Wide: Disadvantage is spread across a number of groups
- Deep: Multiple disadvantage is entrenched and often intergenerational across a small group of the population
- Concentrated: Disadvantage is located in particular geographic areas.

It is a recognition of the deep and entrenched nature of social exclusion and its multi causal and interacting nature that has led some Anglicare agencies to pilot intensive case management for people experiencing complex and multiple issues. ANGLICARE Sydney conducted such a pilot in 2010 based on three fundamental premises:

- **Efficacy:** Case management was anticipated to provide the person seeking assistance with more control over decision-making and the opportunity to develop reasonable and feasible personal goals. Each client would assist in the development of an individualised case plan to address their specific needs through the identification of their strengths and existing resources, which would be leveraged into strategies to resolve their presenting crisis and other underlying issues. It was expected that this strategy would increase levels of client engagement and ownership with the case plan.

- **Resilience:** People experiencing recurrent crises in their lives may struggle to do more than to meet their immediate needs of food, shelter and paying for bills, which can leave them feeling anxious and hopeless about the future. Case management was aimed at breaking the cycle of recurrent crises by improving the living skills, resilience and wellbeing of the person accessing the service in an environment of emotional support, trust and Christian care.
- **Inclusion:** Given the case manager had significant access to service network information and would follow up on referrals using a ‘warm’ referral process, it was anticipated that case management would improve service access and engagement for the individual, build wellbeing and resilience, improve individual relationships with family members, and enhance their capacity to participate in the local community.

The evaluation carried out on the pilot demonstrated benefits across all these domains for clients and recommended continuation and expansion of the pilot across other ER sites. However development of case management pilots have been funded by the NGO sector, not by government, and financial support is required if these innovative models of care are to be expanded.

## RECOMMENDATIONS

9. Government to provide financial incentives to community agencies for the development of innovative service models, which are both long term and address multi-causal, compounding and complex issues.

## 10.2 Community Generated Interventions

Identifying preferences at the local level is also important. Larson and Mosely's (2010) study of different food insecurity experiences and coping strategies of people living in different areas and from different ethnic backgrounds, suggests that food assistance programs can better meet people's needs if they are adapted to the local cultural environment:<sup>190</sup>

*By focusing on two ethnically distinct areas of Minneapolis- Saint Paul, it was also possible to determine how different groups utilize coping strategies. Such information could be used to design or ameliorate programs for reducing hunger for these populations....Second, encouraging food shelf and pantry programs to adapt to the local cultural environment will make them more successful both in the short and long-term. Adapting to the changing demographics of US urban centres by incorporating culturally appropriate food choices, hiring staff who speak residents' native languages, and providing food storage and preparation classes will allow existing food programs to better meet the needs of those seeking their services.*

Furthermore, Emergency Relief centres can enhance their positive impact by responding to local issues and needs. Larson and Mosley observe how in their study:<sup>191</sup>

*...individual managers are moving away from a “bandaid” model and attempting to address the root of the problem. In their efforts, they are moving beyond their own organizations by forming community “listening projects” to determine the needs of the neighbourhood, talking with both state and federal legislators, and reaching out to other food aid programs to form networks and combine resources.*

Engaging the local community in responses to food security ideally involves asking food insecure people themselves what solutions they think will be effective as well as what strengths these people already have that may be harnessed.

Hamelin asked food insecure people about the types of assets they possessed which could help to militate against food insecurity.<sup>192</sup> Besides receipt of community assistance, assets in addressing risk of food insecurity mentioned by household respondents included cheaper housing, home food production, skills and experience, health and energy, personal traits, education, and support networks. In the Nolan study<sup>193</sup> households also identified strategies for dealing with food insecurity ranging from growing local fruit and vegetables, community kitchens, food cooperatives, school meals, cheap public transport, education on food and nutrition and improved kitchen and storage facilities. Such research points to the importance of including household’s perspectives when developing food interventions. Assets identified by community members at risk of food insecurity can be harnessed in programs aimed at assisting them. Local interventions should be planned with local consultation on people’s strengths and preferred strategies.

Interventions grounded in the community have the added advantage of building community and enhancing community resilience and efficacy. However evidence is mixed on the efficacy of community gardens in long term reduction of food insecurity – although there could be benefits for vulnerable groups, provided the gardens are well managed and resourced. Likewise, the benefits of community kitchens are stronger in some studies than others. Whilst some may benefit from enhanced knowledge and skills, not all participants have found to be lacking in this area.<sup>194</sup>

There is limited evidence available to judge the efficacy of programs enhancing local food systems in reducing food insecurity. Whilst these strategies may not dramatically reduce food insecurity, they contribute towards better control by local communities of the food supply<sup>195</sup>, which is one factor contributing to food security. Strategies to both enhance food security for low income disadvantaged people and increase access to locally grown food can be, but are not necessarily, complementary. Strategies that could assist low income people include locating farmer’s markets in disadvantaged areas and linking peri urban farming to local food banks and Emergency Relief centres.<sup>196</sup>

However, while such programs can ameliorate temporarily the impacts of food insecurity international research would indicate that, without addressing income poverty, such programs cannot address the underlying issues.<sup>197</sup>

*Although they [community programs] may improve food resources, they appear to have limited potential to substantially improve income related food insecurity.*

## 10.3 Income Policies

The strongest predictor in the Anglicare study of increasing food insecurity relates to the inadequacy of income - with three key variables, including the perception that there is not enough money in the budget to buy food (0.58), that there is not enough money for the household to live on (0.46) and that the household has run out of money in the previous 3 months due to an unexpected expense or event (0.45).

Income has been well documented as a significant factor in food insecurity in the literature. The 1995 ABS National Nutrition Survey (NNS) found that those on government pensions or benefits were more likely to experience food insecurity than those receiving other forms of income.<sup>198</sup>

In the same study, the socio-demographic factors related to food insecurity became much weaker after income levels were taken into account.<sup>199</sup> This highlights the relevance of a food security measure that assumes lack of sufficient income to be the reason behind food insecurity.

### 10.3.1 Income Inequality

At a macro-economic level income inadequacy can be related to the inequality of income which is becoming increasingly evident in recent Australian studies.<sup>200</sup> Causes of such disparity since 2004 have been largely attributed to an increasing redistribution of income caused by falling levels of top marginal tax rates from 60% in 1980 to 45% in 2010.<sup>201</sup> Similarly, wages for highly skilled workers have risen at a much faster rate than for those less skilled. Conversely, the annual working hours of low wage workers, who are often employed in a part time or casual working arrangement, have fallen significantly from an annual rate of 1,300 to around 1,100 since the mid 1980s.<sup>202</sup> Other contributing factors to this rising income inequality also include the increasing number of single parent families and the emergence of single person households.

### 10.3.2 Income Inadequacy

At a policy level inadequacy of income also relates to the issue of the adequacy of government Benefits and Allowances. Economic modelling has been carried out in Australia by Paul Henman to assess the adequacy of government benefits for different household types. Henman conducted modelling of low-cost budget standards at

2003 prices for a range of common household expenses. The 'low cost' budget standard:

*...represents a level of living which may require frugal and careful management of resources but would still allow social and economic participation consistent with community standards and enable the individual to fulfil community expectations in the workplace, at home and in the community.<sup>203</sup>*

Results showed that, across Australian capital cities, single male households that solely relied on government benefits received 63%-76% of what they needed to live on for the low cost standard outlined above. A single parent with one child received 83%-99% of what their household needed to get by on the low-cost standard. Single parents with two children received 74-92%.<sup>204</sup>

Such work has been further validated in a May 2011 report published by QCOSS<sup>205</sup> which explored the issues of basic cost of living items such as food, rent and utilities – which make up a significant proportion of income and spending for those on the margins. In the creation of three different case studies they concluded that, for people on incomes as low as Newstart, there are tough choices of survival to be made each week and these choices often meant disconnection from community, impacts on physical and mental health, stress on relationships, increasing risk of homelessness, utilities disconnection and unmanageable levels of debt.

## CASE STUDY

### **Male, aged 30-39 years, living alone.**

This respondent is a labourer and machine operator but finds that his work is seasonal: "It's hard to get work after Christmas, then it dies off again June to September". It's OK when he is working but when there is no work available he receives Newstart payments and this is not enough to get by. The respondent is divorced and takes care of his three kids every second weekend – to keep his visitation rights he needs to rent a home large enough for his children. Keeping his home is the biggest priority but the housing costs are a huge burden. He has had no work since January and he has spent no money on groceries during this period. He is entirely dependent on Emergency Relief services for his food.

A particular issue for concern in the Anglicare Australia study was the number of food insecure households reliant on the Newstart Allowance (30%). It should be noted that income support payments have generally failed to keep pace with wages growth. This is especially true for payments such as the Newstart and Youth Allowance:

*In most cases, out-of-work income as a proportion of in-work income has fallen, in part due to allowance rates failing to keep pace with wage growth. Only lone*

*parents, whose income support is tied to an average earnings measure and who benefitted from more generous family benefits, were excepted. The flattening of the personal income tax system in the mid-2000s (e.g. through increases to the top threshold) contributed to a reduced capacity of redistribution.*<sup>206</sup>

The gap between Newstart and the Disability Support and Aged Pensions has been increasing since 1997. This disparity is caused by the current system of indexation which benchmarks pensions to 25% of Male Total Average Weekly Earnings (MTAWE) and Newstart which is indexed to the Consumer Price Index. Wages have grown strongly in recent years while inflationary pressures have not been significant – causing the gap between pensions and Newstart to widen. Currently Newstart is below 50% of the median income poverty threshold.<sup>207</sup> The Newstart Allowance is now so low that the OECD in a 2010 report recommended that it needed to be increased. ‘Measures of relative poverty ... indicate that the Newstart Allowance should be raised... to provide a more adequate level of income support’.<sup>208</sup>

Anglicare believes that the levels of Newstart are now so low that it has become a significant contributor to poverty, financial hardship, food insecurity and social exclusion. The social exclusion strategy designed by the Federal Government has six key outcomes it wishes to address. Two of these are being seriously compromised by the current very low levels of Newstart:

- improving the life chances of children at greatest risk of long-term disadvantage
- reducing the incidence of homelessness

The relatively low rate of the Newstart Allowance, especially in the first year of unemployment: ‘raises issues about its effectiveness in providing sufficient support for those experiencing a job loss, or enabling someone to look for a suitable job’.<sup>209</sup> The Federal Government needs to constitute an independent body to regularly review the adequacy of all government funded allowances to ensure that payments are sufficiently indexed to increase the capacity of individuals to enter the workforce. Further the level of the Newstart Allowance needs to be raised by at least \$50 per week, as per the recommendations of the Henry Tax Review.

Children are particularly impacted by food insecurity as evidenced in the Anglicare Australia study. Forcing single mothers with dependent children onto the Newstart Allowance, once their youngest child turns 8 years old, without complementary child care support arrangements and benefits, will pitch these households with children, into deeper food insecurity and financial hardship. The Federal Government needs to repeal section 1 of the *Social Security Amendment (Fair Incentives to Work) Bill 2012*, which will remove access to the Parenting Payment (single) for single parents whose youngest child is 8 years old.

10. The Federal Government to constitute an independent body to regularly review the adequacy of all government funded allowances to ensure that payments are sufficiently indexed to increase the capacity of individuals to enter the workforce.
11. The Federal Government to repeal section 1 of the Social Security Amendment (Fair Incentives to Work) Bill 2012, which will remove access to the Parenting Payment (single) for single parents whose youngest child is 8 years old.
12. The Federal Government to increase the Newstart Allowance (NSA) and other allowance payments for single persons by at least \$50 per week, as per the recommendations of the Henry Taxation Review and consistent with the previous increases to DSP and the Aged Pension in 2008.

## 10.4 Employment Policies

According to the most recent Australian Bureau of Statistics monthly labour force survey for July 2012, there are currently 635,000 unemployed Australians (5.2%), the majority of whom are looking for full-time work. Equally important is the higher number of *underemployed* workers – 892,000 or 7.4% of the labour force in May 2012 – who are seeking more work. Over half of the underemployed are women (59%).

The Anglicare Australia study has shown that 77% of households did not have at least one person in paid employment. Further to this, 32% of households had at least one person who was actively seeking employment, which was considerably higher than the national unemployment rate. These findings were not surprising given that a number of studies indicate a strong correlation between food insecurity and/or insufficiency and employment status. Temple<sup>210</sup> found that employment was linked to food sufficiency whilst Foley *et al.*<sup>211</sup> found that unemployment appeared to increase the likelihood of experiencing food insufficiency. Bartfeld *et al.*<sup>212</sup> also found that households with unemployed heads were more likely to have higher incidences of food insecurity, and that the same was true for US states with high unemployment.

The Australian Bureau of Statistics has reported that the major impediments for people seeking employment included high levels of competition for available jobs, no available vacancies, insufficient work experience, a lack of necessary skills or education, transport issues, ill health or disability and unsuitable working hours. Consequently, people with lower financial and educational resources who have been out of the workforce for some time are more likely to be restricted to unskilled employment with low security, few benefits and minimal pay, which in turn, stymies their opportunities for growth in remuneration or skills. Given that the prospect of



employment is often tenuous for individuals who have been unemployed in the long-term, such people are forced to make a decision between remaining on lowly paid and stable government benefits, or moving into employment which is most likely to involve intermittent, casual or shift work.

### **10.4.1 Integrated Employment Pathways**

The Federal Government has a strong employment agenda, with a special emphasis on restoring long-term unemployed persons (including long-term recipients of the Newstart Allowance, Youth Allowance, Disability Support Pension and Parenting Payment) back into the workforce. Most recently, the Federal budgets have included extensive measures targeting return-to-work initiatives in the form of education and training incentives for jobseekers and employers, case coordination trials, teenage parenting trials, childcare assistance, increased earning thresholds, and activity test requirements. Such initiatives, when combined with current employment services, are reasonably effective in assisting the 'job ready' to enter into employment, but are not as effective at helping disadvantaged jobseekers. For example, data from the Department of Employment, Education and Workplace Relations (DEEWR) has shown that Job Services Australia (JSA) clients in receipt of government benefits for over 12 months now comprise the majority of all Newstart and Youth Allowance recipients. In 2010, 24.3% of JSA clients receiving the Newstart Allowance had been unemployed for at least 12 months, 10.5% for 1-2 years, and 22% for at least 3 years, out of a total of 490,000 JSA clients.<sup>213</sup>

According to DEEWR, only 15% of highly disadvantaged jobseekers (JSA Stream 4 clients) achieved successful employment outcomes and only 28% of the stream achieved positive outcomes. Further to this, only one-third of people securing a job were employed in a permanent role.<sup>214</sup> In light of these issues, the Brotherhood of St Laurence has advocated for a new integrated employment pathway approach for highly disadvantaged jobseekers who have not achieved a positive outcome after 12 months with JSA. Such an approach would serve as an alternative to the Work Experience phase, with an emphasis upon "foundational skills building, vocational training, personal support and paid work linked to a prospective employer, to be delivered over a period of 9 to 12 months."<sup>215</sup>

Various studies from Australia, the US and the UK have shown that integrated employment programs may yield a range of sustainable employment outcomes for highly disadvantaged jobseekers. Some of these benefits include: building confidence levels and foundational skills, matching individual skills and interests to job type, providing insights into a range of employment options, long-term social integration, post-employment follow-up, increased engagement with local employers, and a better return on long-term investment.

### **10.4.2 Tax and transfer measures**

The Brotherhood of St Laurence also suggested a range of other social policy reforms to improve sustainable job outcomes for highly disadvantaged jobseekers, especially for those who are experiencing homelessness, living with a disability,

Indigenous Australians, and people from non-English speaking, migrant and/or refugee backgrounds.<sup>216</sup> It is generally acknowledged that various disincentives are encountered by many jobseekers who are seeking to enter or re-enter the workforce and/or to increase their participation rates, including: increased tax levels, loss of concessions, reduced access to government benefits, increased rent for public housing renters, a lack of social support, and the cost of childcare. Subsequently, the Brotherhood of St Laurence has recommended that the Federal Government adopt the following tax and transfer measures to encourage and support workforce participation and sustainable employment outcomes:

- Elimination of high effective marginal tax rates on earned income
- A rental moratorium for at least one year for public housing tenants who enter the paid workforce
- Income averaging over a six-month period to assess government benefit entitlements
- Retention of concession entitlements including the Health Care Card for one year after entering the paid workforce.

## RECOMMENDATIONS

13. The Federal Government undertakes reforms to the existing Job Services Australia model by introducing an Integrated Employment Pathway model as an alternative to the Work Experience phase for highly disadvantaged jobseekers (Stream 4). Such an approach would have an emphasis on foundational skills building, vocational training, personal support and paid work linked to a prospective employer to be delivered over a 9 to 12 month period.
14. The Federal Government introduce new tax and transfer measures to encourage increased workforce participation for highly disadvantaged jobseekers, including: elimination of high effective marginal tax rates, a one-year rental moratorium for public housing tenants, income averaging over a six-month period to assess government benefit entitlements, and retention of concession entitlements including the Health Care Card for at least one year.

## 10.5 Housing Policies

The Anglicare Australia food insecurity study indicates that a significant number of households who are food insecure are also housing insecure (12%). Furthermore, a significant number of food insecure households in this study also experience rental stress. Over two thirds (69%) of households with food insecure adults were spending over 30% of their income on rent. Just over two in every five renting and food insecure households (41%) were spending over 45% of their income on rent. Rental stress rates were particularly high among privately renting households with adult

food insecurity, with 94% of these households spending over 30% of their income on rent and 71% spending over 45% of their income on rent.

Anglicare Australia's Rental Affordability Snapshot is an annual project surveying the affordability of rental properties for people living on a low income in Australia. The snapshot was most recently undertaken in April 2012 and involved an audit of over 65,000 properties across 15 localities in all states and territories. For the purposes of the project, an affordable rental property was defined as one which took up less than 30% of the household's income. As an example, using these criteria, a single person receiving the Newstart Allowance, Youth Allowance or Austudy would have found no options in most capital cities. Surprisingly, a single person earning the minimum wage would have still encountered limited housing options in nearly all capital cities with the exception of Canberra and Tasmania. In contrast, families with children who were reliant on government benefits also had significantly reduced options that mostly ranged from between 0% and 2% in each capital city. Consequently, only families earning a double minimum wage were generally found to be in a position to secure suitable housing, although these results were wildly varied across capital cities. Rental affordability is as much a regional issue as an urban one, as it has the potential to affect a household's capacity to absorb cost of living pressures, and ultimately, to overcome long term disadvantage and participate fully in employment, education and/or community life.

### **10.5.1 Housing Supply**

The commencement of the National Affordable Housing Agreement (NAHA) on 1 January 2009 resulted in the adoption of a whole-of-housing system approach to affordability outcomes, the integration of homelessness services, the creation of a growth fund for social housing, and the delivery of remote housing for Indigenous people. The guiding objective of the NAHA is that Australians have access to affordable, safe and sustainable housing that contributes to social and economic participation. Despite the Federal Government having made nearly \$20 billion worth of investments in housing and homelessness initiatives nationwide, low-income households continue to face considerable pressure in relation to housing stress.

Significantly, the National Housing Supply Council has noted in its latest *State of Supply* report (2011) that the greatest shortfalls in housing sub-markets are in affordable home ownership and rentals for households living on low to moderate incomes with particular shortages in subsidised rental properties for households on low incomes. Over the last decade, the estimated underlying demand for housing outpaced the actual supply of new homes by 13.5%, which has resulted in a national shortage of 186,000 dwellings. This shortfall could potentially exceed 640,000 dwellings by 2030.

The Anglicare Australia network has greatly welcomed construction of nearly 20,000 social housing dwellings as part of the Social Housing Initiative, and the eventual completion of 50,000 new rental dwellings as part of the National Rental Affordability Scheme (NRAS) for eligible low and moderate income households. Nevertheless, it is clear these dwelling completion rates will need to increase

substantially to address these underlying housing shortages and its disproportionate impact on low income households. Another major issue in relation to housing supply concerns ongoing funding for the NAHA itself, with several National Partnerships having already expired (such as the Social Housing NP) or due to expire in 2013 (Homelessness NP). To date, the Federal Government is yet to commit to expanding the supply of affordable and social housing dwellings over the next four years. With Council of Australian Government (COAG) renegotiations for the next phase of the NAHA imminent, it is imperative that governments at all levels commit to increasing the supply of both social and affordable housing under the Social Housing NP and Homelessness NP. Such allocations should be targeted to the metropolitan, regional and rural housing markets with the highest level of demand and affordability pressures for low income households.

### **10.5.2 Commonwealth Rent Assistance**

Commonwealth Rent Assistance (CRA) is a rent supplement provided by the Federal Government through Centrelink to assist 1.2 million low-income households renting on the private market. The Australian Institute of Health and Welfare has shown that single person households comprise the majority of CRA recipients (52%), followed by single parents (22%) and couples with children (17%).<sup>217</sup> The CRA's Rent Assistance thresholds and maximum rates are adjusted twice annually in line with the Consumer Price Index. However, the Tenants Union of Victoria has found that between 1995 and 2009, median weekly prices in all capital cities rose by 41%. At the same time, the maximum rates of CRA remained steady in real terms, meaning that this assistance now covers a smaller proportion of rent in 2009 (between 17% and 24%) when compared with 1995.<sup>218</sup>

The Henry Taxation Review recommended that the CRA be reformed as an urgent priority. Consequently, it is important that no current recipients are disadvantaged financially through any future reforms that would tighten up the eligibility requirements for the payment, as such changes could further jeopardise the housing security of low-income households. As a result, additional financial support is imperative in reducing the gap caused by the significant growth in market-driven private rents and the real terms assistance provided through the CRA. The assumption that all private landlords will increase rents in line with an increased CRA payment is a short-sighted argument that fails to improve the capacity of low-income households to gain stability and independence. It is therefore recommended that the Federal Government increase the CRA by \$30 per fortnight for all current recipients in the 2013-14 Budget.

### **10.5.3 Tenancy Management**

Anglicare Australia welcomed the continuation of funding in the 2010-11 Federal Budget for Emergency Relief and financial counselling (\$111.3m over four years) to support vulnerable individuals and families. The Vulnerable Groups funding, which is provided as part of this initiative, has been regarded by Anglicare staff as a

positive strategy enabling people to obtain housing or remain in housing in situations where they might have otherwise found themselves homeless. Indeed, the use of case management, along with the payment of funds to creditors (usually for private and public rental arrears) has provided a good mix to meet clients' accommodation needs. For example, key observations from the program in Sydney include:

- The majority of clients (80%) reporting their housing situation had stabilised after case closure
- More time was spent on initial assessment interviews (an average of 90 minutes) compared with traditional Emergency Relief (30 minutes). These longer interviews have resulted in a better understanding of a person's needs.
- Follow-up sessions with clients occurred within a shorter time frame (usually 7 days) and multiple sessions with clients were also more common than ER. Subsequently, these higher levels of client contact assisted with both the levels of client engagement and goal setting.
- More time was spent with clients over their period of engagement, ranging from an average of 3 to 10 hours.
- Improved collaboration with Housing NSW which has resulted in the establishment of a supportive pathway for families, improved financial outcomes, and greater levels of empowerment.

Several Anglicare agencies have commented that increased funding to provide workers with greater capacity to support vulnerable tenants would considerably reduce the incidence of failed tenancies. It is therefore recommended that the Federal Government increase funding the Vulnerable Groups program and for other tenancy management programs, such as the HOME Advice program.

#### **10.5.4 Supported Housing**

Supported housing offers long-term or permanent housing to people experiencing long-term homelessness as a secure foundation for recovery and social inclusion, in conjunction with the provision of on-site and off-site support services, such as: case management, substance use treatment, counselling and psychosocial treatment.<sup>219</sup> In Australia, the most well-known examples of supported housing are the *Common Ground*, *Youth Foyer* and *Housing First* models, which received funding from the Federal Government's *National Partnership Agreement on Homelessness*.

Various studies undertaken with supported housing tenants from the United States have indicated that the ideal supported housing model is comprised of several characteristics, including: permanent, decent and affordable housing; privacy, comfort and safety; community integration; opportunities to develop independent living skills; and close access to transport and essential services.<sup>220</sup> The international literature has shown improved outcomes for people experiencing long-term homelessness upon moving into supported housing, especially when compared to case management-only interventions. These benefits included: strong tenant stability and retention rates in the same housing up to 5 years later,<sup>221</sup> improved physical

health, self-esteem and greater control over substance use<sup>222</sup> and a 50 percent reduction in organisational social service costs.<sup>223</sup>

Recently, the Sydney-based *Michael's Intensive Supported Housing Accord Service* recorded a range of positive outcomes among 106 single homeless men, including: a reduced hospitalisation rate, improved health and wellbeing, social inclusion and engagement with employment, and maintaining stable accommodation for at least 12 months.<sup>224</sup> A first-stage evaluation report of *Common Ground Melbourne* is also due for release in 2013. Problematically, these Australian supported housing models have tended to rely on a combination of private finance, in-kind contributions and/or public grants such as the *National Building Stimulus Scheme* to fund their start-up costs, which may prove to be unsustainable funding sources over the longer term.

To date, the majority of supported housing models have tended to offer support for single persons who are experiencing homelessness. Although these models for single persons are greatly welcomed in light of ongoing demand for supported housing, there is a need for a similar recognition of supported housing models suitable for families, so that the social inclusion agenda can be realised to its full potential. It is generally recognised that children are at greater risk of being locked out from future opportunities such as employment, higher education and social participation if they fail to meet their development milestones in the early years.<sup>225</sup> Stable and secure housing is a critical component in childhood development, as recent studies have shown that childhood experiences of housing insecurity and homelessness are associated with poorer educational, physical and mental health outcomes for children, and an increased likelihood of housing insecurity and homelessness as an adult.<sup>226</sup> Therefore, the combination of stable housing with prevention and early intervention programs in the early years may help to break the cycle of disadvantage

## RECOMMENDATIONS

15. Governments at all levels to commit to substantially increasing the supply of social and affordable housing through the National Affordable Housing Agreement over the next four years.
16. The Federal Government to increase the rate of Commonwealth Rent Assistance by \$30 per fortnight for all current recipients.
17. The Federal Government to increase funding for tenancy management programs, such as the Vulnerable Groups program and the HOME Advice program.
18. The Federal Government continue to fund the National Partnership Agreement on Homelessness beyond June 2013. Ongoing funding will enable the states and territories to maintain and increase the supply of supported housing for both vulnerable single persons and families who are experiencing homelessness.

for both parents and their children, which is more cost-effective in the early years than treatment and rehabilitation programs for young people and adults.

## 10.6 Conclusion

Food insecurity is a domain of deep and embedded social exclusion which requires a multi-faceted policy approach.

The National Food Plan needs to recognise the importance of the inadequacy of income and the role it plays in food insecurity. Food policies also need to be implemented for disadvantaged communities across all government jurisdictions – in a coordinated and integrated framework. It is imperative that monitoring of food insecurity of the general population – which incorporates randomised testing using the HFSSM tool - is developed at a national level. Given the role Emergency Relief plays in temporary alleviation of food shortages and hunger in households there should be an expansion of funding to ER services nationally and this should be accompanied by intensive case management funding to assist in the development of sustainable pathways for families experiencing complex and multiple disadvantage. There are also local community interventions that can be further developed such as establishment of local growers markets, community kitchens and community gardens along with education and resilience-building programs. The depth, diversity and complexity of need which accompanies food insecurity also require investment into innovative models of service delivery which aim to enhance resilience, well being and inclusion.

In the end what is required is a recognition of the extent and depth of food insecurity, the impacts it has on families and, in particular, children and an integrated and multi layered policy approach to a problem that is becoming increasingly endemic for the most marginalised households in the country. The need for a broader approach can be summarised as follows:

*Food solutions will not solve the problem of poverty. Without social justice for the poor in the larger society... programs aimed at improving the food problems of the poor will only reinforce individualistic solutions to structural problems, no matter what the intentions of the programmers.<sup>227</sup>*





# 11

## SUMMARY OF RECOMMENDATIONS

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## 11.1 Food-Specific Policy

1. The forthcoming National Food Plan should recognise and respond to the inadequacy of current income support payments and address the most significant aspect of food security and the one with the weight of nutritional research behind it - that of adequate income.
2. For states and territories without a food policy to develop such a plan, and for local councils in these jurisdictions to be supported to also develop plans. Plans should incorporate a range of strategies mentioned in this report and informed by the literature. Responses should take into account physical and economic access barriers which exist in regions, communities and neighbourhoods.
3. The inclusion of food sufficiency measures in the Australian Health Survey is welcomed and should occur periodically to monitor food insecurity in the general population. As the questions used can underestimate population incidence, further testing of a deeper measure, such as the Household Food Security Survey Module, for the Australian context, needs to be employed in nationally representative samples.
4. There needs to be regular monitoring of the cost of healthy foods in disadvantaged areas across all jurisdictions.
5. Local Councils and State/Territory governments to address public transport costs and routes to supermarkets as a key component of food security plans in their jurisdictions.
6. Local Councils and State/Territory governments to use leasing arrangements and other powers such as local bylaws to encourage the provision of good quality and low cost fresh food in low socio-economic suburbs.
7. The Federal Government to increase financial support to agencies delivering food relief to low income households in Australia.
8. The Federal Government as a matter of urgent priority to evaluate the outcomes for food insecure clients of emergency food provision and develop and sponsor in-depth research into food insecurity risks, in-depth testing amongst disadvantaged groups, the true extent of ER provision which is not just government funded and food consumption patterns and evaluate the effectiveness of measures to mitigate food insecurity.
9. Government to provide financial incentives to community agencies for the development of innovative service models, which are both long term and address multi-causal, compounding and complex issues.

## 11.2 Income Policy

10. The Federal Government to constitute an independent body to regularly review the adequacy of all government funded allowances to ensure that

payments are sufficiently indexed to increase the capacity of individuals to enter the workforce.

11. The Federal Government to repeal section 1 of the *Social Security Amendment (Fair Incentives to Work) Bill 2012*, which will remove access to the Parenting Payment (single) for single parents whose youngest child is 8 years old.
12. The Federal Government to increase the Newstart Allowance (NSA) and other allowance payments for single persons by at least \$50 per week, as per the recommendations of the Henry Taxation Review and consistent with the previous increases to DSP and the aged pension in 2008.

### 11.3 Employment Policy

13. The Federal Government undertakes reforms to the existing Job Services Australia model by introducing an Integrated Employment Pathway model as an alternative to the Work Experience phase for highly disadvantaged jobseekers (Stream 4). Such an approach would have an emphasis on foundational skills building, vocational training, personal support and paid work linked to a prospective employer to be delivered over a 9 to 12 month period.
14. The Federal Government introduce new tax and transfer measures to encourage increased workforce participation for highly disadvantaged jobseekers, including: a one-year rental moratorium for public housing tenants, income averaging over a six-month period to assess government benefit entitlements, and retention of concession entitlements including the Health Care Card for at least one year.

### 11.4 Housing

15. Governments at all levels commit to substantially increasing the supply of social and affordable housing through the National Affordable Housing Agreement over the next four years.
16. The Federal Government increases the rate of Commonwealth Rent Assistance by \$30 per fortnight for all current recipients.
17. The Federal Government increases funding for tenancy management programs, such as the Vulnerable Groups program and the HOME Advice program.
18. The Federal Government continue to fund the *National Partnership Agreement on Homelessness* beyond June 2013. Ongoing funding will enable the states and territories to maintain and increase the supply of supported housing for both vulnerable single persons and families who are experiencing homelessness

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