

# The Intersection of Emergency Food Relief & Food Security

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This report was prepared by Miriam Herzfeld for

Tasmanian Council of Social Service (TasCOSS)

Level 2 McDougall Building, Ellerslie Road, Hobart, Tasmania  
6231 0755  
admin@tascoss.org.au

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I sincerely thank all study participants who shared their experiences and commitment to helping individuals and families experiencing food insecurity in Tasmania, and contributed their knowledge and insight to this project.

**Miriam Herzfeld**  
0400 480 908  
miriam\_consultancy@hotmail.com

For further information contact TasCOSS

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## Summary

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In Tasmania, access to food, for some people, includes visiting an Emergency Food Relief (EFR) service to obtain food products, food vouchers or meals. Many EFR services operate within a wider service setting, often providing other forms of Emergency Relief (ER).

This paper reports on the findings of a study into the provision of EFR in Tasmania. It seeks to provide a snapshot of the models and strategies used to distribute emergency food relief in Tasmania, with the aim of identifying ways to enhance food security for people utilising EFR services.

The methodology for this project involved semi-structured telephone and face-to-face interviews with EFR providers in Tasmania. While this study did not capture all providers in the State, 28 services chose to participate in the study. The study also sourced relevant data and information from emergency food supply organisations (*SecondBite*, *Foodbank* and *Produce to the People Tasmania*) and from the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), the major source of financial funding for EFR services in Tasmania.

The EFR providers in this study may be described in terms of models of EFR service provision, including:

- *The Anonymous Model*: Services that provide food or meals to individuals without clients disclosing personal details or without clients being required to go through any eligibility or assessment processes. Examples of such services include mobile food vans and some meal programs.
- *The Basic Transaction Model*: Services that provide food products or vouchers but do not provide additional support services such as counselling or case management.
- *The Case Management Model*: Services that involve developing a longer term relationship with a client to work in partnership with them to meet their needs and address the underlying issues relating to food insecurity.
- *The Empowerment or Capacity Building Model*: Services that provide programs where individuals are given the opportunity to develop skills to grow, produce or prepare their own food or food for others; and build skills at the community level (giving people a chance to come together and develop social support networks).

The study explored the following elements of food relief provision in Tasmania:

- **Resourcing the EFR sector**: FaHCSIA is a major source of funding for EFR services but by no means the only source of funding and (essential) in-kind support. FaHCSIA funded the ER sector in excess of \$4,000,000 last financial year. It should be noted that this funding amount is greater than in previous years due to a one-off injection of funds by the Tasmanian Government.
- **A volunteer workforce**: While presenting some challenges, EFR in Tasmania could not be delivered to the extent that it is without the work of a large number of volunteers.

- Sources of food: Many EFR providers have food pantries. Food for these pantries, as well as meals, is sourced from partnerships with the business sector, community-based organisations and programs such as *SecondBite*, *Foodbank* and *Produce to the People Tasmania*, and through donations. There were a number of concerns raised by EFR providers about sources of emergency food including equal access, cost, availability and quality.
- Food vouchers, food parcels and meals: Sixteen EFR providers in this study reported offering vouchers, twenty-four reported offering food items and seven offered meals.
- Cooking and gardening: A small number of providers offer cooking and gardening programs. These services do not always consider themselves to be providers of EFR however some examples of such services have been included to illustrate the scope of what could be delivered.
- Operating hours and geographical reach: Most EFR services are open for limited periods of time however a tremendous amount of flexibility exists. Frequently, services see people outside of their hours of operation in response to demand. Providers recognise that in some situations, people may have to travel considerable distances to access an EFR service that is open when they need it.
- Assessing need and meeting demand: Assessing need and responding to requests for EFR assistance presents EFR services with significant challenges on a daily basis. The process across Tasmania is inconsistent and raises questions about the equity of EFR service delivery across Tasmania.
- Dealing with underlying issues: Participants in this study identified that many of their clients were in crisis, however in addition, many providers talked about clients who are long term users of EFR services and that the crisis is ongoing, and all spoke about the underlying social issues that had brought clients to their service in the first place.
- Financial literacy: Financial literacy is a ‘popular’ concept for encouraging independence from EFR services, however its effectiveness is questioned by EFR providers.
- Referrals and partnerships: While there are some exceptions, services involved in EFR have sound working relationships with other organisations; sharing information, services and resources where possible.
- Policies and procedures, monitoring and evaluation: Documentation of policies and procedures, monitoring and evaluation is limited in Tasmania. A number of services are currently seeking to strengthen these elements of their EFR programs.

EFR services were not established to ensure food security for individuals and families and such services can not guarantee a sufficient, reliable, nutritious, safe, acceptable and sustainable food intake. EFR providers are limited in their ability to control the availability, quality and variety of the food they provide to their clients and many are limited in their capacity to enhance their client’s capability to acquire and use food (e.g. to address transport needs, enhance knowledge and skills, provide storage, preparation and cooking facilities, provide social support programs and operate 24 hour services).

Improving food security for EFR clients and reducing (or eliminating) the need for EFR services, will require a multi-layered approach. First and foremost, it will require recognition and action on the underlying determinants of food insecurity.

In addition, there are opportunities for the Tasmanian Food Security Council, through its Food Security Strategy, to strengthen the work of the EFR sector. TasCOSS believes that EFR should be provided through a diverse range of models and strategies, and that recommendations to enhance the work of the EFR sector should apply asset-based community development principles.

## **Summary Recommendations:**

### **Address the social and economic determinants that enable access to food:**

1. Take a holistic perspective of food security.
2. Increase income support.
3. Reduce the cost of living.
4. Enhance partnerships with sectors working on social and economic determinants.

### **Strengthen food supply and food access determinants:**

#### **• Strengthen local food supply models**

5. Support and encourage the establishment of local food supply models, including the establishment of food co-ops, produce swap programs, gardening programs and community kitchens, and ensure strong links with EFR providers, as pathways for people who are food insecure.
6. Foster links with the vegetable industry in Tasmania as a source of food for the EFR sector. This would be most beneficial if done in conjunction with programs that developed knowledge and skills around preparing vegetables, and if EFR providers had appropriate storage facilities to maintain the quality of fresh produce.
7. Support EFR providers to access adequate storage facilities for food (e.g. refrigerators and freezers).
8. Encourage the establishment of models that mainstream the provision of EFR so as to enable people to acquire food by socially acceptable means and reduce stigma. For example, provide free food for children at school, provide food through social programs and encourage involvement in food preparation.

- **Strengthen the work of suppliers of food to the EFR sector**

9. Strengthen the work and collaborative efforts of the suppliers of food to the EFR sector by engaging with *Foodbank*, *SecondBite*, *Produce to the People Tasmania* and *the Gateway Church* (proposed food co-op for Tasmanians on low incomes). Help to ensure that the work of these organisations and programs does not replace but rather adds value to local food supply models. Seek to address the concerns raised by providers of EFR including the monopoly of partnerships with major supermarkets by one organisation, equitable distribution of food across the State, quality, quantity and reliability of food supply, and the way food may be used by organisations (e.g. fundraising).
10. Promote the existence of *SecondBite*, *Foodbank*, *Produce to the People Tasmania*, as well as local partnerships with EFR providers directly, and encourage the food industry to support such organisations by donating good quality surplus food.

- **Enhance food affordability:**

11. Advocate for policies that reduce the cost of good quality, nutritious food choices.
12. Advocate for funding to the EFR sector for nutritious food.

- **Support the development of quality EFR services:**

13. Promote the use of ACOSS's Emergency Relief Handbook as a means to enhance knowledge and skills among EFR providers, assessment procedures, equitable services, monitoring and evaluation.
14. Respond to requests from the EFR workforce to enhance knowledge and skills relating to referral processes, addressing underlying issues, food safety and nutrition knowledge. Not all EFR volunteers and workers may wish to be involved in skill development however this study identified that there are some people who are interested in enhancing their skills and knowledge. Training opportunities should be provided in local areas so as to reduce barriers to participation.

## 1.0 Introduction

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Access to food is a fundamental human right and is important for health and wellbeing. For some Tasmanians, access to food includes visiting an Emergency Food Relief (EFR) service to obtain food items, food vouchers or meals.

It is generally considered that people who rely on EFR services are *food insecure*. This means that there are people in Tasmania who experience hunger because they don't have access to food by other, perhaps more socially acceptable, means such as buying food from a shop. For such people, accessing EFR may be the only way to acquire food, to address the immediate problem of hunger and to meet nutritional needs.

This paper reports on the findings of a study into the provision of EFR in Tasmania. It seeks to provide a snapshot of the models and strategies used to distribute emergency food relief in Tasmania, with the aim of identifying ways to enhance food security for Tasmanians using these services.

## 2.0 Background

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Community consultations undertaken by the Social Inclusion Unit during 2008 found that not being able to eat nutritious and regular meals is a compounding and direct result of living on low incomes. Tasmanian communities raised this as a matter of significant concern, particularly given that Tasmania has the highest proportion of people on low incomes of all States and Territories. *A Social Inclusion Strategy for Tasmania* identifies food security as a critical issue and an opportunity for action.<sup>1</sup>

In its preliminary response to the Social Inclusion Strategy, the Tasmanian Government accepted the recommendation to establish a Tasmanian Food Security Council. One of the roles of the Council is to oversee the development of a Food Security Strategy for Tasmania. The Council is currently developing a green paper which seeks to discuss and inform the Council about the level of food security in Tasmania, issues causing food insecurity in Tasmania and possible solutions to the problem, and set out a Food Security Strategy for Tasmania.

As part of this green paper, the Council is seeking to clarify the relationship between the EFR sector and the achievement of food security for Tasmanians. The Tasmanian Council of Social Service (TasCOSS) was asked to undertake a research project to inform the Food Security Council on this matter. This report presents the findings of this research project. The data collected as part of this research project is brought together under particular themes and presented as a series of narrative dialogues with the providers of EFR in Tasmania.

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<sup>1</sup> Adams D, 2009, *A Social Inclusion Strategy for Tasmania*.



## 3.0 Research Questions

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The research questions that this project sought to investigate were:

1. Which organisations provide Emergency Food Relief (EFR) in Tasmania?
2. What models of EFR do these organisations use to distribute food relief in Tasmania?
3. What strategies are used by these organisations to:
  - a. Provide emergency food relief in Tasmania
  - b. Impact on any determinants of food insecurity
  - c. Monitor the level of food insecurity in the populations they work with
  - d. Help to prevent food insecurity (e.g. strategies which address the determinants of food security)
  - e. Work in collaboration with others to address the issue?
4. What opportunities are there for the Tasmanian Food Security Council to collaborate with the organisations in order to add value to the work of emergency relief organisations with a particular emphasis on addressing a range of the determinants of food security?

## 4.0 Methodology

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The methodology for this project involved semi-structured telephone and face-to-face interviews with providers of EFR in Tasmania. The interview questions can be found in Appendix A at the end of this report.

Initial contact with participants was made through TasCOSS's membership database, publicly available contact details for organisations known to be working with disadvantaged Tasmanians, and by invitation through the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) network of EFR contractors.

Following a telephone conversation with staff at the Tasmanian Association of Community Houses (TACH), a written survey was also distributed to TACH members (Appendix B). A number of Community Houses provide food relief and it was considered important to give these organisations a voice on this issue. Due to the limited resources allocated to this project, and the significant number of organisations providing EFR in Tasmania, sending a written survey was considered the most economical way to collect information from the Community Houses.

A number of interviewees also provided the author with written reports, collated data and case studies.

The research project methodology was approved by the Tasmanian Social Sciences Human Research Ethics Committee [HREC project number: H11461]. Please refer to Appendix C.

## 4.1 Definitions, scope and limitations

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This study sought to provide a snapshot of Emergency Food Relief (EFR) services in Tasmania. It does not represent the views or experiences of users of EFR services. The study only presents the views and experiences of providers. For further information about the experiences of Tasmanians in financial crisis who seek the assistance of Emergency Relief (ER) services see: Flanagan K, 2009, *Hard times: Tasmanians in financial crisis*, Social Action and Research Centre, Anglicare Tasmania.

A search of the literature identified the following definitions of EFR:

*“EFR is defined as the food assistance provided by charitable organisations above and beyond that provided by the federal food assistance programs.”<sup>2</sup>*

*“Short-term relief strategies directed at those who are most food insecure; provide short-term relief for the immediate problem of hunger; usually for emergency situations; do not deal with underlying problems that cause food insecurity such as low income.”<sup>3</sup>*

These definitions derive from North America where federally funded food assistance programs, such as food stamps, form part of residual welfare provision. The definitions indicate the confusion that sometime arises when emergency food relief is seen as disaster response. However, it was difficult to find an alternative applicable definition of Emergency Food Relief.

The Australian context is different. Many providers receive funding from the Federal Government with FaHCSIA being the major source of ER funding in Tasmania. This study was not limited to charitable or non-government organisations and included a government operated community health service, from which emergency food relief programs operated.

Many of the providers included in this study provided food programs as part of a wider emergency relief program. The study included providers that do seek specifically to deal with the underlying factors that contribute to food insecurity. A limited number of services, that do not consider their food-related programs to be emergency in nature and that provide capacity building strategies to support clients to address the causes of food insecurity, have also been included. Such services are included because they are associated with traditional providers of ER and in some cases have only recently changed their model of delivery.

More generally, examples of definitions of ER (including food) are:

*“Emergency relief is the provision of critical support to individuals and families experiencing a financial emergency or crisis.”<sup>4</sup>*

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<sup>2</sup> Campbell CC, Weber J, Pelletier D and Dodd JM, 1987, ‘The Development of a Surveillance System to Monitor Emergency Food Relief in New York State’, *American Journal of Public Health*, Vol. 77, No. 10, pp. 1350-1351.

<sup>3</sup> Food Security Network of Newfoundland and Labrador, [www.foodsecuritynews.com](http://www.foodsecuritynews.com), accessed 27 August 2010.

*“ER services provide support to address immediate needs in time of crisis. Assistance often includes food parcels and clothing, transport, chemist vouchers, help with accommodation, payment of bills, budgeting, assistance and sometimes cash. Importantly, ER agencies provide appropriate referrals to other services that help to address underlying causes of financial crisis.”<sup>5</sup>*

*“ER is the provision of financial assistance to those persons who find themselves in financial crisis. ER can be for a ‘one-off’ episode, or an ongoing problem.”<sup>6</sup>*

The providers in this study, individually, cover some or all of the following elements of the EFR and ER definitions above:

- The provision of short-term food relief for the immediate problem of hunger;
- The provision of food relief for ‘one off’ episodes or ongoing financial problems;
- Provision of a food supply, either directly in the form of food products or meals, or indirectly through the provision of vouchers to purchase food;
- The provision of food for free or for a low cost;
- The provision of food (to ameliorate hunger) as a secondary, yet vitally important, component of a program or service;
- The provision of food for vulnerable members or groups of the community;
- The provision of other forms of ER such as assistance with power, petrol, medical expenses, telephone, and household goods, that may be directly or indirectly related to food insecurity; and/or
- The provision of case management, referral pathways, counselling, education, skill development or some other capacity building or empowerment strategies to help address the underlying causes of food insecurity.

A large number of community-based programs involve an element of food provision across Tasmania. Such programs may or may not seek to address the issue of food insecurity and may or may not be emergency in nature. These programs may include:

- School breakfast or lunch programs
- *Eating With Friends* Groups
- *Cooking for one or two-* type Programs
- *Food Cents-*type Programs (preparing meals on a budget)
- Local community groups and organisations of various descriptions that involve growing food, cooking or eating together

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<sup>4</sup> Engels B, Nissim R and Landvogt K, 2009, *Under Pressure – Cost of living, financial hardship and emergency relief in Victoria*, Victorian Council of Social Service and ER Victoria.

<sup>5</sup> Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), 2009, *Financial Management Program Guidelines*, Version 1.2, Updated 14 October 2009.

<sup>6</sup> Australian Council of Social Service (ACOSS) Inc, 2003, *The Emergency Relief Handbook*, ACOSS, NSW, Australia.

It was beyond the scope of this study to undertake an extensive investigation into all of these programs across Tasmania. However their existence is acknowledged and recognised as a potential source of food for an unquantifiable number of potentially food insecure Tasmanians, and the reader is directed to the literature detailed below for further information about such programs.<sup>7</sup>

It is also recognised that a number of the participant organisations in this study provide additional *live-in* services where food is provided, for example boarding houses, crisis accommodation and detoxification programs. These services are not specifically captured in this study, although one such organisation is included as it also provides meals to *drop in* clients.

For ease of presentation, all study participants (apart from FaHCSIA, *Foodbank*, *SecondBite* and *Produce to the People Tasmania*, as the providers to the providers) are collectively referred to as *EFR providers* or *services*. Distinctions between the various models of service and strategies are explained throughout this report. The term *client* is used in this report to denote the people who use the EFR services. It is acknowledged that not all services use the term *clients* and may use terms such as *members*, *people* or *community*. The terms *disadvantage*, *hardship* and *vulnerable* are used in this report to describe people living on low incomes, those experiencing poverty, people experiencing financial crisis, and people who are at risk of social exclusion either because of who they are (e.g. people with a disability) or because of their life's circumstances. Food security and its determinants are defined in the following text box<sup>8</sup>.



<sup>7</sup> Further information about Breakfast Programs: Waddingham S, 2005, *Start the Day Right – School Breakfast Programs*, Community Nutrition Unit, DHHS, Tasmania; *Eating With Friends*: <http://www.eatwelltas.com.au/eatingwithfriends.php>; *Food Cents*: <http://www.foodcentsprogram.com.au/>; *Cooking for One or Two*: <http://www.dva.gov.au/aboutDVA/publications/health/Pages/cooking.aspx>; *Community Gardens*: Herzfeld M 2009, *A Snapshot of Community Gardens in Tasmania*, University Department of Rural Health, University of Tasmania.

<sup>8</sup> Rychetnik L, Webb K, Story L and Katz M, 2003, *Food Security Options Paper: A planning framework and menu options for policy and practice*, NSW Centre for Public Health Nutrition, NSW Department of Health.

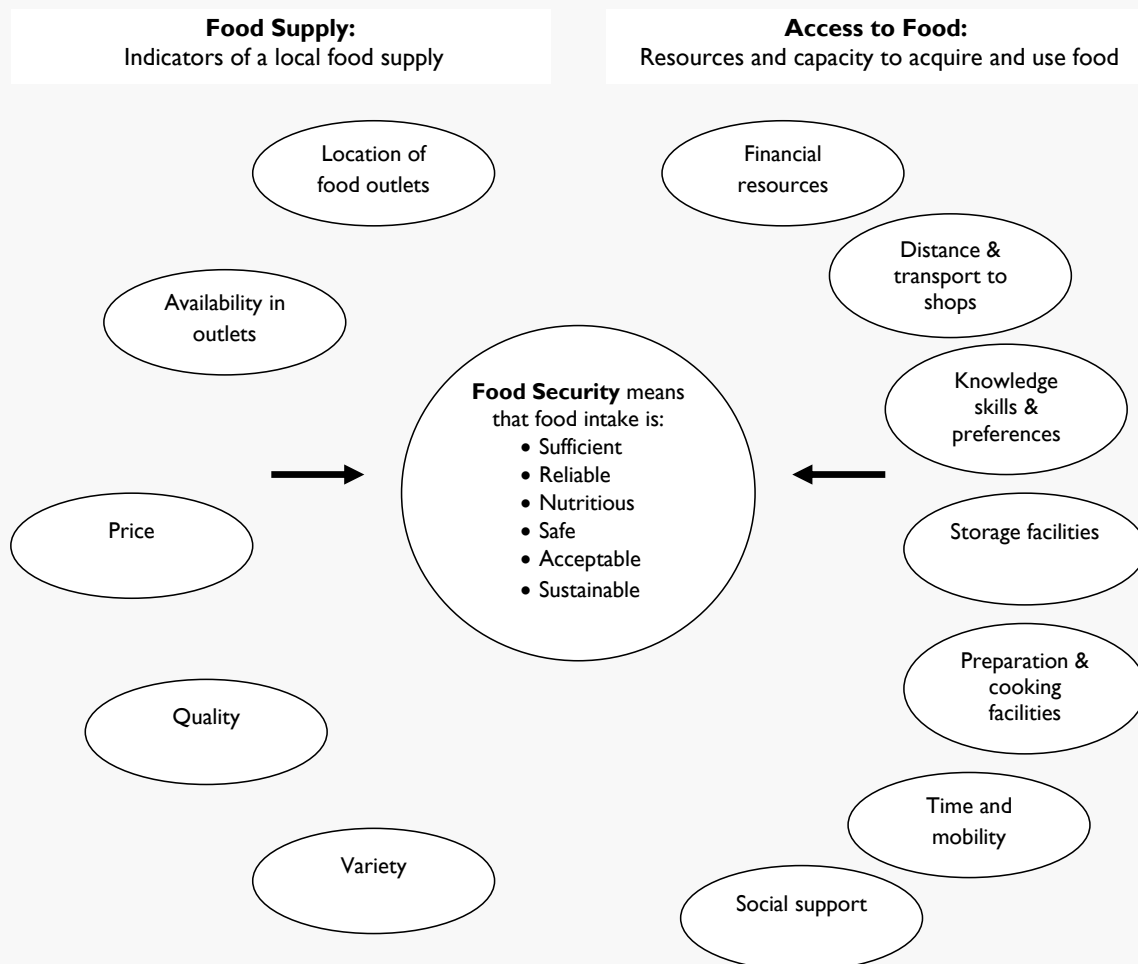
## Defining Food Security

The literature provides extensive information about food security and its determinants. For the purpose of this report, the following definitions and determinants of food security (illustrated in the diagram below) from Rychetnik, Story and Katz (2003), are relevant:

*Food security* refers to the ability of individuals, households and communities to acquire appropriate and nutritious food on a regular and reliable basis, and using socially acceptable means. Food security is determined by the food supply in a community, and whether people have adequate resources and skills to acquire and use (access) that food.

*Food insecurity* can refer to not having sufficient food; experiencing hunger as a result of running out of food and being unable to afford more; eating a poor quality diet as a result of limited food options; anxiety about acquiring food; or having to rely on food relief.

### Determinants of Food Security



## 5.0 Discussion

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### 5.1 Providers of Emergency Food Relief

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Organisations providing EFR in Tasmania were described by participants in this study as being:

- Incorporated, non-government or community-based organisations
- Community-based organisations affiliated with churches or that originated from the church but now operate independently
- Community or neighbourhood houses
- Government services
- Local governments
- Organisations catering to the needs of specific communities or groups such as Aboriginal and Torres Strait Islanders, youth, men, homeless persons, women and children

Providers may fall into more than one of these categories.

Table 1 provides a list of the 28 EFR providers that participated in this study. Table 2 lists the organisations that participated in this study, that provide food to the EFR sector.

As illustrated in Table 1, EFR services operate in many parts of the State. It should be noted that this study did not capture all providers of EFR, due to the limited capacity of the research project and, in some cases, the researcher was not successful in making contact with providers. The additional providers that did not participate in this study are known to be located in Cape Barren Island, Flinders Island, Hobart, Exeter, Tasman Peninsula, Southern Midlands and Smithton. It is likely there are other organisations providing EFR without formal funding.

A geographic gap analysis undertaken by FaHCSIA resulted in additional funding in the 2009-2011 period for ER in the Southern Midlands area, parts of the East Coast, the Huon area particularly around Dover, and parts of the West Coast.<sup>9</sup> It is uncertain at this point in time whether this funding will continue.

On the surface it would appear that EFR providers are reaching many parts of the State however it should be recognised that unless outreach services are offered (which in many cases they are not), accessing an EFR service can still be challenging for many people in the community due to lack of transport, the cost of transport and the overall challenges for some people that may be associated with access (e.g. families with young children and people with disabilities). This may be equally true for people living in rural areas as well as for people living in urban fringe suburbs.

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<sup>9</sup> Personal Communication with staff from FaHCSIA on 28 October 2010

**Table 1: Study Participants**

- Anglicare (Burnie and also representing Devonport, Sheffield, Central Coast, Waratah-Wynyard)
- Anglicare (East Coast including St Helens, Fingal Valley, Bicheno)
- Anglicare (Glenorchy and surrounds)
- Bridgewater Policy and Citizens Youth Club (PCYC)
- Colony 47 Housing and Homelessness Service
- Colony 47 Community Central (Hobart)
- Colony 47 Eureka House (Moonah)
- Campbell Town Community Health Service (covers surrounding areas such as Avoca, Epping Forest, Ross, Tunbridge etc)
- Deloraine House Inc
- Devonport Community House
- Geeveston Community Centre
- George Town Neighbourhood House
- Hobart City Mission (Hobart, Moonah, Glenorchy, Warrane, Huonville)
- Launceston Benevolent Society
- Launceston City Mission (including Morton's Place)
- Midlands Initiative for Local Enterprise - MILE (Oatlands, Tunbridge, Jericho, Bagdad, Kempton, Campbell Town, Parattah, Rhyndaston, Colebrook, Campania)
- Pittwater Community Centre (Midway Point)
- Risdon Vale Neighbourhood Centre
- Rosebery Neighbourhood Centre
- Salvation Army (Hobart and also representing services around the State at Rosny, New Norfolk, Carlton, Scottsdale, George Town, Launceston, Burnie, Ulverstone, Devonport and Zeehan)
- St Helens Neighbourhood House
- St Vincent De Paul Society – Loui's Van and ER Services (which extend into parts of the following local government areas: New Norfolk, Central Highlands, Sorell, Hobart, Glenorchy, Kingborough, Huon Valley, Tasman and Clarence)
- St Vincent De Paul Society – Bethlehem House (Hobart)
- The Helping Hand Association Inc (Longford, Perth, Cressy and surrounds in the Northern Midlands)
- TOOL – Training Opportunities and Options for Learning (Mornington)
- Ulverstone Community House Inc
- Uniting Care Tasmania (Bridgewater & Gagebrook Community Services)
- Uniting Care Tasmania (formerly the Hobart Benevolent Society, Hobart)

**Table 2: Study Participants:  
Providers of Food to the Emergency Food Relief Sector in Tasmania**

- Foodbank (based at Cambridge)
- Produce to the People Tasmania (based at Burnie)
- SecondBite (based at Glenorchy)





## 5.2 Models of Emergency Food Relief

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This section outlines the major models of EFR identified in Tasmania, with supporting information from other jurisdictions as reported in the literature. It was difficult to put services into particular categories, as this is not how many providers describe their services and, in reality, many services don't operate by strict definitions; however part of the brief for this research project was to identify the different models of EFR in Tasmania. It should be noted that many providers operate elements of more than one model of EFR.

### 5.2.1 The Anonymous Model

The *Anonymous Model* is comprised of services that provide food or meals to individuals without clients disclosing personal details or without clients being required to go through any eligibility or assessment processes. Examples of such services include mobile food vans and some meal programs. Such programs are included in this study because they seek to attract people who are experiencing disadvantage and who may be experiencing food insecurity with hunger.



The anonymous service may provide information about other support services that clients may wish to access, however this is not the primary purpose of the service. The primary purpose of the service is to provide food and to enable access to food by people in need:

*“We say it is an anonymous service We offer all who approach us food, friendship...We ask no names...although we do get to know certain names...it’s just the food...there’s brochures in both the vans...the question is at 8:30, especially on a June night, which other service can you access? The only question I’ve been asked a few times is about emergency housing of which there basically is none....so we generally don’t get asked the question....people will talk non-stop about the football but they won’t tell you anything about themselves....I get very little out of them but then I never ask really tough penetrating questions either.”*

**The anonymous service’s primary focus is to provide food, usually cooked meals. Such services contribute to enhancing food supply and food access for disadvantaged Tasmanians by being located in areas of identified need or through outreach services, offering free or low cost meals, and providing a social setting. The anonymous service does not seek to address food security in the long-term.**

This study identified that food vans operate in and around Hobart and Launceston. It is understood that there is also a service in Devonport. Such services usually have an open door policy with no inclusion or exclusion criteria, and no assessment processes. These services target particular geographical areas of need.



## Loui's Van: Providing Food, Information and Support

The Loui's Van service is provided by the St Vincent de Paul Society. The Loui's Van concept was started as a youth project in Sydney and Melbourne in the early 1980s and established in Hobart in 1992, when young people identified there was an absence of after hours services in Hobart to people who spent time on the street. Loui's Van now has two vehicles and also operates a shared meal program called *Dining With Friends* in Bridgewater. Volunteers are involved in all aspects of the Loui's Van Program.

Loui's Van is available for anyone and particularly people who are in need, isolated or at risk. The Vans operate in the evening on Sunday through to Friday all year round, and reach the suburbs of Glenorchy, Hobart, Gagebrook, Bridgewater, Clarendon Vale and Rokeby.

A busy evening on Loui's Van involves feeding up to 30 individuals at each stop. Loui's Van offers hot soup, sandwiches and rolls, other bakery items, fruit and hot drinks. Those who come to Loui's Van range from children to aged people and reflect a broad cross section of the community. In the last financial year, the Vans assisted over 14,000 people. This includes those who participated in *Dining With Friends*.

*Dining with Friends* operates from the Brighton Council Civic Centre on the first Wednesday of the month. A two-course meal is offered to anyone who wants it. Diners are requested to make a small donation (such as a gold coin). Up to 200 people participate in *Dining with Friends* every month.

Source: Personal communication with staff from St Vincent de Paul Society on 27 September 2010 and

There are a number of organisations in Tasmania that provide either free or low cost dining for people experiencing hardship. Such services operate largely in an anonymous manner in that clients are not assessed or necessarily urged to participate in case management or other forms of support services. Some organisations do require clients to provide basic information such as their name. Other services require referral from a supporting organisation. As many clients of such services are regulars, providers often become more familiar with individuals and their circumstances. Some examples of these services include *Heaven's Kitchen* in Devonport, *Bethlehem House* in Hobart and *Morton's Place* in Launceston.

## Morton's Place in Launceston

The Launceston City Mission feeds around 40 to 60 homeless and hungry people every day. For a hot meal a small fee is charged. It's perhaps not the Ritz but if you are doing it tough, Morton's Place can provide temporary respite. Many of these people are marginalised and very unconnected to the community. *"...a lot of people come there for the social interaction and the food just happens to be available at the same time. Breakfast is probably more so for people who are sleeping rough that come in and that's why that is sort of free for them."*

*"It's just a drop in Centre. Some of them we know more about than others. Some of them we are supporting in other ways like they'll come in to the Family Services and we'll help them out in that way. Some of them just drop in and have breakfast, they have lunch and we see them again tomorrow. Some come in once or twice a week. It's a service that is available for all and sundry."*

*We do about 45 breakfasts a day and somewhere between 40 and 60 lunches a day depending on what day it is. We do Christmas Dinner, so we have between 140 and 120 people come for Christmas lunch, that's free..."*

Source: Personal communication with staff from Launceston City Mission on 18 October 2010 and ["http://www.citymission.org.au/mortonplace.html"](http://www.citymission.org.au/mortonplace.html)

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## Heaven's Kitchen in Devonport

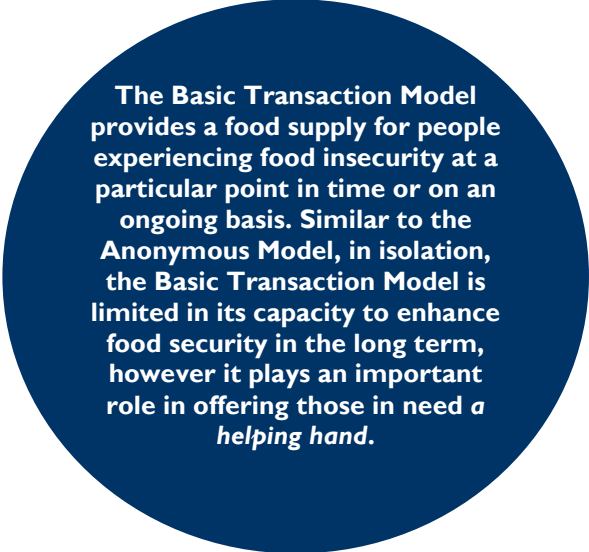
*"In Devonport, the Gateway Church, every second Tuesday night run a restaurant type service called Heaven's Kitchen. The referrals come through all the local agencies. It's a restaurant type atmosphere. Tables are set up. They bring the food to your tables. There's soup. It's a three course meal brought to your table. There's generally two or three hot meals you can pick from. It's in a bain marie. You line up for the main meal and they walk around and they serve you...(For) the clients, if they're referred by us, it's free, for anyone else it's \$4.00. It's an absolute awesome meal. It's an experience. It's a night out. It's a restaurant experience which is something that a lot of our people wouldn't get. It's all run by volunteers. It's brilliant...it's a social occasion as well as a good nutritious meal."*

Source: Personal communication with staff from Anglicare, Devonport on 19 October 2010

## 5.2.2 The Basic Transaction Model

The literature identifies a number of descriptions of ER models including the *Basic Transaction Model*<sup>10</sup>.

King et al (2009) describe the *Basic Transaction Model* as follows: “Where the coordinators and ER workers simply provide basic food hampers and do not ‘value add’ to the service. In this model ER is seen as a simple safety net to support families and households in immediate crisis. It takes the form of food, chemist and transport vouchers, assistance with rent/accommodation, part payment of utility accounts and material assistance such as food parcels. This is the model currently being funded by Government. It is a useful safety-net service but does not provide for meeting long term or complex needs” (King et al 2009, pg. 46)<sup>10</sup>



**The Basic Transaction Model provides a food supply for people experiencing food insecurity at a particular point in time or on an ongoing basis. Similar to the Anonymous Model, in isolation, the Basic Transaction Model is limited in its capacity to enhance food security in the long term, however it plays an important role in offering those in need a helping hand.**

Green and Zappala (2000) highlight the following elements of the *Basic Transaction-type Model*:

- The focus is on the individual or family.
- Clients seek assistance at times of crisis.
- The provision of relief occurs through a professional case worker or a volunteer, who makes a judgement based on the organisation’s criteria and guidelines.
- The locus of power lies with the caseworker or volunteer.<sup>11</sup>

Elements of the *Basic Transaction Model* are the most common type of EFR provision in Tasmania. Services operating as the *Basic Transaction-type Model* in Tasmania are usually restricted to particular days and/or times of the day (generally as a result of limited capacity). This study identified only one service that was open 24 hours a day. Some services restrict assistance to clients in particular geographical areas. Others do not. Basic transaction providers offer either a drop-in service or require appointments to be made. Some providers offer outreach services and some will undertake transactions by telephone and mail out food vouchers. Providers reported spending around 15 minutes with clients, although there is a fair bit of flexibility offered by many services. During this time, clients are asked about the particular situation that has brought them to the service. An assessment form is usually completed, partially to collect FaHCSIA required data. Services vary in the level of evidence that clients are required to provide to demonstrate hardship and the need for EFR support.

<sup>10</sup> King S, Bellamy J, Swann N, Gavarotto R and Coller P, 2009, *Social Exclusion – The Sydney Experience*, Anglicare Diocese of Sydney.

<sup>11</sup> Green V and Zappala G, 2000, ‘From welfare to place management: Challenges and developments for service delivery in the community sector’, *Research and Advocacy Briefing Paper*, The Smith Family, No. 2, September 2000.

EFR providers may suggest referrals or sources of support or information for clients. Follow up does not generally occur. Some services may also offer financial counselling. The literature labels such services, the *ER Plus Model*<sup>10</sup>, where the service involves the provision of food in conjunction with some form of individual client advocacy or referral.

### **Example of Guidelines used by an EFR Service in Tasmania**

1. The person seeking assistance needs to make an appointment, preferably by phone.
2. On each visit you will need to bring:
  - a. For identification purposes: Health Care Card, Pension Card or Driver's Licence
  - b. Proof of address i.e. Health card, mortgage or lease agreement or letter from person who owns the house.

A current Income Statement from Centrelink or relevant source: with your written consent we are now able to access your income confirmation from Centrelink via eServices This authority, once signed, is effective only for the period you are a customer of (this service). It is ongoing, and can be revoked at any time by giving notice in writing to (this service). You will be able to obtain a written copy of Statements at any time from either (this service) or Centrelink.

- Any receipts you may have from expenses incurred in the previous 1-2 weeks.
- Your most recent Bank Statement detailing your Direct Debit Payments (optional).
- In cases of theft or loss of property we will ask to see the police report number.


3. You may use only one emergency relief agency.
4. A six to eight (6-8) week minimum waiting period between visits is required.
5. If assistance is requested more frequently then a referral to budget counselling will be encouraged.

### 5.2.3 The Case Management Model

The *Case Management Model* involves developing a longer term relationship with a client to work in partnership with them to ensure their needs are adequately addressed.<sup>10</sup>

This study identified examples of the *Case Management Model* in Tasmania that may be characterised by some or all of the following elements:

- Dealing with any immediate crisis (e.g. providing food to ameliorate the immediate problem of hunger).
- Working with clients for short or long periods of time depending on their needs and the nature of the underlying issues.
- Clients attending appointments which may run for longer periods of time than is often the case for the *Basic Transaction Model*.
- Seeking to address the broader underlying issues relating to the need for EFR or ER in general.
- Advocating on behalf of the client (e.g. to broker people into accommodation).
- Adopting a triage approach.
- Linking clients in with other programs within or outside of the organisation such as parenting, mental health and financial literacy.
- Providing referrals to external services and ensuring follow up.
- Focusing on early intervention so that people “*don’t fall into the generational trap*”.
- Focusing on investment for the longer term.
- Ensuring skilled workers are able to capture the underlying needs during an initial assessment.
- Encouraging clients to come back so that a relationship can be established.
- Undertaking evaluation of services, “*to give a true representation to the funding bodies about what’s needed.*”
- A higher level of resourcing is required than the *Basic Transaction* or *Anonymous Models*. It is recognised that the *Case Management Model* is more “*labour intensive*” however there was no evidence identified that adoption of the *Case Management Model* has resulted in a reduced number of clients being assisted by agencies utilising this model in Tasmania.
- Seeking to provide food that is nutritionally appropriate for people experiencing extreme hunger or undergoing detoxification programs.
- Identifying broader community needs and working in partnership with other organisations to meet those needs (e.g. gaps in the availability of EFR in rural or remote areas).
- Ensuring adequate training of staff in related areas such as child safety.



The Case Management Model seeks to address some of the underlying social and economic determinants of food insecurity.

## **Case Studies on Emergency Food Support From Colony Outreach Support Service (COSS)**

As a Specialist Homelessness Service, we work with some of the most vulnerable people at times of high crisis. This means, as a service, we need to be as adaptable as possible. Our main brief is to assist people within a case management framework from crisis accommodation to long term affordable and sustainable housing. Many clients present to our service with no money or means. Most often clients are 'brokered' into private accommodation, (such as basic hotels, hostels, caravan parks). Most of these accommodation providers do not provide food. As a result, our service has initiated the provision of "food packs" for clients to take to brokered accommodation with them.

Below are two case studies of where this additional food provision was able to add immensurable value to the service provided to highly vulnerable individuals and families.

### **Case Study 1 – Graham**

Graham was a 35 year old man who had a chronic and fatal (potentially) health condition which took a serious hold on his health earlier this year. He was admitted to hospital and underwent surgery. During this time his partner and mother of his two children (aged 8 years and 13 years) decided to end the relationship as she was traumatized by the realization that he would soon die. He therefore exited the hospital to our service on a Friday afternoon. We were able to broker him into a safe secure accommodation for the weekend. The emergency food vans were not an option for Graham who was still recovering from surgery and whose health was deteriorating. By the time our service had spoken with Graham and found him a housing option, it was too late in the day to provide him with a referral to an emergency food service. We were able to provide Graham with a food pack containing soups, noodles, muesli bars, fruit, juice, shampoo tooth brush and paste. This enabled him to stay safe and stable through the weekend and still get the nutrients he required.

### **Case Study 2 – Elisa, Ella and Harry**

Elisa was a 27 year old mother of two who came to our service after her four year relationship became violent. She was notably distressed as were her children. We were able to broker her and her children into safe private accommodation but again there was no option for her to access an emergency food service. COSS gave her a food pack with enough supplies to feed her and her two children a warm healthy dinner, snacks and breakfast. This form of additional support (which is not within our service agreement) assisted them to maintain a full stomach through their immediate crisis as opposed to adding to their crisis through a situation of forced starving.

Source: Personal communication, transcript provided by staff from Colony 47, 15 October 2010



## Good News Story Book: The Salvation Army

The following case study was provided by The Salvation Army. While on the surface it may not be directly linked with EFR, providers across Tasmania report that underlying issues such as drug and alcohol addiction, and family violence contribute to people presenting for EFR. This example illustrates how agencies that are able to undertake case management and offer multiple support programs can enhance long term outcomes for clients, addressing the underlying social and economic determinants that are ultimately related to food security.

*“On my 35th birthday, I considered that I had two options; to either end my life, or to make that day the beginning of a whole new life for myself”,* says Beth, from inside the commercial kitchen, where she is currently a valued volunteer.

Mother of eight, Beth first engaged with The Salvation Army Bridge Centre Outreach services and the Moonah Corps Family Support program to reduce her drug use and to gain entry to the residential rehabilitation program.

*“I pushed boundaries, manipulated people around me and really pushed the limits”,* agreed Beth. Still, Beth was able to accept support for a wide range of traumas from her youth, the death of her baby Ruby and having her younger children managed through CFS orders.

*“I became pregnant in a new relationship but found that my partner had substance misuse, anger and violence issues”,* Beth discloses. It was then that Beth realised the lifestyle she had been leading was pushing her to self-destruct.

*“I made a really positive choice on my birthday. I had stayed in contact with The Bridge Centre team and was able to be admitted to the residential program that day, with their help.”*

Beth engaged with the program within tight behavioural boundaries and progressed really well. She took control of her own recovery, developing profound insights in the process. Beth was able to establish healthier relationships with her children, her peers and her support network. Importantly, she reconnected with her father who had always loved her unconditionally.

*“I have been able to accept responsibility and build my self-confidence through working with the program”* she says.

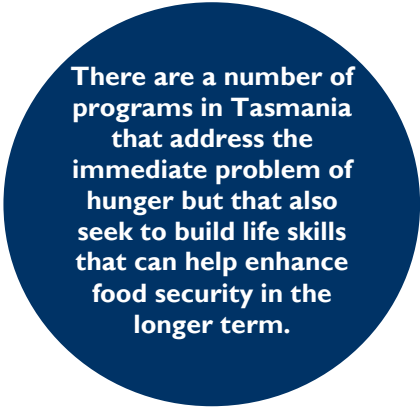
Just after graduating from the program, sober, substance free, Beth gave birth to her new baby. With stable, long-term accommodation and on-going therapeutic support from the Bridge Aftercare team, Beth is now able to give valuable mentoring and advice to other women from difficult situations. *“The rewards of recovery are far greater than the despair in my addiction. I have my life back. I have my family back. I now have self-respect!”*

Source: Personal communication with staff from The Salvation Army, 2 September 2010, transcript from the *Tasmania Division – Good News Story Book*.

## 5.2.4 Building on Case Management

There are some organisations in Tasmania that have expanded the *Case Management Model* to include programs where individuals are given the opportunity to develop skills to grow, produce or prepare their own food or food for others; and to build skills at the community level (giving people a chance to come together and develop social support networks).

The terminology used to describe such models includes *Community Development*, *Capacity Building* and *Empowerment Models*. Other authors refer to models such as *The Place Management Model*: “*The promise of place management is to replace an input-driven focus on the means with an outcome-driven focus on ends. The place manager defines the outcomes for that place...and then buys in the services needed to translate those outcomes into action*” (Green & Zappala 2000, pg. 3).<sup>11</sup>



There are a number of programs in Tasmania that address the immediate problem of hunger but that also seek to build life skills that can help enhance food security in the longer term.

The *Community Development Model* is characterised by:

- A focus on an individual as a member of a broader community.
- Individuals have the opportunity to participate in the decision-making, planning and implementation of programs that will directly influence their lives.
- The focus is on recognising the cyclical nature of many of the problems experienced by disadvantaged families.
- Recognising the need for self-help.
- A more power-sharing relationship between the parties involved.<sup>11</sup>

King et al (2009) call for such innovative models to be more widely adopted (and supported by Government funding). The authors state that: “*The central aim of (such programs is) building capacity for both communities and individuals. The simple safety net transaction model which has operated for so long is no longer the optimal approach, and while the basic ER Plus model provides for referrals and advocacy, it too is not sufficient for the broader outcomes based on sustainability*” (King et al 2009, pg. 48).<sup>10</sup>

King et al (2009) state that the outcomes of such a model would include:

- “*A reduced need for clients to access services – so a reduction in the number of multiple visits by clients with complex case histories.*
- *Increased use of support services by clients with complex case histories.*
- *An improvement in behaviour, attitudes and skills – including financial literacy.*
- *Evidence of improved capacity to cope – including an improvement in general sense of wellbeing, reduced levels of anxiety and stress*” (King et al 2009, pg. 48).<sup>10</sup>

This study identified some organisations in Tasmania that are able to deliver programs that seek to empower clients to improve their quality of life. Such organisations do not always consider themselves to be providers

of EFR however a number of them do source food from agencies such as *Foodbank* and *SecondBite*, and they do offer either low cost or free food to vulnerable clients (e.g. persons with mental health problems, drug and alcohol addictions, people experiencing social isolation, living in crisis accommodation or experiencing homelessness, people on low incomes, people at risk of offending and young people at risk of low education). For some of these organisations food is part of their services because it enables clients to develop knowledge and skills, and social networks. For others, the provision of food (to ameliorate hunger) is described as a secondary, yet vitally important, component of a program or service. For example:

*“We offer a youth training program for youth at risk...our activities are quite physical outdoor activities. (EFR) is not core to what we do but we found that young people were coming in who hadn't eaten breakfast and they were not bringing lunch. Our programs run from 9:00am to 3:30pm. We decided we needed to do something about that. They didn't have food at home. So now we supply food for them to make themselves breakfast and lunch...Their behaviour dramatically improved once we introduced the meals. They're focused and in a better mood. It enables us to do what we set out to do. Without it there wouldn't be any training. We can make a real difference to people...It's a Maslow thing – self actualisation.”*



## We're about empowering and motivating

This case study highlights the experiences of one Tasmanian service that has recently changed its model of service delivery from providing free meals to charging for meals and implementing a range of empowerment strategies:

*"We don't actually operate food relief, we operate a mental health services but a component of what we operate is a meal service which is less about providing food and more about teaching nutrition principles and how to cook meals at home."*

*"We're funded to work with clients who are experiencing mental health, so to work through those mental health issues. And normally one of those issues is social inclusion which is a prime focus of where we are at. So social inclusion and recreation, and also, part of mental health is physical wellbeing and a part of that is being able to cook yourself a low cost nutritious meal."*

*"We have a volunteer who comes in each meal period that we do. They select the meal which is run through myself so if it doesn't meet nutritional principles it's vetoed. If it does then that's fine. The ingredients are purchased and then the clients are encouraged to participate in the producing of that meal. It's always a hot cooked meal. During the summer months we move to less dense meals....around the principle that nothing's for free and teach them responsibility and prioritise their budget and everything."*

*"We average between 20 and 30 a day for lunch and then 50 a day overall, who may be here for other reasons. We have some who come every day. There's no consistency."*

*"Lunch is \$2.00 and dinner is \$3.00 with the exception of Thursday which has traditionally been charged at \$5.00 cause that's a roast day."*

*"We're offering it in a family environment context so actually sitting down as a family....it's about teaching what's appropriate, what's not appropriate when you're sitting down having a meal."*

*"About 30 a week (are involved in the meal preparation)....There's no pressure...Depending on what skill they want to learn, depends who they volunteer with."*

*"Anyone can come here up to three times without having to fill in any forms and then after that third time then they start to become clients of the service....the standard case management process. They're (clients) are case managed through here; some are also involved with (other mental health services). It's not just case management, come in here, have an appointment, join a group."*

The service also offers low cost frozen meals for people to take home. There is a recreation program offered, a Kitchen Coach Program and a gardening program. The goal is to support people and put them on the pathway to better health and wellbeing, and connections within the local community so they don't become dependent on services.

*"We're not a relief service and we're not to act as a relief service...we're about empowering and motivating...being very aware about where that person is at holistically."*

### 5.2.5 Strengths and Challenges

The previous section on the various models of EFR is just one way to describe these services. The section is not designed to criticise the exceptional work that currently occurs in this area. In fact it is clear that there is a need for a range of different models to meet the needs of clients and their particular circumstances. This next section provides some insight from Tasmanian EFR providers about how they view the models that they operate. Providers were asked to highlight (in broad terms) both the strengths and challenges of their services. The quotes below highlight the main strengths that were raised:

- The volunteers who are involved in providing EFR:

*“They are really committed dedicated ladies. They have a real heart for Jesus and the people of the community. They care. They are my strength.”*

- The way services ‘deal with’ people:

*“When I started the previous office manager was, ‘oh you get a lot of aggressive people you need to do this, this and this’. But because I deal with people a little bit differently we don’t get nearly the aggression that I was expecting. We allow people to talk. We allow people time.”*

- Skills of workers: the ability to work outside the square.

*“... Our brief is accommodation. If we had our blinkers on we wouldn’t be looking at food we’d be referring on to an ER agency. It is a strength that we don’t do that...that we look at the whole.”*

- Partnerships with other services.

- The personal satisfaction of providing EFR:

*“The reward of knowing we’ve helped people. They go out lighter.”*

Some authors have challenged the *Basic Transaction Model* labelling it as “*inadequate because it is transactional rather than relational*” (King et al 2009, pg. 47)<sup>10</sup>. This study found that many EFR providers in Tasmania do actually strive to offer a relational service. Many service providers recognise that merely accessing EFR can be a self defeating experience for people:

*“Just last week I had two clients in tears because they had to be here. One of them was a middle aged man. The effort it takes for him to walk through this door. I don’t want to put him through the 3<sup>rd</sup> degree when he gets here. It’s hard enough as it is.”*

King et al (2009)<sup>10</sup> do outline some important limitations about the *Basic Transaction Model*:

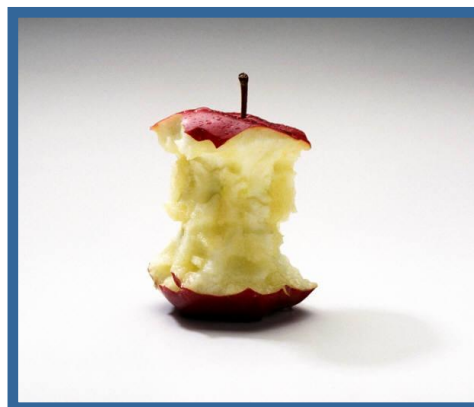
*“The focus is on the transaction, the provision of vouchers for food rather than on the person seeking assistance. The client has to prove financial hardship – other problems are secondary or unaddressed even though these may be the basis of ongoing disadvantage and deprivation. Once the financial needs are assessed or addressed then the transaction is completed and the client exists the system – possibly to return on a regular basis with no follow up or support”* (King et al 2009, pg. 47).<sup>10</sup>

Indeed, in 2003, the Commonwealth Department of Family and Community Services (now FaHCSIA) released a discussion paper on the Emergency Relief Program seeking comment on alternative models:

*“Emergency relief has traditionally been seen as ‘the safety net for the safety net’. It has however been suggested that it may be more appropriate and helpful to clients to think of emergency relief agencies as the ‘gateway’ into a range of appropriate social supports rather than a ‘last stop’ for people in crisis”* (FACS 2003, pg. 6).<sup>12</sup>

Baddington and Donato-Hunt (2007)<sup>13</sup> point out that for this to be effective additional resourcing would be required; a call that was echoed by providers of EFR in Tasmania. This study found that Tasmanian providers share some of these and other concerns particularly, but not necessarily limited to, the *Basic Transaction Model*, which will be discussed further in the next section of this report.

*“If we wiped out ER and just took on case management, people would starve, crisis would be worse because you just couldn’t see as many. But if it were to complement ER...that would be different. Even if we had one employee that worked with the high end ER clients.”*



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<sup>12</sup> Family and Community Services (FACS), 2003, *Discussion Paper – Emergency Relief Program*, Australian Government, March 2003.

<sup>13</sup> Baddington S and Donato-Hunt C, 2007, *When There Isn’t Enough to Eat – The Food Insecurity of Anglicare Sydney’s Emergency Relief Clients in Wollongong*, Anglicare Diocese of Sydney.

## 5.3 Emergency Food Relief Strategies

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This next section outlines the major strategies utilised by EFR providers to provide EFR to food insecure Tasmanians. An effort has been made to link these strategies with the definition of *food security* and the various *determinants of food security* outlined earlier in this report (please see section 4.1). This section seeks to highlight both the strengths and challenges of EFR strategies, as well as identify opportunities to add value to the work of the EFR sector.

### 5.3.1 Obtaining funding

The Federal Government Department, FaHCSIA, is the major source of financial funding for EFR services in Tasmania. The Agency funds 18 organisations (and 40 outlets) around Tasmania for ER.<sup>9</sup> The cost of this was in excess of \$4,000,000 for the current 2009-2011 period, as shown in Table 3 below. In the current funding period, Greater Hobart and the South of Tasmania received the largest proportion of these funds (Figure 1). This funding may be used for a range of ER assistance, not limited to food.

**Table 3 : FaHCSIA Funding for 2009-2011<sup>14</sup>**

<b>Area</b>	<b>Amount of FaHCSIA Funding</b>
Greater Hobart and Southern	\$2,047,040
Mersey Lyell	\$940,229
Northern	\$1,079,709
<b>Total</b>	<b>\$4,066,978</b>

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<sup>14</sup> Information provided by FaHCSIA staff, 3 November 2010

**Figure 1: Allocation of FaHCSIA ER Funding by region 2009-2011<sup>14</sup>**

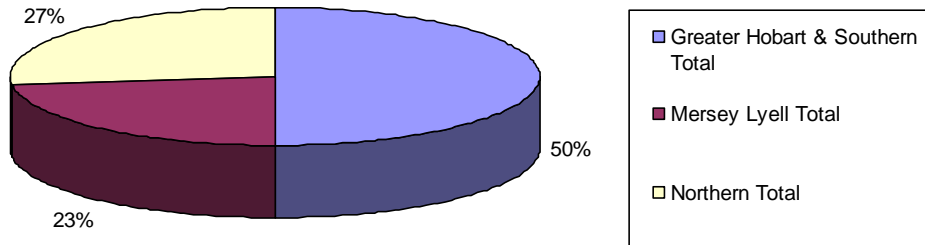
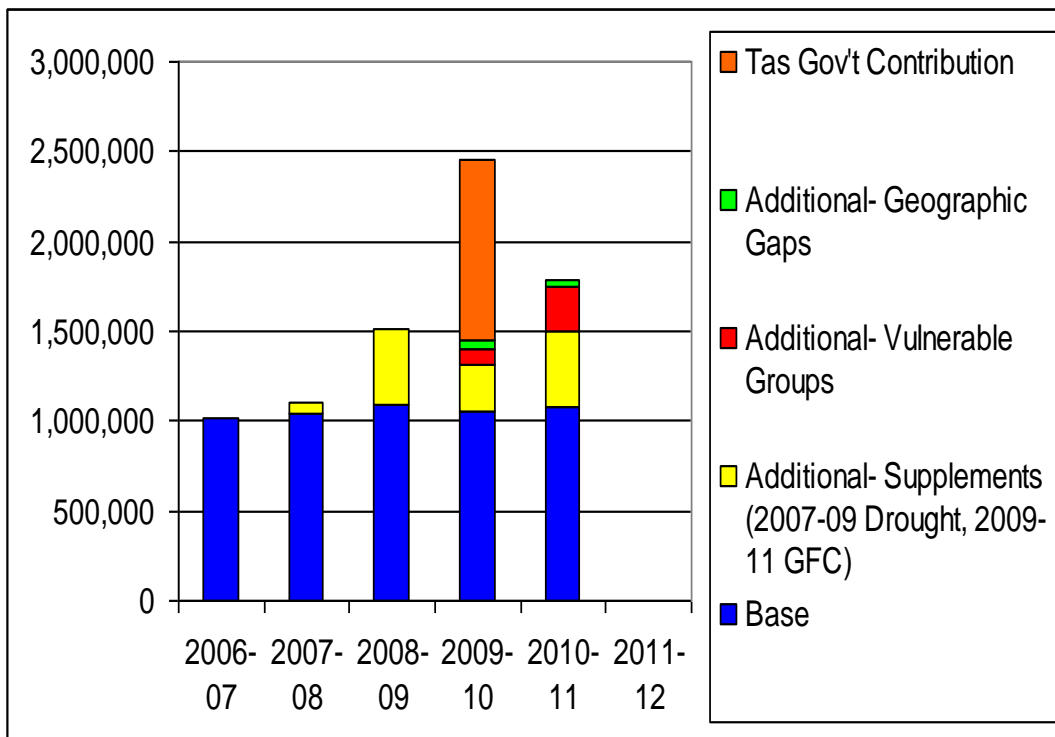



Figure 2 shows how FaHCSIA-administered ER funding has increased and decreased over the past few years based on the availability of additional funds provided by the State Government and allocations for drought relief and the Global Financial Crisis (GFC).

**Figure 2: Breakdown of FaHCSIA’s ER Funding in Tasmania 2006-present<sup>14</sup>**





FaHCSIA's Guidelines<sup>5</sup> for its funded providers outlines the purpose of the Financial Management Program under which the provision of ER sits, the responsibilities and accountabilities of service providers, guiding principles and values, governance arrangements and service delivery/performance expectations. The aim of FaHCSIA's Program is to: *"Build financial resilience and wellbeing for vulnerable people and those most at risk of financial and social exclusion and disadvantage"* (FaHCSIA 2009, pg. 2).<sup>5</sup>



**Adequate funding of EFR services, should help ensure that people experiencing extreme food insecurity have a better chance of accessing food as it is free (or low cost), in close proximity and without transport barriers, and accessible at a time when they need it. In Tasmania this is not always the case.**

The Guidelines stipulate that: *"All Program services are voluntary, free, confidential, and available to people who are experiencing personal financial difficulties due to circumstances such as unemployment, sickness, credit over-commitment and family breakdown or who want to build their financial skills"* (FaHCSIA 2009, pg. 6).<sup>5</sup>

FaHCSIA allows for flexible service delivery, enabling organisations to implement their own needs assessment processes and determine the level and type of assistance that the provider considers to be most appropriate. The Program allows organisations to utilise up to \$6000 or 15% of their total funds (whichever is lesser) on administrative costs. Providers may also negotiate with FaHCSIA to allocate funds for case management or *"holistic services"* and to use funding for the implementation of strategies that will build resilience and social inclusion. FaHCSIA encourages the ER providers to work collaboratively, provide education, support and advocacy, where possible. FaHCSIA requires ER providers to ensure equity in the delivery of services.<sup>5</sup>

As shown in Figure 2, the Tasmanian Government provided additional funding for ER last financial year (2009-2010). This resulted in some organisations receiving a doubling of income for ER in that year. While this was generally welcomed, there were concerns raised about the inconsistency of ER support offered to clients:

*"(The) maximum (amount of food vouchers) used to be \$110 for a family, \$80 for a single, now it's \$80 for a family, \$60 for a single, and unless I get more funding it will drop to \$40 (which is what it used to be)."*

*"We have families that come eight weeks on the dot...We've started to get back to that (turning people away if they return more often than every eight weeks). We've just had a 9% increase in the last few months. This year we had a 55% budget cut so we've had to strictly enforce it again."*

*"We could increase our limits (of food voucher values) at the moment but all we're going to do is create expectations for something we can't meet in the future. So we decided to take more appointments and that meant volunteers who would have seen 5 appointments had to see 7 or 8 per day (note that many services are only open for a few hours a day). We had to do quite a lot of afternoons."*

Although not specifically explored, one other concern raised about FaHCSIA's current funding arrangements relates to the base funding:

*“Over the last five years the base funding has remained the same...the cost of living has gone up, everything and the base funding, nothing.”*

### 5.3.2 Other sources of funding and resources

FaHCSIA acknowledges that it is by no means the only source of resources for EFR in Tasmania<sup>9</sup>. Other sources of funding and resources for EFR in Tasmania were reported by participants in this study to include:

- Organisation's core funding
- Donations of food and money from the general public
- Revenue from other components of a service such as opportunity shops
- Fundraising initiatives
- Other grant programs and project activity (e.g. produce grown in community gardens is given away as EFR)
- Partnerships/agreements which result in discounts
- Food donations from the business sector
- Volunteer workforce
- Partnerships with providers of food including *SecondBite*, *Foodbank*, *Produce to the People Tasmania* and the business sector
- Produce donations from growers
- 'Can drives' undertaken by schools, churches and community groups

It was beyond the scope of this study to quantify these other sources of funding and support, however it is perceived to be significant. There is evidence of tremendous generosity from the community and creativity on the part of providers to source resources for EFR in Tasmania:

*“There's the grants from FaHCSIA, there's also donations that come from the local Council, we have an annual donation that comes from the local Councils. Last year we had a one-off from the State Government. Each of the member churches has a sub of \$50 a year. There are people who come in with donations of money, particularly at Christmas time, and goods in kind. There's a lady who lives in a place for which she doesn't have to pay rent and she will occasionally bring in money that would have been her rent and gives to us. Somebody else puts some credit to the account we run over at the supermarket. There's a farmer who brings us in bags of potatoes.”*

There are a number of organisations in Tasmania that provide EFR that are not funded by FaHCSIA. Here is an example of where such organisations access resources:

*“We give out food on a daily basis to members of our community: Bread from Banjos, vegetables from our community garden and a large variety of food from SecondBite. We receive NO funding for this service; neither are we funded to case manage community members, however we do refer them to Gateway and other services on a weekly basis. We have provided this service on well over 400 occasions this year.”*

**The other sources of resources for the EFR sector in Tasmania may be an important contributor to enhancing the availability, quality and variety of food available for people experiencing food insecurity. Without these additional resources it is likely that people experiencing extreme food insecurity in Tasmania would be significantly worse of than they are now.**

### 5.3.3 A volunteer workforce

One type of resourcing that is worth expanding on is the large voluntary workforce in the EFR sector. Some agencies operate entirely on a voluntary basis. Many providers have a pool of volunteers who undertake a range of tasks from administration and reception, through to assessment for eligibility for EFR, providing support by listening and empathising, collection of food products, applying for grants, working collaboratively with other services, referring clients to other agencies or programs, doing outreach work, collation of data and allocating EFR. While highly valued, relying on a voluntary workforce presents challenges related to the attraction and retention of volunteers, their skills and their familiarity with the local community:

*“It’s a real challenge, staffing with volunteers.”*

*“There are no local people (who volunteer). It wouldn’t be appropriate cause everyone knows everyone.”*

*“A weakness of (this service) is that...a lot of members are older people who’ve been doing it for donkey’s years and if you hit someone with a mental health issue or an alcohol issue it’s generally long and complex. They tend to just concentrate on the short term issue and ignore the rest. Occasionally you do get a phone call from someone (a volunteer). I just had one recently where there was child abuse and they wanted to know how to deal with it. In that case it was getting a bit complex. There’s a Community Social Worker I know quite well and I suggested they phone him to discuss it with him because he would know the pathways. I could ring child welfare but then you are really diving in the deep end of it all...I think a weakness of (this service) is that we don’t do enough of this sort of follow up work.”*

*“There are mental health needs, there are general poverty needs, isolation needs, some just need company. There are a lot of needs. There is a definite need for some case management. There is also a need for our volunteers to recognise that there is a need for case management.”*

*“We don’t do as much referral as I’d like to see us do. It’s probably, sometimes I think it’s reluctance by the volunteers in case they get it wrong and I think we need more knowledge of what exists. In house is easy. In house referrals are fine. We have a financial counsellor...relationships, families, mental health program...(it’s external that’s challenging).”*

**The involvement of volunteers in EFR service delivery is an important part of the emergency food supply system in Tasmania, as without volunteers it is unlikely that EFR would be as available as it currently is. Volunteers can also contribute to strengthening social support factors related to food security.**

#### **5.3.4 Sources of food**

The other component of resourcing that’s worth expanding on is some of the major sources of food for EFR including:

- Food donated by the business sector. There are many examples of local level partnerships between individual EFR providers and local businesses. These may include partnerships with local bakeries, restaurants or supermarkets. Many EFR providers receive excess bakery products which are either collected or delivered. Some have arrangements with local supermarkets where the supermarket personnel will contact the EFR provider when stock deemed unsuitable for supermarket shelves will be made available to the provider. This may be because the food is approaching its used-by-date. EFR providers will generally not accept food that is beyond its used-by-date. Some providers also have partnerships with local growers and producers, although these are not as common as partnerships with the processing or sales sectors.
- Most EFR providers are given food donations from time-to-time (including ‘can drives’ undertaken by schools, churches or community groups, or food donations from members of the public). While these are generally welcomed, there are some issues that arise, for example, food items being out of date, food items not being appropriate for the client group, e.g. a jar of simmer sauce without the provision of meat, vegetables or base ingredients, or the provision of food that requires some form of preparation or cooking may not be appropriate for a homeless person, food that is not nutritious (e.g. donations of large quantities of donuts), the donation of perishable food items such as meat or dairy products that the provider cannot store safely because they don’t have access to refrigeration, and the donation of

vegetables or fruit such as large quantities of fruits during peak harvest times that many people don't know how to prepare or use.

- Food delivered free of charge by *SecondBite*.
- Food available for EFR providers at a low cost from *Foodbank*.
- Food provided by local community development programs such as *Produce to the People Tasmania*.

Various sources of food make a substantial contribution to the emergency food supply in Tasmania, potentially enhancing availability, variety and quality, and providing free or low cost food. Free delivery of food into communities can help to address access barriers such as transport.

All EFR providers in this study sourced food from more than one place. The text boxes at the end of this section provide a snapshot of *SecondBite*, *Foodbank* and *Produce to the People Tasmania*.

There were a number of concerns raised by EFR providers about the current situation relating to some of these sources of emergency food including:

- Concern about existing partnerships folding as a result of one agency having the monopoly of partnerships with the major supermarkets:

*“...We had the Woolworths contract. We had it signed at our end and were waiting for it to be signed off from Woolworths and then that was cancelled...It was going to mean that we would collect from each of the Woolworths stores, anything that was going up to being out of date within a couple of days sometimes within a week. It could have been dented tins, a whole range of stuff that they had. Well it looks like we've lost that now.”*

- Concern about access to emergency food across the State:

*“...We would be disadvantaged if we had to go to Hobart to pick it up. That's another cost to us and we wouldn't get funding to do that. Even in our money that we do get from FaHCSIA, we don't take any money out of that for wages. Everything that we get from FaHCSIA goes to providing the services, buying food or whatever...If we had to pay someone to go to Hobart. It's all added cost and that would mean that we would possibly have less to help people with.”*

*“Our concern is that once it goes to Hobart it won't come back.”*

*“We are so poorly resourced. So I'm the only person that's available to go out and obtain the food wherever it comes from unless it's delivered here.”*

*“Members of the community have become reliant on this service and as we are not funded to provide it, the amount and quality of food we have to offer can vary. Since Foodbank has opened the food being donated to SecondBite has reduced dramatically, and as such, so has the amount of food we can give out to our community members.”*

- Concern about the cost of emergency food:

*“...the biggest problem MILE Inc has encountered at this time is Foodbank’s insistence that recipient groups pay for the food they receive to help the unfortunate....If we calculate that cost to the 3015kg delivered in 2009/2010 we are looking closer to \$2000.00.”<sup>15</sup>*

- Concern about the quality of emergency food:

*“With the fresh stuff, which is what we’re aiming to provide, it’s not always that fresh.”*

- Concern about lack of consistency of access to emergency food, as well as the quantity of the food:

*“There’s no consistent delivery time. They deliver on a Wednesday which is when our service isn’t open. So Wednesday morning I need to leave my morning free of doing any other business development stuff to be there for them.”*

*“...(the food supply) can be very nebulous, you’re not really sure what’s out there until you get there on the day.”*

*“...at one point we were getting 30 bags of carrots every week...and then we finished with carrots and then we started with corn...and now we’re onto caulies. The quantities that come through are inconsistent.”*

- Concern that food obtained from suppliers can not be used for fundraising activities. Some EFR providers expressed concern that food obtained through emergency food supplies could not be used to, for example, prepare meals in a community kitchen to be sold to clients. The understanding is that the food can only be given away for free.



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<sup>15</sup> (With permission) Swan L J, 2010, *Bush Buddies Project 2009/2010 Report*, Midlands Initiative for Local Enterprise Inc (MILE Inc), pg. 2.

## **SecondBite Tasmania - food for people in need**

*“The story so far...In late 2008, SecondBite commenced operations in Tasmania in response to requests from welfare agencies for its services, as there was no other comparable organisation supporting food relief agencies in the region.”*



*“With the assistance of volunteers, SecondBite, visits supermarkets to collect fresh produce approaching its sell-by date. This food is then delivered to organisations that help meet the nutritional needs of people who are homeless or living in disadvantaged circumstances in the area.”*

*“Every week SecondBite provides 39 recipient agencies with a regular supply of fresh fruit, vegetables, dairy, meat and other foods. The volume of food delivered is currently between 4 and 5 tonnes per month, which equates to more than 80,000 to 10,000 hearty, nutritious meals” (SecondBite Tasmania 2010, pg. 1).*

SecondBite delivers food free of charge to a range of organisations for on-site, sit-down meal programs, food parcel and food-pantry programs, breakfast in school programs, and social activity or drop-in centres with food. SecondBite relies heavily on volunteers to conduct its activities. SecondBite has been active predominantly in the south of Tasmania, however staff hope to expand to other parts of the State in the near future.

SecondBite is also involved in a number of innovative projects including SecondBite Community Connect. Community Connect involves SecondBite facilitating a partnership between a food donor and an agency, particularly in areas where SecondBite vans cannot service (SecondBite 2010, *Community Connect*).

*“For the past year, Bethlehem House has been receiving ongoing support from Moorilla in the form of a weekend meal option for residents, orchestrated through SecondBite. Initially, a staff member from Bethlehem House would visit the Chef at Moorilla each Friday morning and pick up the meal. This personal contact further strengthened the relationship between the two services. As SecondBite has grown, a volunteer from Rotary now picks up the meal and delivers it to Bethlehem House. The donations we receive from Moorilla are extremely well received and enjoyed by our residents. It is one less meal that we need to prepare each week, which naturally has a positive impact on our ongoing food budget” (SecondBite Annual Report 2009, pg. 7).*

Source: Personal communication with SecondBite staff on 1 November 2010 and <http://www.secondbite.org/>

## Foodbank – An Australia Without Hunger

Foodbank is a non-denominational, charitable organisation which sources donated and surplus food from the food and grocery industry to distribute to welfare and community agencies that provide food assistance to people in need.

Foodbank Tasmania is a member of a national group of affiliated Foodbanks which includes operations in New South Wales, the Northern Territory, Queensland, South Australia, Victoria and Western Australia.

Foodbank's Vision is *An Australia Without Hunger*.

How does Foodbank work?

- Manufacturers and producers deliver their donations to Foodbank warehouses in New South Wales, Northern Territory, Queensland, South Australia, Tasmania, Victoria and Western Australia.
- Foodbank sorts, stores and distributes the food to accredited welfare agencies throughout Australia.
- The food is used by welfare agencies to prepare meals or provide food parcels for those in need.

To become a member of Foodbank Tasmania, an organisation must register and pay an annual fee (currently \$33). Organisations are required to make a booking to visit the warehouse and facilities located at Cambridge near Hobart. The warehouse trading hours are currently Tuesdays and Thursdays 9:30am-2:00pm.

Food is sold by weight (approximately 75c a kilogram). Food taken from the warehouse must only be used in accordance with the agency agreement, to assist people in need. Food cannot be used for fundraising activities, nor can it be on-sold, bartered or exchanged.

Foodbank is only relatively new to Tasmania however it does hope to have state-wide reach.



Source: Personal communication with Foodbank staff on 25 October 2010 and <http://www.foodbank.com.au/default.asp>



## Produce to the People Tasmania

*“Produce to the People Tasmania (PTTPT) is an all round, feel good community project.”*

*“It all began when I had way too many tomatoes from my backyard veggie patch.....way too many! I couldn't give them away because, as it happens, everyone else seemed to have too many tomatoes as well. I wondered what happened to all these toms, and did it happen with other fruit and veggies as well? Was there a f & v surplus going to waste in the streets of NW Tasmania?”*

*“I decided to do a little on-line research just to see what other people might be doing. Much to my delight I discovered Produce to the People in San Francisco and got in touch with their founder Lauren Anderson who was most happy, thrilled even to pass on her knowledge to me. Happy days!”*

*“We started a pilot project back in February 2010 (with help from a community capacity building grant from the State Government) to gather excess produce from backyard gardens in Penguin, Burnie and Wynyard with the idea of redistributing this produce to people in our community who may not have access to seasonal fruit and vegetables via The Salvation Army Family Support service in Burnie. Six months down the track we are expanding to include Circular Head, Ulverstone, Devonport and Latrobe.”*

*“We have been overwhelmed by the support of the community and have grown the project to include participation in and creation of community gardens who kindly put aside a bed or two for PTTPT produce to be grown, whilst encouraging community members to start their own patch. Our Green Jobs Corp project handles the building and ongoing maintenance of these vital community resources whilst training 17-24 year olds in sustainable gardening methods. Our great hope is that these young men will gain paid employment at the end of their six months with us.”*

*“Next year we have great plans to start school snack gardens in local schools after a request from a local school.”*

*“We are a project auspiced by the North West Environment Centre who also manage the Penguin Sustainable Living Centre.*

*“This is but the start! We have grand plans to grow this project and have some very exciting things in the pipeline, so please watch this space...”*

Produce to the People Tasmania has a partnership with the Commonwealth Bank, which acts as a collection point for produce donations.


(Source: <http://producetothepoletasmania.wordpress.com/about> and personal communication with PTTPT staff on 19 October 2010)



### 5.3.5 Food vouchers, food pantries and meals

EFR providers reported that FaHCSIA funding and other financial donations are generally used to buy food vouchers and food items for pantries. Food donations and food sourced from organisations such as *SecondBite* are used for meals or food pantries. Sixteen EFR providers in this study reported offering vouchers, twenty-four reported offering food items and seven offer meals.

While vouchers can be “*quicker and easier*” to deal with, particularly if large numbers of clients are waiting for assistance, vouchers can generate issues including:



Whether food parcels, meals or vouchers are offered interacts with a number of food security determinants including knowledge, skills & preferences, storage facilities, time and mobility, social support, quality, variety and availability.

- Clients selling food vouchers for cash:

*“Some of the ones we see will go up the....square and flog a voucher for a pack of cigarettes. I don’t think that happens as much as it used to cause they’re a bit scared now cause there might only be a dollar left on the voucher.”*

- Clients using food vouchers to purchase cigarettes, ‘junk food’ or pet food. Not all providers are concerned about the use of vouchers to purchase cigarettes:

*“We have a bit of both (vouchers that are for groceries only and others without restrictions) because we recognise the tobacco is important for some people.”*

- Clients not being able to utilise food vouchers:

*“Last year we got a whole lot of \$20 vouchers but that was still a trick for people because if they’re leaving here quite often we don’t have transport to drive them. We can give them a bus ticket but then....it’s not really possible for many people...For example if a client comes in at 10 o’clock in the morning and quite often they’ve been homeless all through the weekend. Quite often we’ll heat up some soup and put them in one of the rooms and let them have something to eat so they feel a bit better about themselves.”*

Some EFR providers work really hard to respond to people's individual food needs, particularly the smaller, rural providers. For example:

*"We don't keep flour. But there was one lady who was talking to me about the way she involves her kids in cooking and how that was important and so I got some flour for her."*

*"King Island Cheese...heaps of that we get. Some of this is not what they want but they take it anyway....we'll ask them and say, 'this is what we've got', they'll say, 'we'll have some of that and some of that'. Goats milk...I've got some clients who's kids can only drink goat's milk so I'll ring them up and say, 'come and get it.'"*

While most providers reported having an adequate supply of food to meet demand, a few commented that they have, from time to time, run out of food:

*"We just cannot have enough bread....On Thursday we get a big lot from Bakers Delight; half way through the day you are trying to hold it back so you've got enough for Friday."*

A number of organisations reported making efforts to improve the nutritional value of food parcels (grouping certain foods together) and meals. No providers reported having a nutrition policy for their service. There is also a perception that it can cost more to eat nutritiously:

*"It costs so much more to eat nutritiously....A pack of frozen chips and a packet of dim sims would last me a week and that's the constant battle that we've got."*

One EFR provider reported providing clients with recipes in their food parcels. Many organisations commented on compliance with food safety legislation, and training of volunteers and staff in safe food practices.

### **5.3.6 Cooking and gardening**

While not traditionally a component of EFR provision there are organisations that encourage clients to participate in preparing food and/or growing produce. Knowledge and skill enhancing programs such as these can contribute to enhancing food security, as long as they are not done in isolation. Some services expressed a desire to offer such programs as part of EFR services; whereas others felt that education and skill development programs have proven to be fruitless (possibly because they do not address the underlying social and economic determinants of food insecurity):

*“The need is there. The basic equipment to prepare food. There was one fellow and he wanted food vouchers but he wasn’t eligible so I was getting him some food out the freezer and he wanted food vouchers for a BBQ chicken and I said, ‘But this will get you further’, and he said, ‘I don’t have a saucepan.’ Certainly there is a lack of knowledge about how to prepare good cheap meals.”*


*“That’s the next thing on our list. To be able to provide some cooking classes. We see that as being really beneficial. My idea is that we cook something. We charge them a small amount and then give them the ingredients to go home and cook it. So they’re actually putting it into practice that day. So that’s something we’re trying to develop now.”*

*“Education in money handling/budgeting skills; basic cooking; community perception etc etc etc. At the House we have tried to offer these programs, however it is the ones that really need the assistance that don’t turn up.”*



### 5.3.7 Operating hours and geographical reach

Most EFR services are open for limited periods of time however a tremendous amount of flexibility exists. Service may only be open for a set number of hours per day, a limited number of days per week or open five days a week during business hours. As stated earlier, one service was available 24 hours a day. Operating hours are generally directly related to the resources that organisations have available, including financial resources for paid staff, financial resources for food and food vouchers, and available volunteers.



Hours of operation and the geographical location of EFR services relates to both the food supply and access determinants of food security in terms of location of services, transport, time and mobility.

Frequently, services see people outside of their hours of operation in response to demand:

*“Preferably they ring and make an appointment but frequently we get people who just walk in either because they haven’t got money to make a phone call or they haven’t got a phone...if we’re busy we give them an appointment either for later that day or to come back another day or if we’re not busy we just say take a seat. It’s not hard and fast.”*

*“Centrelink can be a real pain cause what they do is go into Centrelink and get sent to a phone to make a phone call to the call centre and we might get a phone call from Townsville, Tawoomba, Western Australia, saying I’ve got a client on the line. And you sort of think OK. And more often than not this will be after...; cause we take phone calls between 9:15 and 10:00am officially. Unofficially...sometimes I’ll get a person on the phone from Centrelink and, ‘I’ve got this person on the line and they need help now’. ‘I’m sorry but I finish at 12.00pm’...it gets so frustrating. It’s frustrating for the clients too.”*

Some EFR providers restrict their services to particular geographical areas, directing people to other services as appropriate. Again there is a significant amount of flexibility in relation to this.

Providers recognise that in some situations, people may have to travel considerable distances to access an EFR service that is open when they need it because; *“Families can’t choose when they’re going to have a crisis.”*

*“We had somebody today who had a WA address and he’d been at Dodges Ferry but he said he was staying with someone in the area but he had no proof of that...We assisted him because he cried. He was really at the end of his tether. So you have to have a bit of give and take.”*

*“On Christmas Day for example last year in the afternoon at 2 o’clock we’d all finished, all about ready to walk out the door and somebody had walked from Lilydale for Christmas lunch so we were able to feed them. So it’s not just our immediate area.”*

### 5.3.8 Assessing need and meeting demand

Data for 2009-2010 provided by FaHCSIA illustrates that:

- ER assistance was provided a total of 49,019 times during 2009-2010
- 25,492 clients were assisted with ER
- 8,566 new (first time) clients sought assistance from ER services
- 61% of clients accessing ER reported their main source of income is Centrelink.<sup>14</sup>

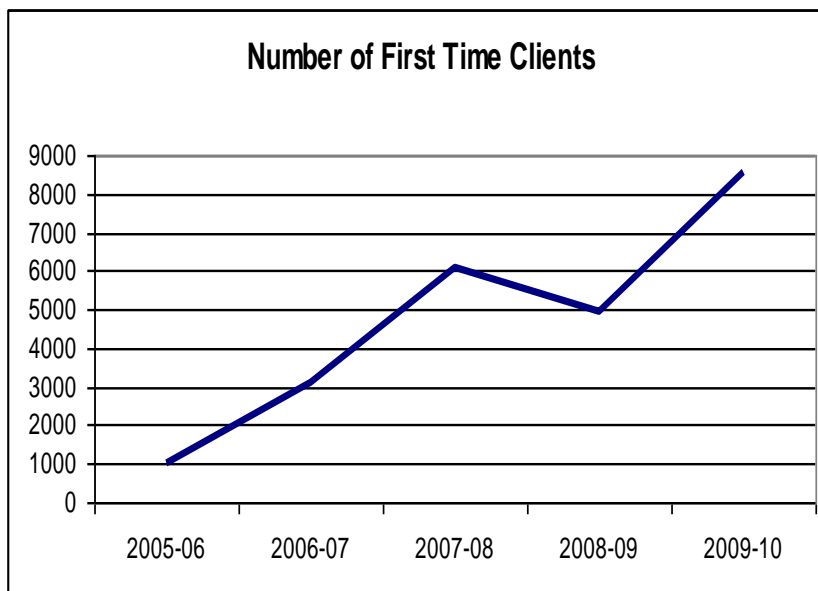
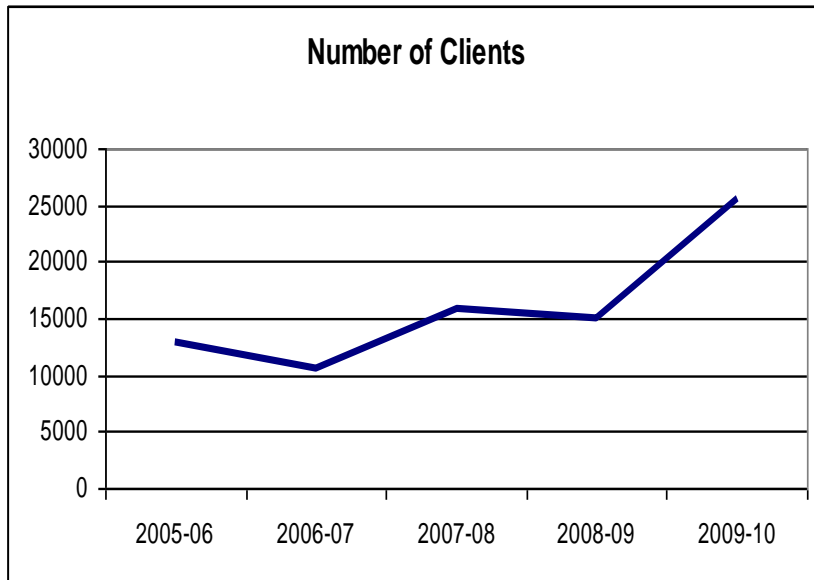
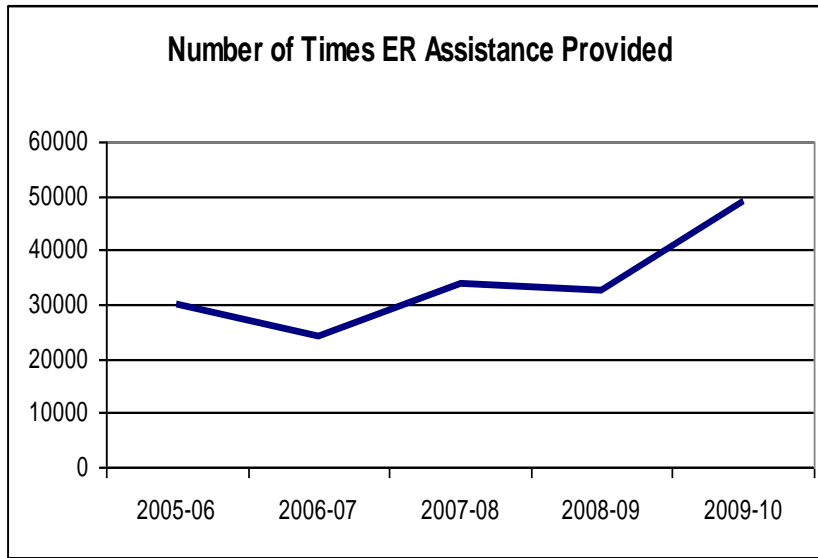
Figures 4, 5 and 6 illustrate the relative trends for the number of times ER assistance was provided, the number of clients assisted and the number of first time clients from 2005-2010.<sup>14</sup>

While this data relates to ER in general (FaHCSIA does not collect data relating to assistance with food relief specifically), EFR providers report that food is the most common form of ER assistance provided. For example, one small rural agency in Tasmania assisted 272 clients in 2009-2010 and provided food parcels for 188 of these clients (49%). Other material and financial assistance was provided for Aurora, petrol, firewood, bus tickets, pharmacy and accommodation. A much larger agency in Tasmania saw 6,364 clients in 2009-2010 and reported providing material assistance to 3,668 clients (28%) and financial assistance to 5,321 clients (40%). Other research supports this finding, for example, a recent report on clients accessing Tasmanian ER services identified that food was the main reason for needing assistance by 36.2% of participants (Flanagan 2009).<sup>16</sup>



<sup>16</sup> Flanagan K, 2009, *Hard times: Tasmanians in financial crisis*, Social Action and Research Centre, Anglicare Tasmania.

Figures 4, 5 & 6: FaHCSIA Data<sup>14</sup>



Other studies have provided data relating to the level of disadvantage experienced in Tasmania and that this may manifest as food insecurity. The Social Inclusion Strategy reported that, “*The proportion of Tasmanian households dependent on government pensions and allowances has risen from 31.5 per cent in 2005-2006 to 34.1 per cent in 2007-08; and remains the highest proportion of all states and territories*” (Adams 2009, pg. 9).<sup>1</sup> TasCOSS found that one of the things people most often go without, because of inadequate income, was food.<sup>17</sup> A recent Anglicare study of ER and financial counselling clients identified that:

- 93.1% of study participants said that food costs were a problem for their household
- 76.8% always or mostly worried about whether the amount of food they could afford to buy for their household was enough
- 75.1% had missed a meal in the previous year due to a shortage of money (Flanagan 2009)<sup>16</sup>

However, evidence of the level of food insecurity in Tasmania is not conclusive and it can not be stated convincingly that the high level of people living on low incomes in Tasmania equates to a high level of demand for EFR. Babbington and Donato-Hunt (2007) state that “*although food insecurity is strongly related to an ability to afford food, low income is not always a factor in food insecurity.*”<sup>13</sup> It’s the interaction of the determinants (shown in the figure on page 13) that results in food insecurity.

Further, authors Lipsky and Rathgeb Smith (1989) suggest that: “*The ambiguity and subjectivity of need (for emergency relief)...reduces the value of demand as a measure of need*” (Lipsky and Rathgeb 1989, pg. 12)<sup>18</sup>. The authors suggest that “*we expect more people to apply for food stamps if the stamps increase in value or apply to more items, or if eligibility redeterminations of the program become less onerous, bureaucrats more helpful or instructions easier to understand*” (Lipsky and Rathgeb 1989, pg. 14)<sup>18</sup>. This was supported by providers in this study:

*“The stats would actually show that it is (need is growing) but I suspect that because of the extra funding, we have been able to see extra people.”*

Despite the ambiguity around *need*, there are studies that have shown that the major coping strategy for food insecurity with hunger is to access ER services.<sup>13</sup> The extent that this is the case in Tasmania is unknown, however, EFR providers perceive that not all those in need access EFR. Merely accessing ER services can be a demeaning experiencing reducing sense of self worth and self esteem.<sup>10</sup> As stated earlier, this was resounded by participants in this study:

*“It takes a lot for some people just to front up for their first appointment here. They don’t know what they’re gonna find. They don’t know how embarrassed they’re gonna be. They don’t know if they’re*

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<sup>17</sup> Tasmanian Council of Social Service (TasCOSS), 2009, *Just scraping by? Conversations with Tasmanians living on low incomes*, TasCOSS.

<sup>18</sup> Lipsky M and Rathgeb Smith S, 1989, ‘When Social Problems Are Treated as Emergencies’, *Social Service Review*, Vol. 63, No. 1, pp. 5-25.



*gonna get put through hoops. They don't know. I would suspect that there are a lot of people who don't come who just get a bit of help from Mum or a next door neighbour or somebody. They can ask for a bit of help and sort of struggle through. What percentage of that is out in the community I wouldn't have any idea but I would suspect there is some out there because we never seem to stop getting new clients. Some people do indicate that they have been in need for quite a period of time but they just haven't been able to access us."*

It is beyond the scope of this project, to contribute to identifying the level of need for EFR however it is worth highlighting that the process of determining need at the coal face translates as a major challenge that EFR providers have to face on daily basis. FaHCSIA does not stipulate how EFR providers are to assess needs. For most providers assessing need is a flexible, empathetic, subjective and socially determined process and there are no 'strict rules'. Tasmanian EFR providers talked at length about the challenges of identifying *need* versus *demand* and responding accordingly. Here are some examples:

- Deciding what 'evidence of hardship' is required. The process of assessing needs and determining the level of assistance provided varies from organisation to organisation. Some EFR providers are more scrupulous about clients demonstrating 'evidence of hardship' than others. The value of food vouchers allocated to people also varies greatly from one organisation to the next (e.g. in Hobart or Launceston a family may receive \$100 but on the East Coast a family may only receive \$15). This raises concerns about the equity of EFR in Tasmania.

*"(allocating vouchers)...it depends on your needs, on when you got your last lot of pay or when the next lot was coming in, how many are in your family, what other issues you had going on in your life at this time. The maximum amount we would give to anybody is \$150 right down to \$10. It just depends what the need was."*

*"...We're probably not as rigorous as some. We don't require people to bring proof of bills. We tend to think that it's hard enough for people to walk in the door and ask for help without really putting them through the third degree when they get here....if people are prepared to make an appointment and turn up for an appointment then there is a need."*

*"Consistency...where as I might give a family \$100 she would say, 'well they've only got four days to go and give \$60."*

- Sometimes providers question whether the need is genuine:

*“We will see people under six weeks. We’ve got a number of clients that we see far more frequently than that. We’ll see them if it’s necessary. It’s really hard to tell when someone is playing you. I’ve got a client at the moment that I felt really sorry for at first but I’m starting to wonder if I’m being used.”*

*“Some of the clients are masters at knowing which buttons to push. They also know what assistance you can give. In the last few years, we’ve got money from Aurora and Telstra for assistance. Prior to that if they came: ‘I’ve just paid my power bill, I need assistance’, now they come with the bill....There are some who do try and exploit you and you get some who really need you. We had one the other day, there was domestic violence, she was trying to re-establish herself. So you get some who really need it. The ones who’ve lost their jobs, they’re the real needy ones. You probably only see them once or twice to help them get on their feet. I had a lady from Lauderdale. There was domestic violence, she was stressed, she lost her job. I think I assisted her probably three times within two months which is probably too regular but after that we haven’t seen her. It was just that initial hand up sort of thing.”*

*“Several clients “do the rounds” of all services, hence the fact we have only made it available on one day. Amusing/interesting though that people can ring up and make an appointment for in 2 weeks time – in my opinion that is not emergency relief.”*

*“I can never work out how somebody’s got four kids and they’re dying to tell you they’re having another one....I blame the Government....was it Costello who brought the money in....they buy a car and then they come in here and want us to help them.”\**

- The challenge of the three month rule\*\*. All organisations have some sort of guidelines on how often clients can access EFR. Again there is a lot of flexibility around this rule however assisting clients more frequently eats into available resources.

*“The reason we say three months...is that we try and make our clients independent of us. We don’t want them to think that we are an addition to their income. A lot of them already have that mind set that the (mission) are going to help me out. That’s why it’s emergency only. It could be that they’ve had a big medical upheaval in their life and where we won’t pay in relation to that, we will give some food to be able to alleviate some of their money to pay some of those sort of things. It just depends on the individual.”*

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\* A recent study has found that the greatest increase in births since the introduction of the baby bonus may have actually been among low risk mothers. The study found that the greatest increase in births were among women residing in the highest socioeconomic areas who had the lowest general fertility rate in 2004 (21.5 births per 1000 women) but the highest in 2006 (38.1 births per 1000 women): Langridge et al, 2010, ‘The impact of monetary incentives on general fertility rates in WA’, *Journal of Epidemiology and Community Health*, published online 19 October 2010.

\*\* EFR providers usually have guidelines on how often clients can access EFR. The time limits may be 6 weeks, 8 weeks, 3 months or 4 months.

*“We try to stick to four a year cause we couldn’t cope budget wise if we didn’t but realistically we’re fairly flexible about that and we’re also in a very fortunate situation that we get a lot of donated food and so if we have to say no to food vouchers we can always offer food.”*

*“I don’t (require evidence of their situation). They can (come in more often than 3 monthly) plead there case and its up to me I guess whether we help them. I had a guy on Friday who’s got a gambling problem and we gave him coffee, sugar and milk and he’s back in today wanting more and I refused him today.”*

- Many services see repeat clients, clients from multiple generations of the same family and feel that EFR is a supplement to people’s income:

*“I personally support the idea of having the emergency relief but sometimes I think there’s a line that needs to be drawn where you overstep that mark and you start creating a dependency where people start using it as a supplement, an income supplement rather than for what its original purpose was meant for....I would say that a lot of our emergency relief is really income support. It’s a trend that’s evolved. We have very few clients that we see in just emergency situations.”*

*“A lot of the young people that we are starting to see come through is also generational...Mum and Dad are our clients so it’s automatic that you go to (this service) to get a handout...so they think. So we’re seeing a lot of stuff that’s learnt behaviour. Not sure what we do about that at this point in time. We’re looking at it. We’re looking at how we can expand our service. We’re looking at how we can turn the tide for some people. Some people just don’t want to engage in that.”*

*“You can come to us at 10 o’clock, go to (another service) at 11 and (another service) at 12....it doesn’t concern me cause if I was in the same boat I’d be doing the same too. If it’s a matter of putting food on the table and not being hungry, I’d be going to every outlet I could get to. I don’t begrudge them doing it.”*

*“We have 1500 clients...repeat clients (not one offs). We don’t take appointments. Our aim is to provide emergency relief to the needy people....the drama’s not next week it’s today.”*

*“A couple....They’ve been coming for about 11 years.”*

*“Its amazing how many people ring up and ask, ‘am I due for a food parcel?’, so it’s almost an expectation. Not that it’s an emergency but three months, ‘am I due?’”*

*“We have one family and we tried to bring them all together and try and call a case conference with them. Each family member in the house, one will says they’ve moved out so they’ll get a single pack and*

*then the other family member will come in and say, 'no we're all still living together'. They're tag teaming on when to come. Last week they actually went to Hobart and Glenorchy at the same time so it never entered the system, as walk ins, till after they'd been assisted. We did try to call them in last Monday but they didn't turn up....This is where we are at the crunch with our funding and we can't continue....There are a lot of intellectual disabilities there and there's a child involved so it...but if we could get them in....we'll help them. They don't need to do what they're doing."*

*"There's the two people, there's the ones that try hard and just cannot make ends meet and then there's the families that just wrought the system. They're using the system. We're not there to supplement people's income. But what's happening is a lot of them we are supplementing them and that's either due to a mental health or intellectual disability, gambling issues."*

*"Biggest challenges are those that are frequent users. What do you do with them? How do you help them out of this? And a lot of them don't want to be helped. That's a challenge. A real challenge."*

- Sometimes people present for EFR but decline the assistance offered:

*"They come in and say I don't have any food. So you say, 'ok here is some food'. They say, 'I like that or I don't like that'; (you say) 'well that's food, you won't starve then'. That's why we have noodles and baked beans. I had someone come in who was homeless and didn't have any cooking facilities. I went out the back and I picked out everything that I could that I would take camping...and I came back and he didn't want any of it."*

This raises another issue and that is, *choice* (that is also related to food security more broadly). EFR providers do not generally allow clients to access pantries to choose the food items they desire (there are some exceptions but this is the general guideline).

King et al (2009) found that: *"when food help was involved, the way that the food was given could add or subtract from this sense of exclusion. Almost all focus group participants were in favour of gift cards and food vouchers rather than food hampers since this gave the client more choice and therefore more dignity. There was also comment about the type of food provided and the lack of choice or control experienced by the recipient...eg. "I've never eaten 3 bean mix in my life..."* (King et al 2009, pg. 35).<sup>10</sup>



**The way EFR providers assess needs and allocate EFR interacts with food security in terms of food intake being sufficient and acceptable, knowledge, skills and preferences.**

Participants of this study reported similar experiences, stating that clients often preferred vouchers over pantry items, even though the monetary value of pantry items was usually higher, for example:

*“If you came to us today we would possibly give you a food voucher but if you came to us within a 3 month period you would receive a food parcel. A food parcel is actually better value than a food voucher but a lot of people don’t see that.”*

- **Appointments versus drop-ins:** Most EFR providers in this study reported that they operate via an appointment service. Others have a drop in approach. Others will allow people to drop in but then call in a trained volunteer to assess the clients needs. Again there is a tremendous amount of flexibility in relation to this.

*“To be able to work properly with a person it would be great to be able to sit down with them because just giving them food over the counter doesn’t really help their problem...We do it everyday (give food over the counter) cause we can’t do it any other way. It would be great to give people the time that they deserve but we can’t do that for everybody. And some people don’t like us doing it like that either...(clients might come from a different agency) and we say to them, ‘oh you have to have an appointment’ and they say, ‘oh it doesn’t happen like that’. ‘Well if you’re going to use our service it does happen’ so it’s a different mind set.”*

- **Some organisations identified the need for EFR but recognised barriers to clients accessing the current system:**

*“We’ve really added to that (the pantry). It’s never been part of our service agreement. We’re predominantly funded to deliver a homeless service...just through looking at our service provision and what we’re offering people, we offer them housing but way too often it would be that we can’t get them into an ER agency. For example they might come in at 2 or 3 o’clock. You do the assessment, help them find accommodation. It can be 3/3:30 or 4 o’clock by then. So then you say ‘ok now you’re going to have to go and find a food service.’ That’s mostly likely not an option. Many are closed by then or you can’t get them in. You’re looking at families with children and no transport, all of that. So we discovered that there was this real gap...We can’t replicate what the food services do (according to the funding agreement) but its still a massive gap and we had to fill that so we were lucky enough to get some additional funding. Access to food vans is not an option for a lot of people. They are very vulnerable. They’re in crisis. They’re already reeling with what’s happening with the whole world so ok let’s add that value and actually provide them with food. Because we found that people were just coming in starving: people who haven’t eaten for three days. They’re not stable... It’s been an incredible added value to our service...”*

- There may be legal issues involved, such as providing EFR to under 16 year olds:

*“We’ve found we’re seeing a lot of under 18s and we’re now seeing under 16s too and we’re trying to figure out our policy on that one...the legal side of that one...who signs the form if they’re under 16....Most of them have left home....some of them are staying at shelters.”*

- There are particular challenges for EFR services in rural communities where people often know each other:

*“They’re a small knit community and there’s a lot pride; they would know the people they are going to see for ER and that creates issues.”*

The ambiguity of assessing needs and responding to demand illustrated in the above examples places tremendous pressures on EFR providers:

*“All services are feeling it. I was having a chat with (another person) and the guy said, ‘do you think we’re getting to the point of a service system crisis?’ I think we are in a way because exit points and entry points into and out of services are harder to access. We’re seeing an increase not only in the number of people we’re seeing but the complexity – what they are presenting with. Which means there is that need for referral to mental health services, drug and alcohol, more and more of that sort of support is really required but then getting into those services is near impossible because they’re already completely chockers. They can’t take any more clients. So complexity would be the problem. Outcomes as well....About five years ago getting someone into private rental would have been easy compared to now, most of them are un-affordable...it’s crunching to a halt. It’s hard for the people experiencing it. It’s hard for the people working in the field. You don’t always feel like you can deal with the problem...you feel like you’re just band aiding the problem.”*

A number of providers reported that some services have changed their practices in recent times and this has generated a perception among a number of EFR providers that demand has increased.

### 5.3.9 Dealing with complex underlying issues

One of the concerns expressed in this study by many of the EFR providers was that their work doesn't deal with the underlying causes of food insecurity. This is supported by other studies. Lipsky and Rathgeb Smith (1989) suggested that the long term consequences of treating the underlying social issues as emergencies include deflecting attention from more deeply probing solutions.<sup>18</sup>

The authors argue that labelling services as *emergency* suggests that the problems are temporary and require short-term, immediate responses.<sup>18</sup> FAC's Discussion Paper on *Emergency*

*Relief Program* states: "While the Emergency Relief Program was originally designed to solve a short-term financial problem, there is a view that many clients are 'locked in' financial crisis through an inability to connect with the workforce and engage with broader community supports. One of the challenges for the emergency relief sector is to help people move from isolation to greater connection with and participation in all forms of community life" (FACS 2003, pg. 5).<sup>12</sup>

While participants in this study did identify that many of their clients were in crisis, equally they talked about clients that are long term users of EFR and that the crisis is ongoing (as highlighted earlier in this report), and all spoke about the underlying social issues that had brought them to their service in the first place such as:

- Poverty
- Lack of affordable housing
- Unemployment
- Lack of education
- Transport costs
- Mental health problems (including lack of self esteem and confidence, as well as depression, anxiety, schizophrenia or some other mental illness)
- Addictions including drug, alcohol and gambling
- Family violence
- Crime
- Debt



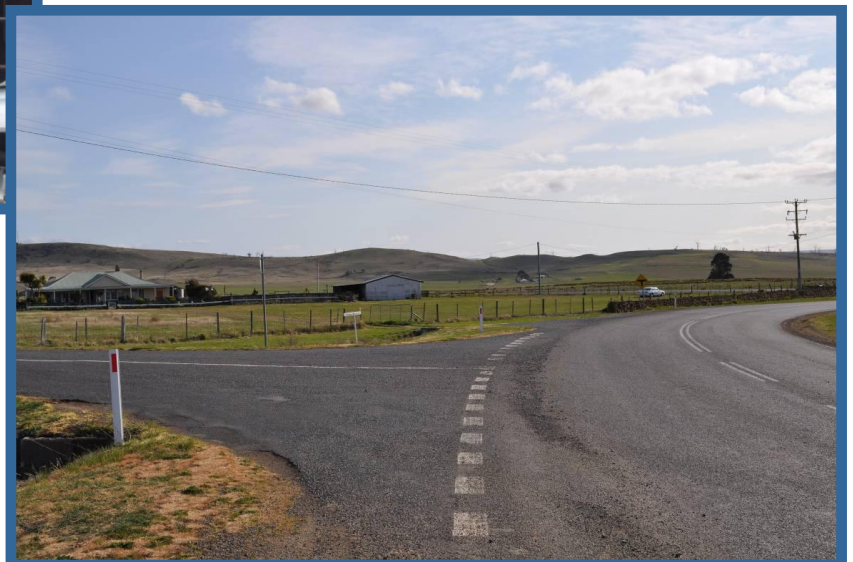
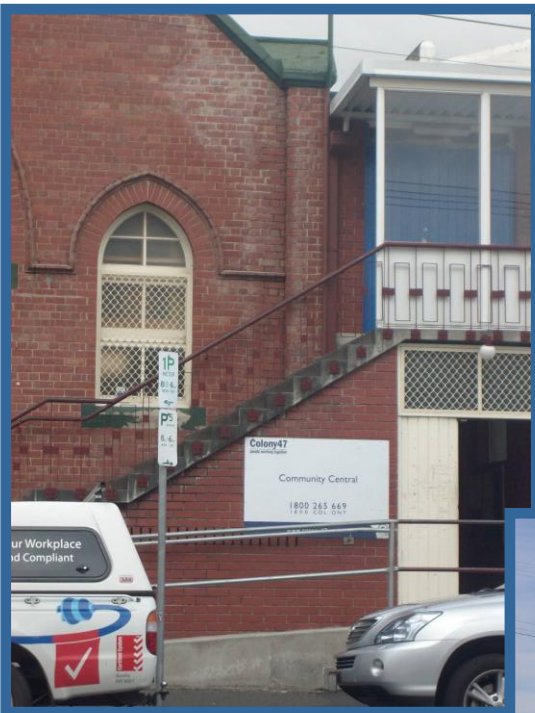
As noted earlier in section 5.3.8 for many the *crisis* is ongoing and not short term or emergency at all:

*"They will borrow \$100 just to buy food and have to pay \$200 back. The pay-day-loans which most of us would like to do something about. They get things in their letterboxes. They get phone calls. We*

**Enhancing food security among EFR clients will not be effective without recognising the complex underlying issues that many clients experience. Such issues can result in long term use of EFR services. At this point in time Aurora debt is a major factor contributing to people accessing EFR.**

*had one lad come in and he'd had a phone call about a mobile phone and he'd signed up for this and then realised it was just stupid. He comes in the next time and he's got some other loan. Loans are a huge thing out here. And then there's the gambling and the alcohol and the drugs. We don't often get people who come and say 'I'm short of money because of drugs'. Some of them we know do use but we can't do a lot about it. Sometimes they'll be up front about it. We have one couple and he's her carer but he has a gambling problem and she has a drug problem. Another issue is single parent families, issues of childcare. The issue of a fellow who might have his kids two or three days a week but not get any payment for it. We've got single Mums with six or seven kids."*

*"The rising cost of living is the big one then there's mental health issues. A lot of mental health. Drug and alcohol and gambling. Because of the drug and alcohol...the mental health has come with it or the mental health is there and that's why they've started the drugs and alcohol. There's always the link. It's very rare that its one or the other. The other big issue is the pay day lenders. They seem to be having a big impact. People are borrowing and then the next fortnight they're having to borrow again and they just get into that cycle."*





*“I think Aurora is the big issue for a lot of people. Here not long ago I had a lady come in and she said, ‘I’ve got this huge Aurora bill which was \$2,100...’”*

*“The need is becoming greater. The need is becoming more often and things like Aurora, like that has really sent a lot of people into chaos. We're seeing a lot of people coming in with big Aurora accounts, you know threatened disconnection etc. We do get some Aurora hardship money so we can help out so their power is not disconnected and set them up on a payment plan with Aurora but a lot of these people can't even keep up with those payment plans so the situation is getting worse for them.”*

*“I had a lady the other day, her power bill was \$1489. Now I tried to explain to her. She wanted to change to ‘pay as you go’. But I said to her, that’s not going to be any better...”*



Just how such underlying issues are managed varies from service to service and is generally a reflection of the resources, support services available, partnerships, skills of staff and volunteers, and overall capacity of the EFR providers and the agencies they seek to work in partnership with. Importantly, a client's readiness to engage in a journey of addressing such issues is a fundamental consideration. It may be that clients are experiencing feelings of *learned helplessness*. McInerney and McInerney (1998) comment that: "People may feel powerless and ineffective in certain circumstances. If this feeling is generalised to new circumstances, then people may exhibit learned helplessness. Learned helplessness leads to shame and self doubt, with the eventual result that people give up without even trying.<sup>19</sup>" It is also important to recognise that 'feeding' one appetite like alcohol and drugs, stops people thinking about food until they are really desperate<sup>20</sup>. A number of providers commented on these notions:

*"... what does surprise me is how many people come in at 5 o'clock on a Friday afternoon...they're barefoot and pregnant but they've been like that all week but they leave it right to the last minute. They don't seem to be able to think ahead."*

*"People often don't feel that they have the capacity. It's funny about that knowledge about people's own power to change it. It's the same with ER and Aurora bills. You say, 'have you contacted Aurora?' They say, 'no'. It's just that fear of, 'I can't deal with this.' They just sort of feel completely disempowered and what often happens is that it gets to complete crisis point then."*

*"It's amazing too with the clients we have...they can still afford to smoke, they can still afford to have their drink, so to speak, or play the pokies or whatever they do, that's a priority in their life so for a lot of clients it's getting their priorities right."*

Below are some examples that illustrate how EFR providers may respond to the underlying issues they are confronted with:

- Maintain the focus of providing EFR (and other ER) due to limited resources:

*"You've got a lot of young boys that come in, they've been in jail. That's all they know is jail. They're coming out and trying to look for a job. So the kid in front of them is going to get that labouring job or that Woolworths job and that becomes very hard for them. So they say, 'I might as well steal something and go back in.' One kid said to me, 'I've been in Ashley since I was 14, I get out every now and then. I'm 18 now. I've been in jail for the past 6 months. I come out and nothing is there for me.' When you're in jail you get your meals. You know where you're meant to be. You've got a bed...someone cares about them...I haven't seen him since. He really needed that extra help. He needed case management and we can't offer case management. We don't have the resources."*

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<sup>19</sup> McInerney DM and McInerney V, 1998, *Educational Psychology, constructing learning*.

<sup>20</sup> Personal Communication, C. Clifford, Senior Lecturer School of Medicine, University of Tasmania, 30 November 2010.

- Listen and empathise:

*“We get people in that are talking about suicide...we just listen to them...refer them on if we think that is going to be appropriate. We had one fellow come in one day and sat in the office rolling around on the floor banging his head on the floor, talking about throwing himself under a bus. In the end we had to ring mental health and we had to ring an ambulance. He’s been in a couple of times recently and he’s still in the same...he’s really just...boy...he is coming in for food but he’s coming in because he needs someone to talk to. So if we can we try and do that. He’s all over the place. We get people in who are sleeping under the bridge. A lot of homeless people.”*

- Deal with each situation as it presents, including cultural diversity:

*“An issue that is a big issue is Africans or refugees who send the big money home and then come and expect us to feed them. We have quite a few clients who come in here and we’ve said to them, ‘while you continue to send money home, we can’t support you. The Government is funding you to live here in Australia...and I know the expectation of them is to support their families back in Africa...but we can’t feed them while they send the Government’s money to Africa.”*

*“(African migrants) They’re an interesting mob, they’re very secretive. I think they think you’re probably the law. They don’t want to tell you too much....Some of them are very hard to get information out.”*

- Referrals to other services within the organisation or outside of the organisation (not always successfully):

*“A gentleman who was coming in and he was engaging but he needed mental health support and to try and get him in to that system was a real challenge. And as good as the case workers were there was a gap there to the point where he ended up committing a crime, going to prison and getting the mental health support that he needed. He’s now back in the community and has that support from Forensic Mental Health and Community Mental Health and he’s in a short space of time is now re-engaged with our service, he’s now housed and travelling really well. You see that quite often. Drug diversion is another example of that. Trying to get someone into rehab or detox is an uphill challenge. If people go to prison and get on a drug diversion program they’ve got the support they need...Mental Health’s definition of someone who’s in crisis and our definition of who’s in crisis (varies)...tragically it took him to getting to a horrific crisis point, ending up in prison for him to get the support....that’s when we do get people cycling back through our service.”*

*“I saw a girl the other day, 16 and pregnant and her parents have kicked her out of home...I off load them to (other services). I just haven’t got the time...I can’t spend an hour to do that when you’re seeing 20 or 30 people a day.”*

*“We’re seeing a lot more issues. More complexity of issues. More problems. To the point where what is really needed for a lot of our clients is case management and we’re not qualified to do that and not equipped to that in any way....My Access Workers; I have 2.5 workers in (region) and 1.2 here and they all carry a case load of about 40. For them, you couldn’t cope with the influx of another 50 or 60 ER clients...Half of all our clients would really benefit from case management. We make referrals but a lot of people don’t turn up. But that’s voluntary as well...I’m about to go away for two weeks so there’ll be none of that for two weeks.”*

- Change the service that is offered (or at least start to give consideration to this):

*“I think the killer for me was that man who came out of hospital. He was physically incapable of moving. We brokered him into a hotel for the weekend and he didn’t eat. He couldn’t get out. Did we offer that man service?...We came back on the Monday and there was this man extremely exhausted and drained. We housed him and we did what our service agreement said but...!”*

*“I have seen probably in the last 6 months four that have come for the first appointment and have not come back but they are coming for ER. You sit down with them and look at the situation and they just find it too overwhelming so they just say ‘nah, can’t be bothered’. It would be fantastic, and I’m not saying enforce it, but say to families, ‘look there is a guideline’ if you come back every 8 eight weeks you should be doing this or you need to do that because they’re never....they won’t break the cycle...you can’t make them, you can only encourage them.”*

### 5.3.10 Financial literacy

Opportunities to enhance financial literacy are a common strategy suggested to clients experiencing financial difficulties. Whether it is successful or not is debatable. Rychetnik et al (2003) report the findings of a study which found *“that overall, low income families are good at budgeting but have too little money for all their basic needs.”*<sup>8</sup> This study found mixed responses to the value of financial counselling programs:

*“I was doing budgeting with this fellow and he just wasn’t getting ahead but in going through it all, he actually started saving money and he brought in a donation to (the agency) the other day of what he had saved. And he hasn’t been back. He’s sticking to it. He hasn’t been back.”*

*“I’ve had probably two successes. It’s waiting for them. They know they want to do it but its waiting for them to follow through with it. You can give them all the information. You can sit down and work out the budget but they’ve got to stick to it. I’ve had two successes that have not returned for ER assistance (in two years). I assume their doing fine.”*



*“Sometimes you want to suggest someone for budgeting but they have nothing to budget with.”*

*“One person did a budget through Anglicare and got a \$2 leeway per fortnight. This single woman has a considerable number of children....There’s a leeway of \$2 for anything that’s out of the ordinary which isn’t enough.”*

*“I really see that the size of Centrelink benefits as the biggest battle we face...it’s just tragic to do a budget with someone who is as tight as....There is nothing for food. For a lot of people there is a choice between smoking and eating. Fine for me to say I’ve never smoked in my life. But it’s not that easy for a lot of people. Stress plays a big part in that too. People smoke for that reason.”*

*“A lot of them say, ‘Why should I come and budget, I don’t have any money to budget with anyway’, it’s not something they see as a high priority so a lot of budget appointments are missed but we try and hold them accountable for that cause we see that as being really important. Even if it does show us that they’re over spending or they’ve got \$2 left it gives us an indication of what is going on for them.”*

### **5.3.11 Referrals and partnerships**

All EFR providers in this study reported being aware of other services and programs that may be valuable for their clients, such as counselling, assistance with housing and payment plans. Some providers “suggest” that clients access such services and others take an advocacy approach (acting on behalf of the client).

A number of providers (with the written consent of clients) circulate lists to other ER services to prevent clients from accessing more than one service at a time:

*“We circulate lists (to other agencies). That’s helped a lot (with shopping around). We are doing it daily...the idea is if I’m only seeing people in my area and the other people are only seeing people in their area than we shouldn’t need the lists.”*

Some service providers are concerned about confidentiality issues around list sharing. In addition, following up with clients once they have been referred elsewhere can be challenging:

*“I tried to follow up but you can’t because of confidentiality.”*

There is a lot of good will among the majority of EFR providers. A number of providers reported sharing excess food with other EFR services when it becomes available.

There are a number of networking and skill development opportunities organised by the providers themselves and FaHCSIA. It is sometimes difficult for EFR staff and volunteers to attend such gatherings due to transport, costs, time and overall capacity.

### 5.3.12 Policies and procedures, monitoring and evaluation

The level of documented policies and procedures in the EFR sector varies tremendously. While some agencies have very clear guidelines, others are in the process of collating their policies and procedures and some “*just get on with it*”. There is also limited evaluation of EFR services. There are some services that have evaluation plans in place. But for others: “*...a happy story may be someone not coming back but we don’t know.*”

The amount of record keeping also varies from organisation to organisation. While all funded providers collate data for FaHCSIA’s reporting requirements (provided in Appendix D), additional data and the collation of such data varies significantly. In 2003, FACS acknowledged “*Many agencies are collecting information about their clients, their reasons for seeking emergency relief and what happens to them afterwards. Very little information however is provided back to the Commonwealth by emergency relief agencies about the operation and effectiveness of the program on the ground*” (FACS 2003, pg. 6)<sup>12</sup>.

This study identified that some EFR providers have data relating to:

- Frequency of contact
- Repeat episode intervals
- Frequency of first time contact
- Gender
- Country of birth
- Ethnicity
- Aboriginality
- Residency status
- Language
- Compulsory Income Management
- Suburb, postcode, local government area
- Family composition
- Case status
- Visit type
- Case management type
- Main presenting issue
- Underlying issue
- Referral source
- Income source
- Disability
- Labour force status
- Living situation
- Type of dwelling
- Type of tenure
- Case goals
- Numbers agreeing to case management
- Type of assistance
- Child assistance

No organisations in this study demonstrated a comprehensive approach to monitoring the level of food security in the population they worked with. While quantitative evidence could not be provided, EFR providers reported on a number of client groups that are presenting in increasing numbers for food relief assistance including:

- Young people (under 18) (as quoted earlier in this report)
- Young families moving into an area because housing is perceived to be affordable (e.g. in some rural areas)
- Casual farm workers
- Older Tasmanians

*“The other thing, we’re probably seeing more older, I say ladies but it’s probably men too, where they’ve lost a partner, they might be in their 70s and they own most of the things they’ve got...and they’ve had two incomes and Tom’s dropped off the perch and the wife is left to carry on and she’s only got one income. And apart from the food she’s also got all the other expenses, power, telephone, insurance, car, rates. She’s got to meet all of that on one income whereas it was being met on two before. And that’s a huge burden on some people.”*

Providers also stated that demand for EFR fluctuates and generally increases in winter, during school holidays and around Christmas time.



## 6.0 Recommendations

Based on the findings of this research project, this section outlines a number of recommendations to the Tasmanian Food Security Council.

EFR services were not established to ensure food security for individuals and families and such services can not guarantee a sufficient, reliable, nutritious, safe, acceptable and sustainable food intake. EFR providers are limited in their ability to control the availability, quality and variety of the food they provide to their clients and many are limited in their capacity to enhance the client's capability to acquire and use food (e.g. to address transport needs, increase knowledge and skills, provide storage, preparation and cooking facilities, provide social support programs and operate 24 hour services).

Improving food security for EFR clients and reducing (or eliminating) the need for EFR services, will require a multi-layered approach. First and foremost, it will require recognition of and action on the underlying determinants of food insecurity.

EFR providers who participated in this study were asked what would have to happen to stop clients from needing to access emergency food relief assistance. EFR providers were united in their call to address the social and economic determinants (income, employment, housing, education, mental health, addictions and so on) that ultimately affect people's ability to acquire food. Without addressing the social and economic determinants of food security, any other isolated actions will achieve little for hungry Tasmanians.

More specific recommendations in relation to these determinants are not made in this report, as there are numerous other publications that also call for action on the social and economic determinants of health and wellbeing (e.g. TasCOSS's *Just scraping by? Conversations with Tasmanians living on low incomes*<sup>17</sup>, TasCOSS's *Budget Priority Statement*<sup>21</sup> and Anglicare's *Hard Times: Tasmanians in financial crisis*<sup>16</sup>). What is needed is not further recommendations but action.

### Address the social and economic determinants that enable access to food

Some examples of what EFR providers had to say about the social and economic determinants of food security are outlined below:

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<sup>21</sup> Tasmanian Council of Social Service (TasCOSS), 2010, *Our path to prosperity through social inclusion, 2011-2012 State Budget Submission*, TasCOSS, Tasmania.



## **1. Take a holistic perspective:**

*“You can look at food insecurity but you can’t by itself because if you look at the cost of living, it yet again can’t be siloed, because obviously people who are on low incomes, the rent and the power, I mean they starve so you have to be looking at that whole. You can’t silo to State because Centrelink is a big player when it comes to income...and not really kept up with the cost of living....On top of that, the cost of food is going up so much....it’s completely untenable.”*

## **2. Increase income support:**

*“There’s a strong push on people becoming financially literate and the push to financial counselling and at the end of the day, with EFR and the food security question, until our Government, whether it’s the pensions or youth allowance... until they are sustainable for people, no amount of financial literacy is actually going to help. All you are doing is providing people with the means to say, ‘hey well shit, I don’t get enough money to pay my rent, pay my power, pay for my kids education, clothe my family’. Whilst I’m a strong supporter and yes we need food relief and food security, there are some core elements that will always have people from our services on the back foot.”*

## **3. Reduce the cost of living:**

*“You really need to take down the other bills for them. You really need housing to go down, Aurora to go down, or you need their wage to go up to meet it unless that happens....we have so many clients who say, ‘oh my car’s not registered, but I come the back way, I can’t afford to register my car.’ They are choosing between food and paying the bills. Fruit and vegies are so dear and we want them to eat nutritious and we give them say an \$80 voucher. Fruit and vegies would probably be the last thing on their mind. It’d be just your basic bread, vegemite, noodles, milk, coffee and a packet of cigarettes. And that’s your \$80 gone.”*

## **4. Enhance partnerships with sectors working on social and economic determinants:**

*“I think the job networks really need to work in with us because a lot of people come in and ask for bus tickets and we don’t have the funding for that anymore to go to interviews, or petrol to go to interviews.”*

## Strengthen Food Supply and Food Access Determinants

In addition to addressing the social and economic determinants of food security, some further recommendations are made, in recognition that EFR services are one provider of a food supply for a large number of disadvantaged Tasmanians. Their existence relies heavily on partnerships with many parts of the community and as such there are opportunities for the Tasmanian Food Security Council, through its Food Security Strategy, to strengthen the work of the EFR sector and its partnerships.

TasCOSS believes that EFR should be provided through a diverse range of models and strategies, and that any recommendations to enhance the work of the EFR sector should apply asset-based community development principles. Build on the skills of local residents, the power of local associations, and the supportive functions of local institutions.

The following recommendations are made to the Food Security Council for action:

### Strengthen local food supply models

5. Support and encourage the establishment of local food supply models, including the establishment of food co-ops, produce swap programs, gardening programs and community kitchens, and ensure strong links with EFR providers, as pathways for people who are food insecure.
6. Foster links with the vegetable industry in Tasmania as a source of food for the EFR sector. This would be most beneficial if done in conjunction with programs that developed knowledge and skills around preparing vegetables, and if EFR providers had appropriate storage facilities to maintain the quality of fresh produce.
7. Support EFR providers to access adequate storage facilities for food (e.g. refrigerators and freezers).
8. Encourage the establishment of models that mainstream the provision of EFR so as to enable people to acquire food by socially acceptable means and reduce stigma. For example, provide free food for children at school, provide food through social programs and encourage involvement in food preparation.

*“People aren’t sending their kids to school because they haven’t got the money to buy them food to send to school and they’re embarrassed. What happened to our days of growing up where you get a little thing of milk at morning tea time?”*

## Strengthen the work of suppliers of food to the EFR sector

9. Strengthen the work and collaborative efforts of the suppliers of food to the EFR sector by engaging with *Foodbank*, *SecondBite*, *Produce to the People Tasmania* and *the Gateway Church* (proposed food co-op for Tasmanians on low incomes). Help to ensure that the work of these organisations and programs does not replace but rather adds value to local food supply models. Seek to address the concerns raised by providers of EFR including the monopoly of partnerships with major supermarkets by one organisation, equitable distribution of food across the State, quality, quantity and reliability of food supply, and the way food may be used by organisations (e.g. fundraising).
10. Promote the existence of *SecondBite*, *Foodbank*, *Produce to the People Tasmania*, as well as local partnerships with EFR providers directly, and encourage the food industry to support such organisations by donating good quality surplus food.

## Enhance food affordability

11. Advocate for policies that reduce the cost of good quality, nutritious food choices.
12. Advocate for funding to the EFR sector for nutritious food:

*“I’d like to see them give us some funding so we can buy the more nutritious food. Rather than give them refrigerated food, I’d like to give them eggs and protein and pastas and that sort of thing which families can make a decent meal out of. If we could go and buy more of what the families want we could probably cut back on vouchers.”*

## Support the development of quality EFR services

13. Promote the use of ACOSS’s Emergency Relief Handbook as a means to enhance knowledge and skills among EFR providers, assessment procedures, equitable services, monitoring and evaluation.
14. Respond to requests from the EFR workforce to enhance knowledge and skills relating to referral processes, addressing underlying issues, food safety and nutrition knowledge. Not all EFR volunteers and workers may wish to be involved in skill development however this study identified that there are some people who are interested in enhancing their skills and knowledge. Training opportunities should be provided in local areas so as to reduce barriers to participation.

## Appendices

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## Appendix A – Interview Questions

<b>About EFR Services in Tasmania</b>	
1.	What is the name of this Emergency Food Relief (EFR) service?
2.	What is the geographical address of this EFR service? (Is the service only available to people within a defined geographical area?)
3.	What type of organisation is providing this EFR service? <input type="checkbox"/> Non-government/community sector not-for-profit organisation <input type="checkbox"/> Government organisation <input type="checkbox"/> Church <input type="checkbox"/> School <input type="checkbox"/> Neighbourhood house <input type="checkbox"/> For profit organisation <input type="checkbox"/> Other (please detail):
4.	What resources are used for this EFR service (number of staff, volunteers, infrastructure)?
5.	What are the source(s) and amounts of financial funding or food for this EFR service (external and internal)?
Other notes (reasons for providing EFR, goals/objectives, policies/procedures, funding body requirements:	
<b>Models of EFR and Strategies</b>	
6.	What food relief and related services are provided by this organisation (process, appointment, drop in services, waiting list, how is food/vouchers allocated, choice of groceries, food preparation, non-food items – other assistance, transport, equipment – activities impacting on food security)?
7.	If food is provided, where is food sourced from? <input type="checkbox"/> Second Bite <input type="checkbox"/> Produce to the people <input type="checkbox"/> Financial donations for the service to buy food <input type="checkbox"/> Donations from food businesses <input type="checkbox"/> Other:
8.	If vouchers are provided: (a) How are these funded? <input type="checkbox"/> By FaCHSIA <input type="checkbox"/> Other grant money <input type="checkbox"/> Financial donations <input type="checkbox"/> Vouchers are donated <input type="checkbox"/> Other: (b) Where can clients redeem vouchers (name the stores)?
9.	Does this service ever run out of food or vouchers? <input type="checkbox"/> Yes <input type="checkbox"/> No

<p>10. If clients aren't able to travel to the EFR service is an outreach service provided?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No; if no, are others able to act on behalf of clients? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>11. Do you refer clients seeking EFR to other services?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes; please detail (note if internal or external):</p>
<p><b>Data Collection</b></p>
<p>12. Does this service collect any data related to EFR?</p> <p><input type="checkbox"/> No; please provide reasons (then proceed to Q.34):</p> <p><input type="checkbox"/> Yes; what is collected (number of clients, age groups, CALD, ATSI, disabled clients, financial obligations/dependencies, employment/Centrelink, marital status, underlying issues - is it available in summary form for me to have?):</p>
<p>13. Why is data collected by this service?</p> <p><input type="checkbox"/> To meet funding requirements (provide reports)</p> <p><input type="checkbox"/> To monitor who uses our service, changes in demand etc.</p> <p><input type="checkbox"/> To better respond to the needs of clients; please provide an example of how you have done this</p> <p><input type="checkbox"/> To inform other programs/services offered by our service; please provide an example of how you have done this:</p> <p><input type="checkbox"/> Other:</p>
<p>14. In what format is data collected by this service?</p> <p><input type="checkbox"/> Forms completed by clients</p> <p><input type="checkbox"/> Interviews with clients (notes taken by interviewee)</p> <p><input type="checkbox"/> Data is entered into a spreadsheet/database</p> <p><input type="checkbox"/> Hand written notes on file</p> <p><input type="checkbox"/> Reports are generated</p> <p><input type="checkbox"/> Other:</p>
<p>15. Are there any particular times of the year or other situations which have resulted in significantly increased demand on this EFR service?</p> <p><input type="checkbox"/> Yes; please describe:</p> <p><input type="checkbox"/> No</p>
<p>16. If anything, what are the most notable issues/trends that have emerged from the data that is collected by this service in relation to EFR (e.g. gender, ages, singles/families, suburbs, underlying issues, changes in demand over time, one-offs vs repeat clients etc)?</p>
<p>17. Are there any areas of unmet or growing need amongst your clients that are beyond the capacity of this service to address?</p>
<p>18. Is there any data (summary reports) or case studies you are able to provide me?</p> <p><input type="checkbox"/> Yes – arrange to obtain data</p> <p><input type="checkbox"/> No</p>

## Partnerships

19. Do you work closely (in partnership with) any other EFR services or other organisations in the delivery of this EFR service?

Yes; please describe:

No

## Your experiences of providing EFR

20. What do you consider to be the strengths of this EFR service?

21. What do you consider to be the major challenges or areas for improvement of this EFR service?

22. What would need to happen to stop people needing this EFR service? Is there anything else that you would like to raise in relation to EFR (open discussion: prompts: pilot programs, ideas or suggestions, ways in which you think the TFSC could add value particularly in relation to addressing determinants of food security)?

## Appendix B – Written Survey for Community Houses

**1. Do you provide emergency food relief (EFR) in your community** (by emergency food relief, I'm referring to the provision of either food items/parcels or meals or food vouchers to assist people experiencing difficulties with acquiring adequate food)? Please tick a box.

**Yes; please continue to the next question.**

**No; please comment** (e.g. are other services providing EFR in your community, there isn't an identified need etc):

**2. Please briefly describe the EFR service that you provide** (are you providing food parcels/meals/vouchers, how much funding do you receive for this, where do you obtain food from, how many community members did you provide EFR to last financial year, is case management offered to address underlying issues, any other features of your service?)

**3. What are the major challenges for community houses in providing EFR?**

**4. What would need to happen to stop people from needing EFR in your community?**



## Appendix C – Ethics Approval

Social Science Ethics Officer  
Private Bag 01 Hobart  
Tasmania 7001 Australia  
Tel: (03) 6226 2764  
Fax: (03) 6226 7148  
Marilyn.Knott@utas.edu.au



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HUMAN RESEARCH ETHICS COMMITTEE (TASMANIA) NETWORK

12 October 2010

Ms Miriam Herzfeld  
Consultant EFR Project  
Tasmanian Council of Social Service

Dear Ms Herzfeld

Re: **MINIMAL RISK ETHICS APPLICATION APPROVAL**  
Ethics Reference: **H11461 - Interaction of Emergency Food Relief and Food Security Project.**

Acting on a mandate from the Tasmania Social Sciences HREC, the Chair of the committee considered and approved the above project on 07 October 2010.

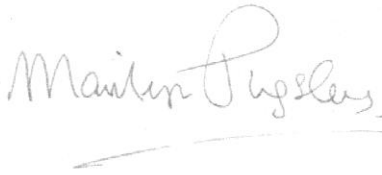
Please note that this approval is for four years and is conditional upon receipt of an annual Progress Report. Ethics approval for this project will lapse if a Progress Report is not submitted.

The following conditions apply to this approval. Failure to abide by these conditions may result in suspension or discontinuation of approval.

1. It is the responsibility of the Chief Investigator to ensure that all investigators are aware of the terms of approval, to ensure the project is conducted as approved by the Ethics Committee, and to notify the Committee if any investigators are added to, or cease involvement with, the project.
2. Complaints: If any complaints are received or ethical issues arise during the course of the project, investigators should advise the Executive Officer of the Ethics Committee on 03 6226 7479 or [human.ethics@utas.edu.au](mailto:human.ethics@utas.edu.au).
3. Incidents or adverse effects: Investigators should notify the Ethics Committee immediately of any serious or unexpected adverse effects on participants or unforeseen events affecting the ethical acceptability of the project.

4. Amendments to Project: Modifications to the project must not proceed until approval is obtained from the Ethics Committee. Please submit an Amendment Form (available on our website) to notify the Ethics Committee of the proposed modifications.
  
5. Annual Report: Continued approval for this project is dependent on the submission of a Progress Report by the anniversary date of your approval. You will be sent a courtesy reminder closer to this date. **Failure to submit a Progress Report will mean that ethics approval for this project will lapse.**
  
6. Final Report: A Final Report and a copy of any published material arising from the project, either in full or abstract, must be provided at the end of the project.

Yours sincerely

A handwritten signature in cursive script, appearing to read "Martin Pugsley". The signature is written in dark ink and is positioned above a horizontal line that serves as a separator between the signature and the typed name below.

Ethics Executive Officer

## Appendix D – FaHCSIA Emergency Relief Data Report

<b>Emergency Relief (ER) Data Report</b>		
<i>For information about how to complete this document, please refer to the attached definitions</i>		
Name of outlet		
Reporting period	start DD/MM/YY	
	end DD/MM/YY	
<b>PROGRAM OUTPUTS: HOW MUCH HAS BEEN DONE?</b>		
<b>1 Client status</b>		<i>Number:</i>
1.1 Number of clients helped in the reporting period		
1.2 Number of new (first time) clients helped in the reporting period		
<b>2 Client characteristics</b>		<i>Number:</i>
2.1 Number of clients accessing ER in the reporting period whose main source of income is Centrelink		
2.2 Number of clients accessing ER in the reporting period who are serving a Centrelink non-payment or waiting period		
2.3 <b>NT, WA and Cape York only:</b> Number of clients accessing ER in the reporting period who are participating in Income management		
2.4 <b>For the end of June report only:</b> Number of clients accessing ER five times or more in the 2009-10 financial year		
<b>3 Service characteristics</b>		<i>Number:</i>
3.1 Number of times ER assistance is provided in the reporting period		
3.3 Number of clients referred to other services in the reporting period		
<b>4 Additional information (not mandatory)</b>		
4.1 Any other information about the assistance you provide and/or the outcome achieved e.g. case studies		
<b>5 Issues / comments (not mandatory)</b>		
5.1 Number of clients accessing ER in the reporting period who speak a main language other than English at home (not mandatory in 2009-10)		
5.2 Number of Indigenous clients accessing ER in the reporting period (not mandatory in 2009-10)		
5.3 Other issues / comments		

<b>6 Contact details</b>	
6.1 Name of person completing this report	
6.2 Phone number of person completing this report	
<b>Emergency Relief: Key definitions</b>	
<i>Please use the following definitions when completing the data report</i>	
<b>Client status</b>	
Client	A person who received Emergency Relief assistance from your outlet in the reporting period. Only count each client once no matter how many times you saw him/her during the reporting period. If more than one person visited the service together (e.g. a family), count each person who receives direct assistance. However, if support is provided to the whole family, count each family member.
New (first time) client	A client who has not received Emergency Relief assistance from your outlet before.
<b>Client characteristics</b>	
Client whose main source of income is Centrelink	A client who received most of their income from an income support payment when they were first assisted. Income support includes Newstart Allowance, Disability Support Pension, Carer Payment, Parenting Payment, Youth Allowance and the Age Pension. Excludes those who receive a Centrelink payment but receive most of their income through paid work or other income sources.
Clients serving a Centrelink non-payment or waiting period	A client whose main source of income is Centrelink whose Centrelink payments have been suspended due to Centrelink requirements not being met e.g. due to failing to start a job as planned, failure to accept a suitable offer of employment or failure to commence a full time Work for the Dole project. OR Clients with no income who are serving a waiting period before they can access a Centrelink payment.
Income management	Where a person has a percentage of their Centrelink payments allocated to priority goods and services such as food, housing, clothing, education and health care. Some customers choose to participate in income management (“ <b>voluntary</b> income management”), while others are required to have their payments income managed (“ <b>compulsory</b> income management”).
Number of clients accessing ER five times or more	Total number of clients who accessed Emergency Relief assistance five times or more in the financial year.
<b>Service characteristics</b>	
Number of times ER assistance provided	The total number of times you provided Emergency Relief assistance in the reporting period. If you provided more than one kind of assistance in one visit (for example, you assisted a client by paying a bill and also providing a food voucher) it counts as one instance. Where possible, you should not report on assistance to clients using other sources of funding, for example donations or funds from other government programs.

*Continued*

<p>Number of clients referred to other services</p>	<p>A referral can involve:</p> <ul style="list-style-type: none"> <li>• Transferring the client to another service, without any immediate communication with the other service e.g. by putting the client into a call centre queue;</li> <li>• Letting the other service know about the client e.g. making an appointment with the other service on the client's behalf, or asking the other service to make contact with the client;</li> <li>• Introducing the client to the other service in a 'live' three way conversation with the other service and the client, introducing the client, explaining what has already been done and why the client is being referred; or</li> <li>• Physically accompanying the client to the other service.</li> </ul> <p>Excludes referrals where the client is left to contact the other service e.g. giving the client contact information.</p> <p>Count each client that was referred once, no matter how many times he/she was referred in the reporting period.</p> <p>Count referrals within your organisation for services other than Emergency Relief.</p>
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