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**When There Isn't Enough to Eat: Study of Clients at
ANGLICARE's Emergency Relief Service in
Wollongong**

Summary of Pilot Survey Findings

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Introducing Food Insecurity

INTRODUCTION

ANGLICARE (Diocese of Sydney) has carried out a pilot study among the clients of an Emergency Relief (ER) centre in Wollongong, regarding their lack of food. The study records clients' struggles to obtain enough food for themselves and their households, and the right kinds of food, in socially acceptable ways. This experience is known as Food Insecurity.

The purpose of the study was to describe clients' experience of food insecurity, to measure its severity and chronicity, and to look into the reasons, coping mechanisms and impacts of this experience. It is intended that results will be used to support the development of policy that redresses food insecurity. It is also intended that this pilot study will form the basis for a national study of Emergency Relief centres.

The study was piloted by Anglicare Sydney researchers amongst clients from Anglicare Sydney's ER centre in Wollongong during three weeks in February-March 2005. Key results identify that adults were food insecure in 95% of households; reflecting their need for emergency relief. This means that they experienced some level of food insecurity at least once in the three months prior to being surveyed. Adults frequently went hungry in a quarter of the households surveyed. Of the households with children, 70 percent did not have enough food; children in 22% of such households (14 cases) experienced hunger.

This paper presents a selection of results from that pilot, specifically: a profile of the people who were interviewed – supplemented with service statistics of all clients during the survey period; an insight into the struggles that government benefit dependent households have to afford basic needs; and an overview of the food insecurity experience of households, including some characteristics of food insecure households. Coping strategies and reported reasons for struggling with obtaining food are presented, and client feedback on Illawarra emergency relief services is also provided. The paper ends with the voices of clients regarding the impacts of not having enough to eat.

THE PEOPLE WHO SEEK EMERGENCY RELIEF

Before focusing on the survey itself, a profile of Anglicare's Wollongong Emergency Relief (ER) clients is given to set the study in context. The ER service in Wollongong provides material support in a range of ways. In 2005 the service had 4,591 appointments and gave \$333,269 worth of assistance. This included, in order of dollar value:

- EAPA Vouchers – Energy Account Payments Assistance
- Food in kind
- Payment to Creditors e.g. rent, medical expenses, moving costs, funeral expenses
- Christmas Assistance
- Telstra Vouchers
- Food vouchers
- PAS Vouchers for water rates
- Clothing via the Op Shop
- Chemist
- Cash e.g. to assist with transport, takeaway food for a homeless client, etc

The service also provides information to clients about their rights and other services that can assist them. Clients are referred to services and their needs are advocated to government departments or businesses. The service also seeks to equip clients with the resources they need to deal with their situation. One of the ways it does to offer clients with large debts a contract where a repayment amount is agreed upon with the client's debtor. During the repayment period, Anglicare provides that amount in food for the client's household, via its food bank and also food vouchers. The client can choose whether or not to enter this contract, what bills to repay and the size of repayments. Many clients have paid off their debts and as a result their finances are more manageable. This practise was established to give control back to the client and to be a positive and affirming way of providing emergency relief.

During the survey period, 247 clients received material assistance, in many cases with multiple forms of assistance, most commonly including food and/or food vouchers (84% clients received this). The needs they presented with were varied. Of the 264 clients who accessed the service during the survey period, the main issues were: need of financial or material assistance (98% of clients - reflecting the nature of the ER service); physical health problems (23%), unemployment (18%), family relationship problems (17%) and accommodation issues (13%)¹.

THE NATURE OF FOOD INSECURITY

Food Insecurity has been defined as the 'limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways.'²

The definition of food insecurity also refers to both the availability of food and one's ability to access that food. The literature refers to various factors that can impact the supply of and access to food, outlined below.³

Table 1: Food Supply and Accessibility

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

Sources: NSW Centre for Public Health Nutrition (CPHN) (2003); Dowler 1998, cited in Booth, S. and Smith, A. (2001)
 Note: Factors marked with an * are incorporated into the Anglicare questionnaire.

The table shows a range of factors that can contribute to different experiences of food insecurity. Respondents to the Anglicare questionnaire gave a range of reasons for why they lacked enough food or enough variety of the food they needed. The factors that were captured in this question are marked in the table with an asterisk (*).

Food insecurity as defined above also involves uncertainty and a degree of social stigma. A range of emotional and social aspects of food insecurity and its consequences are portrayed in various studies in this area. Some of these include:

- worrying about the likelihood of going without food⁴;
- anxiety about not having enough food to show hospitality to friends and family⁵;
- anxiety amongst children⁶;
- feelings of deprivation⁷;
- a range of feelings associated with a lack of control over the food situation – and the need to hide this (e.g., powerlessness, shame, exclusion, fear)⁸;
- psychological suffering and distress⁹;
- the erosion of family mealtime rituals and disrupted household dynamics¹⁰; and
- coping strategies that may be considered socially unacceptable such as accessing emergency food relief, stealing, eating at soup kitchens, etc¹¹.

The measure of food insecurity used in the Anglicare questionnaire captures a person's worry over running out of food before they could get money to buy more (discussed below). A separate question, not included in the measure, asked about how going without food impacted people. Responses included a range of emotional and social impacts, amongst others. Social aspects of food insecurity are not captured in the measure used in the Anglicare questionnaire, but a separate question was included concerning the ways in which people acquired food or otherwise coped when they ran out of money.

THE MEASURE OF FOOD INSECURITY USED IN THE ANGLICARE QUESTIONNAIRE

The measure of food insecurity in this study is adapted from the United States Department of Agriculture's Food Security Survey Module (FSSM)¹². This uses a series of questions on whether households had enough money for sufficient quantity and quality of food or meals, and whether the respondent worried about not having enough. Specifically, the questions identify¹³:

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

Questions cover the three months prior to the survey period and the respondents answer for their household. Children and adults' experiences were measured separately.

Using this measure, the severity of a household's food insecurity can be categorised as food secure, food insecure without hunger and food insecure with hunger. This is grounded in qualitative research that provides a conceptualisation of the stages of food insecurity and the usual way that it is managed within households:¹⁴

In the first stage, households experience inadequacy in food supplies and food budgets, feel anxiety about the sufficiency of their food to meet basic needs, and make adjustments to their food budgets and types of food served. As the situation becomes more severe, the food intake of adults is reduced and adults experience hunger, but they spare the children this experience. In the third stage, children also suffer reduced food intake and hunger and adults' reductions in food intake are more dramatic.

The measure also looks at how chronic the household's experience of food insecurity is, generally based on whether a respondent experienced food insecurity in 'only 1 or 2 weeks', 'some weeks but not every week' or 'almost every week' during the three months prior to being surveyed. The severity and chronicity aspects of the measure are based on the number of questions answered positively, and the way respondents answered each question.

Internationally, the FSSM is considered the most advanced measure of Food Insecurity in developed countries to date, and is also used in developing countries. It is used in national population surveys in the US, it can be used at a local level¹⁵, and has been adapted in other countries.¹⁶ Other known uses of this measure in Australia include a telephone survey of residents in the Sydney South West Area Health Service. Whilst Australian National Nutrition Surveys use one question to measure a lack of quantity of food – what researchers call food insufficiency, the FSSM measures a much broader experience of this.

The FSSM measure focuses on households' poor access to food because of limited income. In the Anglicare questionnaire, clients were additionally asked a range of reasons concerning why they lacked enough food or enough variety of the food they needed. The major reason given was lack of money for food, which confirms the relevance of this measure amongst the client group.

METHODOLOGY

The questionnaire used in this study was developed from a range of food insecurity literature and survey questions from other studies. Question wording and survey structure underwent in-depth testing with the assistance of clients from Anglicare Sydney's Emergency Relief (ER) centre in Rooty Hill and was further reviewed by project participants and workers in the Wollongong ER centre.

Administration of the questionnaire in Wollongong was conducted by volunteer interviewers, after and separate to the client's emergency relief assessment. Clients were invited to attend without repercussions on the level of assistance they would receive from Anglicare.

Sampling involved asking every client who was assessed for assistance and who met the following criteria: clients were 18 years or older; could communicate in enough English to participate (this was necessary due to the limited funding for the pilot, which precluded interpreters or translation); and could comprehend and communicate verbally and coherently at a minimum level enough to participate. Emergency Relief workers also used their discretion and did not invite clients who were too distressed or upset. There were 121 clients who completed the survey – a response rate of 59% out of 206 qualifying clients¹⁷.

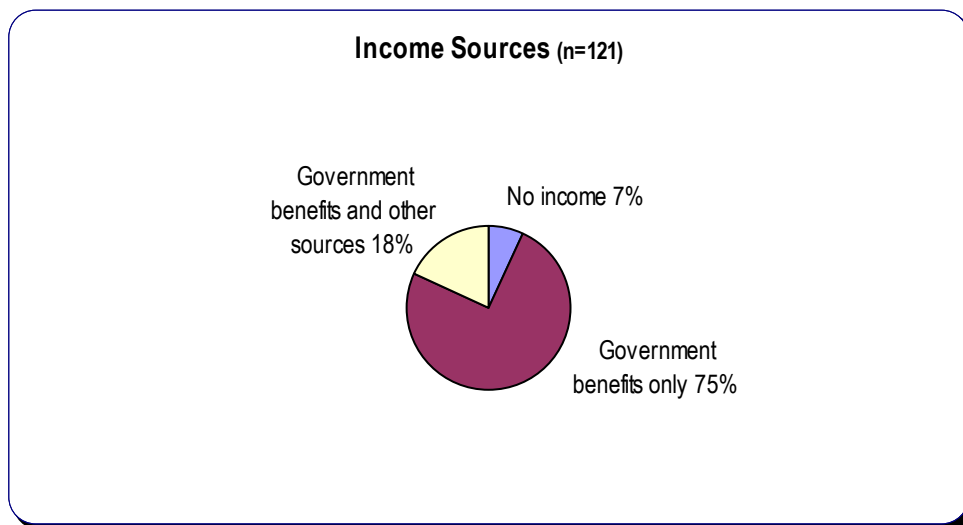
Anglicare Sydney researchers and ER centre volunteers administered the 20-minute questionnaire with the aid of show cards. The respondent answered most questions on behalf of their household.

PROFILING SURVEY RESPONDENTS AND THEIR HOUSEHOLDS

There were 121 respondents to the Food Insecurity survey, of which 44% were male and 56% female; most were aged 30-49 years (61%). The majority were born in Australia (89%) and a significant number were of Aboriginal or Torres Strait Islander origin (13%).

The majority of respondents either lived alone (28%) or with their children as single parents (29%). Children lived in just over half of all households (58%).

The sole source of household income for 75% of households in the survey was government benefits. Of these government benefit dependent households, benefits most commonly received were unemployment benefits (34%), Family Benefits¹⁸ (30%) or Disability Service Pension (20%)¹⁹.



Households not fully dependent on government benefits either reported no income (7%) or relied on a combination of government benefits and income from other sources (18%). Just over half (53%) of all respondents said that their income was not enough to buy what they needed.

The majority of households rented (82% of all households), with roughly half in public housing (52.5% of renting households) and half renting privately (45.5%). A very small proportion rented from a community or cooperative housing group (2%).

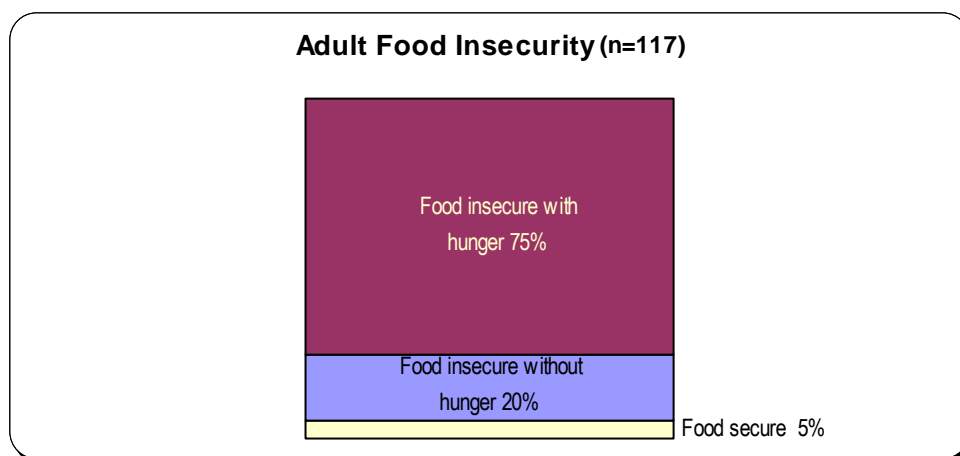
These demographics of survey respondents generally reflect the client profile captured in the centre's client statistics, with regards to sex, age, ethnicity, household type and income type.

Households' Experience of Food Insecurity

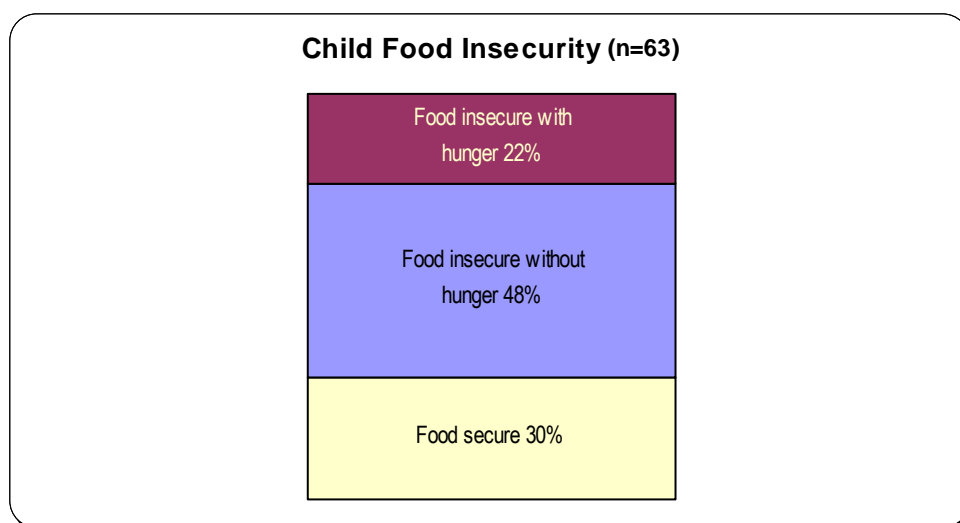
High proportions of food insecure households were found in the sample; this is reported here along with an outline of that experience.

HOW FOOD INSECURE ARE RESPONDENTS' HOUSEHOLDS?

Of the 121 people interviewed, 117 completed questions in the FSSM. Adults were food insecure in 95% of these households in the three months prior to being surveyed, including 50% where adults experienced this frequently (i.e., almost every week). Food insecurity with hunger was experienced by adults in 75% of households, including 25% where adults went hungry almost every week. This is reflective of the fact that of all clients who received assistance during the survey period, the most common form of assistance received was food or food vouchers (84%)²⁰.



Households with children comprised 52% of households in the study.²¹ Children's food insecurity experiences, as related by adults, were not as severe as adults'. There were children in 63 of the households represented. Children were food insecure in 70% of households with children, and experienced this recurrently in 48% of households with children (i.e., either some weeks or almost every week). There were a small number of households with children where children experienced food insecurity with hunger (22% or 14 households).



The Anglicare study reinforces other research in this area regarding adults going without in order to minimise their children's food insecurity. In households with children, the children were food *secure* almost 5 times more than the adults and they experienced hunger 3 times less than the adults. In households with children, almost 5 times more adults than children skipped meals. In most cases when children skipped meals, the whole household was hungry²².

The food insecurity levels are disturbingly high amongst emergency relief clients interviewed. In a 2001 National Health Survey (NNS) of the general Australian population, one aspect of food insecurity – quantity – was measured. Some 5.2% of the Australian population were found to be food insufficient at some time in the past 12 months²³. Food insufficiency is not having enough food, whilst food insecurity additionally covers the quality/variety of diets, worrying about not having enough money for food, reduced food intake and other associated experiences. The NNS results are from a random sampling nationally. Results from the ANGLICARE study are so high because for clients accessing emergency relief, a high incidence of food insecurity is to be expected. The sample was purposively targeted. Thus whilst not directly comparable to national studies, the 75% of ANGLICARE survey respondents who were food insecure with hunger does indicate an extremely vulnerable group of people compared to the general population.

CHARACTERISTICS OF FOOD INSECURE HOUSEHOLDS

The Anglicare questionnaire included a range of demographic questions, that were used to compare the severity of food insecurity between different groups of respondent households. Due to the small sample, not all results are reported here, however, two interesting findings are noted.

Firstly, non-family households (unrelated and one-person households) had the highest proportions of adults experiencing food insecurity with hunger (88%), compared with other household types (these included couples with and without children, single parent households and other related households; 68% were food insecure with hunger)²⁴.

Secondly, whilst government benefit dependent households were not more likely to go hungry than households with multiple income sources, the largest proportion of the sample comprised households that were both dependent on government benefits and food insecure with hunger (55% of the total 121 respondents). This highlights a group of people coming to Anglicare's emergency relief service in Wollongong who are struggling at a basic level, which exemplifies the research of Paul Henman into the adequacy of government benefits for different household types. A 2003 modelling of low-cost budget standards shows that, across Australian capital cities, single male households received 63-76% of what they needed to just live frugally (Sydney 63%). A single parent with one child received 83-99% (Sydney 84%) and with two children, 74-92% (Sydney 74%).²⁵

The 'low cost' budget standard

...represents a level of living which may require frugal and careful management of resources but would still allow social and economic participation consistent with community standards and enable the individual to fulfil community expectations in the workplace, at home and in the community.²⁶

While these figures are not directly comparable with the Anglicare Sydney study results (as the modelling is based on capital city living costs and is a different time period) they portray the hardship that many government benefit dependent households face. The ANGLICARE Sydney study highlights one aspect of hardship – the lack of food - faced by some people.

DESCRIBING THE EXPERIENCE OF FOOD INSECURE HOUSEHOLDS

In the FSSM questions used in the ANGLICARE survey, household food insecurity is described in terms of quality and quantity of food available as well as worrying about obtaining food, because of lack of money. The questions also point to increasingly severe experiences of food insecurity. These experiences can be listed in order of severity from least to most severe. This scaling analysis is based on the understanding that the questions receiving fewer responses represented the more severe experiences. Therefore, the way in which respondents experienced increasingly severe food insecurity because of limited money is captured in the following lists. Firstly, the experience of adults is described²⁷:

The Food Insecurity Experience of Adults (n=117)

- Respondents worried about running out of money for food at the same severity as food not lasting and respondents not having money to buy more (92.3% each)
- Respondents could not afford to eat the variety of food they felt they should (88.0%)
- Respondents ate less than they felt they should (82.1%)
- Respondents cut the size of their meals (80.3%) - only slightly more severe than the preceding item
- Respondents skipped meal/s (73.5%)
- Respondents were hungry but didn't eat (71.8%) - only slightly more severe than the preceding item
- Respondents did not eat for a whole day (51.3%)
- Respondents lost weight (50.4%)

One interesting point to note is that while governments focus much attention on the obesity epidemic, half of the emergency relief clients surveyed stated they lost weight because they could not afford to buy enough food. Other studies also link obesity with food insecurity. This is understandable considering that the cheaper foods which satisfy hunger are more likely to be high in calories and fat, as opposed to lean meat and vegetables. Furthermore, bingeing when food is available may occur for food insecure people.²⁸

Increasingly severe food insecurity because of limited money was experienced within households with children (aged less than 18 years) in the following way²⁹:

The Food Insecurity Experience of Children (n=63)

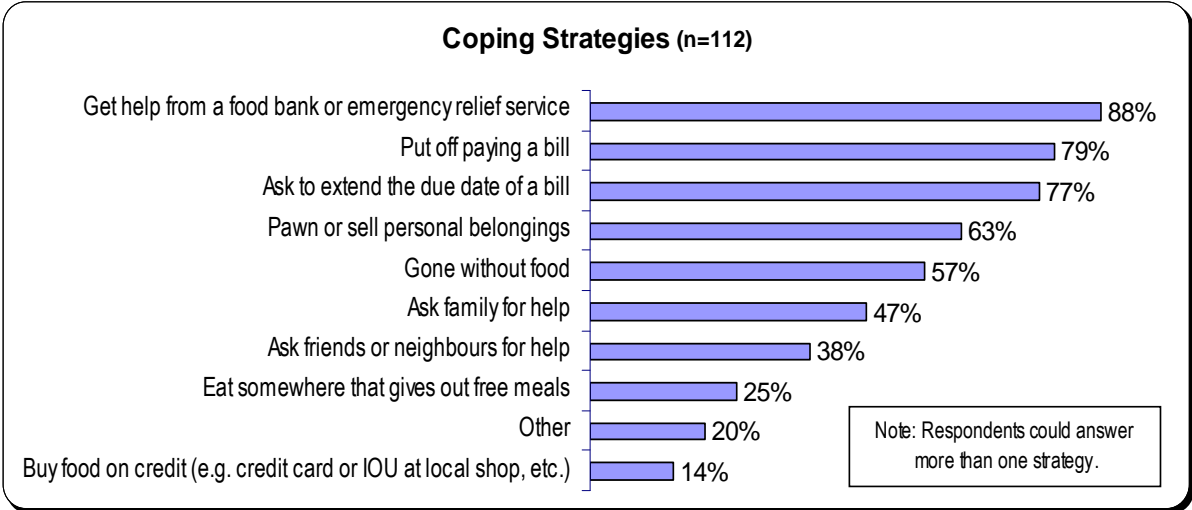
- Respondents relied on only a few kinds of low cost food to feed the children because they were running out of money to buy food (78%)
- Respondents could not afford to feed their children the variety of food they felt their children should have (67%)
- Respondents' children were not eating enough (38%)
- Respondents had to cut the size of their children's meals (35%); and children were hungry but didn't eat (35%)
- Children skipped meal/s (14%)

Not all FSSM questions that related to children's experiences were included in the scaling analysis because of too few responses. The excluded question asked, about children not eating for a whole day because of lack of money. Only one respondent answered positively.

These experiences provide an insight into the struggles of client respondents – such that half of adults did not eat for a whole day and over a third of children had to eat less at mealtimes, because money was too scarce.

COPING MECHANISMS

Respondents were asked how they coped when they ran out of money for food. In the three months prior to the survey, the main coping mechanisms employed were seeking help from emergency relief (88%), putting off paying a bill (79%) asking to extend the due date of a bill (77%), pawning or selling personal belongings (63%), going without food (57%), or asking family for help (47%).



Respondents pawned or sold personal belongings (63%) far more than they bought food on credit (14%). Interestingly, all sixteen respondents who bought food on credit experienced food insecurity with hunger, including fourteen who were recurrently hungry.

Just over half of respondents (53%) employed a combination of five to six strategies. Respondents in food insecure households with hunger employed an average of one to two more strategies than respondents in food insecure households not experiencing hunger.³⁰

Respondents who were food insecure with hunger had higher incidence of requests for food or food vouchers, with 15% in this category asking four or more times in the three months prior to the survey, compared with only 4% of food insecure respondents not experiencing hunger. In fact the only respondents who asked 5 times or more were hungry.

Some of these coping strategies may be generally considered ‘socially unacceptable,’ such as going to an emergency relief service, eating somewhere that gives out free meals or asking friends for help. In a few cases respondents to the ANGLICARE survey also referred to stealing, along with many more acceptable methods that would not ‘advertise’ their situation such as extending a bill or simply going without. Respondents were also selling their belongings in order to eat.

EMERGENCY FOOD RELIEF SERVICES IN THE ILLAWARRA

Survey respondents were asked to comment about the food relief services in the Illawarra. Respondents commented on different agencies in the region, none of which shall be named. Of the 104 respondents who had asked for food or food vouchers in the three months prior to the survey from any agency, 86% received this relief every time they asked.

Comments were largely positive and were given by 65% of respondents. A small selection of comments made about emergency relief services in general includes the following:

I think in times of crisis, it's an invaluable place to come to talk to someone about options available... so when you're freaking out there's at least one person you can turn to before you completely freak out.

They help a lot, it's good to know they're there and are going to help you if they can. It takes stress off me.

Very good, handy places, do a lot for their community. Good place to have, helpful people work in them.

Respondents could make more than one comment, and 35 respondents made negative comments or suggested improvements. The majority of negative comments related to the service being demeaning or unhelpful or that the food provided was inadequate or inappropriate for the client. Specifically, negative comments or suggestions for improvement received by clients about Emergency Services in the Illawarra included the following.

Negative comments about the Illawarra's Emergency Relief Services (n=35)

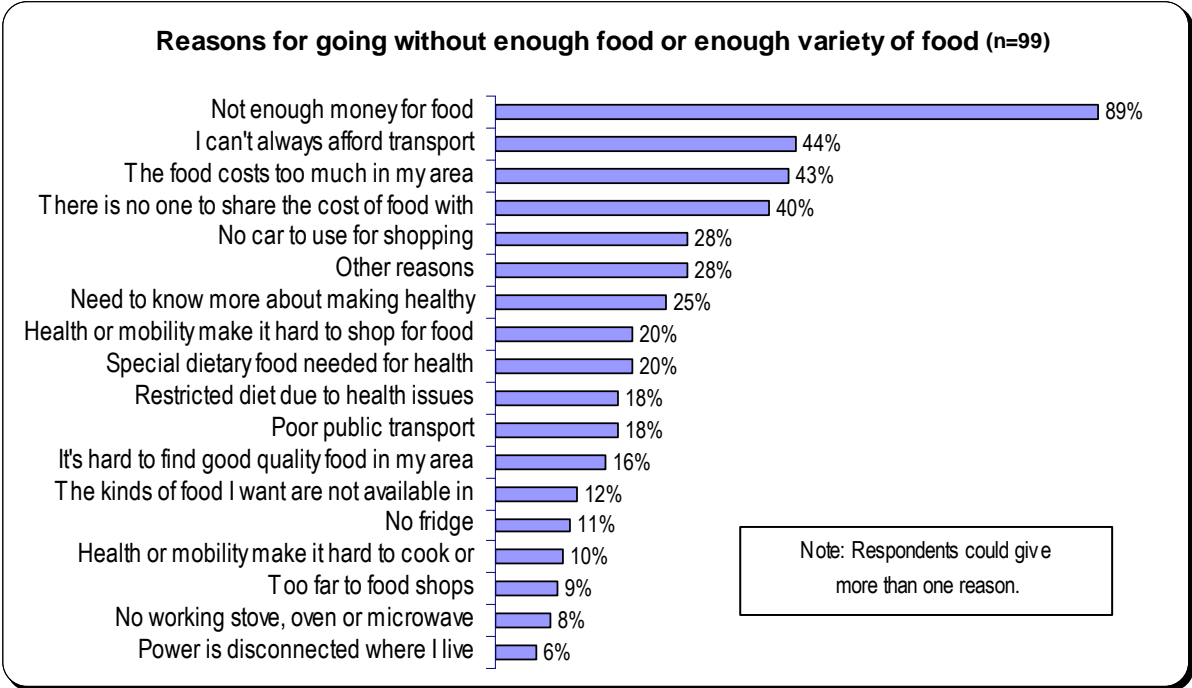
- Service is demeaning/unhelpful (13 comments)
- Food provided was inadequate or inappropriate (9 comments)
- Unaware of service (4 comments)
- Want to access more often (3 comments)
- Embarrassing/emotionally difficult to use the service (3 comments)
- Too far (2 comments)
- Unable to physically access the service due to illness (1 comment)
- Stringent requirements (1 comment)
- Not enough food is provided (1 comment)
- Need more non-appointment spaces (1 comment)

These comments were either attributed to a specific agency or an agency was not named. The three negative comments made about Anglicare's ER service related to only recently being aware of the service and not providing the kind of food a client wanted. However, some respondents may not have made negative comments about Anglicare when being interviewed by an ANGLICARE researcher

Although only a few negative comments were received, they may be used as considerations that can be factored into the planning of new food projects and improving existing ones. They could also be considered by non-Emergency Relief style projects when planning new and improving existing services. Key questions that could be asked include: 'What values do we want to underpin our service, and what policies, procedures, training and evaluation do we need to put in place to ensure that these values operate?'

SELF-REPORTED REASONS FOR STRUGGLES WITH FOOD

There were 99 respondents who described their households as not having enough to eat or enough of the kinds of food they needed at some time in the 3 months prior to the survey. Respondents selected from a list of reasons for this experience, which were based on previous studies and work in the field. The most common reason given was not having enough money for food (89% of these respondents). This reflects the nature of the emergency relief service. The next three most common reasons related to cost of transport (44%), the cost of food in respondents' areas (43%) and that there was no one with whom they could share the cost of food (40%).



There were a range of reasons selected from the options in this question. These cover issues with distance and transport, knowledge, the complexities associated with poor health, the supply of food in the local area and resources available for cooking and storing food. A range of other reasons were defined by the respondent.

Selected reasons were compared against food insecurity levels. These relate to health and resources for cooking or storing food. Whilst not the most common reasons given, they provide illuminating information.

There were 20 respondents who said that health problems made it hard to shop; half of these also said that it was hard to cook (10 respondents). The majority of those respondents with greater difficulties were the only adult in the house – they were either living alone (6 households) or were single parents (2 households). Furthermore, all respondents who physically struggled to cook or prepare food were frequently food insecure with hunger.

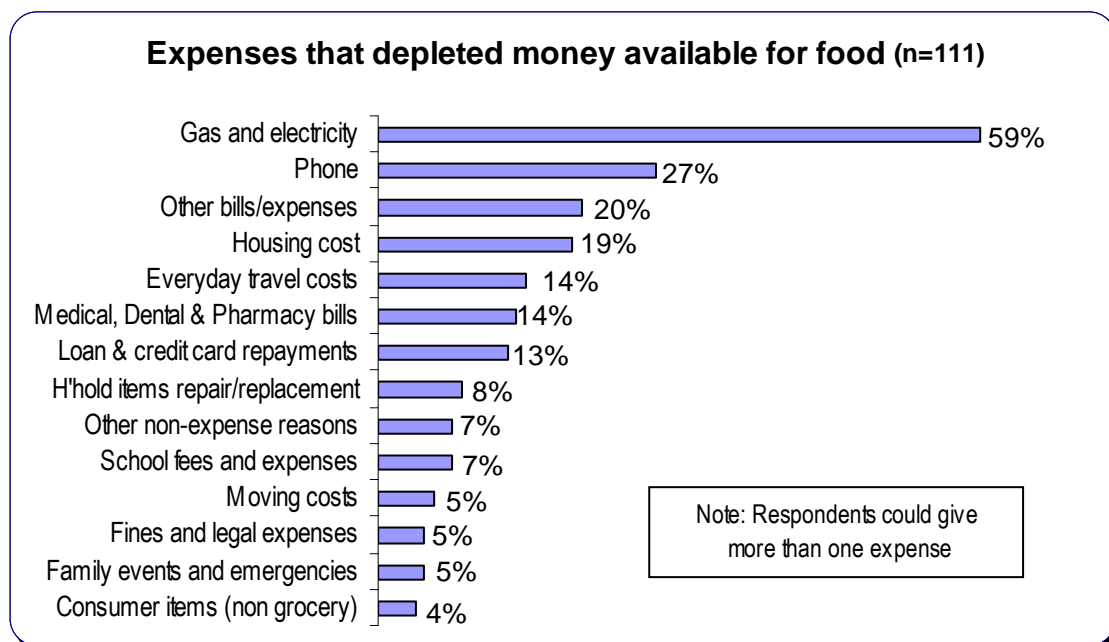
There were 16 respondents who either did not have a fridge, a heat source for cooking (stove/oven/microwave) and/or whose power was disconnected³¹. This lack of food preparation facilities, whilst representing a small number of households, illustrates the presence of a highly vulnerable group of people who do not have the basic necessities to either store or cook fresh food. Households without a fridge (10 households) or without a stove/oven/microwave (8 households) were both food insecure with hunger – and most of these households were recurrently hungry. Households with power disconnected (6 households) were frequently food insecure with hunger.

EXPENSES THAT DEPLETED MONEY AVAILABLE FOR FOOD

Research indicates that since the food bill is controllable it is often eroded by other more pressing expenses. Other studies show that food is often the only discretionary item in the budget of low-income households.³² This was found to be true in the ANGLICARE study, with respondents citing household bills as a reason for not having enough food or enough of the right kinds of food they needed. However, as was reported earlier in the section on coping strategies, respondents also put off paying other bills or asked for an extension, in order to afford food.

When asked about expenses incurred in the previous three months which left no money leftover for food, respondents mostly cited basic necessities, such as energy (59% of respondents), telephone (27%) and cost of housing (19%).

The high proportion citing energy bills reflects the Wollongong ER service's regular provision of Energy Accounts Payment Assistance (EAPA) vouchers. During the survey period, 18% of all clients who were assisted by the Wollongong service received EAPA vouchers – the highest form of material assistance received after food in kind.



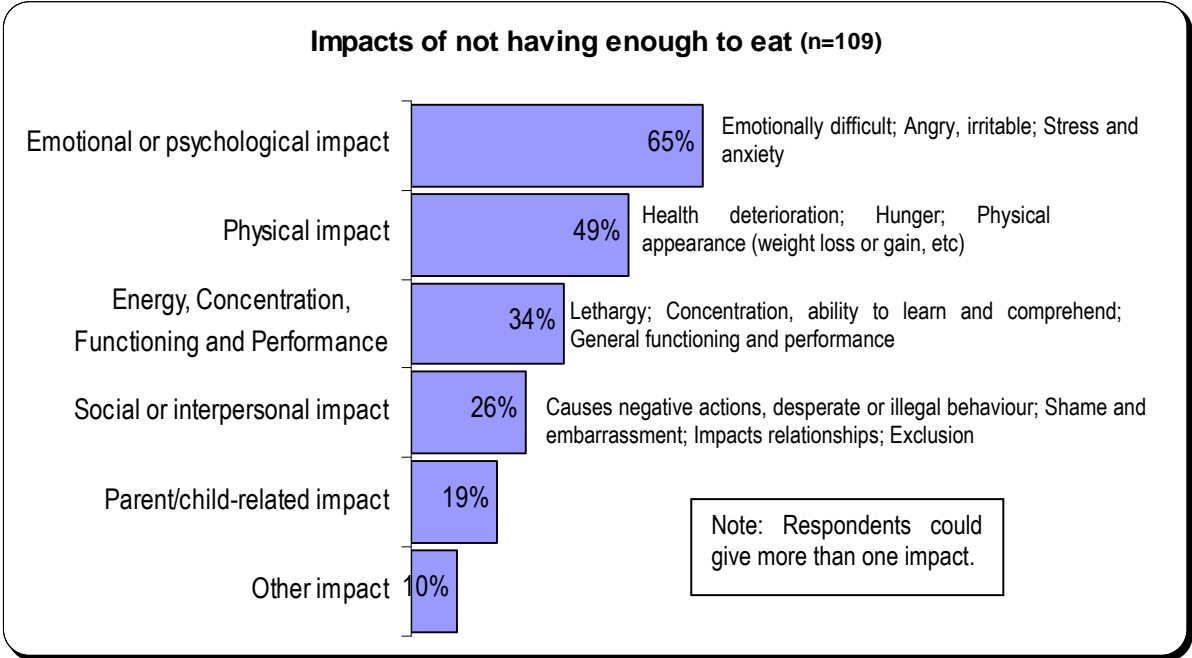
The 'housing cost bills' category in the above table of results is predominantly rent-related. The category, 'travel costs' includes public transport, petrol and vehicle maintenance, registration and repair. Expenses listed in 'Other', comprised 20% of households that had ran out of money, and were of a wide variety. Those that were repeated included gifts (4 respondents), water bills (3), pet care (3) and self education (2).

One issue that is sometimes raised is that people don't have money for food because they spend it on drugs, alcohol or gambling. While the question about bills and expenses in the ANGLICARE study may not have identified all instances of this kind of expenditure (and certainly very few referred to this as an expense), the ER service's client statistics show that in 2004, only 5.5% of clients presented with an addiction problem in their household; during the survey period this was only 2% of all clients who accessed the service.³³ The scenario identified by the survey results and the service's client statistics is one of disadvantaged households paying for basic necessities and afterwards struggling to afford food.

IMPACTS OF NOT HAVING ENOUGH TO EAT

Throughout the literature, a number of impacts are identified for people who experience food insecurity. These range from health and nutritional impacts as well as social, economic, educational, psychological and emotional effects on individuals, households and the broader society³⁴.

In the ANGLICARE study, respondents cited similar impacts when asked, ‘How do you think not having enough to eat affects people?’ These can be summarised as emotional/psychological (65% of respondents spoke about this impact), physical (49%), energy and performance (34%), social and interpersonal (26%), impacts on parents and children (19%), and various other impacts (10%).



Whilst respondents were not asked how they were personally impacted, the fact that 95% of the sample was food insecure – and 75% went hungry - leads to the reasonable assumption that in many responses, people were speaking from their own experience. Indeed, many used the first person tense in their response. The question provided a rich source of open-ended responses, some of which shall now be used to describe each of these categories of impact.

The **emotional/psychological impacts** clients spoke of can be summarised as being emotionally difficult (e.g. depression, being upset, low self-esteem, etc), causing stress and anxiety and becoming angry and irritable. The following response highlights some aspects of the emotional difficulty of going without, which others also referred to:

[It] makes them feel depressed. Can make them angry because you're hungry. You feel destitute and embarrassed. And obviously you feel very hungry. And it also makes you feel helpless. And also I've been feeling really angry with myself because I haven't been able to provide for myself and make ends meet... and feeling guilty for... not being able to find a way out of it.

Half of the respondents also mentioned a range of **physical impacts**, including health deterioration, physical appearance and hunger. One interviewee responded with:

Every day. Physically, mentally spiritually - gets you pretty down on life in a way. Get more sick often because you're not keeping your immune system up. If you're not eating vegies and get the flu, it's a lot worse – you don't get over it as easily.

Another respondent commented that,

The less money you've got the more likely you're to eat something that's not healthy.

The third most common type of impact respondents gave related to **energy, functioning and performance**, which also included lethargy, and negative impacts on concentration and the ability to learn and understand. The following comments give insight into this particular struggle:

Makes me lethargic and irritable - unable to progress. I may as well be drinking if I don't have any food.

Depresses you, you run out of energy. It takes so long to get back to where you'd normally be.

Two respondents also referred to a lack of energy to look for work and one said they knew people who lacked energy to seek assistance from Emergency Relief services.

A quarter of respondents cited a range of **social or interpersonal impacts**, some of which included negative actions, desperate or illegal behaviour, and impact on relationships. For example:

...Pretty agro - If hungry and had no money nothing would stop me from breaking into a shop. Deprive a human of food and he's gonna go off.

...I fight with my brother...I need something to eat to not trigger the fight.

Other impacts in this category included shame, embarrassment and exclusion. It is in these comments that the link can be found between such a basic need as food and social exclusion. One respondent commented at length.

...My daughter wanted to have a friend on the weekend. The friend opens the fridge and pantry and says you haven't got any nice food - muesli bars and that. This time I said no [she couldn't come over]; we've got to make the food last. If there's nothing I'll give them a carrot for recess. My daughter gets out a carrot and the kids comment oh you're having carrots again... Shame - in drama class they had to say what makes them angry. My daughter wanted to say "it sux because you haven't got enough food", but didn't want to. I don't feel we're fully participating in life. Some friends I won't invite over - I couldn't offer them a biscuit with a cup of tea - well I don't even have coffee at the moment, I love coffee and haven't had it for a week.

One fifth of respondents spoke of **impact on parents or children**. Whilst this specifically created parent/children category contains some mutually exclusive comments, many of the comments directly relate to other categories, for example, 'stress', 'shame and embarrassment', 'lethargy' or 'impacts relationships'. One man speaks of a role reversal with his young son:

...When my 9 year old comes over and there's nothing it's embarrassing. That probably stops him from coming to see his Dad. He's a good boy - sometimes he says come on Dad we'll go down the street and I'll buy you a kebab. It's embarrassing - I should be doing that for him.

A small number of respondents cited various **other impacts**. Two comments of interest related to the difference in coping ability between people who are used to going hungry and those who are not; and that the experience provided an insight into 'what living in lower society is all about'.

The range and nature of impacts provided in the survey highlight how basic a need food is and how foundational it is to one's life. Other research has also identified broader societal impacts. Qualitative interviewing of food insecure respondents (their status was identified by different food insecurity measures) identified their perceptions of how impacts on their household also had broader consequences. These included:³⁵

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

These consequences underscore the importance of food security being acknowledged as a reality, and for governments to work with local groups in addressing this problem.

Conclusion

The pilot study of Emergency Relief clients' food insecurity delved into the lives of people coming to one ER service in Wollongong, with a range of needs and issues affecting their lives. The pilot found that the people surveyed were commonly food insecure, reflecting the concentration of clients in this service requiring food assistance. The majority relied on government benefits and half described their income as not enough to buy what they needed.

In most of their households, adults skipped meals and in half of their households at times they did not eat for a whole day. Over one third of respondents' children were not eating enough because there just wasn't enough money.

Just under half of the clients who came to the service during the survey period were interviewed for this study. Of these, 95% were found to be food insecure. Research into food security levels amongst emergency relief clients around Australia would give a clearer picture of the extent and severity of food insecurity as well as the nature of clients' struggles to feed themselves and their households. Results from such a study could ascertain whether or not the high proportions of food insecurity found at Wollongong are reflective of emergency relief clients nationally. It could look at the reasons behind food insecurity, how clients manage, and how the experience impacts on them personally and their households.

The topic of food insecurity also prompts questions about poor budgeting and misspending on alcohol, cigarettes, gambling and junk food. Other research has been carried out that challenges these perceptions³⁶, and further research amongst emergency relief clients could also look into this issue. Furthermore, the ability of clients to afford food and other living costs when relying on government benefits can be further explored. The pilot results suggest the need for government benefit levels to be recalibrated to reflect actual living costs.

The range of impacts given by respondents of the pilot survey portray food insecurity as an incredibly difficult experience that only serves to compound the struggles clients already face. Despite an era of prosperity for many, some Australian families are still finding it difficult to afford enough food to eat. However, a general perception is that whilst some people may need help with their utility bills, people are not going without food – Australia is not that poor. The results from this study tend to challenge this public perception and reveal a group of people who do not only experience a relative level of poverty compared with society's rising living standards, but poverty in basic necessities, like food.

End Notes

- ¹ Taken from Anglicare's Wollongong ER service client statistics. Please note that due to client confidentiality, client statistics could not be isolated for only those who participated in the survey.
- ² Life Sciences Research Office (LSRO) of the Federation of American Societies for Experimental Biology, 1990 cited in Bickel, G., Nord, M., Price, c., Hamilton, W.L. and Cook, J.T. (2000) Guide to Measuring Household Food Security, Revised 2000, USDA, Food and Nutrition Service, Alexandria, VA, viewed 4.6.03, <<http://www.fns.usda.gov/fsec/FILES/FSGuide.pdf>>, p. 6.
- ³ Taken from NSW Centre for Public Health Nutrition (CPHN) (2003) Food Security Options Paper: A Planning Framework and Menu of Options for Policy and Practice Interventions, a NSW Centre for Public Health Nutrition project for NSW Health, NSW Centre for Public Health Nutrition, Sydney University, viewed 13 May 2004 <<http://www.cphn.biochem.usyd.edu.au/resources/foodsecurity.pdf>>; Dowler 1998, cited in Booth, S. and Smith, A. (2001) 'Food security and Poverty in Australia: Challenges for Dieticians', Australian Journal of Nutrition and Dietetics, vol. 58, issue 3, p150-6.
- ⁴ Examples include (1) the Radimer Cornell study: Radimer, K.L., Olson, C.M., Greene, J.C., Campbell, C.C. and Habicht, J.P. (1992) 'Understanding hunger and developing indicators to assess it in women and children', Journal of Nutrition Education, vol.24 (supplement); Kendall, A., Olson, C.M. and Frongillo, E.A. Jr. (1995) 'Validation of the Radimer/Cornell Hunger and food insecurity measures', Journal of Nutrition Education, vol.125; (2) Food and Feelings study: Hamelin, A.-M., Beaudry, M. and Habicht, J.-P. (2002) 'Characterization of household food insecurity in Quebec: food and feelings,' Social Science and Medicine, vol 54, issue 1; and (3) the NZ Food-NZ people study: Quigley and Watts (1997) Food Comes First: Methodologies for the National Nutrition Survey of New Zealand, Ministry of Health, viewed 6.3.06, <<http://www.moh.govt.nz/moh.nsf/49b6bf07a4b7346dcc256fb300005a51/8bf3be812cd9ec5e4c25667000341ba2?OpenDocument>>; Russell, D., Parnell, W. and Wilson, N. (1999) NZ Food: NZ People: Key Results of the 1997 National Nutrition Survey, August 1999, Ministry of Health, Wellington, viewed 12.5.03, <[http://www.moh.govt.nz/moh.nsf/ea6005dc347e7bd44c2566a40079ae6f/8f1dbeb1e0e1c70c4c2567d80009b770/\\$FILE/nns.pdf](http://www.moh.govt.nz/moh.nsf/ea6005dc347e7bd44c2566a40079ae6f/8f1dbeb1e0e1c70c4c2567d80009b770/$FILE/nns.pdf)>
- ⁵ Quigley and Watts (1997) op.cit.; Russell, et.al. (1999) op.cit.
- ⁶ Hamelin, et.al. 2002 op.cit
- ⁷ Radimer et.al (1992) and Kendall et.al. (1995) op.cit.
- ⁸ Hamelin, et.al. (2002) op.cit.
- ⁹ ibid
- ¹⁰ ibid
- ¹¹ ibid; Radimer, et.al. (1992) op.cit.; Kendall, et.al. (1995) op.cit.
- ¹² Nord, M., Kabbani, N., Tiehen, L., Andrews, M., Bickel, G. and Carlson, S. (2002¹) Household Food Security in the United States 2000, Food and Rural Economics Division, Economic Research Service, U.S. Department of Agriculture, Food Assistance and Nutrition Research Report No. 21, viewed 4.6.03, <www.ers.usda.gov/publications/fanrr21/fanrr21.pdf>; Bickel, et.al. (2000) op.cit.
- ¹³ Bickel, et.al. (2000) op.cit., pp.23-24
- ¹⁴ Bickel, et.al. (2000) op.cit.
- ¹⁵ ibid.
- ¹⁶ For example, Nord, M, Satpathy AK, Raj N, Webb, P & Houser, R (2002²) Comparing Household Survey-Based Measures of Food Insecurity Across Countries: Case Studies in India, Uganda and Bangladesh, discussion paper no.7, June 14, Friedman School of Nutrition Science and Policy, Tufts University, Boston MA, presented at the International Scientific Symposium on Measurement and Assessment of Food Deprivation and Under-Nutrition, Rome, Italy, 26-28 June 2002, viewed 6.3.06, <http://nutrition.tufts.edu/pdf/publications/fpan/wp07-comparing_measures.pdf>.
- ¹⁷ There were a total of 264 client appointments during the survey period. If selection criteria are not considered, 46% of the total client number were interviewed.
- ¹⁸ This could include Family Tax Benefit and Parenting Payment.

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- ¹⁹ Households may have and in many cases did receive a variety of benefits, not simply one type. These proportions focus on the number of households receiving each kind of benefit.
- ²⁰ Taken from Anglicare's Wollongong ER service statistics. Please note that this is a proportion of all clients who received assistance during the survey period, not only survey respondents.
- ²¹ All households with children were assigned food security ratings.
- ²² In households where children skipped meals (9 households), their food security status was predominantly food insecure with hunger (7 households) and adults in the same household were always food insecure with hunger.
- ²³ In this study, respondents aged 16 years or more were asked whether, during the previous 12 months, they had run out of food and had no money to buy more. ABS (2003) Measuring Dietary Habits in the 2001 National Health Survey, Australia, Occasional Paper, ABS cat. no. 4814.0.55.0012001, viewed 9.10.06, <<http://www.abs.gov.au/Ausstats/abs@.nsf/0/59b20251f805da70ca256d390004725d?OpenDocument#5.%20RESULTS%20OF%20THE%202001%20NHS>>.
- ²⁴ Difference is significant at $p \geq 0.05$ level.
- ²⁵ Henman, P (2003) 'How Adequate are Australian Social Security Benefits?: A Geographical Assessment', mimeo; presented to the Australian Social Policy Conference, University of New South Wales, July, viewed 18 May 2004 <<http://www.sprc.unsw.edu.au/ASPC2003/papers/Paper63.ppt>>.
- ²⁶ SPRC 1998 p. 63 cited in *ibid*.
- ²⁷ There were 117 people who responded to the FSSM questions.
- ²⁸ The following report cites a number of studies: CPHN 2003 op.cit.
- ²⁹ There were 63 households with children in the sample, all of which had completed FSSM questions.
- ³⁰ There were no large differences between the two food insecure groups for different strategies used.
- ³¹ Respondents could give more than one reason.
- ³² Trethewey 1989, Malseed 1990 and Whitehead 1987, cited in Lester, I.H. (1994) Australia's Food and Nutrition, Chapter 6, AIHW, Australian Government Publishing Service, Canberra [online] Available: <http://www.aihw.gov.au/publications/health/afn94/afn94-c06.pdf> Date: 12.5.03
- ³³ Taken from Anglicare's Wollongong ER service client statistics.
- ³⁴ For example: Booth, S. and Smith, A. (2001) 'Food security and Poverty in Australia: Challenges for Dieticians', Australian Journal of Nutrition and Dietetics, vol 58, issue 3, p150-6; Smith, A.M. and Baghurst, K.I. (1993) 'Dietary vitamin and mineral intake and social status', Australian Journal of Nutrition and Dietetics, vol 50, issue 4, p163-171; Che, J. and Chen, J. (2001) 'Food security in Canadian households' in Statistics Canada (ed) Health Reports, vol 12, issue 4, Spring 2001, Statistics Canada, Ottawa, viewed 23.6.03, <<http://www.statcan.ca/english/indepth/82-003/feature/hrar2001012004s0a01.pdf>>; Centre on Hunger and Poverty (2002) The Consequences of Hunger and Food Insecurity for Children: Evidence from Recent Scientific Studies, viewed 4.6.03, <<http://www.centeronhunger.org/pdf/ConsequencesofHunger.pdf>>; Else, A (1999) Hidden Hunger: Food and Low Income in New Zealand, New Zealand Network against Food Poverty, Second Edition, viewed 23.10.06, <<http://www.dcm.org.nz/>>; Hamelin, et.al. (2002) op.cit.
- ³⁵ Hamelin, A., Habicht, J and Beaudry, M. (1999) 'Food insecurity: consequences for the household and broader social implications', Journal of Nutrition, vol.129 (Supplement), p.527.
- ³⁶ Else 1999 op.cit.