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Narrowing The Gap: An Integrated Approach to Improving Food Security for Vulnerable and Homeless People

By Dr. Beverley Wood

Introduction

This paper challenges the status quo about how to support food security for vulnerable and homeless people. It takes the position that food exclusion contributes to social exclusion (and vice versa), and that both are contrary to human rights.

Proponents of this view argue against further expansion of Emergency Food Relief and surplus food distribution-on the grounds that it reflects the moral unacceptability of increasing food insecurity in communities (1). The imperative then becomes working towards ensuring that everyone of us can always obtain food in socially acceptable ways, through non-emergency food sources.

'Everyone has the right to a decent life, including enough food, clothing, housing, medical care and social services. Society should help those that are unable to work because they are unemployed, sick, disabled, or too old to work. Mothers and children are entitled to special care and assistance.' (The Universal Declaration of Human Rights, United Nations 1948)

There is no doubt that food insecurity is endemic in some inner urban communities of Melbourne. There are an increasing number of municipalities in which it is reported to be an issue (www.quotidian.net/poverty), and there has always been anecdotal evidence that food security problems exist in rural and remote areas. Once awareness is raised, most people begin to recognise the elements of their own perpetual and lifelong quest for personal (individual) food security.

Food Security in Vulnerable and Homeless People

Food security is defined in its most basic form as 'access by all people at all times to the food needed for a healthy life. Achieving food security means ensuring that sufficient food is available, that supplies are relatively stable and those in need of food can obtain it' (2).

As most of us are totally dependent on the commercial food supply (food for profit), we can all expect to experience food insecurity at the time in our lives when we are most vulnerable.

. . most doctors . . are unaware of the behavioural changes that occur in all people subjected to severe undernutrition (not enough food) for more than a few weeks. . . lack of food produces the same pathophysiological and behavioural changes in all people. . . It provides one of the few situations about

which one can say with certainty that you and I, along with everyone else, would come to behave in the same way' (3)

Like lack of housing, 'food is itself a powerful marker of social exclusion, both for individuals and communities' (4). It is not only people experiencing homelessness who have problems achieving individual food security, but other vulnerable groups as well. If we can link the food security needs of vulnerable and homeless people together across geographical areas, the evidence is more compelling and more energy, political will and resources can be harnessed.

Isolated Services (out of sight-out of mind) to vulnerable and homeless people are unsustainable and of questionable value in the long term. A more sustainable concept is one which considers all Services as an integral part of mainstream activities and which actively pushes back on mainstream organisations and infrastructure to achieve more equity, food inclusion and social inclusion for vulnerable and homeless people.

In the 1995 National Nutrition Survey, a question was asked of adults (16+ years of age) about food security- 'In the last 12 months, were there any times that you ran out of food and you couldn't afford to buy more?' In persons 16 years and over the finding was 5 % in all, 8.9% in areas of most disadvantage, 12.8% in persons on low income and reporting fair or poor health, and 16.5% persons on low income- aged 16-24 years (5). In homeless adults (188 individuals) receiving a service from the Royal District Nursing Service Homeless Persons Program in inner Melbourne, 46% answered YES to the same question about food security (6).

The amount of money expended in Community Services, Welfare Programs and Emergency Food Relief is in the millions of dollars per annum in Victoria alone and is still not enough.

In reflection, we must ask the question 'How can we improve connections to mainstream services so they are more inclusive and equitable for vulnerable and homeless people?' 'Would some of the current resources be better utilised in pro-active preventative and other strategies applied through integration with mainstream amenities, activities, services and infrastructure?'

In Stakeholder Interviews conducted in the food security projects of the Cities of Yarra, Maribyrnong and Port Phillip, the most vulnerable target groups were generally identical to those identified by Eat Well Australia (7)-Aboriginals and Torres Strait Islanders, low income families, people with socio-economic problems, people with mental illness, people who are non-English speaking, chronically ill people, frail elderly people, people affected by alcohol and/or substance misuse, homeless people, and migrant groups.

Many of these groups experience homelessness, and conservatively, the above list of vulnerable groups and their dependent children comprise some 25% of the Victorian population (one million individuals). All can be reasonably expected to be at risk of food insecurity some of the time, if not a lot of the time.

Does it really matter if a person is food insecure and may not know where the next meal is coming from?

The box below shows the complexity of factors which contribute to food in/security and the burden of disease. The left hand column summarises the difficult environment of food insecurity, and is in contrast to the right hand column of a better life with food security.

Where is the next meal coming from?

The perpetual quest for food-food appetite, hunger, searching 'Food hunting and gathering' 'Food dreaming'

Individual food insecurity Individual food security

Community food insecurity-local food supply not accessible Community food security-local food supply accessible

Take Away Food-inconvenience foodsEmergency food, food scavenging-stealingIntermittent food meals, perhaps hungerPoor food choice and varietyPoorer-employment, social life, recreation Take Away Food-convenience foodsFood nibbles, food grazing, food snacksFood meals, and satietyGood food choice and varietyBetter- employment, social life, recreation

Poor health (mental-physical)Higher frequency of overweight or underweightHigher frequency of malnutrition Good health (mental-physical)Higher frequency of normal weightLower frequency of malnutrition

Shorter life spanHigher burden of disease (mental-physical)Higher levels of dependencyMore frequent, longer stays in hospitalHigher cost to the community Longer life spanLower burden of disease (mental-physical)Lower levels of dependencyLess frequent and shorter stays in hospitalLower cost to the community

Strategies addressing individual food security

Continuously searching for food day in and day out for weeks and months, overlayed by hunger, has serious immediate effects on any persons capacity to think and plan, and the time and energy required for more gainful pursuits. It is likely to have a serious affect on how a person sees themselves and their related behaviours (low self esteem, anxiety, lack of self care, social exclusion and aggression). Long term nutritional and health implications are significant both to the individual and the community.

The recent Victorian Primary Care Partnership (Profile-Health Behaviours) 'Information Resource Service Coordination Implementation Tool Template' (the SCTT tool) includes a nutritional risk screening tool which was developed for application to all vulnerable groups (including homeless people) (refer www.health.vic.gov.au/agedcare/hacc/nutrition/index.htm).

Application of this tool by general workers assists them to identify and then target the food and nutrition issues which affect the health and independence of the individual. Height and weight should be measured whenever possible as an objective measure of global nutritional status, and collated for advocacy purposes. A large number of homeless adults (188 observed by the RDNS) had the same type

of nutritional risks but a higher frequency of one or more nutritional risks (92%) than 241 frail elderly persons (63%) and 86% of younger adults with disability (6).

A Community Agency working under severe financial limitations in isolation is unlikely to be able to adequately respond to the food needs of an individual in other than temporary ways. Economic rationalisation and concentration on core business has limited the ability of the Community and Welfare sector to respond holistically to peoples needs.

Shelters used to be a major source of food for vulnerable and homeless people, but reduction in beds has also resulted in food and meal availability While some Crisis Accommodation Services still provide food and meals to clients, others are unable to do so. It is imperative that core funding is provided to support basic human needs (including nourishing food) for all individuals and groups in crisis.

Food and nutrition programs and interventions

Experience has been gained in improving food security for individuals, households and small groups of vulnerable and homeless people. Most interventions have provided improved temporary food support for the participants through food and nutrition programs (refer box below).

Food and nutrition programs for vulnerable and homeless people

Emergency food relief-food vouchers, food parcels, free meals
Free commercial nutritional supplements, vitamin and mineral supplements
Food and nutrition information
Food budgeting and shopping skills
Food preparation and cooking skills, household management
Home delivered meals

Food and social inclusion programs and interventions

Creative programs which address social inclusion at the same time as food inclusion have more potential, providing outcomes which work towards facilitating connections to mainstream communities (refer box below). They support the community and inter-sectoral actions required to improve more constancy in food security for vulnerable and homeless people.

Food and social inclusion programs for vulnerable and homeless people

Cafe Meals-subsidised local cafe meals
Community Cafes
Community meals and barbecues
Community buses to the food supply, local food deliveries
Community ownership of food programs eg. food co-operatives, community gardens
Worker training programs in food and nutrition

Alternative and creative policies, processes, funding and strategies are required which recognise the value of nurturing provided through food and meal provision. Food security provides support for improving the physical and mental health, social connections and behaviour of individuals and groups. Nutritious food and meals are particularly important for all homeless persons-especially children, pregnant women and the frail elderly.

Strategies Addressing Community Food Security

On the whole, vulnerable and homeless people are very good managers of the situation in which they find themselves but they are often faced with systemic and other community barriers which prevent them from exercising their full resilience. Such barriers include:

- High level causes and barriers (globalisation of trade, inadequate income support)
- Transport barriers (public and community transport, bicycle and safe walking routes)
- Local area gentrification (built environment, economic-shopping-environment)
- Local food access barriers (no local food production, dependency on commercial food supply)
- Health and social issues
- Food Safety, and Occupational Health and Safety Laws
- Partial funding of Home and Community Care Food Services
- Inadequate or no secure clean food storage and preparation facilities (public housing, Supported Accommodation and Rooming Houses)

The particular settings for community security activities include all levels of government (particularly Local Government) working with all residents, and through partnerships with Commerce and trade, and partnerships with Primary Health Care and Community Agencies.

The identification of systemic barriers raises the need to develop strategies to overcome them, and the opportunity to do this is available through the Victorian Municipal Public Health Planning Framework (8) which addresses the built, social, economic and natural environments in a municipality. Municipal Public Health Plans offer hope for addressing community food security in such a way as to foster social inclusion of all residents in the municipality, and several municipalities in Melbourne have already begun to implement strategies of this kind.

Further opportunity is afforded by the development of Food Security Policy for a municipality (such as in the Cities of Maribyrnong and South Sydney), which is implemented through Municipal Public Health Plan strategies. A checklist particular to vulnerable and homeless people follows:

Municipal Public Health Planning* checklist for vulnerable and homeless people

BUILT ENVIRONMENT

Are facilities available for breast feeding mothers? Is there access to basic foods within safe 0.5 km walk for all residents? Does regular user-friendly public or community transport connect all residents to the food supply outlets? Is there ready access to seats and toilets on all transport routes and in all public areas?

SOCIAL ENVIRONMENT

Is any work being conducted in schools on food issues? What are the characteristics of Council food services? Is culturally appropriate food available? What is the knowledge and capacity of people in various sectors about food nutrition and health? Are there opportunities for social connectedness, food

access, and prepared meals for all (including vulnerable people) in all shopping areas?

ECONOMIC ENVIRONMENT

Are low cost food outlets readily available and accessible to improve buying power of people on low incomes? What are the groups most in need? What is the provision of emergency food services? Is there a variety of low cost healthy food in all neighbourhoods? Are there minimum standards for food storage and preparation in all public housing and rooming houses?

NATURAL ENVIRONMENT

Are there any community gardens? How is food waste and packaging addressed? Is there any encouragement of edible planting in private gardens, and public areas? Is there ready access to clean (free) drinking water in all public areas?

* Derived from the generic plan in Section 8, Table 1 (reference 9)

In the absence of food and nutrition policies and activities in the Victorian and National Homelessness Strategies, the opportunity now exists to use the concept of community and individual food security in a human rights framework to promote concurrent and equitable social and food connectedness and inclusion for vulnerable and homeless people in local areas, mainstream amenities and activities.

A whole of government approach is required to make a real improvement in community food security, and in particular, local Governments have a whole of population mandate and are accountable to the residents for the quality of life in municipalities.

Towards guidelines for the prevention of food insecurity in the vulnerable and homeless population

The food insecurity problems of vulnerable groups has been identified as one of four health gain initiatives for the next ten years by the Strategic Inter-Governmental Nutrition Alliance of the National Public Health Partnership. Improvement in local food access is a further goal. A National and State Program with relevant funding is now required to activate it.

Regional and Local Governments and Health Services in partnership can provide leadership for a local inter-sectoral approach to improving community food security for all, and the health and well-being of all individuals and vulnerable groups including the homeless.

Active advocacy by all of the peak bodies for vulnerable and homeless people will assist these initiatives. Perhaps their greatest effort should be placed in advocacy for improved infrastructure and community food security in disadvantaged areas where many vulnerable and homeless people live.

Towards improved sustainability of community and individual food security

An integrated inter-sectoral approach to intervention is required if a real difference is to be made in future to support equitable food inclusion and social inclusion of vulnerable and homeless people. In particular, advocacy connected to the democratic process through broad community involvement, ecological and environmental connections, economic and other partnerships, and leadership are

required in local government areas.

Importantly, the majority of people with food security can be engaged to acknowledge and do something constructive (and sustainable) to reduce community barriers experienced by the vulnerable and homeless people for whom food insecurity is a daily experience.

In the pro-active prevention and amelioration of homelessness, the provision of food, clothing, housing, health care, social services and social connections for vulnerable people in their local communities is very important. Provision of nurturing and health improvement in a human rights framework is the clearest pathway available to resilience, independence and social inclusion.

* Consultant in Food, Nutrition and Dietetics

References

1. Hawkes C, and Webster J. Too much and too little? Debates on surplus food redistribution. London: Sustain; 2000.
2. FAO/WHO International Conference on Nutrition. Final Report of the Conference. Rome, December, 1992. Rome: FAO/WHO; pp 1-55; 1992.
3. Hocking F. Starvation. Social and psychological aspects of a basic biological stress. Australian Medical Association. Mervyn Archdall Medical Monograph, Number 6. Glebe, New South Wales: Australasian Medical Publishing Company Limited; 1969.
4. McGlone P, Dobson B, Dowler E, Nelson M. Food Projects and how they work. York, UK: Joseph Rowntree Foundation, p. 40; 1999.
5. Wood B, Wattanapenpaiboon T, Ross, K, Kouris-Blazos A. 1995 National Nutrition Survey: All persons 16 years of age and over and all persons 16 years of age and over, by food security. Melbourne: Monash University: Healthy Eating Healthy Living Program; 2000 (www.healthyeatingclub.com/bookstore/reports.htm).
6. Wood B, White S, Kowalski-Delikat A, Swanborough T. Identifying homeless persons who are nutritionally at risk. Project Report. Melbourne: Royal District Nursing Service Homeless Persons Program (in press)
7. SIGNAL (Strategic Inter-Governmental Nutrition Alliance). Eat Well Australia. An agenda for action for Public Health Nutrition 2000-2010; 2000.
8. Victorian Department of Human Services. Environments for Health. Municipal Public Health Planning Framework. Melbourne: Public Health Division, Victorian Department of Human Services; 2002.
9. Wood B, Swinburn B, Burns C. Multi-Site evaluation food insecurity community demonstration projects. Final Report, Volume One: Eating Well in Victoria Food Security for All. Burwood, Victoria: School of Health Sciences, Deakin University; 2003.