

Exploring the capacities and responses of the community and
emergency food sector in the Geelong region:

Report 1

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Executive Summary

This is the first report in a series that will explore the emergency and community food landscape in the Geelong region. This work explores how the emergency and community food aid sector are responding to the Covid-19 pandemic and the constant changes to welfare payments.

Building on the work of the Give Where You Live Foundation, and their support of the Geelong Food Assistance Network, this study aims to explore the various providers of emergency and community food aid in the Geelong region to gain an understanding of how they are responding to the Covid-19 pandemic, and to investigate the relationship between the provider of food aid itself and those in need. This research seeks to enable additional collaboration and assist share results as they come to hand for rapid evidence-informed policy and practice.

Survey responses were collected from 15 of the 40 emergency food aid providers in the region, including community, religious, welfare and/or non-profit organisations. The online survey was completed from 26 November 2020 to 4 December 2020.

Around half of the responding agencies were able to assist those in need this year. However, a lack of income and increased need due to the Covid-19 pandemic prevented all from being assisted. The common types of food assistance were prepared meals (n=11, 24%), parcels and boxes (n=10, 22%), and food and/or cash vouchers (n=8, 18%), with great variety in the amount of food and/or meals provided.

Three quarters of respondents reported having to change the way that they operate as a result of the Covid-19 pandemic. This included providing services to more people and extending and reducing hours or the type of service offered. In addition to challenges posed by density requirements, respondents also reported a loss of staff due to the pandemic, making operations even more difficult.

Introduction

In Australia, the Covid-19 pandemic is disrupting food, economic and social systems, and creating challenges for residents, community services, and governments at all levels. Public health activities, designed to limit the spread of the virus, can have a disastrous impact on the livelihoods of individuals and their families who are socio-economically deprived, including those in insecure employment or who rely on welfare for the majority of their weekly income. Many low-income households, prior to the Covid-19 pandemic, were already experiencing or were close to experiencing food insecurity, employing strategies such as purchasing food in small quantities or relying on a small number of staple foods to satisfy their dietary needs.

Work exploring the response of Victoria's emergency and community food sector to the initial period of the Covid-19 pandemic found that many agencies across the state were experiencing increased demand, and were at times, unable to meet this demand (McKay et al. 2020). Product shortages resulting from panic buying, combined with shortages following the 2019 summer bushfires, and a high unemployment rate, have compromised many individual's capacity to buy a sufficient quality and quantity of nutritious food, forcing an increasing number of people to turn to emergency and community food relief. With the emergency and community food relief sector experiencing unprecedented need, many individual agencies are facing shortages in volunteers and food supplies or have been forced to change the way that they operate.

Victoria's emergency food aid sector has grown since the 1990s, with rapid increase over the past decade (McKay and Lindberg 2019). Foodbank Australia estimates that one in five people were food insecure at some point in 2019, with 75 million meals being provided by Foodbank (FoodBank 2020). People who are homeless (Crawford et al. 2015), unemployed and/or a recipient of government welfare (Temple et al. 2019), living in rural and remote areas (Mungai et al. 2019), Aboriginal and Torres Strait Islanders (McCarthy et al. 2018), or refugees and asylum seekers (McKay and Dunn 2015) are more likely to experience food insecurity, with low income households spending proportionally more of their disposable income on food than those on an average or high income in Australia (Pollard and Booth 2019). Given the already high demand for emergency food assistance in regional Victoria, there is a real risk that more people will experience food insecurity and deficient nutrition.

Building on the work of the Give Where You Live Foundation, and their support of the Geelong Food Assistance Network, this project seeks to explore the response and capacity of emergency food aid agencies in the Geelong region over several months in dealing with the changing landscape triggered by the Covid-19 pandemic. Understanding who is seeking emergency food relief, the capacity of the agencies to meet this need and any changes in demand will give us a greater understanding of community and emergency food aid provision within the Geelong region. Furthermore, how the sector is functioning in this crisis period, in terms of human resources, food supplies, funding and similar operational functions, will help to illustrate opportunities for additional support and collaboration as we move out of the initial crisis period of the pandemic in Victoria.

Aims

The aim of this project is to explore the various providers of emergency and community food aid in the Geelong region to gain an understanding of how they are dealing with the Covid-19 pandemic, and to investigate the relationship between the provider of food aid itself and those in

need. With the rapidly changing situation of the Covid-19 pandemic, this research will also provide insight into the responsiveness of this sector in an emergency, and during keep pressure points including the lead up to Christmas and the return to school period. Specifically, the aims of this research are to:

1. Investigate any change in client need as a result of the Covid-19 pandemic.
2. Explore problems in meeting demand as a result of the Covid-19 pandemic.
3. Investigate the implications of food insecurity and food aid use as a result of the Covid-19 pandemic.

Additionally, this research will provide an up to date overview of the emergency and community food aid sector in the Geelong region and will provide a space in which emergency and community food sector and their clients' experiences and inequalities can be reported and recorded. This research seeks to enable additional collaboration and assist share results as they come to hand for rapid evidence-informed policy and practice.

Method

Sample and recruitment

A database of agencies and organisations providing food relief services to people in need, in the Geelong region, was compiled by the Give Where You Live foundation from information publicly available on the Geelong Food Assistance Network website. This database included information such as name, email and location, and included 40 individual organisations with 69 email contacts in total. An email containing an overview of the study and a link to the first web-based survey was sent to each organisation. Feedback was received that providing a Word document copy of the survey would help organisations prepare for the survey before entering the webpage. In response to this a follow-up email was sent 4 days later, with a word document copy of the survey and another copy of the survey link. The initial survey was open for 9 days in total. Ethics approval was granted by the Deakin University Human Research Ethics Committee [HAEG-H 219_2020].

Data Collection

The survey was open from 26 November 2020 to 4 December 2020. It consisted of 57 closed and open-ended questions with no forced responses. This survey is the first of six and aims to gather baseline data to use for subsequent surveys. This survey covered the following areas of investigation;

- General overview of the organisation including; services provided, operating hours, location, and any impacts on the delivery of services due to the Covid-19 Pandemic
- Staffing and funding; including percentage of paid to volunteer staff, where funding comes from and if/how this has changed due to the Covid-19 Pandemic
- Food that the organisation provides; including types of food provided as per the Australian Guide to Healthy eating, sources of the food supply and any changes to this supply, and storage preparation and delivery of food
- Profile of who the organisation supports, including any changes in clientele since the Covid-19 Pandemic, how the changes in government support has affected clients and if the organisation is supporting more children than before

Data analysis

Data from close-ended questions were analysed using basic descriptive statistics to characterise the sample. Categorical data were reported using frequencies and percentages while continuous data were presented as means, medians, and standard deviations. Data were analysed using Excel. To ensure respondent privacy and confidentiality, a participant identification number is used to differentiate between quotes. Data are presented as statistics supported by direct quotes where appropriate.

Results

General characteristics

Of the 40 emails sent, 15 completed surveys were received. Respondents were from a range of organisations including community organisations (n=6, 40%), religious organisations (n=4, 26%), and/or welfare and non-profit organisations (n=8, 53%). For most agencies, the busiest two months of the year are November and December (n=13, 54%). Of the 15 respondents, 7 (46%) said that they had been unable to assist people at some point this year; reasons were related to lack of income and increased need due to the Covid-19 pandemic.

Respondents provided a range of different types of food relief, most common were prepared meals (n=11, 24%), parcels and boxes (n=10, 22%), and food and/or cash vouchers (n=8, 18%). The number of meals provided varied, with one agency providing over one million meals in the past 12 months the median number of meals provided was closer to 10,000 per month (range: 1500-1,098,553). Beyond offering food assistance, respondents refer clients to other services including accommodation services, family support/domestic violence services, medical and mental healthcare services and financial counsellors, only 4 respondents reported an increase in people needed referral since the beginning of the Covid-19 pandemic. The primary population groups serviced by respondents was varied, but included families (n=14, 13%), migrants (n=10, 9%), people from casual/unstable industries (n=14, 13%).

Most respondents (n=11, 73%) did not have any eligibility requirements to access their services and were offering their service on a more than weekly basis (n=6, 40%), with many (n=7, 47%) servicing 100-600 clients a year. See table 1 for an outline of the general characteristics of the emergency food providers who responded to the survey.

Table 1. General characteristics of emergency food aid providers (n=15)

Type of emergency food provided	
Prepared meals	11 (24%)
Food parcels/boxes	10 (22%)
Vouchers	8 (18%)
Meals (taken away)	8 (18%)
Meals (consumed onsite)	3 (7%)
Food pantry	3 (7%)
Bulk foods for other providers	2 (4%)
Referrals	
Accommodation support services	8 (17%)
Financial counselling	7 (15%)
Family/domestic violence services	6 (13%)

Family support services	5 (11%)
Medical/healthcare practitioners	5 (11%)
Mental health service providers	5 (11%)
Addiction specialists	3 (7%)
Education support services	2 (4%)
Other	2 (4%)
Primary population	
People from casual/unstable industries	14 (13%)
Families	14 (13%)
Migrants (including refugees and asylum seekers)	12 (11%)
People with drug and/or alcohol dependency	11 (10%)
People with a disability	11 (10%)
People experiencing homelessness	10 (9%)
Aged People	10 (9%)
Young people	9 (8%)
International Students	9 (8%)
Aboriginal and Torres Strait Islander people	6 (6%)
Other	2 (2%)
Eligibility requirements	
None	11 (73%)
Health care card	1 (7%)
Referral	2 (13%)
Other	1 (7%)
Number of clients accessing service annually	
100-600	7 (47%)
1000-5000	3 (20%)
10, 000+	3 (20%)
Missing	2 (13%)
Frequency of use	
Once a week	2 (13%)
More often than once a week	6 (40%)
Less than monthly	1 (7%)
Monthly	2 (13%)
Twice a month	4 (27%)

Changes in services and need as a result of Covid-19

Three quarters (n=11) of respondents reported having to change the way that they operate as a result of the Covid-19 pandemic (see table 2). This included providing services to more people and extending and reducing hours or the type of service offered. Some respondents reported a significant increase in need as a result of the pandemic.

Yes, since COVID, we have been provided services to many more people. This has fluctuated since March. From providing meals for 70 people a week prior to COVID, meals for 500+ during April-June, a reduction in numbers as we ceased emergency food access program (meal delivery services).

Three quarters (n=11) of respondents reported having lost volunteer or paid staff due to the pandemic. Most agencies were operating with very few paid staff, typically one or two, with a reliance on volunteer staff. For those engaging a volunteer workforce, numbers of volunteer staff range from

5 to 95, averaging 110 hours of volunteer time per agency (range: 3-380 hours); most fall into the 60+ age group. Some respondents reported having to change the way that they operate because of staffing.

Due to the size of our shop, we can only have 5 customers in at one time. We also need more staff due to door 'check points' (upon entry) and safe receipt of donations, [however], because most of our volunteer base are in the high risk health category, many are not feeling safe to come back just yet.

Government imposed public health restrictions related to Covid-19 impacted the operation of many services (n=13, 87%). The most common impact had been the inability to have face-to-face contact with clients, which affected community meals and meal deliveries.

Working from home, no face to face contact with clients. On home visitations we do not enter home- drop off only. No face to face services available. All appts completed via phone and email. ER vouchers emailed to clients. Clients email bills in and we pay them.

Other services were restrictions due to capacity limits, limiting how many clients could be inside at a time or how staff interacted with clients.

Our community meal program is being held outside to ensure we can accommodate our participants during COVID.

While funding is often challenging for many services, lack of funding related to the closure of opportunity shops negatively impacted some respondents.

Financial counselling funding remains the same however demand is higher and will only keep increasing. Agencies referring clients to GFRC have reduced operations and have lost income due to the closure of op shops.

Covid-19 related restrictions also had an impact on clients, with 60% (n=9) of respondents indicating that restrictions had affected client's ability to access their services. Impacts included the closure of services, or the change to how their services were delivered; such as moving to takeaway or delivered meals or moving face-to-face assessments to phone assessments.

When Geelong was in the first and second wave, [agency] began a meal delivery service to ensure those that needed meals received them. Many of our clients that attend the community meal stayed home, instead of coming to the foodbank due to fear of COVID. In the beginning, we had to close for about 3 months.

Only modest funding changes occurred for most respondents with most (n=10, 66%) remaining funded via philanthropic funding. A small group (n=3, 20%) received extra Covid-19 specific government funding.

We received additional funding due to impact of COVID. We have had more funding for the purchase of emergency food from local government and philanthropy but have lost income from our traditional voucher system as referring agencies have closed operations and lost income from their op shops etc. We have received less general donor and local business support.

Respondents changes in the numbers of clients they assisted during the pandemic; both an increase (n=6, 40%) or decrease (n=5, 33%) in client numbers. Some respondents reported increased use by regular clients (n=7, 47%) and six (40%) respondents reported an increase in food relief for children. An increase in international students seeking food relief was also noted, as was assistance required by people from casual or unstable industries.

[P]eople experiencing this [increased need] are students, families (particularly mothers). Manufacturing, factory work, cleaning work, hospitality, taxi and uber drivers. Professional service industries.

The decrease in client numbers reported by some respondents was linked to the temporary financial support provided by the Government. Many respondents reported that the temporary government support had been very helpful (n=6, 40%) to their client base.

For many months we were down 50% on calls from 2019 which we believe was because of Jobkeeper & Jobseeker. Some have attended a little less often due to the extra money available.

Other respondents (n=9, 60%) however, stated that the government support had not been helpful or were only helpful for a short period or for a select few, or costs were consumed by other expenses.

Some have used Jobkeeper on substances rather than supporting themselves. Many of our participants are pensioners and haven't received JobSeeker. No, our clients are not eligible for these payments. ... Rents have increased locally keeping the situation very similar.

Table 2. Changes in services and need as a result of Covid-19 (n=15)

Impact on operation as a result of Covid-19 Pandemic*	
Providing services to more people	9 (32%)
Temporary closed or suspended services	5 (18%)
No change	4 (14%)
Extended type of services	4 (14%)
Reduced hours of operation	4 (14%)
Extended hours of operation	2 (7%)
Impact of Government Restrictions on Agency	
Affected by physical distancing	6 (40%)
Affected by capacity/density limits	4 (27%)
Affected by close of business and stay at home orders	3 (20%)
Unaffected	2 (13%)
Impact on funding amount since Covid-19 Pandemic	
Increase in funding	11 (73%)
No Impact	3 (20%)
Reduction in funding	1 (7%)
Changes in funding source since Covid-19 Pandemic	
Funding source remained the same	12 (80%)
Additional government funding	3 (20%)
Impact on food supply since Covid-19^	
Food supply not impacted	10 (71%)
Experienced challenges getting^	
Enough quality food	8 (57%)
Food for those with dietary requirements	4 (29%)

Culturally appropriate foods	2 (14%)
Changes in number of clients accessing services	
No change	4 (27%)
Numbers have increased	6 (40%)
Numbers have decreased	5 (33%)
Frequency of use by regular clients	
Increased	7 (47%)
Decreased	4 (27%)
No change	4 (27%)

*respondents could chose more than one option

^not answered by all respondents

Ten (71%) respondents reported changes to their food supply due to Covid-19 (see table 3). Some respondents reported short term supply issues due to panic buying early in the pandemic or upstream supply problems as well as challenges preparing and transporting food.

Because the state of Victoria was declared a disaster so all food from food bank Victoria was diverted to Red Cross for emergency hampers. This left much of the pasta and ambient goods that we were normally able to access unavailable for food aid agencies. We had to purchase these products through other means, thus putting budgets under pressure.

Table 3. Food supply

Organisations	Respondents receive food	Supply Increased	Supply decreased
Foodbank	9 (69%)	4 (44%)	3 (33%)
Second Bite	5 (38%)	1 (20%)	3 (60%)
FareShare	5 (38%)	1 (16%)	2 (33%)
Other	6 (46%)	4 (66%)	1 (16%)

Implications for food security

While Australia is currently in a good position in relation to the Covid-19 pandemic, the up coming changes to JobKeeper and JobSeeker are going to continue to put pressure on the emergency and community food sector. This combined with high unemployment and concerns with food shortages given some rural areas are reporting a lack of farm hands, with increas this pressure.

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