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# FOOD SECURITY AND NUTRITION

## BACKGROUND PAPER 2016

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## 1. What is food security and nutrition?

The term ‘food security and nutrition’ acknowledges the traditional understanding of food security, but places an emphasis on the fact that factors contributing to food insecurity can also affect the nutritional quality of the diet.

At the most basic level, food is a necessity and a basic human right. The Universal Declaration of Human Rights – Article 25 states that everyone has the right to a standard of living adequate for the health and wellbeing of themselves and of their family, including food, including food.

Food security refers to the ability of individuals, households and communities to access an appropriate and nutritious food supply on a regular and reliable basis, and using socially acceptable means (i.e. without resorting to emergency food supplies, scavenging, stealing and other coping strategies). A further definition of food security is ‘the state in which all persons can obtain nutritionally adequate, culturally acceptable, safe foods through non-emergency sources’ (VicHealth, 2005).

## 2. Groups most impacted by food insecurity

There are a number of groups of people within Australia who are acknowledged as being at an inherently higher risk of food insecurity than others (Rosier, 2015). Many of these at-risk groups have above-average representation within Darebin (Department of Health and Human Services 2013). While anyone can find themselves in a situation where they are unable to access food, particularly during times of economic stress, for some sections of the community, food insecurity is a chronic concern. Population and consultation data suggest that the following groups are particularly vulnerable to food insecurity in the City of Darebin:

- People from Aboriginal and Torres Strait Islander backgrounds
- Low income families (and single parents with young dependent children)
- People who are unemployed or have limited formal education
- People with a disability, including mental illnesses
- Frail elderly people (particularly those who are socially isolated and have low incomes)
- People in housing stress or homeless
- Women
- Newly arrived, refugee and asylum seeker communities.

**Table 1** highlights the groups of people in Darebin that are at an increased risk of food insecurity compared to the Victorian average (Department of Health and Human Services 2013).

Population Group	Darebin	Victorian Average
Unemployed	6.5%	5.8%
Families headed by one parent	16.1%	15.5%
Individuals with less than \$400 income per week	42.0%	39.9%
Affordable rental housing	2.8%	18.4%

Born in a non-English speaking country	31.3%	20.9%
Speak a language other than English at home	41.0%	24.2%
Individuals in need of assistance for core activities	6.3%	5.0%
Dwellings with no motor vehicle	15.1%	8.7%

Some people experience multiple risk factors, therefore increasing their vulnerability to food insecurity. In some instances, food insecurity may further exacerbate existing vulnerabilities, such as social isolation.

### Aboriginal and Torres Strait Islander Communities

More than 1,154 Aboriginal and Torres Strait Islander people live in Darebin making up 0.9% of the total population (2011 Census). The City of Darebin has the second largest proportion of Aboriginal residents of the 31 municipalities in metropolitan Melbourne, and Darebin's indigenous community is among the largest in Victoria. Almost 20% of the Aboriginal people in Darebin are aged 0 - 8 years.

The prevalence of food insecurity in Indigenous communities is disproportionately high. Key factors that impact on the experience of food insecurity for Aboriginal and Torres Strait Islander communities are the disproportionately low household income, generational disadvantage, education and housing stress. In 2011, 33% of Darebin's Aboriginal residents aged 15+ had completed Year 12, compared to 52% of non-Aboriginal residents. Similarly, 16% of Darebin's Aboriginal residents aged 18+ had a bachelor or higher degree compared to 28% of non-Aboriginal Darebin residents. Across Darebin, 67% more of Aboriginal households were rented and 11% fewer were fully owned than non-Aboriginal households. Furthermore, 30% of Aboriginal people in Darebin lived in public housing. This rate was 7.0 times the proportion of other Darebin households in public housing (5%).

### Low income families

There is a strong association between levels of disadvantage and the prevalence of food insecurity. In Darebin the number of low income households including sole person, sole parent (of which 82.4% are women) and student households (13,988, 2,537 and 11,311 people respectively).

One in four Darebin households earns less than \$600 per week compared to less than one in five households across metropolitan Melbourne (18%). While the socio-economic profile of Darebin is changing, with more residents earning higher incomes, a quarter of the population still experiences a level of high socio-economic disadvantage.

**Table 2** Darebin median age and income (Census, 2011)

	<i>Census year</i>			
	<i>2001</i>	<i>2006</i>	<i>2011</i>	
Median age of persons	35	36	36	
Median total personal income (\$/weekly)	323	397	531	+64.4% since 2001
Median total family income (\$/weekly)	865	1,117	1,438	+66.24% since 2001
Median total household income (\$/weekly)	709	903	1,175	+65.73 since 2001

## Unemployed

Overall Darebin is ranked the sixth most disadvantaged municipality in Melbourne according to the 2011 SEIFA index, which compares relative social and economic conditions across Australia. This index is derived from attributes such as low income, low educational attainment, high unemployment, jobs in relatively unskilled occupations and other variables that reflect disadvantage. Food insecurity is visible in poorer health and wellbeing outcomes and lower levels of economic participation. People who are under employed or unemployed often have a limited or reduced income which reduces their ability to access, purchase and prepare healthy food.

## People living with a mental illness or disability

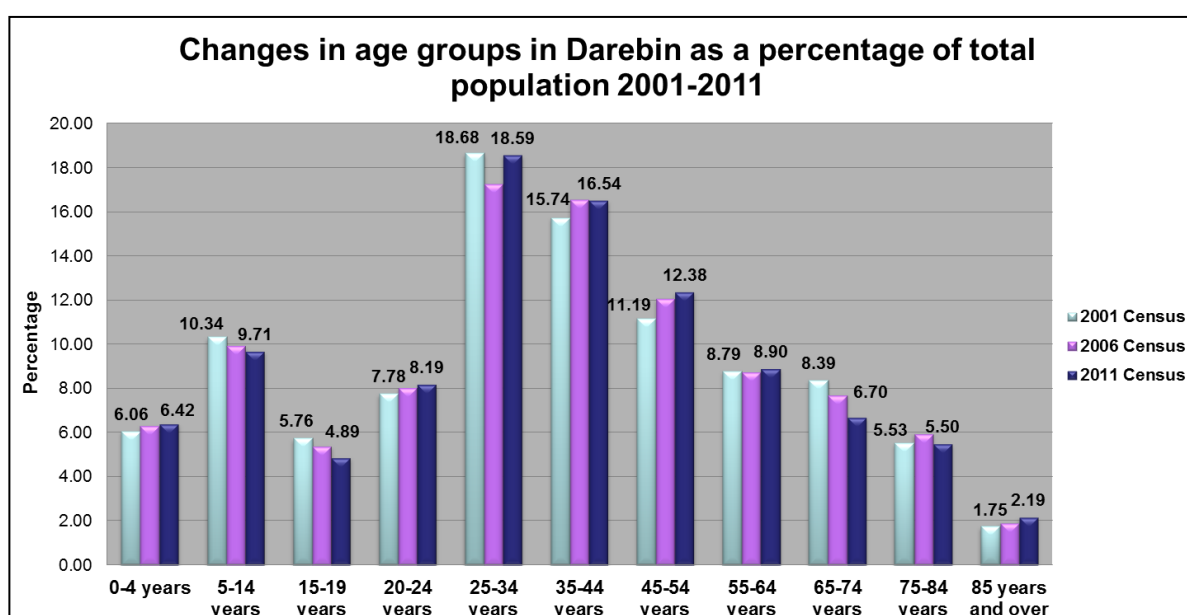
People with a disability have poorer health outcomes than the rest of the population due to lack of accessible services and financial means in which to afford higher levels of health care. In addition, women with a disability are more likely to experience family violence and for longer periods of time.

According to the 2011 ABS 7,101 people need assistance with core daily activities. More than one fifth of Darebin residents have a disability, making it over 25,000 Darebin residents living with a disability, including physical disabilities and medical conditions, psychological and intellectual conditions or learning disabilities. These residents include children, adolescents, adults and older people. Of all the people living with a disability, 29% have a profound/severe degree of restriction, 49% are estimated to require assistance with accommodation and support, and 32% are estimated to require assistance with transport. People with reduced mobility due to disability, illness or injury have an increased risk of food insecurity due to their difficulty in accessing food outlets, in carrying purchases home and in preparing food.

## Older People

One fifth of Darebin's population is aged 60 years and over. This number is expected to continue to grow over the next two decades to make up one quarter of the population by 2031. Older people in the community have rates of clinical malnutrition of 5-11%. Risk factors closely linked to malnutrition in older people include social isolation, cost of living and health concerns such as teeth, mouth or swallowing problems; other conditions that might impact on the type or amount of food consumed; and difficulties accessing and preparing food (Leggo M et al. 2008).

**Graph 1:** Changes in age groups in Darebin as a percentage of total population 2001-2011



## People in housing stress or homeless

Housing is fundamental to our standard of living and quality of life. Anyone can experience housing stress and insecurity; however individuals and families on low or moderate incomes are most vulnerable to this. In Darebin, approximately 4,700 people are in housing stress and 512 people experiencing homelessness (Department of Health and Human Services 2013). Without appropriate housing people are increased risk of food insecurity, physical and mental illness and social isolation. Children in homeless or transient housing situations are at particular risk of food insecurity and malnutrition.

## Women

Women are often responsible for the purchasing and preparation of food in families. Women are over represented within the groups identified as being at a higher risk of food and nutrition insecurity. For example, women make up 82.4% of sole parent households in Darebin and make up a larger proportion (1.6% more) of older people living in Darebin than men. Women are over represented in the individuals with less than \$400 income per week in Darebin, making up 59.2% (Women’s Health In the North, 2015). In Darebin, women are 7.8% more likely than men to experience transport limitations which impacts on their ability to access food (Community Indicators Victoria, 2016).

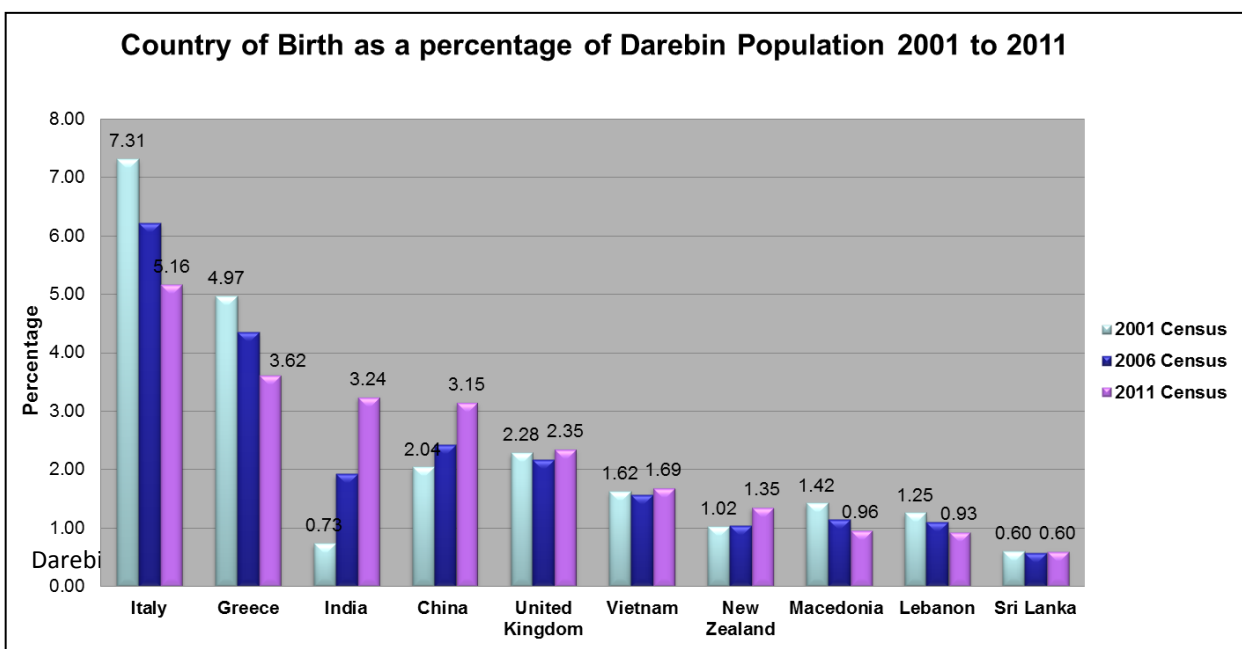
Women experiencing or at risk of experiencing family violence (1700 Police reported family violence incidents in 2015; women are 75% of these victims) are particularly vulnerable and at greater risk of experiencing food insecurity.

## Newly arrived, refugee and asylum seeker communities

Darebin’s diversity includes newly arrived, refugee and asylum seeking communities comprising resident and transient population groups accessing services, networks and resources within the city. In 2011, 46,082 people who were living in the City of Darebin were born overseas, and 26% arrived in Australia within 5 years prior to 2011. 10,697 people who were able to speak another language in reported difficulty speaking English.

Newly arrived, refugee and asylum seeker communities can face significant barriers when accessing mainstream services and programs and as such are at risk of exclusion. Due to these factors, in addition to a lack of culturally appropriate food in Australia, poor dietary acculturation and language barriers, people from newly arrived, refugee and asylum seeker communities are highly vulnerable to food insecurity (VicHealth 2005).

**Graph 2: Country of Birth as a percentage of Darebin Population 2001 - 2011**



### 3. Impact of Food Insecurity

In the past 12 months, 5.8% of households in Darebin reported running out of food and not having enough money to buy more (Darebin City Council 2014a). This issue occurred from anywhere between every month to once a year. Comparatively, food insecurity was measured across Victoria as occurring at 4.6% (Victoria Department of Health 2013b). While this provides an understanding of the acute issues that people in the municipality experience; this data does not take into account the issues surrounding nutrition. Food may be affordable, but it may be processed, nutritionally inappropriate and damaging to the long-term health and wellbeing of individuals.

Access to sufficient, safe and nutritious food is a basic human right (United Nations 2015). Absence of food and nutrition security in Darebin has resulted in social, mental and physical implications for some individuals and households. Not having enough food has serious health implications. Productivity at work or school may begin to noticeably decline and quality of life will decrease (Hamelin, Habicht & Beaudry 1999; Alaimo, Olson & Frongillo 2001). While acute issues of hunger are one physical symptom of serious food insecurity, weight gain and lifestyle diseases have also been associated with food insecurity.

According to responses from the 2015 Darebin Food and Nutrition Survey, approximately one-third of respondents consume one or two serves of vegetables per day and only 41.2% consume three to four serves per day. The overwhelming majority (96.6%) of respondent households reported that they consume at least one serve of fresh fruit per day. Half of the respondent households reported that they consume one or two serves of fruit per day, with 29.7% consuming between three and four serves per day.

Approximately one-third of respondents (37.8%) reported that they would like to eat more fresh fruit and vegetables. Of the 296 respondents reporting that they would like to eat more fresh fruit and vegetables, a little more than half (53.0%) reported that the reasons for not eating more related to price, and almost one-third (29.7%) reported that the reason related to the poor quality of fruit and vegetables at their closest shop.

Issues of food insecurity may be partly responsible for some of the adverse health outcomes we see in the City of Darebin. 46.2% of Darebin residents are considered to be above a healthy weight (Victorian Department of Health 2013a) and the most disadvantaged groups are most likely to be obese (Burns 2004). Extra body fat can cause a range of adverse conditions, such as type 2 diabetes, cardiovascular disease and some cancers, and can lead to premature death (World Health Organisation 2015).

Issues surrounding food security and nutrition can be both the cause and symptom of poor mental health outcomes. 9.6% of Darebin residents reported worrying about running out of food without having money to buy more in the past 12 months (Darebin City Council 2015a). Consistently worrying about where the next meal will come from, can lead to anxiety and feelings of inadequacy and over time can result in serious mental health and wellbeing outcomes can result (Weinreb et al. 2002; Stuff et al. 2004).

Darebin is a multicultural and diverse community, and food plays an important role in cultural expression and social inclusion. When an individual loses the ability to cook food that they or those around them enjoy, the social effects can be extreme. Food insecurity can often lead to isolation and push individuals to spend money on meals or items that they know are not financially preferable, but are required for social inclusion and interaction.

## **4. Policy Context**

### **4.1 Federal Government**

There is an increasing recognition of the impact of food insecurity on the health and wellbeing of communities within the Federal context. The Department of Health and Ageing considers food security within the context of healthy eating and nutrition and acknowledges the high burden of preventable chronic disease caused by poor nutrition and the subsequent strain placed on the public health system. This framework however has a limited focus on addressing the broader social determinants which contribute to food insecurity.

### **4.2 State Government**

The State Government recognises the vital role of the social determinants of health in addressing health promotion priorities. The Victorian Government's Food Interdepartmental objectives include, *competitive food business in domestic and international markets, healthier Victoria with obesity decreasing, vibrant food culture and connected community (including tourism), and safe, secure, sustainable and resilient food systems.*

Since 2001, Victorian Health Promotion Foundation (VicHealth) has been a leader and key driver for funding local food security initiatives and advocating to the State and Federal governments. VicHealth has lead and funded a range of local government projects to strengthen and integrate planning and strategy development to address barriers to accessing affordable and nutritious food.

### **4.3 Darebin's Local context**

#### **Darebin Council Plan 2013-2017**

Food security and nutrition relates to three of the six strategic goals articulated in the 2013 - 2017 Council Plan including *Healthy and Connected Community, Sustainable and Resilient Neighbourhoods* and *Thriving Creative Culture*. The development, implementation and review of the Food Security and Nutrition Action Plan are identified as a priority action under Goal Two: Health and Connected Community.

#### **Darebin Health and Wellbeing Plan 2013-2017**

Food security and nutrition is strongly linked to the Darebin Health and Wellbeing Plan 2013 – 2017, objective 5.2: *To promote food security, healthy eating and safe food provision for all Darebin people.* The Health and Wellbeing Plan is underpinned by a social determinants of health model, and recognises that the differences in community health and wellbeing outcomes across the municipality can be explained by differences in the social, economic, political, cultural, built and natural conditions in our lives.

Key priority action areas related to food security and nutrition identified in the Health and Wellbeing Plan 2013 – 2017 include:

- supporting and integrating food security and healthy eating initiatives as part of existing social support programs, with a focus on Aboriginal people and newly arrived people, including refugees, migrants and asylum seekers.
- developing integrated and responsive programs which empower people to healthier food purchasing and preparation as part of neighbourhood development.
- supporting and advocating for increased community gardens in neighbourhoods where there is significant social and economic disadvantage both for local fresh food production and to integrate intergenerational opportunities and involvement.



## Urban Food Strategy 2014-2018

Food security and nutrition strongly aligns with and complements the Urban Food Strategy 2014-2018, which aims to guide and support food growing and preparation through local food responses. These initiatives aim to enhance health, wellbeing and community connectedness, improve the environment and regenerate natural resources.

## Darebin Housing Strategy 2013 – 2033

The 2013 – 2033 Housing Strategy aims to create a fair, liveable and sustainable community for Darebin. The Food Security and Nutrition Action Plan is supported by Goal Three: *Address housing affordability and social housing needs*, which recognises that affordable housing is fundamental to our wellbeing, standard of living and quality of life.

## 4.4. Local Food Security Programs

Agency / Service	Services provided
All Saints Anglican Church	Food parcels (includes dry, cold & frozen foods)
Darebin Information Volunteer and Resource Service (DIVRS)	Limited foodbank parcels and fresh food (Monday, Tuesday and Friday) available daily (except Thursday). Emergency relief and urban food program.
Darebin Community Health	<p>FRESH program is a weekly social group for local isolated residents in public housing. The program has a focus on improving nutritional skills and knowledge through the weekly distribution of surplus fruit and vegetables, cooking demonstrations, information sessions and facilitated discussions.</p> <p>FoodShare is a weekly food distribution program run in partnership with Banyule Community Health for the local Aboriginal and Torres Strait Islander community. A bag of fruit and vegetables from Second Bite is packed by volunteers? And distribute to approximately 15 families. A roster of clinicians from DCH attends and there is a focus on preparation of a shred/snack or meal using the donated produce.</p>
Encompass Care	<p>Emergency Food Crisis Centre open Tuesdays</p> <p>Community Café 10.30am - 12.30pm</p> <p>Wednesdays - Relief Centre 9:30am - 12.30pm</p>
Northern Community Church of Christ	Lunch for \$4 donation on Tuesday, Wednesday and Thursday 12.30pm
Preston Neighbourhood House and FareShare	Laneway Lunches every Friday 12pm - 1.30pm

Salvation Army Family Support Services	Food vouchers and food parcels
Span Community House	Community Lunch every second Wednesday of each month
St. Vincent de Paul Welfare Line	Shopping vouchers provided to people through conversation with them about what the support they need
The Arabic Baptist Church	Drop In Meal Centre on the last Wednesday of the month at 6.30pm
Work For The Soul Ltd	Food Parcels provided for concession card holders

## 5. Consultation

### 5.1 Methodology

The consultation process was undertaken using Darebin City Council's Equity and Inclusion Planning and Audit Tool (EIPAT) and Community Engagement Plan. It included a 2015 food security and nutrition survey of 424 Darebin residents and consultation with more than 160 people and organisations through a variety of approaches. These approaches include:

#### Face-to-face interviews

A food security and nutrition survey was undertaken with 424 households across Darebin. A series of questions were asked to explore the following themes relating to food security:

- consumption of fresh fruit and vegetables
- consumption of soft drinks, alcohol, sweet bakery items and similar items such as ice cream
- reasons for food choices
- grocery shopping costs
- consumption of take away meals and snacks (including costs)
- food security experience, including use of food aid programs and emergency relief
- domestic food production including gardening and cooking

#### Community focus groups

15 focus groups were conducted with 160 community members to supplement the findings of the household food security and nutrition survey. People who participated in the focus groups were predominantly from the groups most impacted by food insecurity in Darebin (see section 2 of this document). Participants were asked a range of questions about insufficient food, difficulties in accessing and affording fresh fruit and vegetables, personal eating habits, food knowledge and overcoming these issues.

#### Stakeholder consultations

Consultation were held with 18 community organisations that provide a range of food security related services, including emergency relief, food education, urban agriculture aid, health promotion, counselling and social services. These include:

- Darebin Emergency Relief Network

- Darebin Health Reference Group
- Women's Health In the North
- Salvation Army
- Darebin Community Health
- Spectrum MRC
- Darebin Information Volunteer Resource Service (DIVRS)
- Action on Disability Within Ethnic Communities (ADEC)
- Preston Reservoir Adult Community Education (PRACE)
- Melbourne Polytechnic
- Department of Health and Human Services resident groups
- Darebin Sustainable Food Leaders Forum
- Darebin Neighbourhood House Network
- Victoria Aboriginal Health Service

### **Internal consultations**

Internal consultations with departments from across Council were held in Knowledge Café or meeting formats to explore the role of local government in addressing food insecurity and mapping the breath of work already underway. Units from across Council that participated, include:

- Environment and Natural Resource
- Aged and Disability
- City Development
- Economic Development
- Transport Management
- Libraries, Learning and Youth
- Information Services
- Children Families and Community
- Corporate Governance & Performance

## **5.2 Consultation findings**

The results of the consultation process identified that the social and health related impacts of food insecurity are prevalent in communities across Darebin. The experience of food insecurity has a high cost to individuals, families and the community as a whole in terms of poorer health and wellbeing outcomes. The following themes were consistent in the consultation findings and household surveys.

### **1. Income: Affordable food**

The cost of healthy and good quality food was identified as one of the most significant barriers to food security. Low income, unemployment and housing stress were highlighted as key issues.

The inadequate amount of money that some individuals are able to devote to food each payment cycle means that many are accessing emergency food relief to supplement the meals that they cannot pay for themselves, a process that is shameful, embarrassing and often shrouded in issues of low self-esteem (Foodbank Australia 2014).

An inability to eat in a social setting with other people results in isolation and a lack of social connection. Residents of Darebin shared that they would sometimes spend money that they knew they shouldn't in order to be able to eat in a social setting, creating a strain on their food budget.

*Household Survey findings:*

Almost three-quarters (71.6%) of respondents reported that they believe their household's spending on food is about right. One-quarter (24.9%) of respondents considered that they spend more than they would prefer, and a small percentage of respondents (3.5%) considered that they spent less than they would prefer. Respondents from Preston East were measurably more likely than average to consider that they spent too much on food. On the other hand, respondents from Reservoir East were less likely than average to consider they spent too much on food.

The majority (82.5%) of respondents reported that they "always have enough to eat and the kinds of food they want", and a further 16.4% reported that they "always have enough to eat but not always the kind of food they want". A total of just four respondents (1.1%) of the sample reported that they sometimes (0.6%) or often (0.5%) do not have enough to eat.

None of the respondents in Northcote, Thornbury, Kingsbury-Bundoora and Fairfield-Alphington reported experiencing not having enough food to eat. 1.9 % of respondents in Reservoir East reported that they often don't have enough to eat and 1.9% in Reservoir West, 2.3% in Preston East and 2.1% in Preston West reported that sometimes they don't have enough food to eat.

More than 90% of respondents reported that they never run out of food, are worried about whether their food would run out, or cut the size of meals due to a lack of money. These results closely mirror the results from the Darebin City Council – 2014 Household Survey which found that 5.7% of respondent households had "run out of food and not had enough money to buy more" at least once in the last twelve months.

## **2. Education: Increased knowledge (including cooking healthy food on a limited budget)**

People from low income households with limited access to resources are seeking support from local agencies to increase their knowledge on how to cook healthy food on a small budget.

Focus groups and stakeholder consultations consistently identified that calorically dense yet nutritionally inadequate food such as bread, pasta and rice are commonly consumed by those who struggle financially, causing adverse physical and mental health outcomes.

*Household Survey findings:*

About one-third (136, 32.1%) of respondents reported that their household has changed the food they eat over the last three years. Of the 136 respondents, approximately three-quarters (76.5%) reported that their food had become more nutritious, compared to 2.3% reported that their food had become less nutritious. The three most common reasons for changing consumption of food were "to improve general health" (75.0%), "to lose weight" (25.0%) and "a greater interest in food" (16.9%).

## **3. Access: Local food that is fresh and culturally appropriate**

Access to fresh and culturally appropriate food was highlighted as a key issue to food security. Residents from newly arrived communities find it difficult to access culturally appropriate food in Darebin. Safe and accessible transport was also identified as an issue to accessing fresh food.

Focus group findings consistently outlined that cost and physical access to fresh food were the most important factors for experiencing food security. However, resilience was also apparent as community groups described the ways in which they overcome issues affecting access to fresh and culturally appropriate food.

*Household Survey findings:*

61.8% of respondents reported that they grew at least one of the three types of foods including herbs, vegetables and fruit trees. Almost half (46.9%) reported that they grow herbs, a little more than one-third (37.5%) grow vegetables, and one-third (33.5%) grow fruit or fruit trees. Reservoir East had lower than average in growing all the three types of foods. Of the 162 respondents that reported that they do not grow any food at home:

- 36.4% reported that they don't have the time,
- 28.4% reported that they don't have enough space,
- 22.2% reported that they are not interested,
- 12.3% reported that they don't know how to
- 4.3% reported that they don't have the physical ability

#### **4. Emergency food aid**

Demand for food relief continues to rise in Darebin. Many of the agencies providing food relief are under-staffed and under-resourced. Council were identified as having a vital role in advocating food security and nutrition to all levels of government and the private sector.

##### *Household Survey findings:*

The most commonly used food aid programs by people experiencing food insecurity was food vouchers (4.3%), followed by food parcels (3.1%), soup kitchen (3.0%), free cooked meals (2.8%) and donated meals (2.5%). Respondents from Reservoir East were more likely than respondents in other precincts to have used food vouchers, donated meals and soup kitchens in the last 12 months. There was no variation across the municipality in the use of food parcels and free cooked meals in the last 12 months.

#### **5. Themes for action**

Local government was identified as having a vital coordination and advocacy role in addressing the impact of food insecurity and nutrition in Darebin. The role of the Darebin Emergency Relief Network was also identified as a vital component of addressing food insecurity. Findings from the consultation consistently identified that action to address food security and nutrition should focus on making a meaningful and long-term impact on way that residents of Darebin access and consume nutritionally adequate food. Themes for action include:

- Increasing food and nutrition access and affordability
- Increasing nutritional awareness and healthy food practices
- Advocacy and integrated of food security and nutrition policy all levels of government

#### **6. Conclusion**

Food security and nutrition is fundamental to creating better health and wellbeing outcomes across Darebin. Issues surrounding food insecurity are complex and experienced differently among different communities and population groups, and therefore responses require a combination of universal approaches that are relevant to the entire Darebin community, and initiatives that emphasise equity, with a focus on groups at-risk of food and nutrition insecurity. Local government has a vital role in coordinating and supporting these food security initiatives in partnership with community organisations.

The Darebin Emergency Relief Network provides a valuable forum, where representatives of various organisations can collaborate and strengthen partnerships. The Network allows facilitation of discussion, ideas and collaboration, knowledge transfer and is integral to local food security and nutrition responses.

The findings of the consultation highlighted the vital role of Council in addressing both short and long-term aspects of food and nutrition insecurity and tackling the diverse and complex issues surrounding access to food and nutrition.

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