



*Emergency Relief: More than just a 'Band-Aid' tertiary intervention.*

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On behalf of Nourish: Food Fairness Outer East.



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### 1. Project Details

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Title	Emergency relief: more than just a 'Band-Aid' tertiary intervention
Authors	Claire Manson and Kathlene Don Paul
Program Type	Environmental Scan
Commencement Date	March 13 <sup>th</sup> 2012
Completion Date	April 27 <sup>th</sup> 2012
Lead Agency and Sector	NOURISH: Food Fairness Outer East; Community Health
Any Partner Agencies	Mini-Groceries including: Careforce (Lilydale) Hope City Mission (Mooroolbark) HICCI (Healesville) Dandenong Ranges Emergency Relief Service (Belgrave) North Ringwood Care (North Ringwood) Wesley Mission (Ringwood) Uniting Church Helping Hand (Croydon)

### *Executive Summary*

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The Outer East region of Melbourne has been identified as an area experiencing food insecurity, at 7.2% compared to the Victorian state average of 6.6%. People experiencing food insecurity can access food from Emergency Relief (ER) agencies (pre-packaged food parcels, ready-made community meals, food vouchers and mini-groceries) which provide a supportive environment to increase food access. The mini-grocery sector within the Outer East contributes to >50% of ER in this region. This service provides vulnerable residents with the opportunity to select food items from shelves therefore making their own food choices.

To better understand the rationale relating to food choices made within the mini-grocery sector, the Nourish network requires an environmental scan targeting logistics (where food is obtained, how it is stocked/displayed/handled), level and type of people accessing, current and possible retail and marketing techniques influencing food choices, and the level of availability of healthy and non-core food items.

All 7 ER mini-groceries in the Outer East were investigated using literature review, logistical survey and food group checklist; results showed a variation in operational logistics, underutilised retail and marketing techniques and an imbalance in healthy and non-core food groups. Ongoing influence on food choice by staff/volunteers through formal and informal verbal communication was observed with minimal knowledge regarding health, nutrition and its association.

Recommendations include increasing the availability of healthy core food groups, training of staff/volunteers relating to health promotion, nutrition and retail and marketing techniques and their influences on food choice and the development and utilisation of appropriate health and nutrition resources and policies.

## 2. Introduction

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### *Project Outline, Proposal and Literature Review*

Food insecurity is when people “experience hunger as a result of insufficient food or eat a nutritionally inadequate diet due to poor food options. They may also suffer from anxiety and other psychological ill-effects because their food supply is of poor quality, their capacity to acquire food is unreliable, and the situation of being unable to acquire enough food carries a lot of social stigma” (The University of Sydney, 2003).

People in the community who are food insecure are at higher risk of obesity, heart disease, diabetes, poor mental health and some cancers due to high prevalence of food insecurity (Galvin, 2011, Engels, 2006). Factors contributing to these poor health outcomes such as self-efficacy, psychosocial factors, motivation to change and also the increasing cost of living, are barriers that can impede health improvement (Drewnowski and Specter, 2004, Galvin, 2011). These factors are influenced by the main issue that foods that are least expensive often have higher energy densities; consequently, cheaper diets usually consist of refined grains, added sugars, added fats and limited quantities of lean meats, fish, fresh fruit and vegetables (Drewnowski and Specter, 2004, Galvin, 2011). Furthermore, research emphasises that people accessing the Emergency Relief (ER) food supply are unable to afford healthy food items due to these options being consistently more expensive (Kettings et al., 2009). In addition, processed and pre-packaged foods are high in added sugars and fats resulting in food choice being driven by cost, taste and convenience rather than health and nutritional quality (Drewnowski, 2004, Kettings et al., 2009).

For greater than 10 years, the level of food insecurity in Australia has been over 5% (Booth and Smith, 2001). The Outer East region of Melbourne has been identified as an area experiencing a higher level of food insecurity at 7.2%, compared to the Victorian state average of 6.6% (Johnson et al., 2009). Therefore, the Outer East Health & Community Support Alliance (OEHCSA) identified food insecurity as an area that requires health promotion action to improve access to food, resulting in improved health and wellbeing (Outer East Health & Community Support Alliance, 2008). As a result the ‘NOURISH’ network was created and aims to coordinate and collate information regarding food insecurity in the Outer East (Outer East Health & Community Support Alliance, 2008).

Recent research showed that greater than 53% of all food accessed from ER agencies was via mini-groceries within this region (Riseley, 2011). Members within Nourish have identified that investigation into this agency model is required due to the increased demand expressed for this service (Nourish, 2012). A mini-grocery service provides vulnerable residents with the opportunity to select food items from shelves therefore making their own food choices. Therefore Nourish members believe this agency model could be directed towards healthier food options using retail marketing techniques (Nourish, 2012).

Studies have shown that retail and marketing interventions (e.g. foods at eye-level, point-of-purchase promotions, merchandising and cleanliness) and health promotion can positively influence food availability, dietary behaviours and psychosocial factors to benefit overall health (Gittelsohn et al., 2012). Food availability can be altered by the promotion of specific healthy food items through donations and therefore reducing the availability of unhealthy food items (Gittelsohn et al., 2012),

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and by the positive association between increased stock quantities and consumption (Gittelsohn et al., 2010), specifically relating to fruit and vegetable intake (Bodor et al., 2008). Dietary behaviours are influenced by common social stigmas affecting those accessing ER services, as a result people have the personal opinions that foods offered will be of lower quality than they deserve impacting food choice and overall health (The University of Sydney, 2003). When improvements in quality of an ER agency are observed the psychosocial factors previously associated, can be changed to positively influence product choice and nutritional wellbeing (Bussey, 2012, Gittelsohn et al., 2012).

To better understand the rationale relating to food choices made within mini-groceries, the Nourish network requires an environmental scan targeting logistics (where food is obtained, how it is stocked/displayed/handled), clientele, current and possible retail and marketing techniques influencing food choices, and the level of availability of healthy and non-core food items.

In addition to a literature search, a logistical survey and a food group checklist was used while volunteering at all 7 ER mini-groceries in the Outer East to obtain and analyse results. This report will outline the key findings relating to logistics, areas of influence on food availability, clientele, and behaviour/choices and include recommendations for future improvements.

### *Goal*

To undertake an environmental scan to gain an understanding of the access and food choices made within the ER sector as a food system, to improve long term access to food and ultimately improve health and wellbeing for those utilising the service in the region.

### *Objectives*

**Objective 1:** To develop an understanding of retail and marketing techniques used to influence food choices within the ER mini-grocery system, for the Nourish network and the mini-grocery sector by April 27<sup>th</sup> 2012.

**Objective 2:** To provide a comparative logistical analysis of the mini-grocery model used within this ER region by April 23<sup>rd</sup> 2012.

**Objective 3:** To identify if an imbalance exists between healthy and non-core food items and provide recommendations that can reorient food supply in mini-grocery sector by April 20<sup>th</sup> 2012.

### 3. Results and Themes

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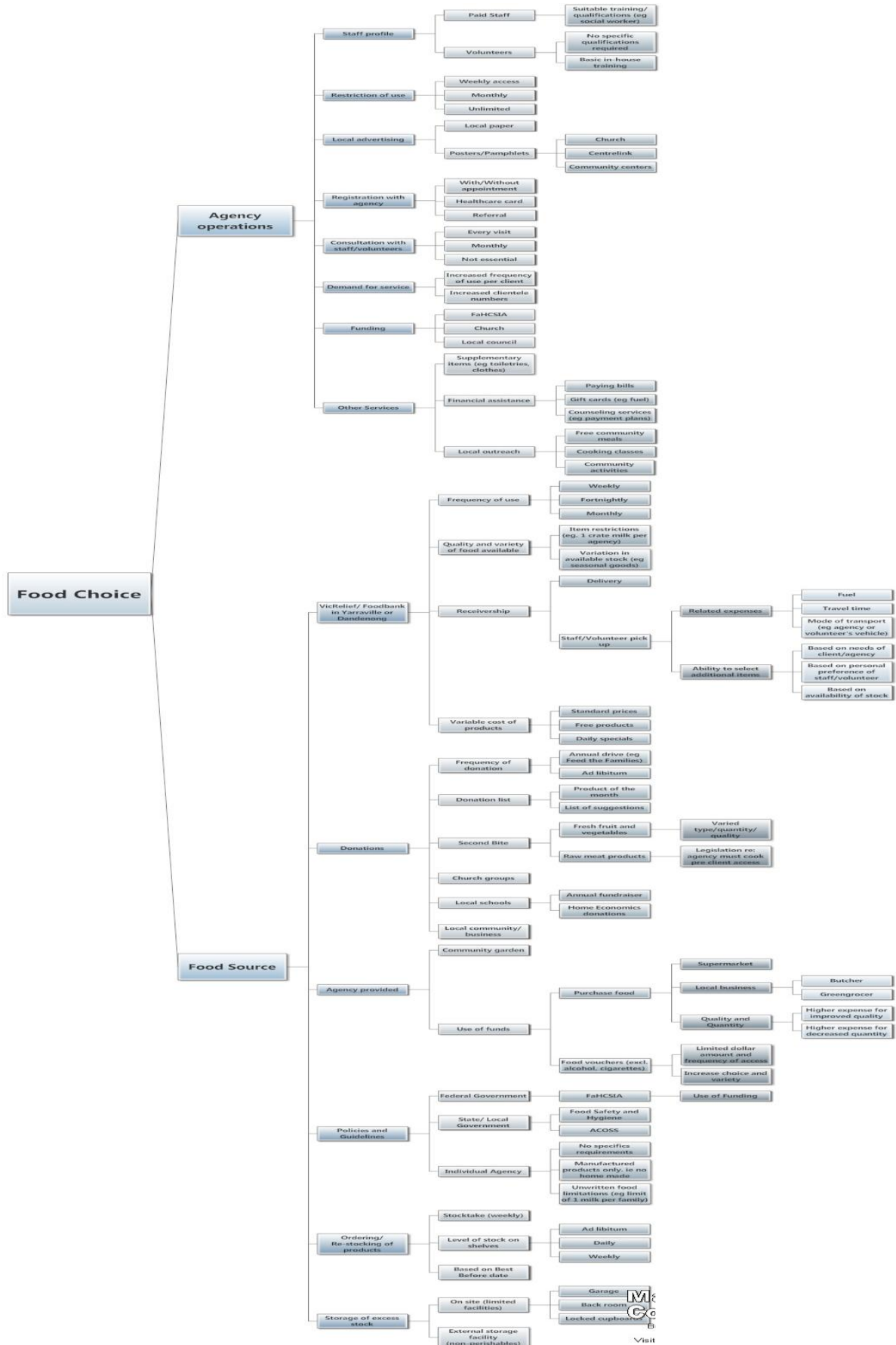
#### *Logistics*

All seven agencies were operationally coordinated differently with various rationales. As displayed in Figure 1 and Appendix 1 the logistical factors observed across all agencies were broad and inconsistent. The overall influence on food choice that logistics contribute within each agency is variable; with health promotion, food source, accessibility, operations and clientele all significantly effecting food choice and therefore nutrition and overall health (Drewnowski and Specter, 2004, Engels, 2006, Gittelsohn et al., 2012, Lee et al., 1996).

Figure 1 – Mind Map; Logistical Factors in ER Agencies effecting Food Choice (cont. next page)







Emergency Relief: More than just a 'Band-Aid' tertiary intervention.

### *Theme 1 – Retail and Marketing Techniques*

*Retail and marketing techniques are underutilised within the ER mini-grocery sector due to the consistent view that this practice is not a priority.*

It was observed that there are inconsistencies relating to various types and extent of techniques implemented between each agency. Retail and marketing techniques have the potential to influence food choice and overall perception of the agency therefore affecting health (Gittelsohn et al., 2012).

Some retails and marketing techniques utilised within agencies include:

- Store layout; in the majority of agencies the food distribution area was primarily open shelving, refrigerator and freezer space. However due to restricted space available, food access is compromised due to barriers including limited size of refrigerators and freezers, quantity of shelves required/narrow spacing between shelves and shelf depth and height. Agencies rely on donated goods such as solid refrigerators and freezers, closed or lockable cupboards, shelving and tables which restrict ideal layout. Inappropriate layout impedes accessibility, stock quantity, product display and professional image.
- Product placement; items at eye-level, labelled shelving and sensible layout (i.e. logical groupings) were not considered as factors determining food choice. For example, 3 out of 7 agencies appropriately labelled shelves, assisting volunteers/staff to effectively ascertain stock quantity and availability and therefore identifying when replenishment is required. The benefit to the client is that there is a clear projection of overall stock availability.
- Product quantity; variations between individual agencies regarding how much stock is placed on shelves. For example 2 agencies displayed stock on all available shelves and replenished stock as required. Some agencies chose to restrict the amount of stock displayed on shelves despite additional stock in storage, hoping clients will show consideration for others accessing the service and therefore limit the amount of goods taken. All agencies limited displayed stock when total stock was low; this rationing ensured that throughout the day, the same variety of products in lesser quantities was available to clients.
- Food promotion; volunteers/staff promoted and suggested particular food items and meal ideas by prompting food selection. Six out of seven agencies conducted consultations with clients and supervised food selection providing opportunities to continually influence choice. Personal opinions were found to be motivating factors in the promotion of particular foods. For example food choices were heavily affected by one particular influential volunteer with a strong dislike for fruit and vegetables who frequented Foodbank and interacted with clients. The stock and therefore availability of these foods were reflective of these aversions and resulted in no fruit and vegetables being available to clients. This disadvantage was seen to a lesser extent in other agencies relative to food products such as bread type, treat foods (e.g. donuts, pies, chips and chocolate) and convenience meals (e.g. meals in a can/tin and 2min noodles).

## *Theme 2 – Healthy vs. Non-Core Food Groups*

*There is an imbalance between the availability of healthy and non-core food items offered at ER mini-grocery agencies.*

Providing food to vulnerable people is the overall goal of the ER sector and there is a generalised opinion that “any food is better than no food when food security is considered” (Nourish, 2012). Therefore foods donated to ER agencies tend to be “non-core ‘treat’ foods” due to the perception that people accessing ER agencies are deserving as they experience hardship (Nourish, 2012). This consistent access to non-core treat foods through the ER agencies is of concern as it is likely that clients are purchasing similar foods, as they are the only affordable options (Kettings et al., 2009). In order to prevent this ongoing contribution to nutritional inadequacy and ill-health, ER agencies have the opportunity to provide healthy core foods (e.g. meat, dairy, fruit and vegetables) to people accessing ER agencies who lack these items in their diets (Kettings et al., 2009).

Outline of the presence of each food group:

- Bread and Cereals; all agencies offered a large variety of bread products with quality and quantity of type (e.g. multigrain, white) dependant on donations from local bakeries at end of business day. High prevalence of processed rice, noodles and pasta including convenience meals (e.g. instant noodles, Easy Mac). Breakfast cereals were always offered however options varied between Weetbix, Cornflakes and other high-sugar, low-fibre products.
- Fruit and Vegetables; 5 out of 7 agencies offered fresh produce; other fruit and vegetables available were in tins/cans with fruit predominantly in syrup; all stocked canned tomatoes and not all offered vegetables. Low tinned fruit and vegetables were observed in conjunction with low fresh produce. Fruit juice was offered at a majority of agencies. Frozen vegetables were not available at any agency.
- Dairy; Majority of agencies supplied long-life milk with limited fresh milk available. Some speciality milk (e.g. soy) available. Yogurt was available in 4 out of 7 stores, usually high-sugar varieties (e.g. Yogo). Cheese was seldom accessible in unprocessed form with some seen pre-packaged (e.g. sticks and slices).
- Meat and Meat Alternatives; 2 out of 7 agencies offered raw meat (either mince or sausages), most meat available was tinned (e.g. spam, tuna and chicken). Processed meats (e.g. ham) were seldom available. Two out of seven agencies offered eggs and nuts. All agencies had tinned legumes and baked beans.
- Treats; All agencies had an abundance of high-sugar, high-fat, sweet and savoury options (e.g. biscuits, cakes, donuts, muesli bars, pies, sausage rolls, chips, chocolate and soft-drink) always available however were slightly restricted (e.g. 1 packet of chips per visit).
- Other; Some agencies supplied pre-made fresh or frozen meals either individually portioned or bulk cryovaced for convenience. All agencies offered large amounts of canned meals (e.g. casseroles, soup and spaghetti). Agencies had large varieties of herbs, spices, stock, marinades, dressings, salt, sugar, coffee, tea and spreads. Some agencies offered margarine, oil and baby food products. Stock of speciality items (e.g. gluten free) was not deliberately accommodated for however items were sometimes sourced through Foodbank when available.

### *Theme 3 – Health Promotion*

*General Health Promotion techniques or specifically nutrition focused were rarely observed or implemented within ER agencies.*

Research has shown the benefits on consumer choice relating to product placement and therefore the utilisation of health promotion tools may provide an opportunity to positively influence health (Gittelsohn et al., 2012). Health Promotion techniques includes not only the use of visual resources such as posters and pamphlets but also through verbal communication. Increasing the knowledge of those influencing choice through verbal recommendations of specific healthy food items can result in positive change in consumer behaviour and therefore health (Lee et al., 1996, Ball et al., 2006).

Some health promotion techniques utilised within agencies include:

- Posters; One agency displayed an outdated Heart Foundation “Get into the good eating habit; Make the healthy choice” resource and another agency had a notice advertising a local healthy eating seminar.
- Pamphlets; Limited in-house resources including, “Cooking on a budget”, “One pot meals for two”, “Meals under \$25” were all developed by agency staff or volunteers without consultation with health care professionals.
- Verbal Communication; Ongoing interactions (“conversations”) between staff/volunteers and clients were observed at all agencies. Both positive and negative health promotion through the food selection process was observed. Clients were accepting of advice and suggestions. No formal or informal training relating to health or nutrition is received by staff/volunteers and therefore a deficit exists between knowledge and overall influence on food choice and health.
- Future plan; Some agencies discussed goals for the future to include health promotion implementation, however time, budget restraints and knowledge/expertise were significant barriers. Options discussed included recipe books, resource packs and dietetic consultations.

#### 4. Recommendations

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As previously outlined (refer to Figure 1 and Appendix 1) there are many factors that influence overall food choice; accessibility, food source, agency operations and health promotion. The following recommendations are based on these aspects:

##### Logistics;

- ✓ Encourage agencies to initially source core foods (e.g. raw meat, dairy, fruit and vegetables) locally and obtain additional items from Foodbank as required
- ✓ Encourage staff/volunteers to pick-up foods from Foodbank, where appropriate, in order to influence variety, quality and quantity foods received
- ✓ Consider agency capacity prior to advertising to ensure food relief is appropriate and sustainable
- ✓ Request specific healthy food items when advertising externally for donations (e.g. Item of the Month)
- ✓ Encourage increased involvement in the form of donations and funding from;
  - Local supermarkets, schools and business
  - Charities (e.g. SecondBite)

##### Healthy vs. Non-core Foods Groups;

- ✓ Training agency managers in healthy eating to increase food knowledge and therefore influence the selection of health foods
- ✓ Development of agency policy incorporating appropriate proportions of healthy and non-core foods;
  - Increase stock availability of core food groups, especially dairy, meat/meat alternative, fruit and vegetables
  - Create a suggestion list (for churches/residents) of specific food items that can be donated that incorporates healthier options of all food groups (e.g. Weetbix instead of Coco Pops)
  - Further restrictions regarding variety and quantity of non-core 'treat' foods obtained at each visit

##### Retail and Marketing Techniques and Health Promotion;

- ✓ Training agency managers in retail and marketing techniques to positively influence health food choices including;
  - Professional appearance (cleanliness, facings, merchandising, space)
  - Quantity (increasing when available)
  - Open shelving with labelling
  - Healthy foods at eye-level
  - Logical layout of food groups
- ✓ Development of agency policy incorporating retail and marketing techniques
- ✓ Training for staff/volunteers regarding health, nutrition and their association to food choice

- ✓ Agency support regarding future health/nutrition promotion with involvement from specialised health professionals (e.g. Dietitian) including;
  - Internal resources; development of healthy eating checklist (to include recommended daily serves of food groups) for use by staff/volunteers during consultation and for clients to also use when purchasing own food. Update of current pamphlet information (e.g. cooking on a budget, recipe books).
  - External resources; implementation of current initiatives, campaigns etc (e.g. AGTHE, Heart Foundation, Swap It, Don't Stop It)
- ✓ Increase distribution of health promotion pamphlets within external sources (e.g. Churches, Community Centres and Centrelink)
- ✓ Not allowing children to assist in the food selection process to minimise child's preference on the parent and overall prevent the 'welfare-cycle'

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## 6. Appendix

Appendix 1: Table 1 – Logistical Factors within Individual ER Agencies

Aspects	Agency	
Storage	On-site stock room	Careforce HICCI Helping Hand Wesley Mission North Ringwood Care
	External	Wesley Mission
	Cupboards	Hope City Mission
	Shelving in corridor	Dandenong Ranges
	Additional refrigerators	Careforce (1 standard) HICCI (1 standard, 1 small) Wesley Mission (2 standards)
	Additional freezers	Wesley Mission (1 large chest) Careforce (1 large) HICCI (within refrigerators)
Agency layout	Labelled shelves	North Ringwood Care Hope City Mission Wesley Mission Helping Hand HICCI
	Unlabelled shelves	Careforce
	Closed solid cupboards	Dandenong Ranges
	Glass refrigerator	North Ringwood Care (1 double) Helping Hand (2 standards)
	Solid refrigerators	Dandenong Ranges (1 standard) Hope City Mission (1 standard, 1 side-by-side) Careforce (1 standard) HICCI (1 side-by-side)
	Freezer	North Ringwood care (1 chest) Wesley Mission (1 chest) Helping Hand (2 small chests) Dandenong Ranges (1 chest, 1 within refrigerator) Hope City Mission (1 chest, 1 standard, 1 side-by-side)



Food Selection	Boxes of produce on table/s	Careforce (1 standard) HICCI (1 side-by-side) HICCI Careforce Hope City Mission
	Supervised with prompting	North Ringwood Care HICCI Careforce Hope Mission Dandenong Ranges
	Unsupervised	Wesley Mission
	From list	Helping Hand
Accessing agency	Needs referral	Helping Hand (Citizens Advice Bureau)
	Appointment Req.	HICCI
	Walk In's	North Ringwood Care Wesley Mission Careforce Hope Mission Dandenong Ranges
	Registration	North Ringwood Care (personalised database) Helping Hand (paper files) HICCI (computer database) Careforce (paper file and stats computer database) Hope Mission (paper file and stats computer database) Dandenong Ranges (paper files)
	Interviews	North Ringwood Care (consultation, every visit with volunteer) HICCI (consultation, every visit with staff member) Dandenong Ranges (consultation, every visit with staff member) Hope Mission (consultation every 2-4 weeks) Helping Hand (consultation, every visit with volunteer or staff member)
	Limitations re: quantity of times accessing agency	North Ringwood Care (monthly) Wesley Mission (unlimited) Helping Hand (monthly) Hope Mission (unlimited) Dandenong Ranges (monthly) HICCI (monthly)

<b>Health Promotion</b>	Current Initiatives	North Ringwood Care (Heart Foundation poster)
	Agency specific	North Ringwood Care (Microwave Meals, 1 pot meals for 2 people) Helping Hand (Quick & Easy meal suggestions) HICCI (2 Meals for Under \$25) Hope Mission (Shopping tips)
<b>Staff profile</b>	Paid staff & roles	North Ringwood Care (none) Wesley Mission (3 admin staff- no client interaction) Helping Hand (1 co-ordinator- rosters & client interviews) HICCI (2 part time, client interviews) Careforce (1 full time, no client interaction) Hope Mission (1 part time, client interviews) Dandenong Ranges (2 part time, min client inter)
	Volunteers & roles	North Ringwood Care (33 part-time- interview clients, unpack, stock shelves) HICCI (12 casual, admin only, no influence on clients) Careforce (15 casual, admin, financial assistance, food selection, stock control, stock pick up) Dandenong Ranges (8 casual, stock control, interviewing clients, admin, food pick up) Wesley Mission (1-2 full time, 4-5 casual- unpack, stock shelves) Hope Mission (varies, admin and food selection/shelf stocking) Helping Hand (30 part time, usually twice per week- unpack, stock shelves)
	Training	North Ringwood Care (Agency & Database operations) Helping Hand (Agency operations) Careforce (in-house) HICCI (in-house) Hope Mission (in-house)
<b>Agency demand</b>	Reported increase in past 6-12 months	Wesley Mission HICCI Hope Mission Dandenong Ranges
<b>Other Services</b>	Supplementary items	North Ringwood Care (toiletries, clothes, toys) Wesley Mission (toiletries, blankets, clothes) Helping Hand (toiletries) HICCI (toys, toiletries, blankets, pillows) Careforce (toiletries, home care)

Food Source	Financial assistance	<p>Hope Mission (toiletries, op shop vouchers)</p> <p>Dandenong Ranges (toiletries, home care)</p> <p>North Ringwood Care (referrals/booklets re: counselling services)</p> <p>Wesley Mission (referrals/booklets re: counselling services, pay bills, fuel vouchers)</p> <p>Helping Hand (referrals/booklets re: counselling services, organising payment plans, fuel vouchers)</p> <p>HICCI (payment of bills via cheque, public transport tickets)</p> <p>Careforce (Telstra and utility vouchers, fuel vouchers, public transport tickets)</p> <p>Hope Mission (counselling when required)</p> <p>Dandenong Ranges (metcards)</p>
	Food gift cards	<p>Helping Hand (\$10 Coles voucher per family member- available each visit)</p> <p>Dandenong Ranges (Woolworths amount dep on family members, only 4 times a year, receipt of purchase must be supplied after shop)</p> <p>HICCI (\$10 Coles vouchers no limit per year)</p> <p>Careforce (\$10 Coles max per day)</p>
	Local Outreach	<p>Wesley Mission (access to free community meals &amp; activities)</p> <p>HICCI (coordinates community meal once per week)</p> <p>Helping Hand (access to free community meals &amp; activities)</p> <p>Careforce (community food bus once per week)</p>
	VicRelief/ Foodbank Dandenong	<p>Dandenong Ranges (fortnightly, volunteer pick up)</p>
	VicRelief/ Foodbank Yarraville	<p>North Ringwood Care (fortnightly staff pick up in personal vehicle- 45mins)</p> <p>Wesley Mission (fortnightly staff pick up )</p> <p>Helping Hand (fortnightly staff pick up in personal vehicle- 1hr)</p> <p>HICCI (fortnightly, delivered)</p> <p>Careforce (fortnightly, delivered)</p> <p>Hope Mission (weekly, delivered)</p>
	Donations	<p>North Ringwood Care (weekly from church &amp; community)</p> <p>HICCI (church box; whenever required, local bakery, schools)</p> <p>Hope Mission (church “product of the month”, local Aldi, Secondbite)</p> <p>Careforce (church, Secondbite via Hope Mission)</p> <p>Wesley Mission (annual ‘Feed the Families’ drive)</p> <p>Helping Hand (weekly from church, Fair Share,</p>

Ordering/Re-stocking shelves	Agency provided	<p>schools &amp; community)</p> <p>Dandenong Ranges (local businesses; bakery)</p> <p>North Ringwood Care (community garden, purchase food from supermarket)</p> <p>Wesley Mission (purchase meat from Aldi)</p> <p>Helping Hand (purchase miscellaneous foods from supermarket)</p> <p>Dandenong Ranges (community garden)</p> <p>Hope Mission (community garden)</p> <p>HICCI (community garden)</p>
	Stocktake	Hope Mission (ongoing, all stock available on shelves)
	No specific stocktake	<p>North Ringwood Care (daily based on stock level and Best Before dates)</p> <p>Wesley Mission (daily based on stock level and Best Before dates)</p> <p>Helping Hand (daily based on stock level on shelf)</p> <p>HICCI (restock after each visit, limited stock displayed)</p> <p>Careforce (daily stocking with ongoing throughout day if required)</p> <p>Dandenong Ranges (most stock displayed, minimal restocking required)</p>
Policies/Guidelines	State/ Local Government	Helping Hand (daily temperature checks of refrigerators and freezers)
	Individual	<p>North Ringwood Care (only accepts manufactured goods, 1 bottle milk per family)</p> <p>Wesley Mission (1 portion of meat per family)</p> <p>Helping Hand (clients select food from list not off shelf)</p> <p>Hope Mission (dependant on client type = variation in amount and types of food accessible, strict restrictions on treat foods and toiletries)</p> <p>HICCI (restriction on milk and meat)</p> <p>Dandenong Ranges (restrictions on milk)</p>

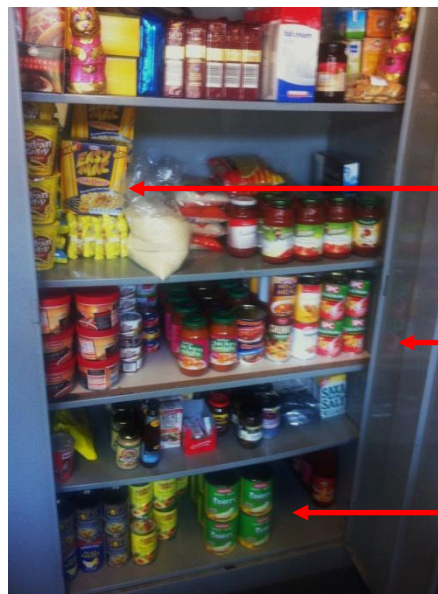
Appendix 2: Images

*Theme 1 – Retail and Marketing Techniques*

Glass vs Solid Refrigerators



Labelled vs Non-Labelled Shelving, Closed Cupboards, Products at eye-level



Processed Foods at eye-level  
Closed Cupboard Doors  
Tinned Fruit on bottom shelf

Space, Layout and Storage

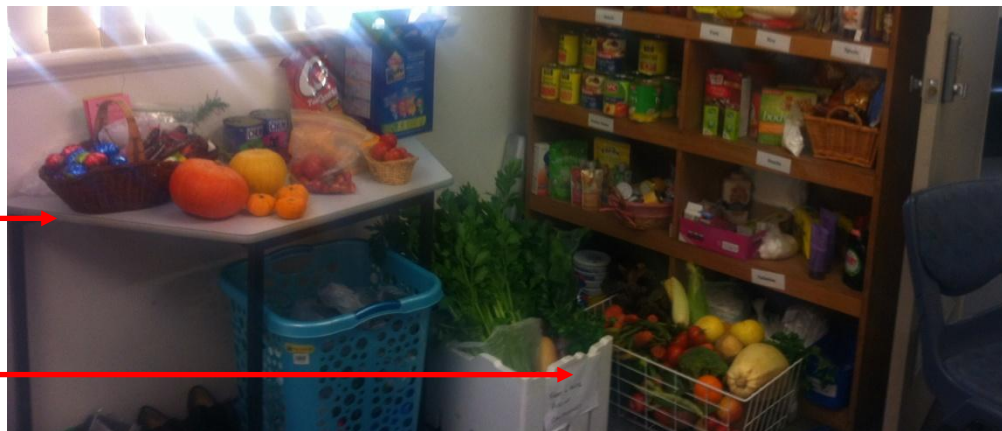


### Theme 2 – Healthy vs Non-Core Food Groups

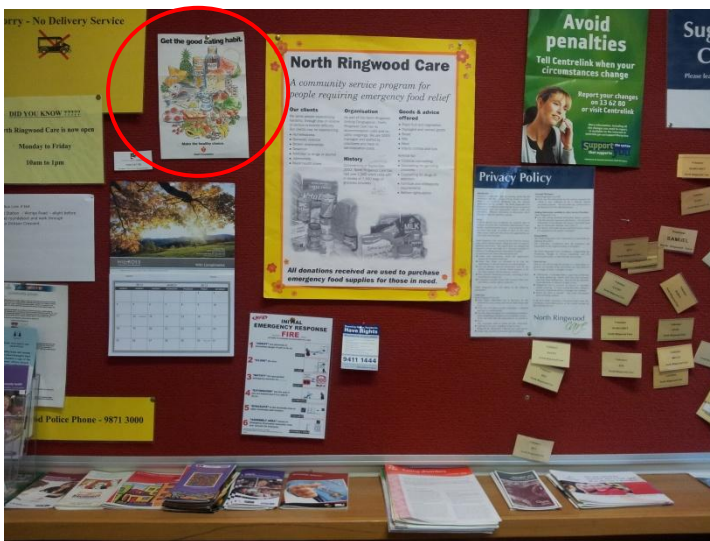


Freezer with Donuts on top and Bread Rolls underneath

Chips and Chocolate on Table  
Fresh Fruit and Vegetables on Floor



### Theme 3 – Health Promotion



Emergency Relief: More than just a 'Band-Aid' tertiary intervention.