'From a Social Crisis to a Sustainable Problem'
A Case Study of the Yarrawonga Foodbank

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Introduction

This paper aims to describe the development of the Yarrawonga foodbank in response to a specific social crisis. The case study is framed around health promotion planning principles which describe assessing need, exploring the underlying issues, setting aims and objectives, implementing strategies, evaluating outcomes and building in sustainability. It is hoped that this case study will provide best practice principles and examples that practitioners can use when identifying and addressing issues in their own communities within a health promotion framework. Additionally, this paper aims to locate the foodbank as a health issue within a food security policy context and by doing so, contribute to the Strategic Inter-Governmental Nutrition Alliance (SIGNAL, 2001) aims to "disseminate resources and models of effective food and nutrition initiatives for vulnerable people across jurisdictions and sectors" (p. 20) and "review and disseminate evidence on ways to address local structural barriers that impact on the consumption of healthy food" (p. 21).

Policy context

The original plans for the development of a foodbank occurred in early 1998 during the closure of the local meatworks, as will be described in detail below. These initial developments occurred within a community development framework at a time when the overseeing Yarrawonga Community Health Centre (CHC) operated as a stand-alone agency with a mandate to undertake health and social welfare programs. Since the Community Health Centre's amalgamation

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within the Yarrawonga District Health Service in July 2000 (along with the hospital and aged care service), a slow but progressive change in emphasis to a more medical model of operating began to impact on the social welfare program in which the foodbank program was located. Questions were being asked about the place of a foodbank program within a medically focused health service.

During this time, various government agencies were also identifying food security as a priority policy issue (see for example: SIGNAL, 2001; Commonwealth Department of Health, Housing and Community Services, 1992; Victorian Department of Human Services, 1997). These policy and strategic documents discussed the importance of food security as a health issue, but generally located action within the realm of welfare agencies rather than the health sector. As Cate Burns (2004) noted in her VicHealth sponsored paper on food insecurity, "the extent of emergency food relief in Australia is demonstrated by Victoria Relief and The Salvation Army providing more than $12 million worth of emergency relief in 2003. Last year, Victorian Relief contributed to the provision of 1 million meals" (p. 7). Recognising the health impact of food insecurity in the area and the challenge of presenting a foodbank as a legitimate health program, the social welfare officer, the primary author of this paper, began to research alternate models of practice to locate the foodbank within a health framework. This process is described in this paper.

Food insecurity is defined as "limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways" (American Dietetics Association 1998). At present, food insecurity is an issue for approximately 5% of the Australian population (Burns, 2004). This figure, however, obscures pockets of food insecurity where the prevalence is much higher, such as amongst the unemployed (23%), single-parent households (23%), people from the second lowest income quintile (20%), people in rental housing (20%) and young people (15%).

Concurrent to the development of the Yarrawonga foodbank, VicHealth prioritised food insecurity as part of its 'Healthy Eating' program. This locates food insecurity within a 'determinants of health' framework which requires action at a variety of levels and from a variety of sectors. While

health agencies, such as the Yarrawonga CHC, can take a lead in this process, "it is at the intersectoral level that the potential to address underlying determinants of social health outcomes can be clearly recognised" (Murphy, 2004, p. 154). This paper describes the process of 'repositioning' social welfare programs as health programs which may be useful for practitioners who find their activities struggling to fit into the dominant, individualist, medical perspective of many health services.

Yarrawonga case study

As was described earlier, the particular social crisis that led to the development of the Yarrawonga CHC foodbank was the sudden closure of the region's meat works. This process placed immediate financial pressure on many community residents. While these issues can be seen as socioeconomic, they are also health issues as, due to a lack of resources, many families faced imminent nutritional insecurity. The foodbank was developed as a strategy to provide impoverished residents with access to nutritional food in times of economic crisis. As Travers (1996) describes, "inequalities in nutrient intake and nutritional status may be linked to social inequities, including poverty-related inequities in access to food and other resources necessary for the achievement of nutritional health" (p. 543). In response to such nutritional inequalities, foodbanks provide a time and cost-effective solution, and have been employed successfully by health agencies in the past (Smith, 1997). Such a solution can also be seen as an example of an empowerment approach which aims to "work with clients or communities to meet their perceived needs" (Naidoo & Wills, 2000, p. 102) and includes such strategies as advocacy, negotiation, networking, and facilitation.

The following case study has been adapted to a typical planning framework, used extensively in health promotion practice. The conceptualisation of the foodbank's activities within a planning framework is often a necessity of funders. For example, the Victorian Department of Human Services (2003) promotes a model of integrated health promotion similar to the process outlined in this paper and funding guidelines for the VicHealth 'Food For All' program requires recipients attend the 'Health Promotion and Integrated Planning Short Course' where they are provided with the "skills with which to plan, implement, evaluate and report on the health outcomes of their project" (VicHealth, 2004, p. 9). This paper aims to describe how such a model of practice can be applied. Within each stage of the planning framework examples from the Yarrawonga foodbank are provided to give a first hand account of how these principles were encountered in practice. The article concludes with a brief discussion of the key learnings from this project, which will hopefully assist others undertaking similar activities.

Health promotion processes

To provide a definition, health promotion has been described as "the process of enabling individuals and communities to increase control over their own health" (World Health Organisation, 1986) and, as such, health promotion shares many assumptions with community development and social work approaches (Minkler, 1999). It must be noted that the adoption of a health promotion approach did not limit the program solely to addressing biological health needs, as an intersectoral model of health promotion also encompasses social and mental health issues (Labonte, 1993), many of which are underpinned by socioeconomic factors (Naidoo & Wills, 2000).

When important social issues occur, they highlight needs which are not being met, and are often expressed in the form of a crisis. The task for social, community and health workers then is to design a program to meet these needs, and also prevent these needs from arising in future social crises. Health promotion theorists and practitioners have developed specific planning frameworks in order to address identified needs (see Ewles & Simnett, 1999; Green & Kreuter, 1999; O'Connor & Parker, 2001; and Victorian Department of Human Services, 2003 for examples of planning models). Generally, these frameworks adhere to the following process, which is by no means linear, and involves continual reflection and revisioning (Naidoo & Wills, 2000). Each framework generally involves an identification of the need to be addressed, an analysis of the determinants of this issue, the setting of specific aims and objectives, deciding on appropriate methods and strategies, implementing these methods, evaluating the outcomes and ensuring sustainability. Each of these processes will be outlined below, drawing on the experience the Yarrawonga foodbank to exemplify the process.

Identifying a need

The first step in planning an effective and appropriate community program is to identify the needs your program hopes to address. While this seems relatively straightforward, it is at this point when the most costly mistakes can be made. As Wass (2000) notes:

> Health promotion work may not be built around the needs of the people for whom it is designed. It must, however, be responsive to those needs and be based on a recognition that they are dynamic, rather than static, and therefore may change over time. Secondly, without grounding in the community needs, health workers may implement programs which do not meet these needs and thus become an expensive mistake. Thirdly, those two things together can lead the community to lose confidence in health workers ... this

loss of confidence can take some time to repair and may result in further damage as community members ignore future health promotion work (p. 83).

As such, it is crucial to involve the community in the identification of their own needs. Again, while this seems straightforward, Bradshaw (1972) has identified four types of needs that can be addressed, including felt, expressed, relative, and normative. Felt needs are what people say their needs are; expressed needs are inferred from the actual demand for programs and services (such as waiting lists); relative needs are determined by comparing one site's assets or services, for example, to another site; and normative needs are defined by outsiders using such methods as demographic or statistical indicators. Depending on the type of issue to be addressed, each of these types of needs can be useful, however for health promotion programs, bearing in mind Wass's (2000) sage advice, it is essential to listen to the community and ensure that their felt and expressed needs are being addressed.

In Yarrawonga, an expressed need first presented itself to the Community Health Centre when 14 people who had never had contact with a welfare service arrived, seeking assistance due to the unexpected closure of the local meat works, leaving 50 people out of work and affecting 80 family members. An extension of the immediate individuals affected was the whole community, who relied on the spending of these workers for part of their own incomes. As this closure was due to an industrial dispute, Centrelink assessed that they could not pay special benefits and could only pay family payments to workers with partners and children. This left single workers with no income at all. The inadequacy of Yarrawonga's current welfare support program to cope with unforseen events was highlighted. The need for action was recognised as, if the felt needs of these workers were to be met, the entire emergency relief budget would be exhausted within three weeks. This scenario highlighted the need for a further analysis of the issue, in order to determine the best course of action.

Issue analysis

After a need has been identified and a decision has been made to take action, the next step is to analyse the determinants of the issue, so as to ensure the response will be effective and appropriate. The Central Sydney Area Health Service (CSAHS, 1994) has developed a set of activities to ensure the determinants of the health issue are fully explored, and that the response to these determinants is appropriate. These include identifying factors that contribute to the health issue, analysing stakeholders needs by conducting consultations and, once these have been assessed, analysing the organisational context in which a proposed program will operate. These first two of these points will be addressed below, with the others to be discussed in relation to the implementation of the program, to aid readability.

Various methods have been proposed to identify the underlying causes of a health issue. In one such approach, Howe, Degeling and Hall (1990) suggest identifying risk markers that indicate where the problem is occurring, risk factors which directly account for the problem, and contributory risk factors which are the causes of the risk factors. In the Yarrawonga Community Health Centre's case, the risk marker indicated that the problem was occurring predominantly for locked-out meat workers, but also other recipients of relief assistance. Obviously, the primary risk factor causing the need for assistance was a lack of financial resources. The contributory risk factors contributing to this financial need included Centrelink's policy regarding industrial disputes (for the workers), the casual/seasonal nature of many of the employment opportunities in Yarrawonga, and the isolation of Yarrawonga from regional shopping combined with poor public transport, creating an ideal environment in which retailers could charge a premium for goods, inflating prices for grocery items.

Second, consultations with stakeholders should not seek to 'sell' stakeholders a predefined program, as 'consultations' may not provide community members with any real control over defining the issue or determining solutions (Minkler, 1999). Arnstein's (1969) classic 'ladder of participation' can be useful to conceptualise the degree to which community members have input into the planning process. Levels of participation range from 'non-participation' including manipulation and therapy, to 'tokenistic participation' such as informing, or consulting members who have no real decision-making power, and lastly to 'full participation' where members act in partnership and have real power over the design and direction of the program.

In Yarrawonga, the planning process began with consultations to inform stakeholders about the expressed need the CHC had observed. Additionally, community members and organisations were informed of the issue analysis that had been undertaken, resulting in a focus on financial need, which was not currently being adequately met by traditional welfare services. These discussions then led to more meaningful participation, as community members and organisations were asked if they wanted to be involved in providing a different welfare support program that was more responsive and flexible. The CHC Social Welfare Officer investigated other communities' welfare programs and presented to the Yarrawonga community a number of models being used in other sites. The Yarrawonga community decided that a foodbank would be able to provide financial relief as one immediate financial burden (providing food for the family) was mitigated. Importantly the community decided to become actively involved in pursuing the establishment of a foodbank by joining a steering committee. Issues to do with the development of a model for operating the foodbank were decided by the steering committee with the establishment of the volunteer team and the agreement of the

aims and objectives of the foodbank program. This was seen by the community as the reforming of the welfare program to provide a broader and more comprehensive range of supports - hence addressing the identified needs. Additionally, a foodbank would not require the investment of additional resources, particularly by the CHC, whose emergency assistance budget was already depleted. Community members provided input regarding their experiences with other welfare agencies and they were able to talk about how foodbanks had assisted them and how they would use a foodbank if one were developed in Yarrawonga, reinforcing the expressed need the CHC had observed earlier. What was then required was the explication of specific program aims, objectives and strategies, which are outlined below.

Setting aims, objectives and strategies

When setting aims and objectives, there are several specific rules which should be followed. Generally, aims (sometimes also referred to as goals) are broad statements encompassing what is to be achieved, whereas objectives are more specific and concrete, indicating what is to be achieved immediately after the program's completion (Naidoo & Wills, 2000). Each of the program objectives should contribute to meeting the overall program aim. Ideally, these aims and objectives correspond to the risk factors and contributory risk factors identified during the issue analysis, as it is the underlying causes of the issue that need to be addressed. In Yarrawonga's case, the aim met the risk factor of a lack of financial resources whereas the objective addressed one of the contributory risk factors. While changing Centrelink policies, implementing better public transport or reforming the local economy were well beyond the mandate and scope of the CHC, something could be done to lessen the burden of inflated grocery prices and the resultant problem of inequitable access to nutritious food. The specific aim and objective developed are outlined below. At this point, it is also worth mentioning that aims and objectives should not be confused with strategies or methods, which outline the best way for you to achieve the changes you are seeking.

> Aim: To increase the amount of support being offered without requiring additional resources
>
> Objective: To establish a Yarrawonga foodbank and trial it for three months

This objective conforms to the S.M.A.R.T. principles suggested by the CSAHS (1994). They suggest that, in order to be able to evaluate whether the objective has been met, objectives should be Specific in terms of location or population, Measurable, Achievable within the resources available, Relevant to the issue at stake, in this case the specific contributory risk factors, and Time specific. As such, the Yarrawonga CHC had a specific outcome that could be evaluated at the end of three

months to determine whether the objective had been met or not. While evaluation will be discussed later, it is important to plan what will be evaluated when planning the aims, objectives and strategies to ensure you can gauge your success (CSAHS, 1994).

When considering what strategies to implement, these should logically follow-on from your aims and objectives. They describe "what is to be achieved and how to achieve it" (Ewles & Simnett, 1999, p. 114). As such, in order to establish a foodbank, the following strategies describe how this would operate. Yarrawonga CHC, in collaboration with its partner agencies, set about to accomplish the following: learn how to operate a food distribution unit, obtain the equipment to store food safely, obtain a Food Premis Permit from the local shire, locate a premises to operate in, and recruit and train volunteers to operate the program. These preparatory activities were achieved within three months, followed by the official opening of the Yarrawonga foodbank on August 3 1998. This took care of the first part of the objective (to open a foodbank) but this venture still had to be run on a trial basis for three months before being evaluated to determine its utility. This leads us to explore the implementation of the program, which will now be described.

Program implementation

The keys to successful program implementation include documenting and communicating the program's progress and following up additional opportunities (CSAHS, 1994). These two components rely necessarily on effective communication, monitoring and problem-solving. As such, there needs to be shared knowledge, skills and resources between stakeholders for the purpose of a common goal. During the development of the model, enhanced networking between agencies and the local churches involved in the provision of welfare services led to the sharing of resources. Agreements were set in place for the condensing of referrals to two agencies (the CHC and the St Vincent De Paul Society) and for the churches to share their resources by directing funds to the foodbank. This saw the establishment of a more coordinated approach to the welfare programs in the Yarrawonga district. However, the CHC had no experience in dispensing material aid and relied heavily on the local St Vincent De Paul volunteers who joined the foodbank to provide leadership and training to other volunteers. These 'leader' volunteers shared their knowledge and skills with other members of the volunteer team who had not previously worked in a food distribution program.

In the case of the Yarrawonga CHC's objective of opening and operating a foodbank, this process involved the implementation of a number of processes. The CHC established a foodbank committee as part of its management structure, made up of the 20 volunteers who were recruited to operate the

foodbank and the CHC Social Welfare Officer. This process handed volunteers responsibility for decisions effecting the operation of the foodbank. Monthly meetings are also held to talk about how the program is functioning and what the program requires of the CHC's Social Welfare Officer. As such, the community-owned approach is reinforced as community volunteers dictate what direction the program takes. These reflect the principles of direct community work espoused by Francis and Henderson (1992) who assert that building and strengthening trust, confidence and relationships are essential for effective community work.

The development of strong local networks and relationships with the local community and business has seen ongoing support for the growing needs of the foodbank program. Volunteers have raised funds to provide a walk-in freezer, a new kitchen and a food preparation facility. Local tradesmen have donated services and materials and foodbank volunteers helped with the work. A refrigerated food transport vehicle was bought from a local business, which now enables frozen food to be shared amongst the region. As a result of the input from volunteers who have a vested interest in the program, the foodbank is constantly growing and developing. Local farmers donate livestock and produce, abattoirs and butchers donate their services, and volunteers do the packaging. As such, when a community feels they own and are involved with the program, they are more likely to invest in its operation and function. This relationship has by no means existed from the beginning, but has evolved through the development of honest, respectful and meaningful relationships over the last six years. The foodbank had operated for two years before it became accepted as part of Yarrawonga's social landscape. Support for the program is now snowballing, leading into new areas such as the provision of a breakfast program for local school children, healthy eating education sessions, a catering service to help raise funds, and training for volunteers which, in some cases, has led to them being employed in the private sector. While these activities were by no means part of the original objective to open and operate a viable foodbank, evaluation of our success, and acting on new needs and opportunities as they arose, has meant our objectives have evolved as the foodbank program has developed. The following section thus talks about the evaluation of the Yarrawonga foodbank program.

Evaluating for the future

There are many different reasons to evaluate a program. These include monitoring the outcomes of a program, determining program worth, or using past experience to aid program development and improve implementation (O'Connor & Parker, 1995). While it was important to determine whether or not our objective had been achieved, it was more important for us to learn from our experience. As food insecurity and the need for financial assistance still remained for casual and seasonal workers, and further social disasters such as drought, bushfire, or the unexpected closure of a primary employer could still occur, we planned to continue the foodbank program and wanted to make sure we had learnt from our experience. Evaluation literature states that there are generally three types of program evaluations. These include outcome, impact and process evaluation (Naidoo & Wills, 2000), and each of these three types is tied respectively to program aims, objectives and the implementation of strategies respectively (Hawe, Degeling & Hall, 1990). Generally, outcome evaluations are difficult to conduct as program aims are often broad and require long time-frames before results can be determined (Naidoo & Wills, 2000). Impact evaluations relate to program objectives which can be determined immediately after the program's completion. In the case of the Yarrawonga foodbank, at the conclusion of three months, a viable, cost-effective foodbank had been established, and as such, our objective had been met. This also provided us with some evidence that our program aim had been met, as we had managed to provide additional support to needy Yarrawonga residents, without extending the emergency relief budget. Neither of these evaluations, however, told us how to improve our project. In order to collect this information, questions were asked of the program's process. Questions to be addressed in a process evaluation typically include whether the program is reaching the target group, whether participants are satisfied with the program, which activities are being implemented in the program, and the quality of programs (Hawe, Degeling & Hall, 1990).

Since 1998 over 4000 adults and 4000 children have been served by the Yarrawonga foodbank. This equates to the provision of food for 168,000 meals. This is an indication that the program is reaching the intended target group. Additionally, new client groups have been identified. For example, the rising cost of housing has forced some clients to relocate to isolated farmhouses. Their ability to access the foodbank will need to be assessed, and if this group is not being serviced, new strategies will need to be developed. The satisfaction of recipients, volunteers and donors with the foodbank system is evident in the culture that has been created. The foodbank itself is clean and vibrant and some clients have offered to become volunteers. Additionally, volunteers take initiative for activities and donors willingly contribute, often without a request being made. This sense of community shows great satisfaction with the foodbank, and demonstrates the quality of services provided, such as those outlined above.

Key learnings

In terms of learning from these ventures, it has become evident that the strategies most likely to succeed are those which meet an identified need, and those which the community feels

like they own and control. Strategies implemented in a top-down approach rarely seem to work, as they often miss the mark of what the real problem is, or there is suspicion in the community regarding the 'outsider's' motives. As such, the key learnings from this project were threefold. These included the need to fully understand the determinants of the issue prior to beginning planning and action; the need for consultation and collaboration with all stakeholders in the community; and the importance of building in sustainability so that the project continues into the future.

While the closure of the meat works was an obvious cause of financial need, other factors, such as the high price of groceries in the region were important when deciding on what action to take. This process is also ongoing and must be readdressed as the program evolves. As was outlined in the section on consultation above, the importance of collaboration and co-ownership also cannot be underestimated. If community members feel that solutions are being thrust upon them they are likely to become defensive, disinterested or unsupportive. This is especially the case if you were not thorough in determining what the community's needs were in the first place. As was described, the Yarrawonga foodbank was a program initiated by the community in partnership with the CHC. It is operated by volunteers who turn only to the CHC worker to fulfil specific activities. Control over the program has been divested in the community, and they have come to see the foodbank as a community (as opposed to a CHC) asset. Finally, getting consultation and cooperation right will ensure the project lives on in the community. When the program meets a specific and pressing need, is relevant to the community, and the community owns the solution, there is great motivation to ensure its survival. Community members' involvement ensures the sustainability of the program. We have found a previously untapped resource in our volunteer team. Their commitment to providing a quality program through their ideas and interest in enhancing the community they are connected to is a constant which drives the ongoing development of our foodbank program.

Critique of the planning process

The reframing of the foodbank in terms of a health promotion planning process has enabled the foodbank to identify itself as part of the core business of the CHC. Prior to this reconceptualisation, the foodbank was facing increased scrutiny from the Health Service as questions were raise about its relevance to health. Although the foodbank seemed to meet the needs of the community, there was no way to clearly transpose this information from a social work perspective to a health perspective. Using a health promotion planning model recast the activities of the foodbank in concrete, health-related, identifiable terms. For example, the language of a needs assessment and issue analysis outlined a clear course

of action with a defendable rationale. Establishing clear goals and objectives has also meant there is clarity and transparency when reporting on the activities of the program to the health service board. Activities contributing to the attainment of these goals and objectives are sanctioned, whereas those outside the scope of this action are foregone or repositioned in terms of new and emerging needs. This has led to greater board support for the developing foodbank program as impact and process evaluations demonstrate an effective health-related intervention. Additionally, related food security work by government departments such as VicHealth has added strength to the argument that food security is a health issue. The adoption of food security and planning language from VicHealth (2004) and the Victorian Department of Human Services (2003) has fostered the organisational acceptability of this venture at a time when community acceptability is flourishing.

Future forecast

The future for the foodbank, seven years on from its original inception, looks bright. This is a true case of empowerment, where the community themselves identified the health issue, the possible solutions, and took control of addressing these issues themselves. The foodbank has recently moved from the centre of the hospital site to a street frontage away from the main hospital building, to a free-standing unit complete with kitchen. Additionally, as was mentioned briefly in the preceding description, the foodbank has expanded to provide food for a breakfast program, cooking classes, and has purchased a refrigerated van to enable the program to pick up and distribute donated fresh and frozen food. This has not only expanded the capacity of the foodbank, but it has also contributed greatly to the health of foodbank recipients who now have access to a greater variety of healthy foods. As such, while the need for the foodbank still exists in the Yarrawonga community, and will do so until macro-economic political changes alleviate the precarious nature of employment opportunities in the region, food insecurity has been lessened. Additionally, support for the funding, administration and operation of the foodbank continues to grow and we therefore see no immediate challenge to the food security of Yarrawonga residents. However, as was stated earlier, social disasters can always occur and, as such, the foodbank continually reflects on the planning process outlined in this paper to identify new and emerging needs that can be addressed.

In conclusion, when addressing a community need, health or otherwise, it is highly recommended that a planning framework is followed. This process enables practitioners to strategically plan their activities, and ensures the greatest chance of success. We hope that this case study has provided some of the knowledge, tools, and examples necessary to assist other with this process.

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