



Yarra Food Insecurity Community Demonstration Project



FINAL REPORT – SUMMARY DOCUMENT

DECEMBER 2002



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ACKNOWLEDGEMENTS

This report has been written to highlight the food access issues encountered by people who are homeless or at risk of becoming homeless and the interventions that have aimed to increase choice and access to a more affordable, nutritious, safe and personally acceptable food supply. The success of the activities has come from the willing participation of many community stakeholders who have displayed concern and commitment to this project and to addressing food insecurity for this very vulnerable population group. We would like to thank everyone who has contributed to this project with particular thanks to:

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- Yarra Community Housing
- Royal District Nursing Service (Homeless Person's Program)
- Outreach Victoria
- The Collingwood Children's Farm
- St Mary's House of Welcome
- The Brotherhood of St Laurence
- North Richmond Community Health
- Yarra Health Services
- North Yarra Community Health
- The Gardenview café
- Vegetarian Nirvana café
- Minh Tan 2
- The Renown Tavern

And to all the community members, particularly rooming house residents for their input and participation in project activities and the launch of the café meals program.

BACKGROUND AND EXECUTIVE SUMMARY

Food insecurity exists whenever the availability of nutritionally adequate, safe foods or the ability to acquire personally acceptable foods in socially acceptable ways is limited or uncertain (1).

Food Insecurity is a significant issue for a number of vulnerable groups in the community (2). People who are homeless or at risk of becoming homeless are one of these vulnerable groups.

A person who is homeless is defined as someone '... without a conventional home and lacks the economic and social supports that a home normally affords. He or she is often cut off from the support of relatives and friends, has few independent resources and often has no immediate means and, some cases, little prospect of self-support...' (3). It also acknowledges the 3 levels of homelessness proposed by Chamberlain et al, that shows that homelessness goes beyond categorising someone as 'living on the streets' (4). Chamberlain demonstrated that the homeless population also includes people who are in insecure housing or in housing lacking facilities such as kitchens or bathrooms or people relying on friends, family or crisis accommodation for temporary housing. This includes people living in a rooming house environment, where they may not have a kitchen or may be required to share kitchen facilities. Affordable food choices for this population, in a municipality that has undergone much gentrification, is limited. This project has aimed to increase the affordable food choices for people who are homeless or in marginal housing by addressing a number of components that contribute to their experience of food insecurity.

The Yarra Food Insecurity Community Demonstration project, funded by VicHealth and the Department of Human Services, was developed by North Yarra Community Health in consultation with community stakeholders to address food insecurity for the homeless population in the City of Yarra.

The project was conducted over an 18-month period, commencing August 2001 with final reports being completed in December 2002.

The project aim was to develop, implement and evaluate innovative and sustainable strategies to address food insecurity in the City of Yarra.

The project activities were designed; in consultation with the community and key stakeholders, to meet 4 key objectives:

1. Involve key stakeholders and the community to identify determinants of food insecurity within the target group, raise awareness of food insecurity and to assist in the management of the project.
2. To improve the access of the target group to nutritious, affordable and local food options/meals.
3. To identify barriers to food preparation in rooming houses and to address some of these barriers.
4. To meet internal evaluation, external evaluation and project reporting requirements

Additionally, the project was required to address 4 key components outlined by the external evaluation team:

- Capacity Building
- Establishing Partnerships
- Community Participation
- Sustainability

This document will summarise project strategies, outcomes, barriers experienced and future directions to address food insecurity in Yarra in table format. More detailed and descriptive explanations of activities can be found in the following individual reports:

- Community Consultation Report
- Raising Awareness and Understanding of Food Insecurity – Methods and Outcomes
- Subsidised Café Meals Program
- Addressing Barriers to Cooking in Rooming Houses

BACKGROUND AND EXECUTIVE SUMMARY.....CONTINUED

OBJECTIVE 1: Involve key stakeholders and the community to identify determinants of food insecurity within the target group, raise awareness of food insecurity and to assist in the management of the project.

Understanding and fully describing food insecurity for the target population was the first step in addressing the problem, disseminating this understanding to build capacity to address the problem and its determinants was the subsequent step. Strategies employed to do this included:

- **Formation of a steering committee** to assist with project management and to encourage dialogue beyond the committee about food insecurity
- **Literature review** to examine how food insecurity has been addressed in other regions and populations and to examine key themes
- **Community Consultation** to allow a community focused approach in describing and addressing the problem
- **Input into Municipal Public Health Plan** to allow future and ongoing focus on local food insecurity issues
- **Training and Resourcing workers** to build their capacity to address food insecurity, locally

Outcomes:

- A steering committee was formed with a range of community stakeholders, chaired by a Yarra Councillor
- 11 steering committee meetings held over 18 months
- Average of 75% attendance of steering committee members at meetings (range: 45-100%)
- The steering committee provided input into project budget, workplan, key documents and project interventions
- Evaluation of committee conducted
- Literature review completed incorporated into project reports & recommendations for Municipal Public Health Plan
- Community consultation completed, documented in the Community Consultation Report and used to direct project interventions
- List of recommendations made regarding input into the Yarra Municipal Public Health Plan (using community consultation, literature review and feedback from training workshop)
- Two members of Municipal Public Health Plan Steering Committee also sit on the Food Insecurity Steering Committee
- A two hour Food Insecurity Workshop was conducted, with 16 different agency workers attending
- Evaluation indicated 100% of participants had an improved understanding of food insecurity on physical and mental health.
- Participants were resourced with skills to identify poor nutrition
- Participants devised strategies to link people into appropriate services and programs to optimise food security in the City of Yarra.
- Participants devised a set of recommendations to address food insecurity in the local area.
- Resources '*Cheap Eats Guide*' and '*Food for \$35 a week*' have been developed and distributed to all workshop participants.

BACKGROUND AND EXECUTIVE SUMMARY.....CONTINUED

OBJECTIVE 2: To improve the access of the target group to nutritious, affordable and local food option/meals.

Consultation with local agencies, local government and clients revealed that the local food supply was too expensive for the average budget of a person who is homeless or marginally housed. There was a notable lack of affordable prepared food, with the exception of council delivered meals and meals provided via emergency relief or cheap meals from welfare institutions. The affordable food choices were not acceptable to all and did not address the social exclusion experienced by some members of the target group.

Subsidised meals at local cafes has been trailed as a pilot in Fitzroy, with limited success, to offer an affordable prepared meal alternative for people who do not find existing prepared meal options acceptable.

The Food Insecurity Community Demonstration project aimed to redesign the pilot program by:

- **Determining areas within the City of Yarra most in need of a subsidised café meals program** - via feedback from steering committee community consultation & consulting demographic data
- **Enlisting participating cafes & provide support to participate in program**
- **Development of protocols and briefing referring workers** - regarding the referral process, optimising accessibility of program, evaluation processes and marketing and promotion of the program
- **Monitoring reach and quality of the program**

Outcomes:

- Richmond and Fitzroy nominated as areas most in need of a subsidised café meals program.
- Four businesses enlisted – 2 in each suburb including 1 café, 1 pub/hotel, 1 vegetarian restaurant, 1 Vietnamese/Chinese restaurant
- Invoicing system developed
- Clients could access program via linked worker or flexible-open sessions at various establishments
- Program marketed via pamphlets and local newsletter
- Workers briefed on referral process
- Waiting list process developed
- Launch held with speakers including NYCH CEO, Yarra Mayor, Victorian Council of Social Services (Victorian Council Of Social Services), CEO, 2 program participants
- Media coverage of café meals program via local newspaper, local newsletters, Channel 31 news, Channel 7 news
- 41 clients registered into program
- 33/41 clients registered, used the program
- 4/4 business proprietors were happy to continue the program after the 6 month trial
- High participant satisfaction rating of program
- 100% of community workers feel the referral process is convenient for them

BACKGROUND AND EXECUTIVE SUMMARY.....CONTINUED

OBJECTIVE 3: To identify barriers to food preparation in rooming houses and to address some of these barriers.

Preparing meals "at home" is recommended by many nutrition organisations and professionals as a way of making food affordable. However, not everyone has a "home" that supports budget shopping and cooking strategies. People living in rooming house environments face many barriers to shopping and to cooking "at home". A number of strategies aimed to identify these barriers and to address some of them through food related activity.

The process involved:

- **Engaging clients living in rooming houses** - utilising workers who regularly work with rooming house residents
- **Determine barriers to food preparation and social eating in rooming houses** - via focus group interview
- **Ongoing liaison with interested residents in the planning food related activities** - as determined in focus group interviews
- **Implementation of food related activities** - with clients to address barriers to cooking in rooming houses
- **Program monitoring and evaluation**

Outcomes:

- Clients from 9 different rooming houses/alternative marginal housing engaged with assistance from local agency workers
- Barriers to food preparation in rooming houses/marginal housing determined
- Two major strategies determined and planned in consultation with rooming house residents: Smart Food Market Bus and Rooming House Garden Project
- Smart Food Market Bus trips and Rooming House Garden Project were implemented with client feedback
- Workers provided ongoing assistance with implementing activities (Partnerships)
- **Garden Program:**
 - Community garden developed with clients, Collingwood Children's Farm staff and volunteers.
 - 6 out of 8 residents actively involved.
 - Increased social interactions between residents at rooming house recorded.
 - Increased inter agency collaboration.
 - Produce planted includes avocado, apple, apricot, plum and lemon trees. Other plants include passionfruit vines, tomatoes, herbs, garlic, beans and silverbeet.
- **Market Bus Program**
- Clients feel more confident and interested in dealing with food activities and enjoyed the social aspect of the program.
- 68% ongoing participation of clients engaged

OBJECTIVE 4: To meet internal evaluation, external evaluation and project reporting requirements

A significant proportion of project time was allocated to meeting accountability requirements and to ensure that project activities were broadly evaluated and the findings disseminated. Processes employed included:

- **Development and review of a project work plan** - in consultation with the steering committee, external evaluators and VicHealth and using community consultation.
- **Description of project activities for external evaluation team** – via log book entries, minutes of meetings, monthly reports to steering committee and meetings with external evaluators and regular reports as per agreement
- **Progress reports and certified financial statements** - to VicHealth at 6 months, 12 months and upon completion (18 months).
- **Evaluation of the sustainability & capacity building aspects of project activities**
- **Dissemination of project findings** - to the steering committee, community, local government and relevant organisations using media and making final report of project available.

Outcomes:

- Initial work plan drafted
- Workplan reviewed after community consultation and was reviewed by steering committee in February 2002.
- Updated workplan submitted to VicHealth in February 2002.
- Log book entries maintained using external evaluator’s checklist (August 2001-November 2, 2002)
- Log book entries initially kept on Access database but later manually recorded using proforma.
- Meetings held twice per month initially, then changed to once a month.
- Telephone & e-mail contact with external evaluator also occurred between meetings
- Meetings and reporting have occurred as per agreement
- Reports reviewed by steering committee members prior to submission
- Sustainability & capacity building components of project activities reviewed by steering committee, key stakeholders and project workers
- Sustainability workshop attended by project manager and members of steering committee
- All project activities to continue beyond December 2002 – implemented as part of core business.
- Findings of project presented to steering committee via monthly report at meetings and subsequently via e-mail
- Local media and newsletters utilised to keep community informed of project activities.
- Project disseminated at various AGMs, Primary Care Partnership (PCP) launch and Food Insecurity Forum

FUTURE FOCUS AND RECOMMENDATIONS

OBJECTIVE	FUTURE FOCUS	RECOMMENDATIONS
Identify determinants of food insecurity within the target group, raise awareness of food insecurity and to assist in the management of the project.	<ul style="list-style-type: none"> • The Yarra Food Insecurity Steering Committee will continue to meet beyond December 2002. • Resource development to sit with dietitians at NYCH. 	<ul style="list-style-type: none"> • Annual forums run through council to continue awareness raising and focus on food insecurity. • A food insecurity policy in Local Government that is transferable to the municipal public health plan. • Re-instatement of a Health Promotion Position in Yarra Council with a committed focus on addressing food insecurity • Ongoing focus on worker resourcing to address food insecurity with emphasis on collaboration.
To improve the access of the target group to nutritious, affordable and local food option/meals.	<ul style="list-style-type: none"> • 50 places will be available for café meals program via recurrent HACC funding. • Worker time to be allocating to co-ordinating monitoring and evaluation of program. • Service agreement to be written up regarding café meals program functions. • Councillor briefing to examine council allocating funds for additional membership to café meals • Review assessment, monitoring and evaluation processes 	<ul style="list-style-type: none"> • Expansion of the café meals program via additional funding and/or re-orienting of council delivered meals funds. • Examine other gaps in affordable food supply for vulnerable populations. • Examine expanding program to other parts of Yarra – particularly Collingwood. • Local government to support establishment of cheap food (fresh and prepared) outlets in Yarra
To identify barriers to food preparation in rooming houses and to address some of these barriers.	<ul style="list-style-type: none"> • Ongoing partnership with key agencies to continue with the implementation and evaluation of the market trips. Collaboration to explore further funding opportunities. • Provide cooking classes at rooming houses. • Set up a committee (agency workers, volunteers, residents) specifically to co-ordinate market bus trips within the City of Yarra. 	<ul style="list-style-type: none"> • Review of housing models and legislation regarding minimum standards for kitchens in rooming houses/cheap housing • Increase in more affordable public housing/public rooming house stock
To meet internal evaluation, external evaluation and project reporting requirements	<ul style="list-style-type: none"> • Reports to be disseminated at a launch in early 2003. 	<ul style="list-style-type: none"> • A Food Insecurity Website

4. Interventions, Outcomes, Barriers & Future Focus

OBJECTIVE 1: Involve key stakeholders and the community to: identify determinants of food insecurity within the target group, raise awareness of food insecurity and to assist in the management of the project.

INTERVENTION	OUTCOMES	BARRIERS	FUTURE FOCUS
<p>1.1 Formation of Steering Committee (August 2001 – December 2002)</p> <ul style="list-style-type: none"> • Representatives from: <ul style="list-style-type: none"> ○ Local government ○ Housing, health and social service sector ○ Community representation by feedback <p>1.2 Literature Review (August 2001 – November 2002)</p>	<ul style="list-style-type: none"> • Average of 75% attendance of steering committee members at meetings (range: 45-100%) • 11 steering committee meetings held over 18 months • input into budget and workplan provided • Feedback provided into key documents and project interventions • evaluation of committee conducted • All members had an interest and commitment to improving food security for the target group. • High service sector representation ensured project activities remained relevant to the group • Discussion regarding sustainability <ul style="list-style-type: none"> • Literature review incorporated into: <ul style="list-style-type: none"> • “Community Consultation” report and • “Raising awareness and understanding of Food Insecurity – Methods and Outcomes” report • Recommendations into Yarra Municipal Public Health Plan provided 	<ul style="list-style-type: none"> ▪ Administrative duties associated with meetings limited frequency of meetings ▪ Attendance limited by member’s ability to commit time to meetings <p>Wide scope of information available difficult to locate and continued to be collated up to November 2002. This made it difficult to write up an accurate up to date review until the ‘last minute’ and some initiatives undertaken may not be included in the report.</p>	<p>Committee to continue to meet in 2003 with a new focus.</p> <p>NYCH dietitians to continue to gather literature in partnership with Bev Wood to set up a base of food insecurity literature.</p>

OBJECTIVE 1: Involve key stakeholders and the community to: identify determinants of food insecurity within the target group, raise awareness of food insecurity and to assist in the management of the project

INTERVENTION	OUTCOMES	BARRIERS	FUTURE FOCUS
<p>1.3 Community Consultation (October 2001-February 2002)</p> <ul style="list-style-type: none"> ○ Client focus group interviews ○ Agency 1:1 interviews ○ Local government questionnaires ○ Local business 1:1 interviews <p>1.4 Input into Municipal Public Health Plan</p> <p>1.5 Training and Resourcing workers to address food insecurity</p>	<ul style="list-style-type: none"> • Major determinants of food insecurity for target group described • Findings used to influence project activities • Consultation strategies built rapport with community to enable implementation of activities • Data used as basis for recommendations for Yarra Municipal Public Health Plan • Community Consultation report written and disseminated • List of recommendations made based on: <ul style="list-style-type: none"> ○ Community consultation ○ Literature review ○ Feedback from training workshop • Two members of Municipal Public Health Plan Steering Committee also sit on the Food Insecurity Steering Committee • A 2 hour Food Insecurity Workshop was conducted, with 16 different agency workers attending • Evaluation indicated 100% of participants had an improved understanding of food insecurity on physical and mental health. • Participants were resourced with skills to identify poor nutrition • Participants devised strategies to link people into appropriate services and programs to optimise food security in the City of Yarra. • Participants devised a set of recommendations to address food insecurity in the local area. • Resources '<i>Cheap Eats Guide</i>' and '<i>Food for \$35 a week</i>' have been developed and distributed to all workshop participants. 	<p>Extensive consultation phase delayed implementation phase of project</p> <p>Municipal Public Health Plan remains in early planning stage at December 2002, therefore recommendations unlikely to be implemented until 2003.</p> <p>Workers who attended had a varied interest and job focus, which made it difficult to address individual agency issues.</p>	<p>Consider collating additional data via monitoring of ongoing project activities eg. Café Meals Program, Smart Food Market Bus.</p> <p>City of Yarra Community Planner to continue to attend Food Insecurity Steering Committee to discuss progress of and input into Municipal Public Health Plan.</p> <ul style="list-style-type: none"> • Provide specific food insecurity training for each agency • Devise specific resources based on the client groups of each agency dealing with food insecurity issues

OBJECTIVE 2: To improve the access of the target group to nutritious, affordable and local food option/meals.

INTERVENTION	OUTCOMES	BARRIERS	FUTURE FOCUS
<p>2.1 Determine areas within the City of Yarra that are most in need of a subsidised café meals program using:</p> <ul style="list-style-type: none"> • Feedback from steering committee • Community consultations • Consult Demographic data <p>2.2 Enlist participating cafes & provide support to participate in program:</p> <ul style="list-style-type: none"> • Utilised a café that took part in pilot • Advertised via local government Food Matters Newsletter • Door knock to Victoria street restaurants <p>2.3 Develop protocols and brief referring workers:</p> <ul style="list-style-type: none"> • Referral process designed to optimise accessibility of program • Members received membership cards to access program • Evaluation process developed • Program marketed and advertised 	<p>Richmond and Fitzroy nominated as areas most in need of a subsidised café meals program.</p> <ul style="list-style-type: none"> • Eight businesses in Yarra expressed interest in participating • Four businesses expressed willingness of offer additional business subsidy (i.e. reducing cost of meals) • Four businesses enlisted – 2 in each suburb including 1 café, 1 pub/hotel, 1 vegetarian restaurant, 1 Vietnamese/Chinese restaurant • Invoicing system developed • Telephone and meeting follow-up with proprietors to monitor • Clients could access program via linked worker or flexible-open sessions at various establishments • Program marketed via pamphlets and local newsletter • Workers briefed on referral process • Waiting list process developed 	<p>Collingwood is also an area in much need of a subsidised café meals program</p> <ul style="list-style-type: none"> • Location of participating cafes is adequate relative to where clients reside • The café meals program will improve food insecurity in the City of Yarra. • Program demand exceeded resources (waiting list of 70 people) • Access to program for people without support workers remained difficult (required personal motivation to participate) • Membership application form needed to be re-worded in client language • Weight and height difficult for referring workers to measure & record • Increased exposure and marketing of program increased demand (and waiting list) 	<p>Monitor need in other suburbs, if program capacity increases with increased funding.</p> <p>Provide participating proprietors with ongoing support.</p> <ul style="list-style-type: none"> • Program to continue via HACC and Local Government funding. • Examine options to support people for entry and participation in program. • Re-draft application form in consultation with referring workers.

OBJECTIVE 2: To improve the access of the target group to nutritious, affordable and local food option/meals.

INTERVENTION	OUTCOMES	BARRIERS	FUTURE FOCUS
<p>2.4 Provide an official launch of the café meals program and arrange media coverage and advertising (September 2002)</p> <p>2.5 Monitor reach and quality of the program:</p> <ul style="list-style-type: none"> • Café owners – personal interviews • Clients - evaluations forms via referring workers • Referring workers –focus group interview <p>• Monitor referrals to café meals program</p>	<ul style="list-style-type: none"> • Launch held with speakers including: <ul style="list-style-type: none"> • NYCH CEO • Yarra Mayor • VCOSS CEO • 2 program participants • Media coverage of café meals program via: <ul style="list-style-type: none"> • Local newspaper • Local newsletters • Channel 31 news • Channel 7 news • 4/4 business proprietors were happy to continue the program after the 6 month trial • High participant satisfaction rating of program • 100% of community workers feel the referral process is convenient for them • 41 clients registered into program • 33/41 clients registered, used the program 	<p>Launch held 2 months after the commencement of the Café Meals Program trial period. Membership had almost reached capacity, therefore capacity to take on new members was limited.</p> <ul style="list-style-type: none"> • Some members could not be contacted for follow-up evaluation • Balancing the budget was difficult – needed to estimate possible utilisation rate to determine membership capacity. 	<p>Review priority of access and waiting list management strategies.</p> <ul style="list-style-type: none"> • Worker time (at NYCH) to be allocated to ongoing monitoring and evaluation of program

OBJECTIVE 3: To identify barriers to food preparation in rooming houses and to address some of these barriers.

INTERVENTION	OUTCOMES	BARRIERS	FUTURE FOCUS
<p>3.1 Consult with relevant workers who regularly work with rooming house residents and explore the most effective way of engaging clients in rooming houses</p> <p>3.2 Arrange focus groups to determine:</p> <ul style="list-style-type: none"> • barriers to food preparation and social eating in rooming house/marginal housing environments • food related activity which addresses nominated barriers <p>3.3 Ongoing liaison with interested residents at a convenient location in the planning food related activities.</p>	<ul style="list-style-type: none"> • Workers working with clients in rooming houses/marginal housing consulted. • Clients from 9 different rooming houses/alternative marginal housing engaged • Workers provided ongoing assistance with implementing activities (Partnerships) <ul style="list-style-type: none"> • Barriers to food preparation in rooming houses/marginal housing determined • Two activities determined using community consultation: Smart Food Market Bus & Rooming House Garden Project. <p>Market Bus Program</p> <ul style="list-style-type: none"> • Clients attending St. Mary’s House of Welcome and rooming house residents (including the bus driver) were involved in assisting the project worker make decisions about the structure of the market bus activities. 	<ul style="list-style-type: none"> • Could not approach all rooming houses in Yarra due to time constraints. <ul style="list-style-type: none"> • Some residents lack socialisation skills and find it difficult to participate in group activities. • Rooming House dynamics can play a role in influencing whether or residents choose to participate in group activities. • For some residents food or food preparation is simply not a priority. 	<ul style="list-style-type: none"> • Explore and implement strategies that address other barriers to cooking that have not been dealt with.

OBJECTIVE 3: To identify barriers to food preparation in rooming houses and to address some of these barriers.

INTERVENTION	OUTCOMES	BARRIERS	FUTURE FOCUS
<p>3.4 Implement food related activity with clients with ongoing process evaluation monitoring attendance and design of program</p> <ul style="list-style-type: none"> • Garden program • Market bus program <p>3.5 Evaluate Program via focus group</p>	<ul style="list-style-type: none"> • Garden Program <ul style="list-style-type: none"> - Community garden developed with clients, Collingwood Children’s Farm staff and volunteers. - 6 out of 8 residents actively involved. - Increased social interactions between residents at rooming house recorded. - Increased inter agency collaboration. - Produce planted includes avocado, apple, apricot, plum and lemon trees. Other plants include passionfruit vines, tomatoes, herbs, garlic, beans and silverbeet. • Market Bus Program <ul style="list-style-type: none"> - A total of 25 residents attended the bus trips. - 68% ongoing participation of clients engaged - Residents actively involved in organising taste-testing sessions and Smart Food Newsletter. - Photos illustrate the sense of community amongst residents. - Residents contributed to consumer feedback sheets. • Market Bus Program <ul style="list-style-type: none"> - Focus groups held at 3 rooming houses. - Residents feel more confident and interested in dealing with food activities and enjoyed the social aspect of the program. - Most residents felt the free transport and nutrition advice was an added bonus. • Rooming House Garden <ul style="list-style-type: none"> - Focus groups held at rooming house with residents (n=4) - Focus groups held with key agencies 	<ul style="list-style-type: none"> • Explore and implement strategies that address other barriers to cooking that have not been dealt with. • Residents may have trouble committing to the ongoing maintenance of the garden. • Residents may not have the skills required to grow, maintain and utilise the garden produce. • Some residents are more confident than others, discouraging less confident people to voice an opinion. • Consumer literacy levels. • Low attendance @ focus group. • Consumer literacy levels. 	<ul style="list-style-type: none"> • Community consultation will continue to be a priority in the future implementation of market bus trips. • Educate residents on how to maintain the garden and how to use produce in cooking sessions. • Examine addressing other barriers to cooking that have not been dealt with. • Possible scope for weekly market trips. • Ongoing liaison with rooming house residents. • Ongoing partnership with supporting agencies. • Consideration for rooming house cooking classes, facilitated by NYCH dietitian and other agency workers.

OBJECTIVE 4: To meet internal evaluation, external evaluation and project reporting requirements

INTERVENTION	OUTCOMES	BARRIERS	FUTURE FOCUS
<p>4.1 Develop and review a project work plan in consultation with the steering committee, external evaluators and VicHealth and using community consultation.</p> <p>4.2 Maintain log book entries for external evaluation purposes using agreed checklist</p> <p>4.3 Meetings with external evaluators and regular reports as per agreement</p> <p>4.4 Progress reports and certified financial statements to VicHealth at 6 months, 12 months and upon completion</p>	<ul style="list-style-type: none"> • Initial work plan drafted • Workplan reviewed after community consultation and was reviewed by steering committee in February 2002. • Updated workplan submitted to VicHealth in February 2002. • Log book entries maintained using external evaluator’s checklist (August 2001- November 2, 2002) • Log book entries initially kept on Access database but later manually recorded using proforma. • Meetings held twice per month initially, then changed to once.month. • Telephone & e-mail contact also occurred between meetings • Meetings and reporting have occurred as per agreement • Reports reviewed by steering committee members prior to submission 	<ul style="list-style-type: none"> • Limited budget flexibility limited the flexibility in scope of workplan activities. • Inadequate worker time allocated to complete projects – additional 0.4 EFT employed (May 2002) to assist with implementation of activities. • Time required to meet external evaluation requirements not considered when 0.4 EFT initially allocated to project. • Reflective diary practices not usually a core component of workers practice – some adjustment in implementing this practice. • Remembering to enter for each consultation or activity • NYCH financial statements not kept under project headings but rather described against the financial activity – this made collating the financial statements according to activity, difficult and time consuming. 	<ul style="list-style-type: none"> • Would have been great to have had paid monthly external supervision (in addition to external evaluation) to assist with guidance of such a new project. • Final reports to be disseminated in early 2003.

OBJECTIVE 4: To meet internal evaluation, external evaluation and project reporting requirements

INTERVENTION	OUTCOMES	BARRIERS	FUTURE FOCUS
<p>4.5 Evaluate the sustainability & capacity building aspects of project activities</p> <p>4.6 Disseminate findings of project to the steering committee, community, local government and relevant organisations using media and making final report of project available.</p>	<ul style="list-style-type: none"> • Sustainability & capacity building components of project activities reviewed by steering committee, key stakeholders and project workers • Sustainability workshop attended by project manager and members of steering committee • All project activities to continue beyond December 2002 – implemented as part of core business. • Findings of project presented to steering committee via monthly report at meetings and subsequently via e-mail • Local media and newsletters utilised to keep community informed of project activities. • Project information disseminated at various AGMs, PCP launch and Food Insecurity Forum 	<p>Discussing these aspects of the project at Steering Committee meetings added considerably to an already oversized Steering Committee agenda.</p> <p>This will require additional budget allocation of staff time after the project has ceased.</p>	<p>Sustainability and capacity building will continue to be addressed as part of monitoring of ongoing programs.</p> <ul style="list-style-type: none"> • Final reports to be distributed in early 2003 and also to be made available on the NYCH website. • Funding of dissemination to come out of the project budget.

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