



**YARRA FOOD INSECURITY COMMUNITY
DEMONSTRATION PROJECT**

**COMMUNITY CONSULTATION
REPORT**

JUNE 2002

Yarra Food Insecurity Community Demonstration Project – Community Consultation Report
(June 2002).

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A. ACKNOWLEDGEMENTS

This report has been written to highlight the food access issues encountered by people who are homeless or at risk of becoming homeless. The community consultation process has uncovered a concern and commitment from many community sectors regarding food access for this very vulnerable population group. We would like to thank everyone who has contributed to this report with particular thanks to:

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B. 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).

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 community consultation phase of the Yarra Food Insecurity Project involved interviews with 6 local government departments, 18 agencies, 49 clients and one café proprietor. Interview participants were chosen to reflect the wide range of vulnerable client groups within the homeless population as well as the many services provided to this target group.

Local government departments and agencies interviewed recognised that food insecurity is an issue for the nominated target group. Groups that were perceived to be particularly vulnerable to food insecurity included women and children/families, people with psychiatric disability, people living in rooming houses or public housing, people with drug and/or alcohol dependence, welfare recipients and isolated elderly people.

For the overall target group, food insecurity is deemed to be a culmination of limited income, lack of locally available affordable food, inadequate food storage and food preparation facilities and personal/lifestyle factors that affect the purchase and preparation of food. A large proportion of people in this target group struggle to budget on an income that barely covers rent, bills and personal expenses. The additional burden of a local food supply that caters to a more affluent population alienates this target group from its local food supply. Furthermore, many people in this target group have limited (or no) refrigeration space and cooking facilities, which makes them reliant on prepared meals or convenience foods, which are more expensive.

The result of these food insecurity determinants is a high reliance on emergency relief or cheap welfare meals. Both options are seen by the community to be limited, lacking in variety, cultural choice, assurance of nutritional value or assurance of food safety/hygiene. Emergency relief and cheap meal options were seen by many as inaccessible, particularly for vulnerable client groups such as women, children and people with psychiatric disability, who see them as unsafe options. The community generally felt that there was a particular deficit in affordable or free fresh food supply.

Workers generally cope with ongoing food insecurity issues through provision of or referral to emergency relief or through direct education. However, many felt that they would like to be better informed about local programs and emergency relief options. Training and information exchange was seen as a necessary activity associated with this demonstration project. Additionally, many agencies and local government departments lack policies and plans that address food insecurity and its determinants. The majority of interview participants indicated a strong interest in receiving input into policies.

These results and consultation with the Yarra Food Insecurity Steering Committee will shape the proposed activities associated with this demonstration project. These activities include:

- The subsidised café meals program, which will provide prepared meals, with flexibility in food choice and mealtime for people who cannot prepare their own meals. It will provide an affordable local option for vulnerable clients in a safer environment.
- The market bus program and rooming house garden program, which will address the lack of local free or cheap fresh produce by providing transportation to markets and enabling people to grow their own fruit and vegetables.
- The worker-training program, which will address the general feeling of inadequate information about addressing food insecurity.
- Input into nominated local plans and policies, which will help to establish concrete plans and policies that address food insecurity and its determinants. This will occur through consultation with local government community planners and other relevant stakeholders.

Community consultation results and additional consultation will be used to design the programs to optimise satisfaction of all parties involved. All interventions will be evaluated with a particular emphasis on their sustainability and their ability to improve the capacity of the community to address food insecurity in the future.

C. BACKGROUND

The Victorian Health Promotion Foundation and the Department of Human Services jointly provided funding for two food insecurity demonstration projects. North Yarra Community Health, in partnership with Yarra Community Housing and the City of Yarra put together a successful application for one of these projects, targeting people who are homeless or at risk of becoming homeless.

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

The objectives required to fulfil this aim are to:

- 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
- Improve the access of the target group to nutritious, affordable and local food options/meals
- To identify barriers to food preparation in rooming houses and to address some of these barriers
- To meet internal and external evaluation requirements as well as project reporting requirements

A number of strategies were initially proposed to meet these objectives. These include:

- Formation of a Steering Committee to guide and manage project activities
- Community consultation and literature review to assist with the ongoing development of project activities and strategies
- Review and adaptation of a pilot café meals program to improve referral, satisfaction and ongoing participation in the program
- Identification of barriers to cooking in rooming houses/marginalised housing and in consultation with residents design a program which deals with some of these barriers
- Development of mechanisms for community workers to improve knowledge and awareness of food insecurity in Yarra
- Provision of input into nominated food plans and policies

A project Steering Committee has been formed with representatives from Local Government and local agencies that represent the target group. Client representation has been included by proxy rather than via attendance at Steering Committee meetings. The steering committee has aided the project officer in the implementation of the food insecurity project, particularly in guiding the consultation process. This report will outline the community consultation methodology and outcomes, which have been used to guide the project activities to be implemented. This report can also serve to guide future initiatives in improving the food security of all residents in Yarra.

D. METHODOLOGY

A list of potential agencies and local government departments to be interviewed was drafted with feedback from Steering Committee members. Selection criteria for agencies to be interviewed included having regular access to the target group and providing services to people residing in Yarra. The list aimed to represent a broad range of services including health, welfare, housing and advocacy. Similarly, representation was sought from agencies providing targeted services to youth, older citizens, women, people with psychiatric disability and families. These categories were designated to ensure a wide cross-section of the target group being consulted.

Agency interviews were conducted face-to-face using a standard interview form (Appendix A). This method of consultation was chosen to optimise the completion of interview forms and to allow rapport to be built between the agencies interviewed and the project officer. This could later serve to make implementation of project activities more successful.

Local government departments were chosen via recommendations from steering committee members and various employees in the City of Yarra. Departments were chosen on the basis of involvement with housing, community planning and food access. Letters were sent to managers in the various departments with interview forms (Appendix B) and the project work plan attached. Telephone follow up was implemented to clarify questions and optimise the response rate.

The **target group or 'client'** interviews were facilitated via the agency interviews. Client focus groups were chosen such that all nominated subgroups were represented. These subgroups include: single men, women, older people, young people, people with disability people from Culturally and Linguistically Diverse Communities and people who are from indigenous communities. Focus groups were also set up to represent people living in various types of housing throughout Yarra. Focus group interviews were conducted in a variety of settings using a standard interview form (Appendix C). Focus group interviews were chosen as the method to maximise numbers of people interviewed in a short amount of time. All participants were provided with \$10 grocery vouchers for participation.

Interview questions were designed to determine:

- Perceived determinants of food insecurity in Yarra
- Perceived gaps in food service provision and suggestions for improvement
- Food purchasing, preparation and eating behaviours of the target group
- Input into a proposed subsidised café meals program
- Perceived barriers to cooking in rooming houses and suggestions for improvement
- Perceived training needs of workers regarding food insecurity
- Existence of and gaps in local plans and policies which address food insecurity
- Local initiatives which address food insecurity

Additionally, **one café proprietor** who was participating in a pilot subsidised café meals program was interviewed for input into the Food Insecurity café meals program (Appendix D). Further input from local business was not sought at consultation phase but will be sought during the planning/implementation phase of project activities.

E. INTERVIEW PARTICIPANTS

1. THE TARGET GROUP

This project defines “a person who is homeless” as someone who is ‘... 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...’ (2). 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’ (3). 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.

2. VULNERABLE CLIENT GROUPS

The Victorian Food and Nutrition Policy Document (4) identified homeless people (particularly youth, women, elderly) as one of the groups at greatest risk of food insecurity.

Other at risk groups include:

- Low income families
- People with socio-economic problems
- People with mental illness
- People who are non-English speaking
- Chronically ill people
- Frail elderly people
- People affected by alcohol and/or substance abuse
- People of Aboriginal and Torres Strait islander background.

The physical, mental and social issues these vulnerable groups face put them at risk of food insecurity.

Local government departments and agency workers interviewed were asked to nominate populations they deemed to be most vulnerable to food insecurity.

Local government nominated:

- People with drug & alcohol addictions (3/6 departments)
- Isolated elderly (3/6 departments)
- People living in rooming houses & public housing (3/6 departments)
- People on low income/government payments (2/6 departments)

Local agency workers nominated:

- People with psychiatric disability (39%)
- Women (39%)
- Rooming house tenants (39%).

Many of the vulnerable groups quoted by the literature, local agencies and local government are found within the homeless population. This project attempted to represent the food insecurity issues of these vulnerable groups by careful selection of appropriate local government departments, agencies and client groups for community consultation.

3. PROFILE OF CONSULTATION PARTICIPANTS

3.1 Council

Nine council departments were invited to participate in interviews. Council departments to be interviewed were chosen on the basis of their possible contribution to the project, their possible impact on food insecurity and their established role in representing the target group of this project. Council departments invited, their roles and responsibilities, rationale for interview and their participation in interview is summarised in Appendix E.

Six of the 9 council departments invited, completed an interview questionnaire. Departments that agreed to participate in interviews included Age & disability (HACC), Food Service, Family and Crisis Counselling, Community Planning (Housing), Environmental Health and Human Services Planning. These departments reflect both community service provision and service planning aspects of council services. Whilst this does not encompass the broad range of council sectors that could possibly influence food security, it does reflect the council departments that have a more immediate impact on food insecurity.

3.2 Agencies

Eighteen agencies were interviewed to gain an agency perspective of food insecurity. A list of the agencies interviewed, their service description and target group are tabled in Appendix F. All agencies interviewed provide services to people who are homeless, or at risk of becoming homeless within the City of Yarra. The types of services provided by agencies interviewed and client target groups is summarised in Tables 1 and 2, below.

Table 1: The range of services delivered to the project target group by agencies interviewed

Services delivered	% agencies (n=18)
Health	33%
Welfare	33%
Housing	33%
Client advocacy	33%
Outreach support	28%
*Legal	6%

Table 2: The target groups of agencies interviewed

Target group of agencies	% agencies (n=18)
Youth	39%
Older citizens	33%
Single men	39%
Women	39%
Families	22%
Disability – physical	22%
Disability - psychiatric	39%
*C&LD communities	6%

As reflected in Table 1, there is an even distribution of agencies providing health, welfare, housing, client advocacy and outreach support services.

*Legal services were represented by one agency. This may influence the findings of this project in reducing the representation of issues from a legal or legislative perspective.

As reflected in Table 2, agencies interviewed reflected services mostly to single men, women, youth, people with psychiatric disabilities and older citizens. People with physical disability and families made up a slightly smaller proportion of the target group of agencies interviewed.

With the exception of Culturally and Linguistically Diverse (C&LD) communities, agencies represented a wide range of the vulnerable groups within the homeless population.

3.3 Clients

Table 3, below summarises the demographic profile of clients interviewed.

Table 3: Demographic Profile of Clients Participating in Focus Group Interviews

GENDER:			
Male		79%	
Female		21%	
AGE:			
Under 25 years		4%	
25-35 years		12%	
35-45 years		37%	
45-55 years		24%	
55+		22%	
Indigenous		10%	
Culturally & Linguistically Diverse		6%	
SUBURB:		HOUSING:	
Fitzroy	20%	Public rooming house	74%
North Fitzroy	14%	Private rooming house	2%
Collingwood	16%	Women only rooming house	6%
Abbotsford	10%	Self contained unit	4%
Richmond	35%	Public housing	14%
Clifton Hill	2%		
Other – Oakley	2%		

Most participants were male and living in rooming house accommodation. This is in agreement with agency interview discussions, which indicate that the majority of people accessing cheap meals and rooming house accommodation are men. Women seem to be a more hidden and socially isolated population in Yarra. A number of agencies reported women to be less likely to access services or engage with new workers. This was reflected in the difficulty experienced in trying to organise women into focus groups. Their regular workers consequently interviewed women individually.

Despite attempts to have even distribution of participants across all suburbs in Yarra, the majority resided in Richmond, followed by Fitzroy, Collingwood and Abbotsford. This was a consequence of a varied voluntary response to invitation to focus groups.

The clients interviewed are representative of some of the nominated vulnerable groups within the homeless population. These include:

- People who are non-English speaking (Culturally & Linguistically Diverse)

- Elderly people
- People of Aboriginal and Torres Strait islander background (Indigenous)
- People living in rooming houses & public housing
- Women
- People with socio-economic problems

It was difficult to ascertain whether the following groups were represented in client interviews without extensive individual interviews:

- People with mental illness/psychiatric disability
- Chronically ill people
- People affected by alcohol and/or substance abuse
- Low-income families.

Community consultation results quoted by agencies will be utilised in examining food insecurity issues for these vulnerable groups.

F. KEY ISSUES

Interviews with Local Government departments, local agencies and clients reflective of the target group were used to describe food insecurity issues for the target group in Yarra. The results of interviews are examined under the following headings or themes:

- 1. *Defining Food Insecurity:*** The way in which Local Government and local agencies define food insecurity are examined in relation to how these sectors address food insecurity.

- 2. *Food Insecurity Determinants:*** Perceived determinants of food insecurity based on Local Government, agency and client opinion, as well as client food access behaviour are compared

- 3. *Gaps in Local Food Supply:*** Local Government, agencies and clients reflect on perceived gaps in the food supply for people who are homeless.

- 4. *Barriers to Food Preparation:*** Agency and client perception of barriers to cooking in the rooming house environment are discussed, along with nominated solutions to these barriers.

1. DEFINING FOOD INSECURITY

Looking through the literature that has focused on food insecurity to date, one can find a myriad of proposed definitions. Examination of these definitions reveals some recurring core themes. Reflecting on the definitions summarised in Table 4, the following key terms appear central in defining food security:

- Nutritional adequacy
- Culturally or socially acceptable food acquisition
- Secure or reliable access (sustainability)
- Personal and community capacity to obtain food

Table 4: Definitions of Food Insecurity Found in the Literature

Food Insecurity Definition
<p>“<u>Access by all people at all times</u> to enough food for an active, healthy life, and at a minimum includes the following;</p> <ul style="list-style-type: none"> • the <u>ready availability</u> of <u>nutritionally adequate</u> and safe foods • the assured ability to <u>acquire food in socially acceptable ways</u>. 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 <u>uncertain</u>.”(1)
<p>The Community Food Security Coalition: “Food Security can be defined as the state in which all persons obtain a <u>nutritionally adequate, culturally acceptable diet at all times</u> through <u>local non-emergency sources</u>. Food security broadens the traditional conception of hunger and poor nutrition within a community while identifying the changes necessary to prevent their occurrence. Food security programs <u>confront hunger and poverty</u>.” (5)</p>
<p>Academic Dr John Coveney, School of Social Sciences feels that although food and hunger issues are important to address, food <u>sustainability</u> is a term that should always be used when talking about food security. “...the long term prospects for a <u>secure food future</u> often lie in changing the environment, whether this be <u>social, economic or physical</u>.”(6)</p>
<p>Dowler (7), focuses on 4 key aspects of food access; “the requirement for <u>sufficient money or resources</u> to buy appropriate food, <u>physical access to shops</u> that provide a range of <u>nutritionally adequate</u> and quality produce, access to food which is safe as well as <u>socially and culturally appropriate</u> and <u>secure food access</u>.”</p>

How individual communities define food security or insecurity may vary or deviate from these four themes. Community definitions may reflect individuals’ priorities regarding food access. Community definitions could also reflect on how a community may approach attempting to solve food insecurity issues. This section will examine how council departments and agencies define food insecurity and consequently, if and how this relates to strategies used to address food insecurity.

1.1 Local Government

Representatives from the nominated Local Government departments were asked to define the term food insecurity. Their definitions embraced the parameters listed in Table 5 below.

Table 5: Parameters of Food Insecurity Quoted by Six Local Government Departments in Defining Food Insecurity

Food Insecurity Parameter	No. Local Government depts. (n=6)
Uncertainty/unreliability of food access	3
Nutrition	2
Inadequate policy and funding	1
Poor capacity	1
Reliance on emergency relief	1
Poor orientation of service delivery	1
Poverty	1
Substandard housing	1
Social isolation	1
Food safety	1

As reflected in Table 5, Local Government departments generally had individual and varying perceptions when it came to defining food insecurity. These are likely to reflect the focus of each local government department. The only parameters that were quoted more than once was uncertainty or unreliability of food access and poor nutrition.

Additionally, when asked how local government thought they addressed food insecurity, departments commonly quoted the following City of Yarra initiatives:

- Provision of funding to organisations to provide food and meals for the community
- Provision of emergency relief (food vouchers and frozen food)
- Provision of a refrigerated food van that community groups could use to transport donated food
- Provision of kitchen facilities for food preparation
- Provision of HACCC meals, including foods for specific cultural groups
- Referral and assessment services
- Support ER
- Directory of low cost food outlets

These initiatives indicate a focus on providing funds for agencies or services that feed a population who have an unreliable or uncertain access to food. This occurs largely through support for emergency relief or welfare organisations.

1.2 Local Agencies

When agencies were asked to define food insecurity the definitions generally encompassed more than one parameter of food insecurity. The parameters covered in responses along with frequency of response are summarised in Table 6.

Table 6: Parameters quoted by agencies in defining food insecurity

Definition parameter quoted	Percentage of agencies quoting parameter (n=18)
Poverty/not enough money	39%
Not enough food/uncertainty of food supply	33%
Poor nutrition/quality of diet	33%
Poor access to food	33%
No motivation to prepare food	11%
Dependence on emergency relief	11%
Culturally inappropriate food	6%

In general, most agencies perceived the definition of food insecurity to encompass poor income (personal capacity), an uncertainty of food supply (lack of sustainability), poor nutritious quality of food and poor access to food. These reflections are consistent with the four themes discussed earlier, which emerge in the literature and Dr Beverley Wood's 'Checklist for Risk of Food insecurity in local communities' (5, 6, 7). The checklist outlines factors that may affect food security. These include low entitlements to purchase basic food and beverage necessities, no local food supply in walking distance, inadequate local public transport to the nearest food supply, no real choice in local food outlets, and absence of local food outlets which provide a choice of cheap, nutritious, cooked or prepared meals.

Agencies were provided with the Community Food Security Coalition (5) definition of food insecurity and then asked to report how their agency addresses food insecurity. The responses are documented in Table 7.

Table 7: Methods by which agencies interviewed address food insecurity

Method used to address food insecurity	% agencies (n=18)
Provision of emergency relief	56%
Referral for emergency relief	39%
Provision of written resources re: emergency relief	22%
Referral for financial management or social support	22%
Provide 1:1 advice re: living skills & nutrition	22%
Run living skills programs	17%

As reflected in Table 6, the majority of agencies perceive addressing food insecurity through directly providing, referring to or providing information about emergency relief. A smaller proportion of agencies quoted assistance with financial management, social support and living skills education.

This is supported by the local government document *Our Community: A report on the Community Profile and Status of the City of Yarra* (8), which identified that about 4,000 meals and food parcels were provided to Yarra residents every week (excluding 1200 meals provided specifically by the City of Yarra).

Agencies interviewed that deliver a variety of services to a diverse range of people within the homeless target group generally quoted poverty or inadequate income in defining food insecurity. Consequently, it is not surprising that the same group of agencies is most likely to quote emergency relief as the most commonly implemented solution. Many service providers, who deal with poverty, are required to search for quick fix solutions in their daily schedules.

2. FOOD INSECURITY DETERMINANTS

2.1 Local Government and Agency Perspectives

All Local Government departments and agencies interviewed, identified food insecurity as an issue for the local community.

Agencies and local government departments quoted a range of perceived determinants contributing to local food insecurity. As reflected in Tables 8 and 9, local government departments and local agencies were most likely to nominate poverty, inadequate kitchen facilities and limited access to affordable food as determinants of food insecurity. Additionally, agencies were also likely to quote personal issues such as addictions, substance abuse and individual spending habits.

Table 8: Perceived Determinants of Food Insecurity in Yarra, Quoted by Six Local Government

Food insecurity determinant	No. depts.
Inadequate kitchen facilities	3
Poverty	2
Limited access to affordable food	2
Drug & alcohol dependence	1
Priorities in spending habits	1
Limited life skills (budget, cooking)	1
Unstable household environment	1
Poor access to affordable housing	1
Sleeping rough	1
Low level of education	1
Disability	1
Lack of information	1
Lack of government incentives to provide food	1
Food service difficult to access	1

Table 9: Perceived Determinants of Food Insecurity in Yarra, Quoted by 18 Local Agencies

Food insecurity determinant	% Agencies
Poverty/inadequate income	61%
Inadequate kitchen facilities	39%
Poor access to cheap food/meals	39%
Addictions/substance abuse	33%
Individual spending habits	33%
Limited living skills (budget, cooking)	28%
High cost of food	28%
Mental health issues limit access	22%
Cost/access to public transport	22%
Cost of medication	17%

The Mc Druitt Food Project in NSW (6) also identified similar determinants affecting food access in the disadvantaged area of Western Sydney. They include; low income, lack of public transport, expensive home delivery service, poor supply and quality of fruit and vegetables and poor access to more nutritious staple foods.

2.2 Client Perspective

Determinants of food insecurity, expressed by clients, focused more on the cost of food and obtaining food rather than on inadequate income (Table 10).

Table 10: Perceived Determinants of Food Insecurity in Yarra, Quoted by Clients

Food insecurity determinant	% clients quoting determinant (n=49)
Cost of food &/or obtaining food	73%
Access to food	31%
Not enough money	16%
Other	20

Focus group discussion of this topic centred on the cost of food in general, specifically in local supermarkets and the additional cost of transport in accessing food. Clients quoted an inadequate supply of cheap cafes, cheap fruit & vegetable outlets and cheap butchers as significant gaps in their food supply. The additional cost of feeding pets and purchasing toiletries limited the amount of money available for food. It seems that there are competing priorities for spending with purchase of food being the final consideration after rent, bills and personal expenses are paid. Nominated spending priorities and money spent on food is summarised in Tables 11 and 12.

Table 11: Clients' (n=49) nominated priorities in relation to food

Priorities	% Responses
Alcohol	55%
Cigarettes	49%
Socialising	20%
Food	14%
Sleeping	6%
Gambling	4%
Health	2%
Clothing & shoes	2%
Housing	2%
Life	2%

Table 12: Clients' (n=49) estimated budget for food

Estimated money spent	% respondents
\$25	10%
\$35	20%
\$50	49%
\$60	4%
\$100	2%
Not sure	15%
<i>AVERAGE SPENT PER WEEK \$45</i>	

Sixty-nine percent of clients interviewed reported budgeting or attempting to budget for food, with the remainder not budgeting or having difficulties budgeting. As one participant stated, "You have to [budget for food], otherwise you don't eat." Money spent on food varied from \$25 to \$100 per week with \$45 per week being the average.

As shown in Table 11, there are further challenges to the purchase of food for this target group. A significant proportion of clients interviewed cited alcohol, cigarettes and socialising as more important than food. This is likely to be reflected in prioritising money spent and time invested in acquiring these items, compared with food. Hollingworth (9) reports on a similar outcome:

“As food expenditure is more flexible, it takes a lower priority than rent, energy and telephone bills. For many cigarettes take priority over food.” The potential result of food being placed lower on the priority list could include either going without [food] or turning to emergency relief as a source of food. Tables 13 and 14 reflect both these issues.

Table 13: Client (n=49) eating patterns

Frequency of eating	% responses
Daily:	65%
1 meal/day	18%
2 meals/day	25%
3 meals/day	22%
Weekly:	32%
1 meal per week	6%
1-2 meals per week	4%
2-3 meals per week	22%
Unspecified/uncertain:	2%

Table 14: Client (n=49) sources of food

Source of food	% clients
Free food/emergency relief	94%
Local supermarket	75%
Home prepared meals	45%
St Mary’s cheap meals	45%
Take-away	29%
Coolabah Centre cheap meals	14%
Milk bar	10%
Family/friends	12%
Neighbouring supermarket	10%
Market	10%
Cafes	4%

Less than ¼ of respondents interviewed ate 3 meals per day and half of all clients interviewed ate one meal or less per day. Literature focusing on food habits of people who are homeless have reported similar outcomes. A study conducted in Sydney (10) showed that only 43 % of men interviewed, reported eating 3 meals a day and another study in Prahran (11) reflected 62% of participants eating 2 or fewer meals per day and 30% not eating one or more days a fortnight. This indicates a significant proportion of the population having an eating pattern that is unlikely to meet their nutritional requirements.

As expected, limited income and competing spending priorities results in the majority of clients utilising free meals or emergency relief as a regular source of food (Table 14). Accessing food from supermarkets is the next most likely source of food. However, many of the clients participating in the focus groups reported using the supermarket to buy ‘extras’ that they weren’t receiving from cheap or free meal outlets. This is reflected in only 45% of people preparing their own meals, despite 75% of people utilising supermarkets to buy food.

Focus group participants also quoted poor access to food as a food insecurity determinant. This included issues such as difficulties accessing markets, supermarkets and cheap cafes, safety issues for women and children in cheap/free eating establishments and membership requirements for some cheap eating-places. Other determinants included poor food storage & preparation facilities, personal spending habits, inadequate refrigeration space, lack of free fresh food and lack of culturally appropriate food.

The picture that has been painted by local government, agencies and clients reflects that our target group lives below the poverty line in an environment, which has an abundance of food outlets, yet few are affordable. Limited access to affordable food, particularly fresh food combined with competing living costs and personal spending priorities means that often this population must become dependant on emergency relief as a regular source of food.

3. GAPS IN LOCAL FOOD SUPPLY TO PEOPLE WHO ARE HOMELESS

People who are homeless experience many barriers when it comes to accessing services, whether it be for housing, health or food. It is imperative that the local food supply is not only affordable to this population group but also accessible from a social or cultural context. This section will examine particular gaps in the food supply for this target group as well as barriers to the access of existing food options.

Local government concentrated on this issue broadly (Table 15).

Table 15: Local Government perception of gaps in food supply to the target group (n=6 departments)

Gaps nominated
<ul style="list-style-type: none"> • Not enough resources • Poor co-ordination of services • Not enough variety in ethnic meals • Poor treatment of clients accessing emergency relief • Poor cooking facilities in rooming houses • Availability of free, cheap and delivered meals at flexible times • Poor range of council subsidised meal programs • Cheap cafes • Limited opportunity for ‘social dining’ • Non-emergency relief, affordable dining options

Gaps identified ranged from an inadequacy of affordable places to eat, to free and cheap meal services not providing food or access to food that met the needs of various individuals needing to access the service. Local government agencies felt that there needed to be a more community-coordinated approach to feeding people who are homeless. This is an issue that could be addressed through putting focus on this issue in the local Municipal Public Health Plan.

Agency responses followed similar themes; better availability to vulnerable target groups and better-coordinated services (Table 16).

Table 16: Gaps in food supply identified by interviewed agencies

Gaps in food supply	% agencies (n=18)
Cheap places for women, children & families	39%
Access to free/cheap fresh food	39%
Cheap, culturally appropriate meals	33%
Restrictions in accessing emergency relief	28%
Poor nutrition & variety in emergency relief	28%
Cheap cafes	22%
Food safety concerns re: free & cheap meals	22%

Many agencies felt that there needed to be better access to cheap meals for women, children and families. Agency workers felt that establishments that provided cheap meals generally catered to men and were threatening environments to women and children. Some agencies nominated having cheap cafes as an alternative to traditional cheap meal establishments that all members of the community could access. Agencies also felt that there was a deficit in affordable fresh food as well as a lack of fresh produce in food parcels. This issue was often related back to the needs of families living in poverty or during times of crisis, where fresh produce could be used to prepare a nutritious family meal. Agency workers also nominated that there needed to be an improvement in the availability of more affordable meals and culturally appropriate meals with an assurance that food was safe. Regulation and coordination of emergency relief was felt to be lacking to the point that many agencies felt that there was not an assurance of food safety, nutrition or reliability of access.

When clients were asked about gaps in food supply, the majority nominated having access to free or cheap fresh food (Table 17). Better access to affordable fresh food was a recurring theme in discussions with the various clients groups. Clients were particularly interested in having better access to more affordable meat, fish, fruit and vegetables. A number of focus groups felt that pooling resources to buy these items in bulk and divide them amongst themselves would be a way of making food affordable. These groups were particularly interested in having trips to markets and other establishments that allowed them to buy in bulk and split their produce.

Table 17: Gaps in food supply identified by interviewed clients

Gaps in food supply	% clients (n=49)
Free or cheaper fresh food	73%
Cheap café & pub meals	27%
Better access to emergency relief	18%

For other clients, who were less interested in having fresh food to prepare their own meals, cheap café and pub meals were seen as a service that could improve their eating, on a limited budget.

As mentioned earlier, a majority of the interviewed clients access emergency relief. A small proportion of these clients felt that there were many barriers to accessing free food, in times of need. These included limits in how much food they could access, lack of variety as well as not being able to determine the contents of food parcels. Being treated with disrespect by some volunteers and an uncertainty in whether they were eligible for emergency relief were additional barriers to accessing free food. This view has been backed up by both local government and agency workers and needs to be addressed collaboratively, at a local level.

4. BARRIERS TO FOOD PREPARATION

Many health promotion programs suggest purchasing fresh food and cooking budget meals as a way of keeping food affordable. However, this assumes that fresh food is affordable for the target group and also that the target group have the personal and environmental capacity to prepare their own meals. The interviewed client group has already expressed that there is a deficit of affordable fresh food, locally (Tables 10 and 17). Other barriers reported by local agencies and client groups are documented in Tables 18 and 19.

Table 18: Agency Perspective on Barriers to Cooking in Rooming Houses

Barriers to cooking	% agencies (n=18)
Safety concerns/threatening environment	39%
Inadequate kitchen facilities	33%
Poor kitchen hygiene	28%
Theft of food & equipment	28%
Inadequate equipment	28%
Low motivation esp. assoc. with social isolation	22%
Limited availability of kitchen space	22%
Lack of refrigeration & storage space	22%
Limited budget & high cost of food	17%

Table 19: Client Perspective on Barriers to Cooking in Rooming Houses

Barriers to cooking	% clients (n=49)
Not enough kitchen space	61%
Cheaper & easier to access cheap or free meals than to cook	41%
Can't cook with other residents/having to cook alone	37%
Fridge too small to buy enough food for cooking	24%
Low motivation to cook	22%
Sharing equipment	6%
Kitchen hygiene	8%

Having shared kitchen space is clearly of greatest concern to residents in rooming houses. This is not only likely to impact on the availability of the space for cooking but also a reluctance to use the space if other individuals claiming the space threaten other residents' safety. A threat to safety was the most common agency-nominated barrier to cooking in rooming houses.

Inadequate kitchen facilities and poor kitchen hygiene were nominated as barriers to cooking by both agency and client representatives. The Homeless Persons Meals Project (12) quotes these and other environmental influences on motivation to prepare food in the rooming house environment; "Improvements in cooking amenities and storage capacities would encourage some people to cook independently." The low incidence of independent cooking in rooming houses was influenced by lack of storage space, lack of cooking facilities and unhygienic communal kitchens (12).

Agencies and clients were asked to nominate potential solutions that would encourage cooking in rooming houses.

Table 20: Solutions to Improve Resident Cooking in Rooming Houses Nominated by Agency Workers

Solution nominated	% agencies (n=18)
Legislation, education & monitoring re: standards of kitchen & hygiene in rooming houses	39%
Provision of storage & cooking equipment in rooming houses	33%
Alternative housing models with less or no sharing of kitchen space	28%
Implement resident driven programs	28%

Table 21: Solutions to Improve Resident Cooking in Rooming Houses Nominated by Clients

Solution nominated	% clients (n=49)
Market trips	60%
BBQ in back yard	45%
Better kitchen & storage facilities	37%
Cheap cafes	34%
Grow own vegies	22%
Cooking class	10%
Food co-operative	10%

Agency workers perceived that overcoming barriers to cooking in rooming houses required solutions that addressed housing and structural barriers to cooking (Table 20). This included changes to legislation, which would set legally enforceable minimum standards regarding the provision of kitchen facilities. Many agency workers reflected that rooming house landlords were not required by law to provide a kitchen, let alone meet standards regarding how many tenants shared the kitchen, kitchen contents and design and kitchen hygiene. Additionally, many agency workers felt that rooming houses should provide adequate storage (including refrigeration) and cooking equipment. This too, was one of the nominated solutions made by clients (Table 21). Over one third of clients felt that better kitchen and storage facilities would entice them to cook in a rooming house environment.

These barriers require attention and pose an area for policy development. Effective collaborative relationships need to be formed with rooming house managers in policy development and implementation.

Agency workers also felt that alternative housing models with less or no sharing of kitchen space would alleviate the problems that result from having to share kitchen space. Four clients who had moved from housing with shared kitchen space into self-contained units confirmed an increase in cooking since changing accommodation. These individuals reported feeling more motivated to cook and having the ability to plan meals and shop in larger quantities because of better and unshared refrigeration space.

Agency workers also felt that there may be more immediate solutions to encourage residents of rooming houses to cook. These agency workers did not nominate these solutions, suggesting that funded programs could implement resident driven programs.

The majority of clients interviewed nominated more immediate measures. These included improving access to more affordable fresh food through provision of free trips to markets. Residents in rooming houses felt that access to more affordable food would encourage them to cook.

Many clients also felt that having a BBQ in the backyard would be an easy and cost-effective method of increasing cooking facilities.

A proportion of clients stated that they were not interested in cooking and would prefer to have the availability of affordable prepared meals that they could eat out or re-heat.

A number of rooming houses nominated having a preference for growing their own fruit and vegetables and that growing their own food would motivate them to cook this food. One rooming house interviewed had established a garden in their back yard. Other residents were invited to use the produce and these residents felt that the garden not only provided them with free and fresh produce but it also contributed to making the rooming house feel more like 'home'.

Cooking groups and community food co-operatives were nominated by 10% of clients interviewed.

Some of these nominated strategies will be implemented during the course of this food insecurity demonstration project.

G. INPUT INTO PROJECT ACTIVITIES

As mentioned in the introduction, a number of project activities were nominated as a component of the Yarra Food Insecurity Demonstration Project.

These include:

1. Review and adaptation of a pilot café meals program to improve referral, satisfaction and ongoing participation in the program
2. Identification of barriers to cooking in rooming houses/marginalised housing and in consultation with residents design a program which deals with some of these barriers
3. Development of mechanisms for community workers to improve knowledge and awareness of food insecurity in Yarra
4. Provision of input into nominated food plans and policies

The consultation results, which have already been discussed, will be used to plan and shape these activities. However, additionally input into the design of activities has also been collected and collated. This is documented in the next section of this report.

1. CAFÉ MEALS PROGRAM

1.1 Background

The café meals program is a program where vulnerable clients can access prepared meals, locally, at a low cost, which is subsidised by local government. This type of program has been trialed in Yarra as well as other municipalities including Port Phillip and Glen Eira under various titles including ‘Café Meals’ and ‘The Flexible Food Project’ (13, 14).

A lack of café proprietor support and lack of commitment of funding to keep the projects going challenged the success and sustainability of the Port Phillip and Glen Eira projects. Despite good client satisfaction and support for the programs, both were ceased after a short period of time. This demonstrates that support from all community sectors is vital, if such programs are to continue.

Referral to the Yarra ‘Pilot Café Meals Program’ has been minimal. One of the objectives of community consultation was to determine barriers to referral and access into the program for agency workers as well as for clients. Feedback from the café proprietor was also sought to assist in the design of the café meals program as well as seeking to optimise proprietor satisfaction with the program.

1.2 Why café meals?

Consultation with local government, agency workers and various clients has indicated that there is a significant deficit in the availability of cheap prepared meals for people on a limited income. Additionally, a significant proportion of the homeless population either has no access to kitchen facilities or has inadequate facilities for the preparation of meals. Some of this population may be geographically isolated from cheap meals at welfare establishments or may find these environments threatening to dine in. Other members of this community would welcome an opportunity to dine in the presence of others, without necessarily having to converse with their dining neighbours.

Café meals programs can provide people who have difficulty cooking or who choose not to cook with an opportunity to access an affordable meal in a social setting. Café meals also provide clients with the flexibility of accessing a meal at a time that suits them, as well as being able to take-away, if they choose to.

1.3 Areas Most in Need of a Subsidised “Café” Meals Program

Local Government, agency workers and clients were asked where café meals should be located.

Local government and agency workers nominated Fitzroy, Collingwood and Richmond as areas in greatest need of a café meals program. Fitzroy was nominated due to a high concentration of prescribed accommodation premises where people who are homeless are housed. Collingwood was identified as an area that is isolated from many food service options as well as being the area with the greatest level of disadvantage (lowest SEIFA rating in Yarra). Richmond was nominated due to its high numbers of clients in prescribed accommodation as well as a lower local availability of emergency relief or cheap meal options. According to SEIFA ratings, Richmond is perceived as one of the least disadvantaged areas in Yarra, however, it has geographical pockets of high disadvantage that are not catered for by local food service providers.

Ninety percent of clients interviewed supported the café meals program. Nominated suburbs included Richmond (39%), Fitzroy (31%), Abbotsford (10%), Collingwood (6%) and Carlton (4%).

In summary, Fitzroy and Richmond had the greatest demand for café meals based on Local Government, agency and client support. However, anecdotal information suggests that Collingwood is an area with a population with high needs. Participants of focus groups in Collingwood did not identify a need for café meals. However, the participants may not be representative of the remainder of the Collingwood population who would be eligible for café meals.

1.4 Choosing an appropriate setting for café meals

Clients thought that the café meals program should extend to pubs as well as cafes. Local government and agency workers as well as the Yarra Food Insecurity Steering Committee supported this idea. Names of potential cafés and pubs were provided by clients and will be considered in choosing participating outlets. Clients did not have specific requests about type of food offered, as long as a variety of food was available.

Agency workers and local government representatives did not nominate specific cafes or pubs for participation in the program. The only criteria mentioned regarding choice of venue was that cafes and pubs should be close to rooming house accommodation & public housing.

1.5 Input into the Referral Process

Referral into the Fitzroy Pilot Café Meals Program has traditionally occurred by referring clients to HACC assessment officers. This has required that an appointment be made for the client with the HACC assessment officer. The clients then sit an interview with the HACC assessment officer. Referral to the program has been very low. Evaluation of the pilot program has included an interview with the café proprietor and attempts have been made to interview clients. The café proprietor feedback will be incorporated into this report. However, client evaluation of the program was not available at the time this report was being written and thus client feedback was not available.

Eleven of the 18 agency workers interviewed were aware of the café meals program being piloted in Fitzroy. Despite this awareness, only 2 workers interviewed referred to the program. The remainder of agency workers interviewed reported being unfamiliar with the referral process and eligibility criteria. An adapted program would need to account for this issue. To optimise access of the target group to the program, the program needs to be promoted well with explicit eligibility criteria.

Recommendations made by workers in adapting the café meals program included: use workers that clients have a good rapport with as referrers to café meals (rather than HACC assessment officers), improve the promotion of the program, provide a form that workers can fill out rather than arrange interviews with council and nominate community workers to do the paperwork. A number of agency workers volunteered to be a referral point for clients. A worker should go with the client initially to introduce the client to the venue and deal with the clients' barriers to attending. It may be good to set up an up front payment system with some clients. Agency workers were happy to escort clients to nominated venues, if necessary, to introduce them to the café staff. However, feedback from HACC assessment officers and the

Fitzroy café proprietor included that workers need to be mindful of busy café times; introductions would work best during ‘off-peak’ times.

Clients also thought referrals were best done through workers they knew (75%), with a minority being happy to liaise with council (6%). RDNS (39%), social workers (10%) and housing workers (10%) were nominated as potential referral points.

1.6 Input into Program Design

The majority of clients nominated using a membership card (29%) or pre-purchasing tickets or vouchers (24%) as a method of accessing the meals program. A smaller proportion of clients nominated simply showing their health care card (10%). Café proprietor feedback suggested that membership cards would be useful, as long as the client did not have to sign for café meals; requesting a signature was time consuming for staff and was seen as intrusive to the client. Agency representatives suggested that having a membership card coupled with a health care card would be best to monitor identity without requiring a signature from the client.

The Fitzroy Pilot Café Meals Program allows clients to purchase a meal to the value of \$6 (\$6.60 including GST) and only pay \$1. Clients had concerns that \$6 would not be adequate to cover the cost of meals in pubs and cafes in Yarra, particularly in Richmond, where pubs and cafés were perceived to be too expensive to access for meals. Clients thought that \$8-10 was a more adequate provision and many agreed that they would be happy to pay \$2-3 for a good meal. The café proprietor interviewed also felt that a minimum of \$8 would allow clients to choose from a greater variety of menu items.

1.7 Assistance with Program Implementation

Both Local Government and agencies were supportive of café meals. All agency workers were interested in referring to the program and some were happy to be referral points. Local government departments were also happy to assist with the café meals program by i) providing links with traders and HACC clients, ii) advertising the program through Yarra Community News and Yarra Leader, iii) advocacy and iv) assisting with the set up of administrative systems.

2. ROOMING HOUSE PROJECTS

2.1 Background

One of the objectives of this project has been to identify barriers to food preparation in rooming houses and to implement strategies that address some of these barriers. Both local government and agency workers identified the rooming house population as particularly vulnerable to food insecurity. As previously discussed, the many barriers to food preparation that are associated with communal living and inadequate kitchen and refrigeration facilities, combined with an income that is largely spent on rent and personal costs, makes it difficult for people living in rooming houses to prepare their own meals.

Community consultation data, which has already been presented, was presented to the Yarra Food Insecurity Steering Committee to decide on which project activities would focus on addressing barriers to food preparation in rooming houses. Two activities, largely influenced by client demand, were decided upon; a market bus project and a rooming house garden project. Both programs aim to address the frequently quoted lack of affordable fresh produce in Yarra. Further more, Reid describes the importance of ‘building trusting relationships with rooming house residents’ being patient, flexible and non-judgemental’ (14). This will need to be taken into account in the design and implementation of both activities.

2.2 The Market Bus Program

The decision to trial a market bus program as one of the project’s demonstration activities was based on:

- 73% clients and 39% agency workers nominating lack of free/cheap fresh food in Yarra
- 60% clients nominating that market trips would encourage food preparation in rooming houses
- 73% clients reported that the cost of food and transport associated with accessing food was a major determinant in their food insecurity
- support from St Mary’s House of Welcome, community volunteers, Yarra Community Housing, North Yarra Community Health and the City of Yarra.

The market bus program aims to address food insecurity by providing free transportation to a neighbouring market, allowing people to buy fresh food and other goods for a cheaper price by buying in bulk and dividing purchased goods amongst one another. The trips have potential to be used to promote healthy shopping, cooking and eating practices as well as providing a social outing.

2.3 The Rooming House Garden Project

The decision to trial a rooming house garden project as one of the project’s demonstration activities was based on:

- 73% clients and 39% agency workers nominating lack of free/cheap fresh food in Yarra
- 73% clients reported that the cost of food and transport associated with accessing food was a major determinant in their food insecurity
- 22% clients nominating that having a garden on-site would encourage food preparation in rooming houses

- support from and collaboration with The Collingwood Children’s Farm (willing to help clients establish a garden and skill clients in garden maintenance), Yarra Community Housing and North Yarra Community Health
- one rooming house that overwhelmingly supported having a garden, is conveniently located close to the Collingwood Children’s Farm and had an ideal yard position for growing fruit and vegetables
- one rooming house with an existing garden made residents feel ‘more homely’

Gardening not only provides a source of fresh seasonal fruit and vegetables, it also gives residents the opportunity to engage in a meaningful and potentially social activity. This activity may encourage residents to socialise with one another or even encourage residents to visit the neighbouring Collingwood Children’s Farm, where they can meet other individuals in their community.

3. WORKER EDUCATION

3.1 Background

Raising awareness of food insecurity and its determinants in the community is one of the key objectives of this project. As discussed earlier, many agency workers feel that they address food insecurity in their day-to-day work. These workers have a close working relationship with the target population and have a significant capacity to influence food supply and eating behaviours by utilising the rapport they have with the client group.

Booth and Smith (15) report on the important role of dietitians in educating policy makers, welfare providers and local groups about the effects on food insecurity on the local community and develop strategies to overcome existing barriers. “Practical advice about nutritional standards of food can be offered to support those involved in providing emergency food assistance. Linking with community service and welfare practitioners working in the area of poverty and food insecurity provides a resource for learning and a method of developing collaborative working relationships.”

Local government and agency workers were interviewed about identified training needs and preferred learning mediums to assist in the design of an education project which would empower workers with a greater capacity to address food insecurity, locally, in their day to day practice.

3.2 Nominated Training Needs

All local government departments and 17 of the 18 agency workers interviewed believed there was a need for training in Yarra. One agency respondent indicated that it was not a priority but was probably necessary. Local government and agency workers suggested various educational mediums (Table 22).

Table 22: Training Medium Preferred as Nominated by Local Government (n=6) and Agency Workers (n=18)

Training medium	% agency	No. Local Government
Workshop/in-service	72%	5/6*
Written resources eg. booklet, posters, brochures, fact sheets	44%	0/6
Newsletter	44%	4/6*
Forum	28%	4/6*
Video	17%	0/6
Peer support	0%	1/6

Workshops or shorter in-service training was the preferred method by which workers and local government representatives could increase their awareness and knowledge of food insecurity. However, time was consistently quoted as a barrier to attending workshops. Agency workers felt particularly burdened by cluttered work schedules. Nominated strategies to address time constraints included: having workshops of 1 hour or less in duration, schedule training during staff meeting time or to provide training over lunch.

Written resources which supported the training was also quoted by many agency workers. These included: resource guides and fact sheets, where workers could access information when they needed it, posters promoting good nutrition, brochures providing information to clients. Newsletters were popular with agency workers and local government. Both groups felt that newsletters could be a useful education medium as well as a potential medium allowing information exchange, keeping everyone updated on services and programs that address food insecurity.

Community forums were more popular with local government than agencies. Time constraints were again the nominated factor that induced reluctance to attend a forum. Many agency workers, however, agreed that this would be a good medium for awareness raising and information exchange.

Both agency workers and local government representatives nominated a number of topics that needed to be addressed. Local government felt that there needed to be a general awareness raising of the issue, within council as well as with various agencies. Both local government and agency workers (Table 23) nominated improvement in client relation skills and improved co-ordination of services in the delivery of emergency relief.

Table 23: Training topics nominated by agency workers (n=18).

Training topic	% Agencies
Information sharing/ update on local services	56%
Nutrition information incl basic nutrition info, tips for improving nutrition & specific dietary needs	39%
Emergency relief – details on where and how to obtain incl. selection criteria	33%
Consistent ER practice esp. re treatment of clients	11%

Agency workers, as mentioned earlier, perceive referral to emergency relief, as the major strategy that they use to address food insecurity. It is also a significant source of food for the client group interviewed. Agency workers felt that improved consistency of practice, treatment of clients and choice of food products could be addressed in the training of workers providing emergency relief. Additionally, 56% of agencies expressed a need for updates on local services and programs that address food insecurity. This included many nominations of a resource guide that provided emergency relief services with specified eligibility criteria, hours of operation and other relevant information. Basic nutrition information was also highlighted as a training need.

4. INPUT INTO LOCAL POLICIES/PLANS

4.1 Background

The National Food and Nutrition policy of Australia ‘proposed that governments have a role to provide leadership at two different levels’; a social policy at the national level to increase the standard of living of those on low incomes and funding for community organisations at a local level (15). Policies have the power to place government and community commitment to addressing food insecurity issues.

The Kamilaroi Market Garden Project is an excellent example of a community and government partnership to improve Nutrition and lifestyle. Queensland Health has provided support in achieving the project activities: facilitation the up skilling of indigenous people in horticultural techniques and the provision of long-term sustainable employment outcomes for members of the local community (6). The formation of such partnerships, consolidated by support from local government and organisational plans and policies is essential in optimising the sustainable impact of project activities.

4.2 Food Insecurity Plans and Policies in Yarra

As a part of the community consultation, local government and agency workers were asked whether they had policies or plans that addressed food insecurity directly or indirectly.

Two government departments and only 2 out of 18 agencies interviewed mentioned having policies regarding addressing food insecurity and/or its determinants.

One government department quoted policies regarding assessment of clients requiring emergency relief. The second government department quoted HACC policies as the only policies used to address food insecurity.

One agency nominated the HACC nutrition risk-screening tool as its plan and another agency quoted a review of their agency’s emergency relief policy. Three out of the 17 agencies mentioned that their daily practice reflected food and nutrition being important to worker’s core beliefs.

Local government department also quoted the initiatives that addressed food insecurity. This included providing grants to welfare organisations to feed vulnerable client groups, provision of a refrigerated van that local agencies could utilise to keep food safe, provision of social dining opportunities for older citizens and funding meal programs which could be alternatives to ‘meals on wheels’.

All local agencies and local government department representatives nominated that they would be happy to have input into policy development. One agency interviewed reported that their organisation is reviewing policies, looking into the link between housing models and the impact on health. This agency was particularly interested in consultation outcomes regarding housing models and food insecurity.

H. SUMMARY OF CONSULTATION FINDINGS

1. DEFINING FOOD INSECURITY

Examination of the literature found that 4 key terms regularly emerge in defining food insecurity:

- Nutritional inadequacy
- Culturally or socially unacceptable food acquisition
- Insecure or unreliable food access
- Lack of personal or community capacity to obtain food

Local government and agencies quoted these terms in their definition of food insecurity, however, there was a distinct concentration on insecure/unreliable access, inadequate (personal) capacity and poor nutrition. Local government and agencies address food insecurity mostly through support of or referral to emergency relief; these initiatives were seen as the quickest and easiest method of dealing with a population that have an insecure food supply.

2. FOOD INSECURITY DETERMINANTS

Local government and agencies quoted poverty/low income, inadequate kitchen facilities and poor access to affordable food as the major determinants of food insecurity for the homeless population in Yarra. Individual spending habits and drug and alcohol addictions were also commonly quoted determinants by agencies.

Clients overwhelmingly quoted the high cost of food and associated [transport] costs as major determinants to their food insecurity. Poor local access to food was the next most quoted determinant. Clients quoted allocating an average of \$45 per week towards the purchase of food. Money spent on food competed with rent and other living costs as well as personal spending on the purchase of alcohol or/and tobacco.

Half of the clients interviewed ate one meal per day or less often with a majority (94%) nominating emergency relief as regular sources of food or meals. Many clients used supermarkets to 'top-up' on food that wasn't provided by emergency relief or cheap meal establishments, unable to afford a grocery bill that could sustain them over a fortnight. This clearly indicates that income (for this population) does not cover the cost of living, food and personal expenses over a 2-week period. Emergency relief and welfare establishments must bear the responsibility in feeding this population.

3. GAPS IN FOOD SUPPLY

Local government, agencies and clients nominated a number of gaps in the local food supply and quoted barriers that limit access to food locally. Local government and agencies felt that there was a lack of:

- Flexibility in time of access
- Variety of cheap and free food
- Local affordable prepared food
- Cheap, culturally appropriate options
- Affordable and free fresh food
- Affordable or free food options for women and children/families.

Many agencies felt that emergency relief had restricted access, limited variety and nutritious value and poor assurance of food safety. These were seen to act as barriers to many people accessing emergency relief. Women, children and people with psychiatric disability have particular problems accessing emergency relief and cheap meals. The majority of places that provide free or cheap food are perceived as unsafe or threatening environments for these vulnerable populations.

Clients felt that the largest gap in food service was free or cheaper fresh produce, followed by cheap café and pub meals and better access to emergency relief.

4. BARRIERS TO FOOD PREPARATION

Clients living in rooming house accommodation face many barriers to preparing food in a rooming house 'kitchen'. Agencies and clients interviewed nominated a lack of adequate kitchen space as the major barrier to cooking in rooming houses. The sharing of kitchen facilities can make residents reluctant to use the space for cooking, particularly if individuals who threaten other residents' safety regularly inhabit the space.

Agencies also discussed lack of adequate kitchen facilities in many rooming houses. Many agencies proposed a need for legislative changes regarding minimum standards for kitchen design, number of people sharing a space and hygiene to encourage cooking in rooming houses. Agency workers thought that refrigerators and cooking equipment should be provided in rooming houses. Housing without shared kitchen space was also suggested.

Clients in rooming houses are also reluctant to prepare meals when it is cheaper and easier to access emergency relief or other welfare meals. The affordability of purchasing and preparing food is clearly a deterrent to cooking for this population.

Clients cited strategies such as market trips, having a BBQ in the backyard, cheap cafes and fruit and vegetable gardens to encourage cooking in rooming houses. A desire to have better kitchens and cooking facilities was also quoted.

5. INPUT INTO PROJECT ACTIVITIES

There was support from all sectors for a subsidised café meals program. Clients felt that this program should also extend to pubs. There was greatest support for café meals in Richmond and Fitzroy. Preliminary input has been provided into the design of the café meals program, however, further consultation and collaboration is required to develop the program.

Many clients supported market bus trips and fruit and vegetable gardens as solutions to lack of locally available, affordable fresh food. These will be implemented as demonstration project activities with further community feedback.

Local government and agencies identified a need for training regarding food insecurity. Workshops, written resources and newsletters were the most popular suggestions with multiple requests for information sharing/update on services, nutrition information and emergency relief resources. A number of agencies felt that there needed to be a training program for volunteers working in emergency relief. Further collaboration with agencies will be required to develop a training program that best addresses the community's food insecurity issues.

Few agencies and local government departments had policies or plans that address food insecurity and/or its determinants. The majority of people interviewed expressed interest in receiving input into local plans and policies. Further discussions with Local Government will provide direction in where food insecurity could be targeted, within local plans and policies.

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J. APPENDICES

APPENDIX A: AGENCY INTERVIEW FORM
Food Insecurity Demonstration Project

Community Consultations- Interviews with Local Agencies

Start time:

Finish time:

Name of Organisation:

Workers name:

1. What is the main focus of your work and which community Groups are you in contact with?

2. How would you define the term food insecurity?

Provide definition of food insecurity.

3. Do you feel food insecurity is an issue for the community you work with?

If yes, please describe the people in your community who are vulnerable to food insecurity, and give examples that illustrate the need to address the issue.

4. What actions (if any) do you or your organisation take to address food insecurity issues in the community you serve?

5. Can you think of any factors that might influence your clients' access to safe, nutritious and affordable food ? What are they?

6. Does your organisation have any policy/plan that addresses food insecurity or its causal factors? Would your organisation be interested in adopting policies/plans?

7) Please name any food related services in the community that your clients benefit from.

8a) Can you identify any gaps in the current food service provisions to your client group? What are they?

8b) The Yarra Food Insecurity Steering Committee is keen to explore food insecurity issues across the City of Yarra, do you have any suggestions for strategies that may fill any identified gaps?

9a) Are you familiar with the subsidised café' meals program? If yes, can you provide your own description of the program?

9b) Do you refer to the program? Why/why not?

9c) Is the referral process clear and user friendly?

10a) One of the objectives of the food insecurity project is to identify barriers to preparing food in rooming houses/marginal housing & implement a program that deals with these barriers. Can you outline any potential barriers?

10b) Do you have any ideas in regards to strategies which may minimise these barriers?

12. Can you suggest other people/agencies who may have a valuable impact on the project?

13a) Yarra Food Insecurity Committee would like to run consumer focus groups. Based on your knowledge and experience, what would be the best way for the project team to engage your client group?

13b) Can you assist us? Eg. existing groups/forums/one off events or engage clients to attend a focus group?

13 c) What incentives could we use to encourage clients to attend the focus groups?

14. Do you have any literature eg. papers, articles, reports, policies regarding food insecurity? Can we have a copy?

Thankyou for your time and participation

APPENDIX B: COUNCIL INTERVIEW FORMS

Food Insecurity Demonstration Project

Community Consultations- Interviews with Local Government

Date:

Workers name:

Workers title:

Contact details: (Address & telephone number)

1. How would you define the term food insecurity?

2. Please describe your position in terms of:

- i) position description**
- ii) services you provide to the community**
- iii) community groups you have a particular focus on**

6. What actions (directly or indirectly) do you or your organisation take to address food insecurity issues in the community you serve?

7. Does your organisation have any policy/plan, which addresses food insecurity or its causal factors? Would your organisation be interested in adopting policies/plans?

8. Do you have any documents illustrating interventions in the City of Yarra regarding:

- i) working with people who are homeless or at risk of becoming homeless**
- ii) strategies to improve access to affordable, nutritious and culturally appropriate food, particularly vulnerable groups (please forward via e-mail)**

9. The Yarra Food Insecurity Steering Committee would like to set up a subsidised café meals program in Yarra. Due to time constraints, we will have to limit this to one suburb. Which area in Yarra do you perceive to have

i) the highest need for a subsidised café meals? Why?

ii) café proprietors/cafes that offer a comfortable environment for people who are homeless or at risk of becoming homeless? Please provide café name and address.

iii) Would your department be able to assist with café meals program in any way? Eg. Links with traders, assist with marketing, help give incentive to proprietors to participate.

10a. Do you think there is a need for ongoing training for workers who are dealing with food insecurity issues in the City of Yarra?

10b. What do you think would be the best method of training/information exchange?

- **A training workshop**
- **Regular updates via a newsletter**
- **Community forum**
- **Other, please specify**

10c. Could you or your organisation provide assistance with this at all?

11. Is there another council department we could send this survey to who may have a valuable impact on this project? Please provide name and contact details.

Thankyou for your time and participation

APPENDIX C: CLIENT FOCUS GROUP FORM

YARRA FOOD INSECURITY PROJECT CLIENT INTERVIEW QUESTION SHEET

DATE:

LOCATION OF INTERVIEW:

NUMBER OF CLIENTS INTERVIEWED:

DEMOGRAPHICS: MALE

AGE: UNDER 25

25-35

35-45

45-55

55+

FEMALE

AGE: UNDER 25

25-35

35-45

45-55

55+

Intro: I am doing a project looking at how you access your food. What I would like to know is where you get your food, what makes it hard or easy to access food and what you would like to change to improve your food access to make it: easier to get, affordable, appropriate for your lifestyle and stable.

1. Which suburb do you live in?

2. What type of accommodation do you live in?

**3. What makes it difficult for you to get good, affordable food on a regular basis?
How can this be improved?**

APPENDIX D: Café Meals Project

Questionnaire – Café Proprietor.

Date:

Name:

**1. Do you feel you were adequately informed about the project in the beginning?
What information would you like to have received/omitted?**

2. Did you receive enough support from council in the beginning or during the program? What supports would you like to have received?

3. Has Council's method and timing of payment been adequate?

**4. Are you happy with the process of clients accessing the program and the meals?
Any suggestions for change?**

5. Have you had any difficulties with the clients:

i) behaviour

ii) affecting business

iii) paying for meals

iv) signing for meals

6. What are generally the client access practises:

Frequency of accessing meals

Eat in/take-away

7. What do you think the benefits of this project have been – for you and the clients?

8. Do you have any other suggestions for streamlining and improving any stage of the Café Meals project?

APPENDIX E: Council Departments invited for community consultation interviews.

Council Department Invited	Role & responsibility	Rationale for interview	Interview completed
Age and Disability Services (HACC)	Assessment & referral for and access to HACC council services	Homeless people utilise HACC services Café meals program is managed by HACC	Yes
Food Service	Food and meal service planning and delivery to clients who meet HACC criteria	Previously managed café meals program Involved in the evaluation of the pilot café meals program	Yes
Community Planning – Housing	Advocacy, policy, service co-ordination and collaboration with relevant agencies regarding housing issues. Particular focus on public housing and the homeless	Involved in strategic planning re: public housing and rooming house accommodation. A vital link between housing and health	Yes
Environmental Health Officers	Registration, education and surveillance of food businesses in Yarra.	Have an ongoing link with traders re: provision of food	Yes
Human Services Planning	Strategic, planning and policy advice to council and local agencies. Resource and support.	Instrumental in strategic links with community and impact on local government plans and policies (incl. public municipal health plan) as well as state plans & policies.	Yes
Health promotion	Previously involved in identifying health priorities and strategically implementing health promotion strategies.		No – position redundant
Town Planning	Involved in zoning of communities and approval of building permits.	Planning laws and decisions impact on community food access.	No – interview not completed
Business partnerships	Involved in supporting local businesses.	A good link with traders and traders' associations.	No – interview not completed
Financial & crisis counselling	Provide emergency relief, financial counselling and advocacy for vulnerable people.	Provide and co-ordinate emergency relief in Yarra. Have a council and service provider perspective.	Yes

APPENDIX F: PROFILE OF AGENCIES INTERVIEWED

AGENCY	SERVICE DESCRIPTION	TARGET GROUP
Care Packages Program, Salvation Army	The Salvation Army (SA) provides packages, which fund the employment of cares to address clients' care, health and recreation needs.	Clients need to meet HACC eligibility criteria - including frail age, disability and homelessness.
No Limits - Psychiatric Disability Support Service	No limits provide direct care, group education, community education and advocacy for people with psychiatric disability	Adults with a psychiatric disability
Coolibah Day Centre, Brotherhood of St Laurence	The Coolibah provides cheap meals and activities, assistance with health & welfare needs, complex needs worker for people who are over 50 years of age.	People over 50 years of age – require a membership
Young Women's Housing Shopfront	YWHS offer transitional housing (3 months-1year)	Young (age 15-25year old) women who have a history of homelessness, poverty and abuse.
Transitional Housing	Provides short, medium and long-term accommodation for people requiring housing. They also arrange financial support for rent.	The geographical spread includes Moreland, Yarra and Hume covering singles, couples and families (ages 17-70+).
Yarra Community Housing	YCS provide public rooming house accommodation for single adults. YCH turn away 20 people per day	The average profile: English speaking, middle-aged, male and often with psychiatric/drug/alcohol issues. There are more younger (male and female) clients looking for public housing.
St Mary's House of Welcome	St Mary's provides a free breakfast and \$2.50 3-course lunch, donated bread and referral to relevant organisations for assistance. St Mary's also provide activities, social and pastoral care workers for clients. Clients are given free meals if they do volunteer work.	The clients are 80% male and mostly single.
St Mark's	St Mark's provide non-perishable food and food vouchers	Singles and couples (families go to Anglicare).

AGENCY	SERVICE DESCRIPTION	TARGET GROUP
Victoria Relief	Victoria relief provides food, food vouchers & resources such as blankets, linen, bedding, crockery - agencies register or can refer clients in directly. They see people from Yarra, Melbourne and Footscray.	Highest users of services are 1. People on disability support pension 2. People on parenting allowance 3. People on Newstart 4. Refugees 5. Young homeless Majority are women with children followed by single males.
Victorian Tenants Union – rooming houses	Provide training & supporting for workers re: the law, represent tenants in VACT hearings, advocate on behalf of tenants, debt recovery, law reform and policy decisions, media work and community education.	People living in rooming houses or transitional housing
Good Shepherd (Youth & Family Service)	Provide care and placement for children and adolescents Organise emergency housing for young people; includes single young mums program Social policy No interest loan scheme Buying service for cheap items eg. fridges, asthma pumps	Children & adolescents in foster care in the City of Yarra Age: 12-17 years
Merri Housing Service – Family Outreach	Family Outreach Support and Advocacy Info Service re: housing (boarding & private rental)	Families seeking housing People in overcrowded situations
Outreach Victoria	Outreach support services	Single people over 25 years of age. People with psychiatric disability, acquired brain injury, frail aged, substance abuse issues or no access to any other service
RDNS Homeless Person's Program	Primary Care Response in health issues Holistic approach – health, legal, material aid, nutrition Provide referral, advisory and accessing services	Homeless Low income Specific nurse targets women
Yarra Community Support	Psychiatric Disability Support	Adults suffering from mental health conditions, 18 years and up in Carlton, Parkville and City of Yarra
North Yarra Community Health Casework/Counselling Team	Casework/counselling	People who are homeless, women and families, CALD communities, public housing tenants, people with disabilities.

