

YARRA FOOD INSECURITY COMMUNITY DEMONSTRATION PROJECT

SUBSIDISED CAFÉ MEALS PROGRAM

FINAL REPORT

DECEMBER 2002



**Yarra Food Insecurity Community Demonstration Project
Subsidised Café Meals Program – Final Report
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 one intervention that aimed to increase choice and access to a more affordable, nutritious, safe and personally acceptable food supply. The success of the Café Meals Program has come from the willing participation of many community stakeholders, who have displayed concern and commitment to making the program successful also in addressing food insecurity for this very vulnerable population group. We would like to thank everyone who has contributed to this program with particular thanks to:

The Victorian Health Promotion Foundation and the Department of Human Services, who have been instrumental in supporting food insecurity through their funding of this project.

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- City of Yarra – Age & Disability Department and Community Partnerships Department
- Yarra Community Housing
- Outreach Victoria
- Royal District Nursing Service (Homeless Person's Program)
- North Richmond Community Health
- Yarra Health Services
- North Yarra Community Health and Next Door staff
- St Mary's House of Welcome
- 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 other project activities and the launch of the café meals program.

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 particularly vulnerable groups.

A person who is homeless is defined 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...'** (3). Defining 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 (4). 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 (5).

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 aim of the Yarra Food Insecurity Community Demonstration Project was to develop, implement and evaluate innovative and sustainable strategies to address food insecurity in the City of Yarra.

The Café Meals Program was one of six key strategies that formed the Yarra Food Insecurity Community Demonstration Project.

The Café Meals Program aimed to improve the access of the target group to nutritious, affordable and local food option/meals by allowing vulnerable clients to access prepared meals at local cafes or restaurants, at a reduced price, subsidised by local government.

The Café Meals Program began as a pilot in 2000, which was a part of the Yarra council's food service provision. It was offered to HACC eligible clients who were unlikely to wait at home for a delivered meal, as an alternative to delivered meals ("Meals on Wheels"). The pilot program was recognised by many community workers to be an attractive and affordable food option for clients who are homeless/at risk of homelessness. However, the pilot program needed to be expanded, redeveloped and more widely promoted to maximise access of the target group to this food provision option. The Food Insecurity Community Demonstration Project sought to do this in 2002 with the following objectives in mind:

- To provide prepared meals that are affordable, easy to access and acceptable to the client group.
- To provide a social dining opportunity for vulnerable clients in a non-threatening environment
- To improve the nutrition profile of clients
- To provide access to the program which is convenient to clients and referring workers
- To provide proprietors with support and capacity to participate in the café meals program

EXECUTIVE SUMMARY.....Continued

Consultation and the formation of partnerships with key stakeholders including local government, local agencies, local business and client representatives was sought to redesign and implement the new model. Ongoing communication with these stakeholders as well as with the Yarra Food Insecurity Steering Committee and the Café Meals Subcommittee occurred during the implementation and evaluation stages of the Café Meals Program.

Four cafes participated in the Café Meals Program; two in Fitzroy (a café and a hotel) and two in Richmond (a vegetarian café and a Chinese/Vietnamese restaurant). The cafes were chosen to optimise geographical access for the target group and to offer a choice of "cuisine" and dining environment. Cafes were recruited via call for interest in participation (via a local government food business newsletter) and also via directly approaching proprietors. Participating proprietors were briefed about the program and provided with paperwork that allowed them to document utilisation. Ongoing support was provided via personal visits and via telephone. All participating proprietors were invited to attend the Café Meals Subcommittee meetings.

The redesigned Café Meals Program aimed to improve entry into the program by allowing community workers to assess clients for entry into the program, bypassing the need for referral to council HACC assessment officers. Nominated referring workers were provided with a referral package, which included an application form, instruction sheet, evaluation form, client rights and responsibilities handout and numbered (and replacement) membership cards (Appendix A). Some nominated workers elected to refer only clients known to them, whilst others elected to be advertised as referral points on the promotional brochure (Appendix B). Upon entry into the program, participants were provided with a numbered membership card (Appendix C), which allowed them to access a meal up to the value of \$8.80 at any one of 4 nominated cafes, once per day, paying only \$2. Café proprietors recorded the date, participant's membership number, value of meal and client contribution to allow for monitoring of program utilisation and invoicing.

The Café Meals Program was evaluated via interviews with participating café proprietors, focus group interviews with referring workers and examination of application and evaluation forms completed by referring workers with participating clients.

The overwhelming benefit of the Café Meals Program for participants has been in the social engagement with café proprietors and with people participants share their meals with. This process has promoted social inclusion, trust, improved social skills and increased awareness of and dialogue around participants' food insecurity issues.

The Café Meals Program resulted in 33 people being able to access a variety of nutritious prepared meals on a more regular basis than prior to the program. The referral process, location of cafes, low cost of the meals and a comfortable and friendly social dining environment encouraged participants to utilise the program. However, determinants of food insecurity which centre around poverty, disability and housing persisted, impacting on both utilisation of the program and also on the need to be supported by the program in the longer term. This is likely to result in a limited opportunity for people on the waiting list having access to and receiving the many benefits of this program.

The recurrent HACC funding and local government contribution, which has been allocated to sustain the program beyond 2002, will allow 50 people to participate in the Café Meals Program beyond 2002. Local government will be reviewing their capacity to increase funding into the Café Meals Program for the 2003-2004 financial year. However, the determinants of food insecurity, particularly, broader issues around poverty, a more affordable and socially responsive food supply and housing cost, stock and planning need to be addressed to reduce the burden on the Café Meals Program, as well increase the utilisation rate of vulnerable individuals.

BACKGROUND

There are a number of individuals in the community, who, for various reasons, are unable to prepare meals for themselves and are required to purchase prepared meals. The range of choices available can include council delivered meals ("Meals on Wheels"), meals provided in various community centres (eg. Senior Citizens or church/welfare groups) or local take-away, café or restaurant meals. These choices meet the needs of some members of the community but they may not be affordable, appropriate or accessible to others as a regular source of food.

The Café Meals Program allows vulnerable clients to access prepared meals at local cafes or restaurants, at a reduced price, subsidised by local government.

In 2000, the City of Yarra Food Services department decided to pilot a café meals program for its HACC clientele that were unlikely to wait at a fixed address for a delivered meal. Under the pilot program, HACC eligible clients could access a meal to the value of \$6, paying only \$1 at a local café in Fitzroy. The local government food service budget subsidised the remaining value of the meal.

Referral to this Yarra pilot program was limited with a total of 10 participants in 2000-2001 and preliminary evaluation of the program indicated a need to expand and promote the program more widely in the community. Local agencies working with people who are homeless saw the pilot program as an attractive and affordable food option for their clients. However, the pilot program needed to be expanded, redeveloped and more widely promoted to maximise access of the target group to this food provision option.

The Yarra Food Insecurity Project sought to redevelop the pilot model as one of its strategies, aiming to address food insecurity for people who are homeless or at risk of becoming homeless in 2001-2002.

During the Community Consultation phase of the project, feedback from local government, agency workers and clients and one café proprietor was sought in redesigning the café meals program (5). The issues highlighted are summarised in Table 1.

Table 1: Community Input into Design of the Café Meals Program

- There is a lack of affordable prepared meals in Yarra
- Cheap welfare meals and free meals can be seen as threatening environments for some people including women, children and people with psychiatric illness
- People enjoy social dining opportunities
- There was support for the café meals program from local government, agencies and clients
- Fitzroy and Richmond had the greatest demand for a café meals program (followed by Collingwood)
- Pubs were nominated as alternatives to cafes for a 'café' meals program
- Café meals venues need to be within walking distance of local rooming house accommodation and public housing
- Café meals venues need to provide a variety of food options for clients
- Referral to the café meals program should be via a worker that clients have rapport with, rather than referring to council
- There needs to be a better promotion of the program with explicitly outlined inclusion criteria
- Accessing café meals should occur through presentation of a membership card or pre-purchased tickets or vouchers. Verification of identity via a health care card rather than signatures would be more time efficient for clients and café proprietors.
- The value of the meal should be increased to \$8.80 with the client paying \$2. This would allow for a better choice of meals.

BACKGROUND.....Continued

<p>The overall aim of the café meals program was to improve the access of the target group to nutritious, affordable and local food option/meals.</p>

The objectives designed to meet this aim included:

- To provide prepared meals that are affordable, easy to access and acceptable to the client group.
- To provide a social dining opportunity for vulnerable clients in a non-threatening environment
- To improve the nutrition profile of clients
- To provide access to the program which is convenient to clients and referring workers
- To provide proprietors with support and capacity to participate in the café meals program

Additionally, to comply with parameters established by the Deakin University external evaluation team, the following needed to be addressed to optimise the long-term success of the program:

- Ensuring sustainability
- Building Capacity
- Creating Partnerships
- Encouraging Community Participation

METHODOLOGY

1. PLANNING PHASE

The planning of the café meals program occurred from March 2002 to June 2002. The planning strategies aimed to encourage community input and foster the consolidation of essential partnerships.

1.1 Community Input into the Café Meals Program

Input into the design of the program was sought from the community and relevant stakeholders. This occurred via:

- Interviews, as described in the community consultation report (REF)
- Steering committee meeting feedback
- Additional interviews with key stakeholders
- Café meals sub-committee meetings
- Communication with VicHealth
- External evaluation meetings

1.2 Establishing Partnerships

A number of key stakeholders were identified as being essential to the success of the café meals program. These stakeholders were chosen on the basis of potential input into the program. There was an aim to consolidate these partnerships through regular individual communication as well as through attendance at the Café Meals Sub-Committee meetings. The sectors requiring representation included: local government, local business and local agencies who had access to and rapport with the target group.

The planning of café meals resulted in:

- Determination of suburbs where the Café Meals Program will operate
- Determination of participating "cafes"
- Determination & allocation of referring agencies
- Some workers agreed to be advertised as referring workers whilst others elected to refer in only their known clients with whom they work regularly
- A formal referral process and documentation of this process
- A strategy for the promotion of the program
- Design of referral form, membership cards, promotional pamphlets
- Invoicing procedure and paperwork
- Evaluation plan and client evaluation feed back form
- A client rights and responsibilities sheet

METHODOLOGYContinued

2. IMPLEMENTATION PHASE

The implementation phase of the café meals program commenced in June 2002 with formal referrals occurring in July 2002. The implementation of the café meals program included briefing referring workers and café proprietors and providing them with the necessary supportive paperwork to enable participation in the program. Referring workers were provided with a referral package (Appendix A). This contained information about the referral process, application forms, evaluation forms, a client rights and responsibilities handout and numbered (and spare) membership cards. Workers were given the option of being advertised on the promotional pamphlet (Appendix B) or to only refer in clients they know and provide ongoing services to. The referral package was evenly distributed to workers who were and were not advertised to equalise access for people being supported by workers and also to those who are not.

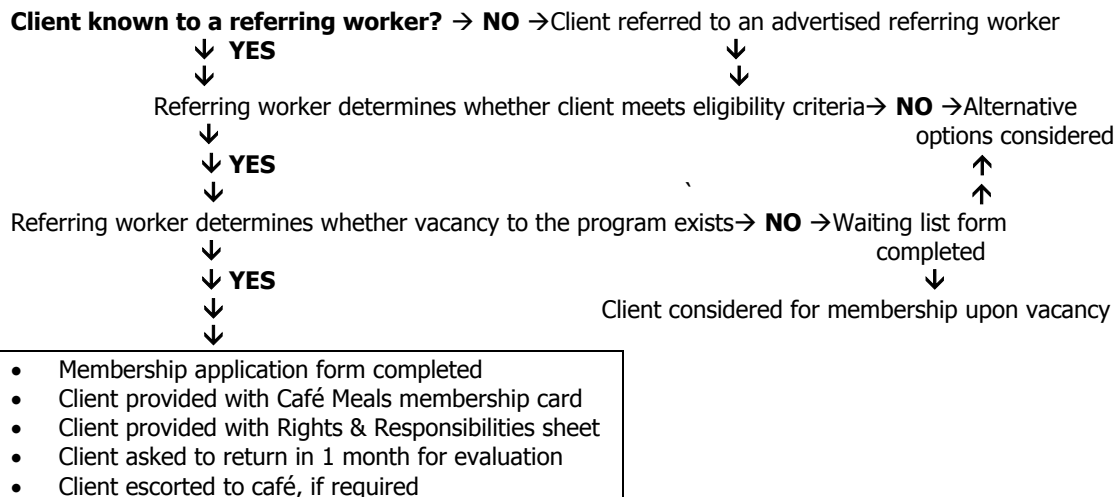
2.1 Capacity Building

As well as being briefed about the Café Meals Program, all referring workers and café proprietors were invited to attend the Café Meals Sub-Committee meetings (3 held in 3 months) to discuss the progress of the program and discuss any necessary changes. Participating referring workers were also invited to a Food Insecurity Workshop in August 2002, to examine alternative strategies to address food insecurity.

2.2 Program Design

Four cafes participated in the Café Meals Program in Yarra. Two participated in Fitzroy (one café and one hotel) and two in Richmond (one Asian restaurant and one vegetarian café). Figure 1, below summarises the referral process into the Café Meals Program.

Figure 1: The Café Meals Program



Membership forms and waiting list forms were faxed to the program manager for record keeping.

Upon referral to the program, participants were able to access any one of the 4 cafes, once per day to order a meal up to the value of \$8.80 by presenting their membership card and providing a payment of \$2.

The café proprietors recorded the date, participant's membership number, value of the meal and the participant's financial contribution. This record was faxed to the program manager to monitor utilisation of the program.

METHODOLOGYContinued

2.3 Sustainability

The sustainability of the café meals program was discussed at both the Food Insecurity Steering Committee meetings as well as the Café Meals Sub-Committee meetings.

North Yarra Community Health (NYCH) and Yarra Aged and Disability Department (Local Government) met with one another and attended various planning meetings to put together a submission for recurrent HACC funding to fund the Café Meals Program beyond 2002.

NYCH and the manager of Yarra Council Aged and Disability Services also prepared a joint briefing presentation to the Yarra councillors regarding review of council contribution to the program for the 2003-2004 financial year.

A launch of the Café Meals Program was held in September 2002 to promote awareness of the program as well as to enlist community support to have the program funded by the pending HACC submission. The launch included speeches from the North Yarra Community Health Chief Executive Office, City of Yarra's Mayor, the Victorian Council of Social Services Chief Executive Officer and two participants of the program.

Ongoing engagement with participating referring workers and café proprietors was required to ensure support for their ongoing commitment to the program.

3. EVALUATION PHASE

Evaluation of the Café Meals Program occurred from September–November 2002.

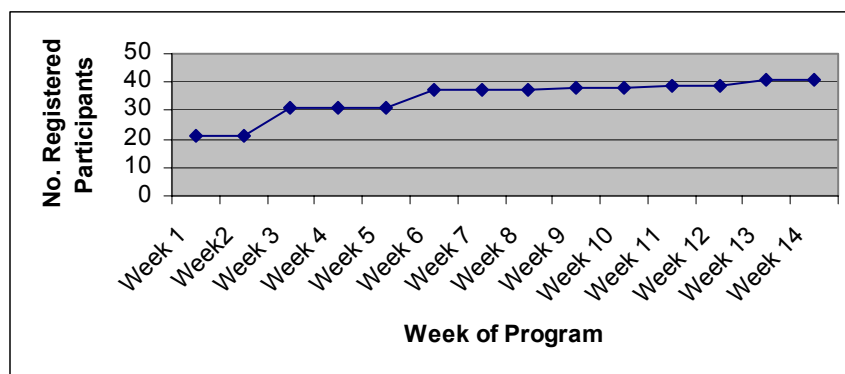
Evaluation occurred through:

- Personal interviews with participating café proprietors
- Focus group interview with participating referring workers
- Client evaluation forms completed by referring workers with the clients they referred into the program

OUTCOMES

A total of 41 members were admitted into the Café Meals Program between July and October 2002. Figure 2 illustrates the rate of referral into the program.

Figure 2: Rate of Referral to the Café Meals Program (July-October 2002)



The program was capped at 41 participants to comply with the program budget. As reflected in Figure 2, the program reached capacity in Week 13 of the program. Beyond this period, a waiting list was established. Seventy people were on the waiting list (December 2002).

1. Client Demographics

The demographic profile of clients referred in to the café meals program is summarised in Table 1 below.

Table 1: Demographic Profile of Café Meals Program Participants

Demographic Indices	Number of Participants (n=41)	
Average Age:	41 years (range 22-84 years)	
Gender:	Male	33
	Female	8
Suburb	Richmond	17
	Fitzroy	14
	Collingwood	4
	North Fitzroy	1
	Fairfield	1
	Reservoir	1
	East Melbourne	1
	Hawthorn	1
Housing	Unknown	1
	Rooming House	27
	Public Housing	5
	Transient (squatting, with friends)	5
	Private rental	3
	Cheap hotel (pub)	1

The majority of participants were male, lived either in Richmond or Fitzroy and resided in rooming house accommodation.

OUTCOMES.....Continued

2. Access to Program

Program participants could be assessed for entry into the program through advertised links (who they may or may not have a client-worker connection with) or via non-advertised community workers who know them well.

Table 2 lists the referral points of participating members and whether these members were openly advertised on the promotional brochure.

Table 2: Agencies Referring to the Café Meals Program

Advertised Agency	Nos referred (n=41)	Non-Advertised Agency	Nos Referred (n=41)
North Yarra Community Health	10	Outreach Victoria	14
North Richmond Community Health	5	RDNS HPP	4
Yarra Health Service	2	City of Yarra (HACC)	2
Next Door	4		
TOTAL	21	TOTAL	20

There was an equal distribution of participants accessing the program via advertised workers and via workers who knew them, as was the intention with equal distribution of referral packages.

3. Meeting Eligibility

For clients to access the café meals program, they needed to meet 2 eligibility criteria:

1. Category 1:

- **Homeless or has a history of recurring homelessness**
- **HACC eligible (receiving aged or disability pension)**
- **Running out of food regularly**

2. Category 2: Unable to access existing community food options

Table 3, illustrates that all participants met Category 1 eligibility but only 22/41 were recorded as having met Category 2 eligibility.

Table 3: Eligibility Criteria Met by Participants of the Café Meals Program

Category 1:	Nos (n=41)	Category 2: Unable to access existing options:	No. (n=41)
Homeless:	35	Yes:	22
Rooming house	27	Not enough money	8
Transient/squatting	5	Current choices not acceptable/appropriate	6
Cheap hotel	1	No response	19
Recurrent homeless	2		
Traditional HACC:	11		
Psychiatric disability	4		
Frail aged	4		
Intellectual disability	2		
Physical disability	1		
Run out of food:	24		

OUTCOMES.....Continued

4. The Nutrition Profile of Participants

A baseline nutrition profile of participants was gathered as a reference point. The indices examined included:

- Weight, Height and Body Mass Index (BMI)
- Weight history
- Eating problems
- Frequency of eating
- Where people went for food
- Barriers to shopping and cooking
- Social dining behaviour

The baseline responses from the 41 participants are listed in Table 4 below.

Table 4: Nutrition Profile of Café Meals Program Participants

Description	No. (n=41)	Description	Nos (n=41)
WEIGHT:		WHERE FOOD IS ACCESSED:	
Within ideal weight range	12	Soup van/Free Meal	21
Overweight	8	Supermarket	14
Underweight	7	Take-away	7
WEIGHT HISTORY:		Asian Grocer (Victoria st)	4
Not know or stated	14	Food Parcels	2
Recent weight loss	19	Victoria Market	1
No change	7	BARRIERS TO SHOPPING AND COOKING:	
Recent weight gain	3	Money (not enough)	18
Not sure	2	No/inadequate cooking facilities	10
Not stated	10	Disability affects ability to shop or cook*	8
EATING PROBLEMS:		Motivation to cook for one	8
No problems	16	Lack of knowledge/skills	2
Poor appetite	11	SOCIAL DINING:	
Dental problems	4	No – usually eats alone	24
Gastric ulcer	1	Sometimes eats with others	12
Worm infestation/diarrhoea	1	Yes, eating with others	2
No response	8	No response	3
FREQUENCY OF EATING:			
Once/day	21		
2-3 times/week	9		
2-3 times/day	6		
No response	5		

* Quoted disability includes intellectual disability, vision impairment, poor mobility, psychiatric disability and acquired brain injury.

Only 27/41 participants had been weighed but 19/41 had reported a recent loss of weight. Poor appetite was the most common eating problem and more than half of the participants ate alone (30/41). Participants commonly utilized emergency relief as a source of food and quoted lack of money as a major barrier to shopping and cooking. Most participants ate alone.

OUTCOMES.....Continued

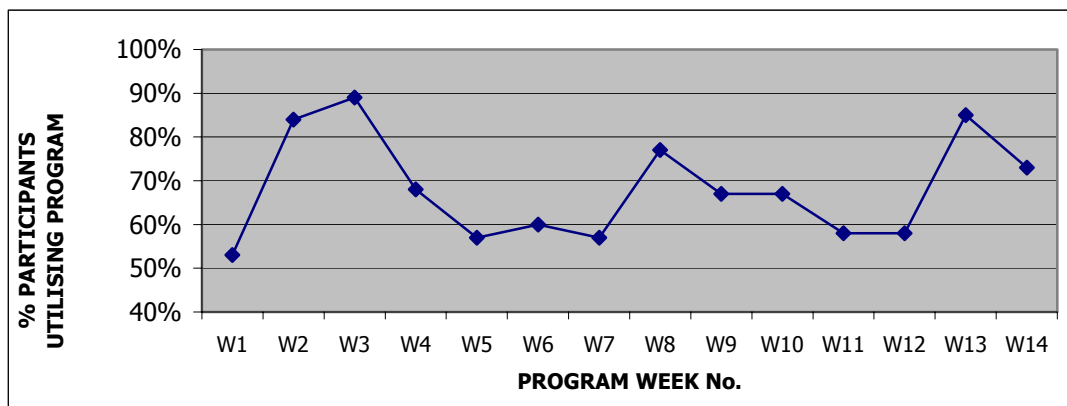
5. Utilisation of Program

Utilisation of the program was tracked using proprietor’s records, containing client’s membership numbers matched to date of food access.

During the trial period of 22 July 2002 – 27 October 2002, a total of 41 people were registered to participate in the café meals program. Of the 41 participants registered 33 participants actually used the café meals program.

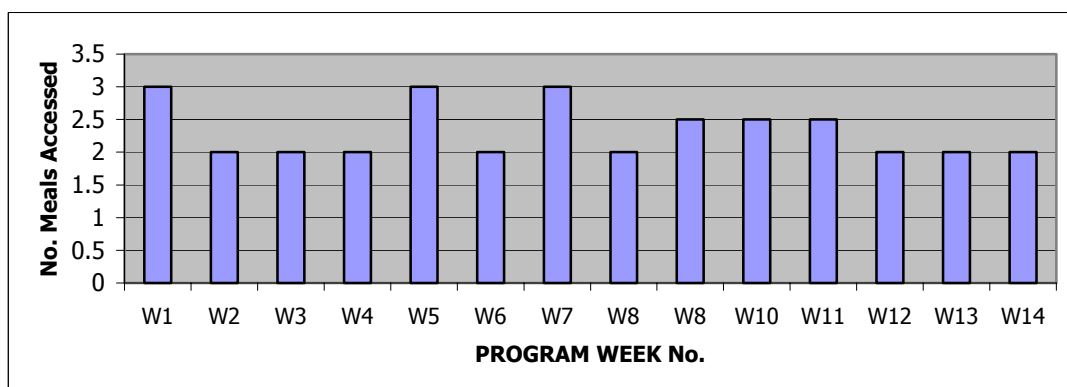
The weekly break down of participant utilisation rates and their frequency of use is summarised in Figure 3 and 4, below.

Figure 3: Percentage of Registered Participants Using the Café Meals Program (July –October 2002)



Weekly utilisation rate varied from 52% to 90% of participants using the program in any given week. The fluctuation in utilisation is likely to be due to many complex and varied factors. This was not explored due to limited project resources.

Figure 4: Average Number of Meals Accessed Per Week by Participants Using the Café Meals Program (July-October 2002)

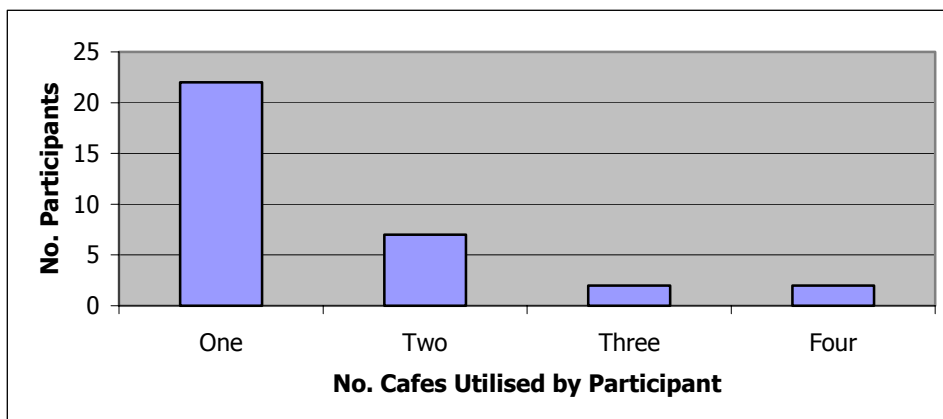


Most participants accessed the Café Meals Program between 2-3 days per week, on average.

OUTCOMES.....Continued

Participants were given a choice of 4 different cafes, spread across 2 suburbs (2 in each). Figure 5, below shows the how many of the different cafes were used by any one participant throughout the 14 week period.

Figure 5: Utilisation Patterns of the Four Participating Cafes



The majority of participants (22/41) only used one café, 7/41 used 2, 2/41 used 3 and 2/41 used four, of the four participating cafes throughout the 14 week period.

EVALUATION

Evaluation of the program occurred through individual interviews with participating proprietors, focus group interviews with referring workers, completion of the evaluation form by participating clients.

1. Participating Business

All participating proprietors were interviewed using a standard interview sheet. The interview questions and proprietors' responses are provided in detail in Appendix D. Table 5, below, is a summary of these responses.

Table 5: Summary of Proprietor Evaluation Interviews

<p><u>Capacity to Participate in Program:</u></p> <ul style="list-style-type: none"> All proprietors felt they were adequately informed about the program and were given adequate support to participate.
<p><u>Program Design:</u></p> <ul style="list-style-type: none"> Some proprietors had not previously issued tax invoices and needed support in designing these Monthly invoicing and payment was the preferred payment arrangement All proprietors were happy with the method by which participants accessed the program Three proprietors were interested in increasing the number of participants in the program – women and regular hotel patrons (from the participating pub) were specifically mentioned One proprietor expressed concern with being able to take on large numbers of participants (>20) – offering local alternatives was suggested
<p><u>Participant-Proprietor Interaction:</u></p> <ul style="list-style-type: none"> Two proprietors quoted difficult participant behaviour (both were single incidents) There were no problems with participants showing their membership cards or with the client paying their \$2 contribution Some proprietors offered participants the opportunity to pay for meals in advance and also regularly subsidised meals valued over the \$8.80 limit
<p><u>Perceived Impact of Program:</u></p> <ul style="list-style-type: none"> Quoted benefits to proprietors included: additional business, a prestige in being respected for participating and having the opportunity to contribute to the community One proprietor was concerned that some clients' appearance could affect business if the participants chose to eat in (many participants chose to take-away from this café) Two cafes reported participants regularly eating in, whilst the other 2 café reported participants mostly electing to take-away Quoted perceived benefits of the program for clients included having a regular/reliable source of food and the client-proprietor relationship building confidence, social skills and a sense of community belonging for the participants
<p><u>Future Directions:</u></p> <ul style="list-style-type: none"> All proprietors were happy to continue participating in the café meals program beyond December 2002 Proprietors felt the program could be expanded in number of participants and number of participating proprietors. Regular hotel patrons and women were seen as 2 population groups that needed particular targeting. One proprietor felt that clients who were not accessing the program should be escorted by workers to the cafes. A Christmas party (or other social dining event) were suggested as a future focus

EVALUATION.....Continued

2. Referring Workers

Evaluation of the referring workers occurred via focus group interview (2 groups). The questions asked and responses are outlined in detail in Appendix E, the key themes are summarised in Table 6, below.

Table 6: Summary of Referring Worker Focus Groups

<p><u>Access to the program:</u></p> <ul style="list-style-type: none">• The program was perceived to be easy to access, particularly for clients already known to referring workers• The application form was quick and easy to use but needed some modification• Workers needed more replacement membership cards for clients who were misplacing them• Some clients needed support in being introduced to cafes (i.e. worker escort)• Some clients can't afford the \$2 contribution and therefore don't use the program or use it infrequently
<p><u>Benefits to client-worker relations:</u></p> <ul style="list-style-type: none">• Has allowed dialogue about food access, nutrition, nutrition life skills and social issues such as cultural diversity.• It has facilitated trust via workers being able to offer tangible solutions to food insecurity problems• It has assisted in motivating participants to get out of their rooms, which has helped address with setting and attaining goals set by workers and clients• Improved nutrition allows workers and clients to focus on addressing other food and non-food related goals
<p><u>Perceived benefits of program to clients:</u></p> <ul style="list-style-type: none">• Social inclusion• Increased trust (in workers and 'the system')• Increased client awareness of their own food insecurity issues• Created an opportunity for social dining (particularly with their neighbours, which has facilitated improved dynamics between residents)• Improved social skills through interaction with café proprietors• Increased dialogue with linked workers (and with other residents) regarding nutrition, food insecurity issues and cultural diversity issues such as racism• Improved nutrition which has allowed participants to more effectively address other issues in their lives
<p><u>Referring Workers' Recommendations:</u></p> <ol style="list-style-type: none">1. Changes to application form:<ul style="list-style-type: none">• Remove weight and height• Provide more questions & space regarding social eating behaviour & eating patterns• Remove tick box indicating which cafes clients wish to utilise• Rephrase questions in language directed at clients (to reduce worker questioning bias)2. Workers need to be given more replacement membership cards for participants who lose them3. Ongoing support for participants to utilise the program until their personal food insecurity situation improves4. Increase number of participating cafes to increase choice for participants– a café on Swan Street (Richmond) would be convenient for a number of rooming house tenants (particularly those with mobility issues)5. Providing vulnerable clients with:<ul style="list-style-type: none">• Assistance to get to the café (via volunteers, for socially isolated clients)• Financial assistance and up-front payment options for clients with financial issues• Group dining opportunities

EVALUATION.....Continued

3. Participating Clients

Client evaluation occurred through completion of an evaluation form. Of the 41 participants registered, only 19 completed the evaluation questionnaire. Parameters evaluated included:

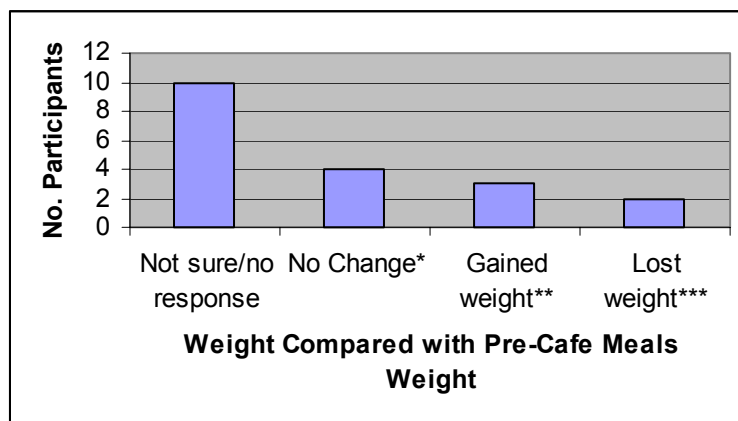
- Weight and mouth, swallowing and appetite issues
- Frequency of eating and sources of food
- Utilisation of the café meals program
- Barriers to shopping and cooking
- Social eating
- Feedback about the café meals program

3.1 Client nutrition profile:

3.1.1 Monitoring Weight and Changes to Health

Referring workers were asked to record participants' weights and compare it to the pre-café meals weight. Workers were also asked to document appetite, mouth or swallowing problems. The results are summarized in Figures 6 and 7.

Figure 6: Weight Change During Participation in Café Meals Program (n=19)

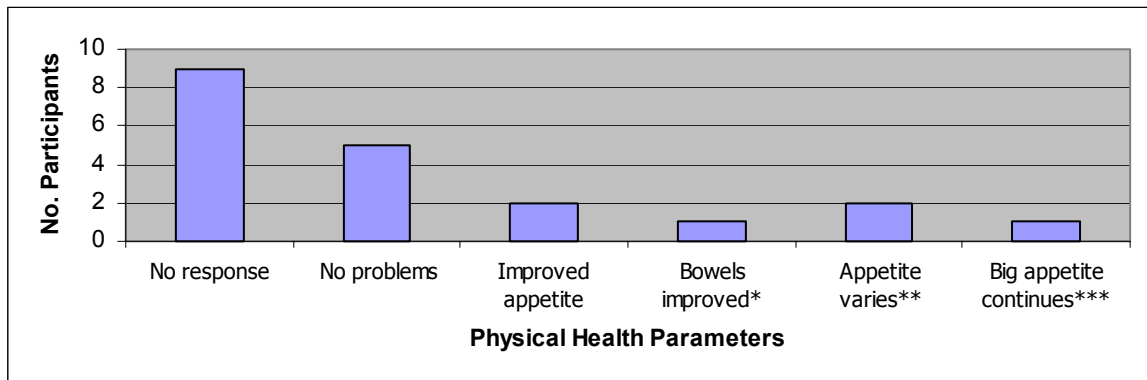


Comments: * But has improved blood glucose levels (diabetes)
** All were underweight
*** Both were overweight

The majority of evaluated participants (10/19) did not register a weight (before and/or during the program). A small proportion of underweight individuals reported gaining weight (3/19) and overweight individuals lost weight (2/19).

EVALUATION.....Continued

Figure 7: Changes in Participants’ Physical Health Parameters During the Café Meals Program (n=19)



Comments: * Eating more vegetables
 ** Appetite varies due to alcohol consumption
 Gastric problems continue
 *** Appetite remains high due to medication

The significant proportion of participants did not answer this question (9/19). Five of the 19 participants reported no problems with some reporting improved appetite (2/19) and improved bowel health (1/19) and others reporting ongoing issues with low appetite (2/19) and high appetite (1/19).

3.1.2 Monitoring Participants’ Eating Behaviour

Eating behaviour was monitored by examining frequency of eating (Figure 8), utilisation of the Café Meals Program (Figure 9) and other sources of food (Figure 10).

Figure 8: Participants’ Eating Patterns Before and During the Café Meals Program

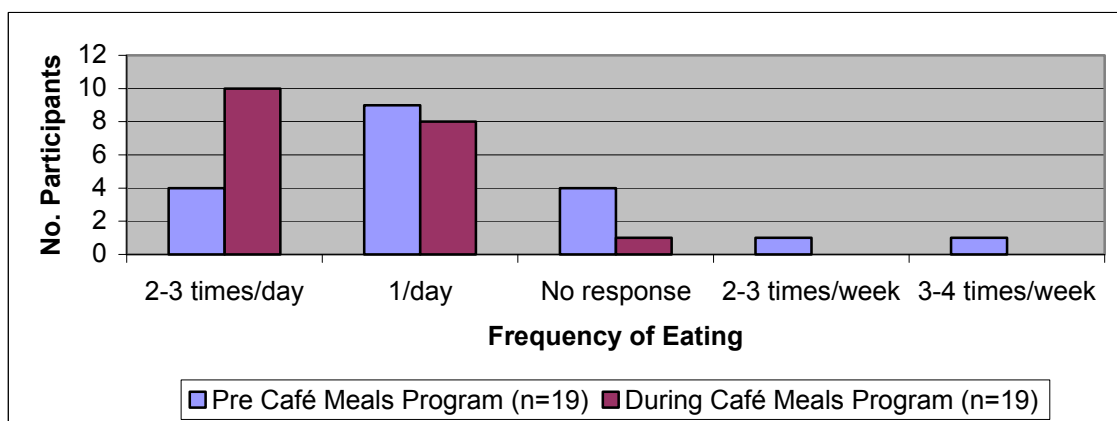
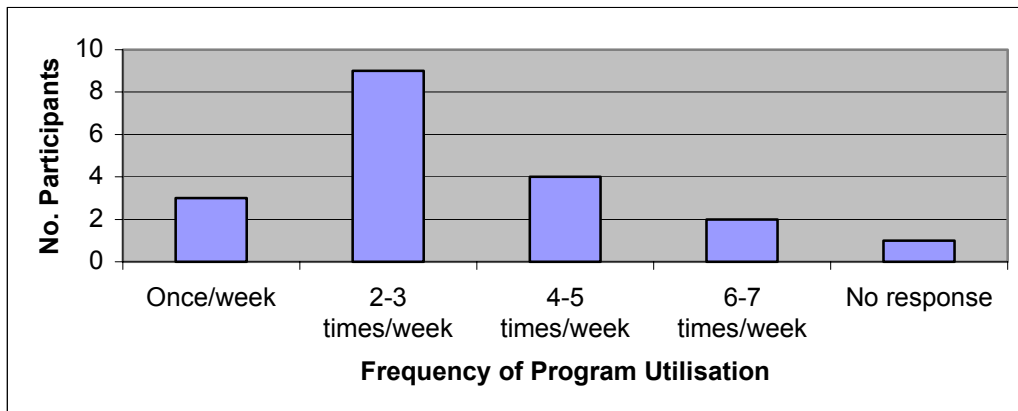


Figure 8 illustrates that the number of participants reporting eating once per day or less reduced upon participation in the Café Meals Program, whilst the number of participants eating 2-3 meals per day increased.

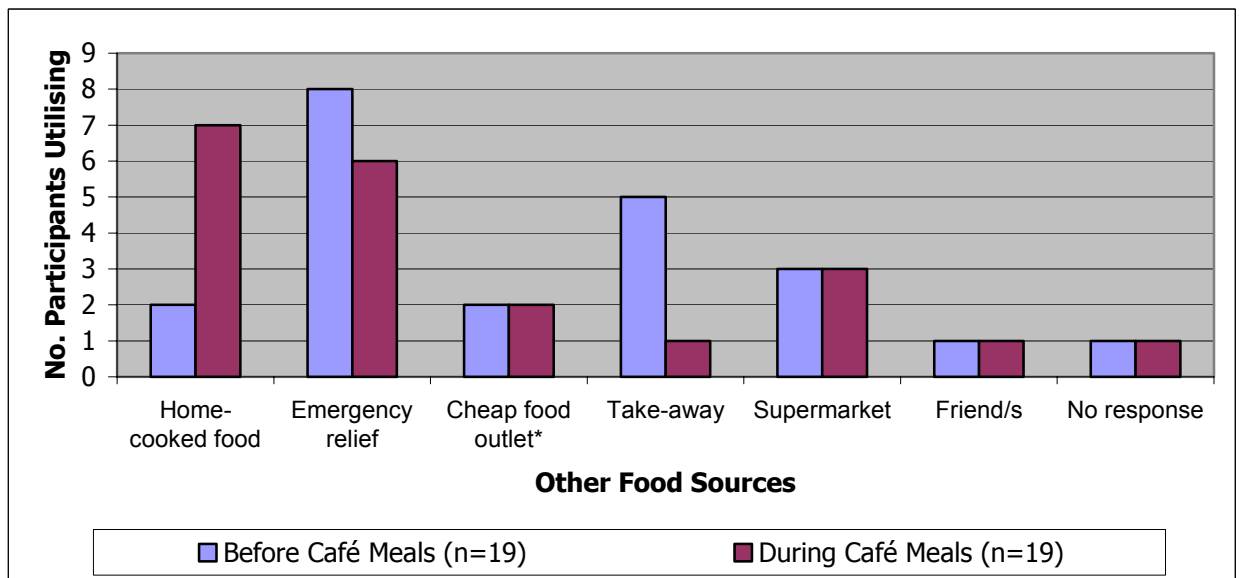
EVALUATION.....Continued

Figure 9: Participant Utilisation of the Café Meals Program (n=19)



The median utilisation rate was 2-3 times per week. This is consistent with the average utilisation rate, determined from café proprietors' invoices (Figure 4).

Figure 10: Other Sources of Food Accessed by Café Meals Program Participants (n=19)



* Includes Brotherhood (Coolibah Centre) & St Mary's House of Welcome

Participants continued to access food from emergency relief (6/19) and also consumed meals cooked at home (7/19). Other sources of food included supermarket (3/19), cheap food outlets (2/19), take-away (1/19) and food cooked by friends (1/19). However, during participation in the Café Meals Program, it appears that participants were more likely to cook and less likely to access food from emergency relief agencies and take-away.

EVALUATION.....Continued

3.1.3 Monitoring Social Eating and Barriers to Shopping and Cooking

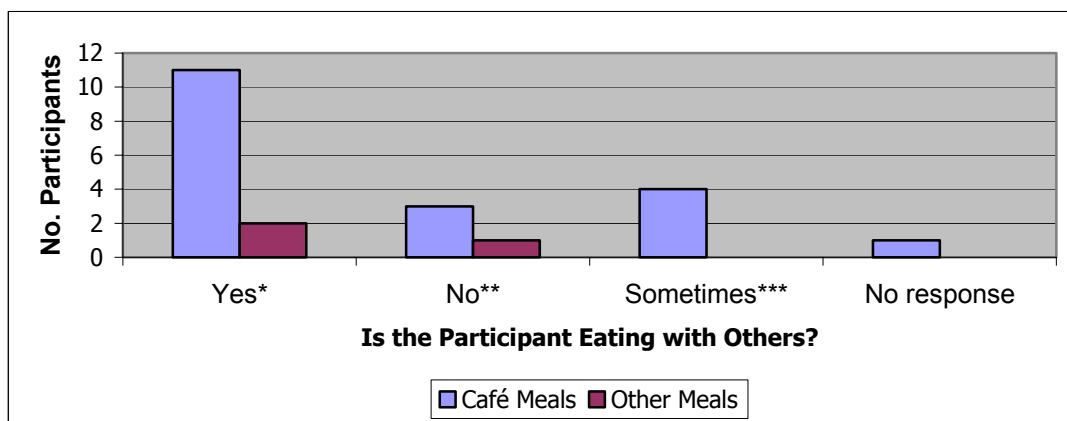
The impact of the Café Meals Program on creating social eating opportunities was monitored by examining whether participants 'eat-in' or 'take-away' when they accessed the Café Meals Program (Figure 11) and whether they ate with others (Figure 12).

Figure 11: Do Participants Eat-In or Take-Away their Café Meals?



* Dependent on participant mood, how full the café is and on the café environment/staff
 ** Influenced by participants having no one to sit with and also being accustomed to having take-away.

Figure 12: Are Café Meals Participants Eating with Other People?



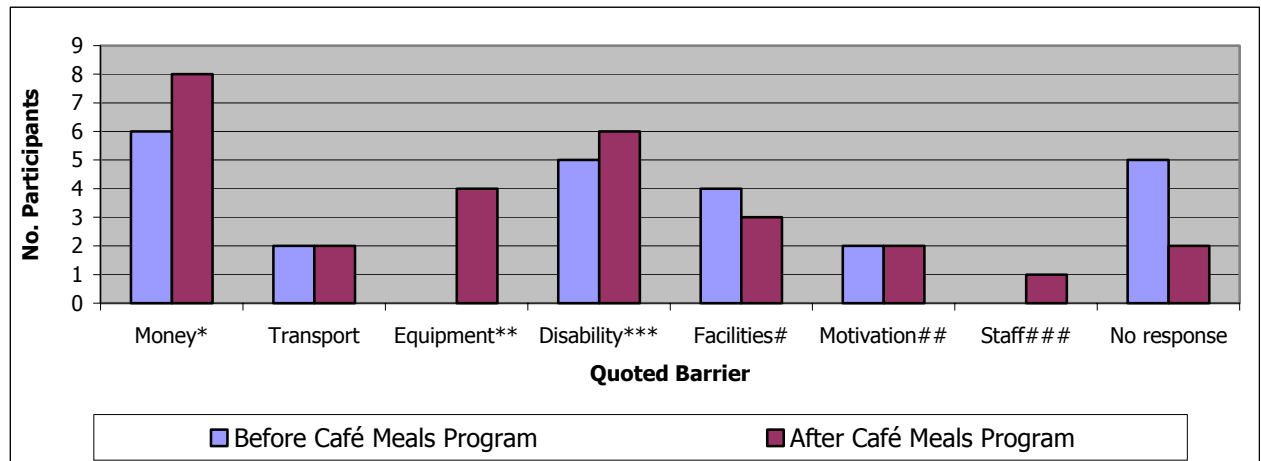
* Meals consumed with partner or friend at the café and as well as at home as take-away
 ** Meals consumed alone in the café as well as at home (as take-away)
 ***With friends at café or shares take-away

Eat-in and take-away eating behaviour was equally divided with 8/19 choosing to do both, 5/19 only eating-in and 5/19 taking-away. This did not affect social eating opportunities as participants who reported eating with others regularly (11/19) or sometimes (4/19) did so when they ate in and when they elected to take-away.

EVALUATION.....Continued

Barriers to shopping and cooking are likely to be largely responsible for increasing a client's reliance on prepared meals and therefore the café meals program. Changes in these circumstances during the Café Meals Program trial period (July-October 2002) are described in Figure 13.

Figure 13: Barriers to Shopping and Cooking for Café Meals Program Participants, Before and During the Program (n=19).



Comments:

*Refers to lack of money or runs out of money. One client reported that this has improved with café meals

** Refers to equipment being stolen (in rooming house)

*** Includes: Injury to leg, intellectual disability, vision impairment, psychiatric disability and acquired brain injury. Lack of knowledge and skills was quoted as a result of the disability.

This referred to problems related to sharing cooking facilities or having inadequate cooking facilities

Low motivation was the result of eating alone and was quoted as being dependant on alcohol or drug use

Supermarket staff were quoted to be rude and difficult

Lack of money, disability and inadequate facilities were the leading barriers to shopping and cooking both before and after participation in the Café Meals Program. Quoted barriers generally remained unchanged, with the exception of stolen equipment being quoted after participation (and not before).

3.2 Client Satisfaction with the Café Meals Program

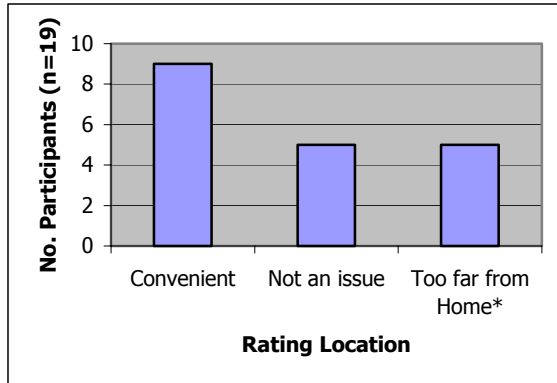
Clients who completed the evaluation form were asked to rate satisfaction with the following components of the café meals program:

- Location of cafes
- Paying the \$2 for meals
- Quality of food
- Amount of food for \$8.80
- Variety of food
- Opening hours of cafes
- Café environment and staff

The results are illustrated in Figures 14-20 on the following 2 pages.

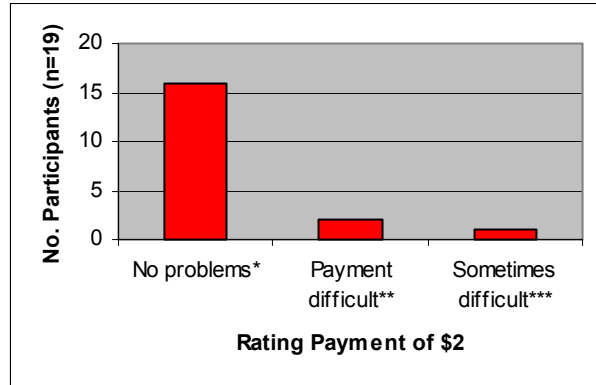
EVALUATION.....Continued

Figure 14: Participant Rating of Café Location



Comments: * Depends on mobility
Lives in North Melbourne
Moved house during program
Richmond options are too far

Figure 15: Participant Rating of \$2 Payment



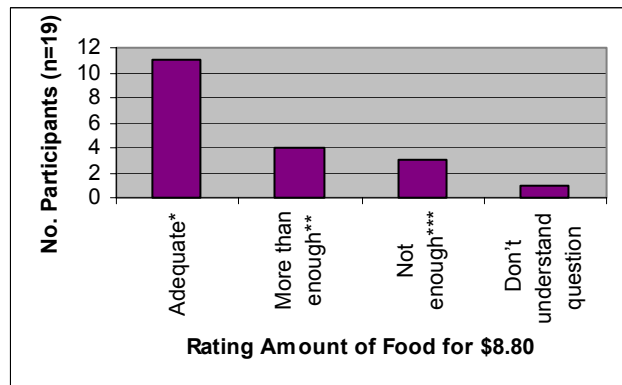
Comments: * Pays ahead for meals
** Too many bills and being used by people
*** Varies due to financial situation

Figure 16: Participant Rating of Food Quality



Comments: * Depends on cook

Figure 17: Participant Rating of Food Quantity



Comments: * Better at one cafes and poor in another
** One café allows you to order more than \$8.80 at no extra cost – want to make sure you are full
*** Need to pay extra

EVALUATION.....Continued

Figure 18: Participant Rating of Food Variety

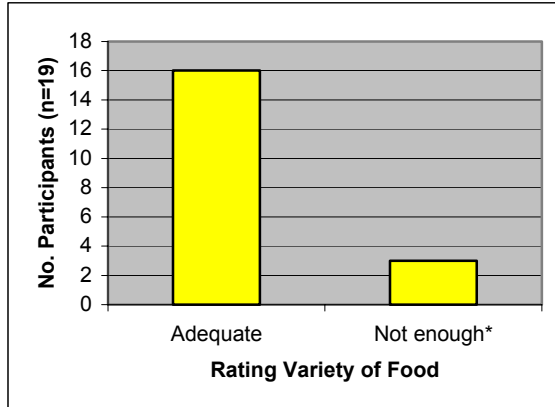
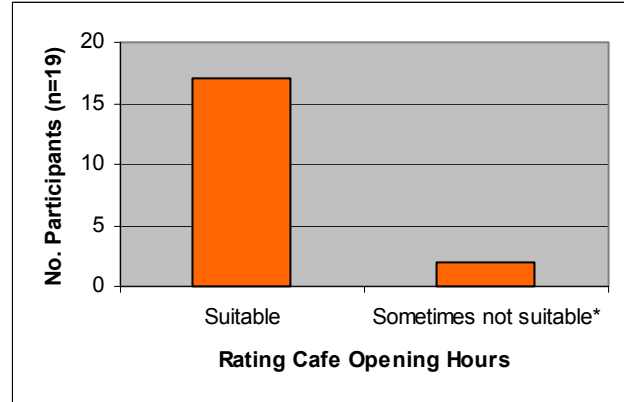
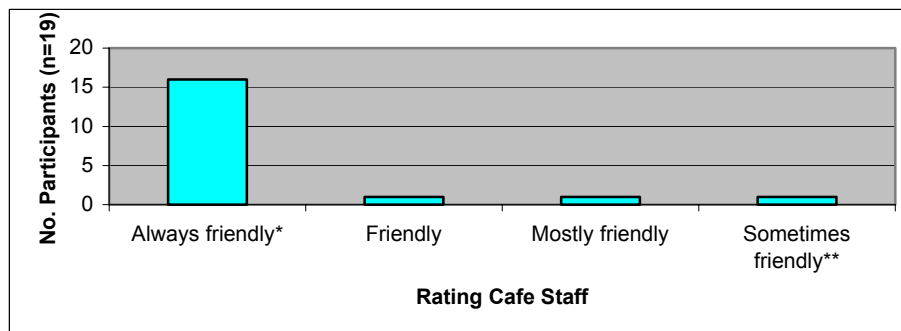


Figure 19: Participant Rating of Café Availability



Comments: * Depends when I wake up
One café hard to get to

Figure 20: Participant Rating of Café Environment



100% of participants rated the café environment as safe and comfortable. However, one participant did comment that they still did not feel comfortable enough to eat-in. The figure above reflects their rating of staff.

Comments: *One café proprietor was quoted as being always very friendly
"Definitely not discriminated"
**One café was quoted as being arrogant, participant felt that the staff "...can't wait for us to leave."

Summary of Participant Satisfaction:

- Most participants found the location convenient (9/19) or not an issue (5/19), with the exception of people with mobility issues or who resided outside of Yarra
- Most participants experienced no problems paying their \$2 contribution (16/19)
- All participants rated the food quality as good (6/19) or very good (13/19)
- Most participants felt they received an adequate quantity of food (15/19)
- Most participants felt they received an adequate variety of food (16/19)
- Most participants found the café opening hours convenient (17/19)
- All participants found the café environment safe and welcoming
- Most participants found café staff always friendly (16/19)

EXTERNAL EVALUATION PARAMETERS

The success of meeting the 4 key elements described by the external evaluation team will be discussed in detail in the Deakin University external evaluation team report. However, the outcomes related to these 4 key parameters are discussed in Table 7 below.

Table 7: How Project Outcomes Met Deakin University External Evaluation Parameters.

<ul style="list-style-type: none"> • Sustainability ➤ The program was successful in securing \$29,000 from HACC for recurrent funding of the café meals program plus staff time for ongoing monitoring and evaluation of the program ➤ North Yarra Community Health will fund the ongoing administration of the program from January-June 2003, the position will be funded via the above-mentioned HACC funding thereafter ➤ Local government will allocate \$16,000 of its HACC Food Service budget to supporting participants of the council-run pilot program and will consider re-orienting priority of access to meal services to allow additional diversion of delivered meals funds being allocated to the café meals program ➤ All referring workers and participating proprietors are happy to continue with the program. 	<ul style="list-style-type: none"> • Partnerships ➤ The Yarra City Council (Aged and Disability Services/Food Service) will be the lead agency to manage the café meals program but will auspice the administration of the program to North Yarra Community Health. A service agreement will be written up in 2003. ➤ Workers referring to the program are linked to North Yarra Community Health via existing networks, which should facilitate a long-term committed partnership to the café meals program. ➤ Two of the participating proprietors have indicated interest in attending the Food Insecurity Steering Committee as business representatives (one Richmond and one Fitzroy representative).
<p><u>Community Participation</u></p> <ul style="list-style-type: none"> ➤ Local government, agencies and clients provided input into the program via formal consultation, ongoing informal consultation, committee meetings and evaluation of the program. ➤ Café proprietors have contributed a partial subsidy to meals exceeding the value of \$8.80 ➤ Two café proprietors and a number of participants have assisted with media (print and television) exposure of the program and also attended the launch of the café meals program (2 clients spoke at the launch). 	<p><u>Capacity Building</u></p> <ul style="list-style-type: none"> ➤ Participants, referring workers and café proprietors have noted an improvement in nutrition and social skills of participants, which has built capacity to address personal food insecurity barriers and other issues. ➤ Workers feel the café meals program makes them able to offer tangible solutions to their clients' complex food insecurity problems. ➤ Workers feel the program is accessible to the client group and are able to refer their clients into the program with relative ease.

DISCUSSION

The outcomes and evaluation data will now be discussed in relation to the aim and objectives established at the commencement of the Café Meals Program.

Objective 1. To provide prepared meals that are affordable, easy to access and acceptable to the client group.

1.1 Accessibility

- **The Café Meals Program appears accessible to the majority of participants.**
- **More socially isolated or vulnerable registered participants may need additional social and/or financial support to increase access to meals.**
- **Program accessibility for potentially eligible clients is challenged by the conflict in program demand versus program capacity.**
- **The determinants of food insecurity that require people to participate in the Café Meals Program are long-term issues that are likely to require the participant to remain supported by the program on a long term basis, thus limiting the opportunity for new memberships.**
- **Accessibility needs to be addressed via increased funding to support eligible clients and also via addressing the underlying cause of food insecurity that require people to participate in the Café Meals Program.**

Only 19/41 (<50%) registered participants completed evaluation questionnaires, so the client feedback about program accessibility may not be reflective of all program participants. Eight of the 41 participants registered for the Café Meals Program did not utilise the program. None of these participants completed an evaluation questionnaire, so it is difficult to determine the circumstances that limit access to meals. Anecdotal feedback from referring workers indicated that some of these clients had moved to another municipality or were experiencing financial or other problems that interfered with their ability to participate in the program. Additionally, the utilisation rate of the program varied from 52-90% of participants using the program within any given week (Figure 3) and the average participant utilising the program 2-3 days/week (Figure 4). Referring workers and participating proprietors (Tables 5 & 6) both reported that some clients needed social and financial support to get to the cafes more frequently and that there needs to be a mechanism by which vulnerable participants could be escorted to the cafes. This highlights that the Café Meals Program may not be addressing all barriers to food access for participants.

The location of cafes was rated convenient or not an issue by 14/19 of the interviewed participants (Figure 14). Five participants found the location to be too far from home (2 resided outside of Yarra). Poor mobility was quoted by both participants (Figures 13 & 14) and referring workers (Table 6) as a barrier to accessing the Café Meals Program, as well to shopping and meal preparation. This remained a quoted barrier both prior to and during participation in the Café Meals Program. This highlights that the determinants of food insecurity that lead participants to be referred to the program, generally remained unchanged during the program trial period (Figure 13). The quoted determinants included lack of money, transport costs, problems with communal kitchens (stolen equipment and poor/no facilities), disability and low motivation. One cannot expect that these quoted determinants are likely to alter within a 14-week period. In reality, these determinants could remain issues indefinitely, thereby indicating a need for ongoing participation in the café meals program. In fact, referring workers reported a need for ongoing support for participants to remain in the program until their food insecurity situation improves (Table 6). However, there are an additional 70 people documented to be awaiting entry to the program and it is unlikely that current participants will be exiting the program to allow their entry. Both participating proprietors and referring workers reported a need to expand the program to increase number of participants and participating businesses (Tables 5 and 6).

DISCUSSION.....Continued

The recurrent HACC funding and local government contribution will allow 50 people to participate in the Café Meals Program beyond 2002 (Table 7). Local government will be reviewing their capacity to increase funding into the Café Meals Program for the 2003-2004 financial year. However, the determinants of food insecurity, particularly, broader issues around poverty, a more affordable food supply and housing cost, stock and planning need to be addressed to reduce the burden on the Café Meals Program.

1.2 Affordability

- **The majority of Café Meals Program participants did not experience problems paying the \$2 contribution for their meal.**
- **Some participants elected to budget for meals by paying in advance.**
- **Competing spending priorities could be one of the significant contributing factors to some participants' low utilisation rate of the program.**

Lack of locally available affordable food (fresh and prepared) was the most common, client-quoted determinant of food insecurity during the consultation phase of the Food Insecurity project (5). Lack of money or running out of money remained the most quoted barrier to shopping and cooking quoted by participants of the Café Meals Program before (Table 4) and during (Figure 13) participation in the Café Meals Program. In fact, more participants quoted financial constraints as a barrier to food access after participation in the café meals program (Figure 13). This may be a reflection of an increased awareness of their food insecurity determinants, a reflection of increased rapport/trust with the referring worker, or both.

As outlined in Figure 15, the majority of program participants (16/19) reported no problems paying their \$2 contribution. However, 3/19 participants reported occasional or ongoing problems with payment. This was reported to be dependant on other non-food related financial constraints at the time. As per the Community Consultation report, food is often the last item of expenditure for people, after rent and personal expenses are paid (5).

Referring workers reported that some of their clients did not utilise the Café Meals Program at all, or had a low utilisation rate due to difficulties paying the \$2 (Table 6). Whilst some proprietors and participants reported that some proprietors offered participants the option of paying for meals in advance (Table 5 and Figure 15), lack of adequate funds to eat well remains a problem for this target group. In a municipality where low cost housing is scarce and insecure, tenants find themselves contributing between 1/4-1/2 of their income on rent. This leave little room for other expenses, particularly food. Whilst the Café Meals Program provided participants with a more affordable prepared food option, it does not address the financial strain of other costs of living in a gentrified urban setting.

1.3 Acceptability

The majority of participants found the food provided by participating cafes acceptable in terms of quality (Figure 16), quantity (Figure 17) and variety (Figure 18).

DISCUSSION.....Continued

Objective 2. To provide a social dining opportunity for vulnerable clients in a non-threatening environment

- **The Café Meals Program encouraged social dining, regardless of whether participants elected to eat-in or take-away.**
- **Social dining and regular social contact with supportive proprietors has promoted social inclusion, trust, improved social skills and increased awareness of and dialogue around participants' food insecurity issues.**
- **The safe and comfortable café environment and friendly café staff facilitated the social benefits of the program.**
- **More vulnerable and socially isolated participants require concentrated assistance to access the cafes and therefore to gain the abovementioned benefits.**
- **The Café Meals Program referral form needs to be re-designed to ensure that eligibility criteria are more explicit and transparent, thereby providing more concretely documented evidence of client vulnerability.**

During the consultation phase of the Food Insecurity Project, it was highlighted that establishments offering affordable meals were perceived as threatening or unacceptable environments for some people (5). Alternative social dining opportunities needed to be offered.

Eligibility criteria for entry to the program were established to ensure that the most vulnerable individuals in the community, with few social-eating alternatives were given priority entry to the program. Priority was given to individuals who were homeless/at risk of homelessness, were frail-aged, had a disability or were running out of food on a regular basis. All participants complied with one or more of these eligibility criteria (Table 3). Additionally, participants needed to indicate that other available options were not appropriate or accessible to them. Only 22 of the 41 registered participants answered this category, with the remainder providing no response (Table 3). Whilst this does not indicate that participants did not fully meet eligibility criteria, it does not provide absolute documented certainty that the other 19 registered participants did. The documentation of this information is vital, considering a waiting list of 70 people. The lack of response may be related to this criteria being asked as an open-ended question, leaving room for interpretation. As per referring worker feedback, the questions on the application form may need to be designed in a language oriented at the client (Table 6). Additionally, it may be worth redesigning the question of eligibility to a more closed-question, multiple-choice format, with eligibility criteria more explicitly expressed.

The social dining opportunity and regular contact with supportive café proprietors in a general community setting, provided by the Café Meals Program has resulted in numerous social benefits, reported both by participating proprietors (Table 5) and referring workers (Table 6). Quoted benefits included improved social inclusion/sense of community belonging, increased trust in workers and 'the system', improved social skills and increased awareness and dialogue regarding food insecurity and other social/community issues. These benefits can have a potentially positive influence on individual food insecurity in the longer term. As discussed earlier, some hard to reach populations, who are most in need of these social benefits continue to experience problems getting out and into the cafes (Table 6). Workers and volunteers targeting these individuals via escorted visits or social eating events, were quoted as potentially successful interventions (Tables 5 and 6).

DISCUSSION.....Continued

Participants who completed evaluation questionnaires reported feeling safe and comfortable in the café environment and found the café staff friendly (Figure 20). This may have contributed quite significantly to the above-mentioned social benefits for participants of the Café Meals Program. However, not all participants elected to eat-in, when accessing their Café Meals (Figure 11). Both participants and café proprietors reported an even division in number of participants who eat-in versus those who take-away (Table 5 and Figure 11). This appeared to be a reflection of one proprietor actively encouraging take-away (Table 5), participants sensing this (Figure 11 & 20) as well as being dependant on participants' mood, how full the café was, lack of eating companion and being accustomed to taking food home (Figure 11).

Conversely, electing to take-away did not reduce the opportunity for social dining for Café Meals Program participants. Fifteen of the 19 participants surveyed reported eating their café meals with others, occasionally, or on a regular basis (Figure12). Shared meal times occurred with partners or friends at the café as well as at home via take-away. The 3 people who reported eating alone did so at the café, as well as at home via take-away.

DISCUSSION.....Continued

Objective 3. To improve the nutrition profile of clients

- **Impact on nutrition profile was difficult to determine due to a low response rate and lack of equipment to measure weight and height.**
- **A small number of evaluated participants reported improvements in weight control, diabetic control, appetite and bowel function.**
- **The Café Meals Program resulted in an increased number of meals being consumed per day.**
- **It may be more useful (and easier for referring workers) to measure eating behaviour rather than weight and height.**

The impact of the Café Meals Program on the nutritional profile of participants with a low utilisation rate is questionable. However, a small number of participants reported improvements to health and weight control.

A measure of weight and height were sought on both the application and evaluation forms. However, only 27/41 (66%) of participants recorded height and weight (Table 4) on their application form and 9/19 (47%) on their evaluation form (Figure 6). Referring workers also reported difficulty obtaining this information, lacking the equipment to adequately measure these parameters (Table 6). Figure 6 illustrates that there was a small proportion of underweight individuals who gained weight (3 people) and overweight individuals who lost weight (2 people). Other improvements to health included improved glycaemic control (1 person), improved appetite (2 people) and improved bowel function (1 person) [Figures 6 & 7]. Fifty percent of participants did not answer this question (Figure 7). Alternative methods of reviewing impact on nutritional status may need to be considered.

Documentation regarding impact on eating behaviour was more adequately described (Figures 8-10). Thirty of the 41 participants (75%) ate once per day or less, prior to commencing the café meals program (Table 4). A lesser proportion of evaluated participants (8/19 or 42%) ate once per day or less after commencing the Café Meals program compared with (11/19 or 58%) before commencement. Furthermore, a greater proportion of evaluated participants reported eating 2-3 meals per day after commencement (10/19 or 53%) compared with before commencement (4/19 or 21%). This increase in eating behaviour is likely to impact favourably on nutritional status.

Participants who were (Figure 9) and were not evaluated (Figure 4), ate 2-3 meals per week on average, via the Café Meals Program. The above-mentioned increase in eating behaviour is therefore unlikely to be solely as a result of eating their Café Meals. Figure 10 illustrates that a significant proportion of individuals also ate home-cooked food (7/19 or 37%), via emergency relief (6/19 or 32%) or food purchased at the supermarket (3/19 or 16%). However, this was also an open-ended question, so the data is unlikely to adequately describe other sources of food accessed by participants. Referring workers did report that participation in the Café Meals Program allowed more open dialogue about their clients' food insecurity issues (Table 6). Workers felt that clients had become more aware of their food insecurity issues which assisted in their empowerment to address them. Improved food intake was also perceived by workers to assist with participants being more able to address their food insecurity issues.

DISCUSSION.....Continued

Objective 4. To provide access to the program which is convenient to clients and referring workers

- **The Café Meals Program was accessible to clients previously known and unknown to referring workers.**
- **The referral process was convenient for referring workers and quick for clients.**
- **Alterations are required to the application form to make it more comprehensive and representative of client's presenting food insecurity issues.**

Participants were able to gain access to the Café Meals Program via known (and unadvertised) community support workers as well as openly advertised referring workers. Participants who accessed the Café Meals Program did so equally via advertised referring workers (21/41 or 51%) and unadvertised referring workers (20/41 or 49%) [Table 2]. This gave vulnerable clients who needed support as well those requiring less support in the community, an opportunity to access the program.

Referring workers reported that access to the Café Meals Program for clients was easy, particularly for clients previously known to referring workers (Table 6). Workers reported that referring known clients to the Café Meals Program improved rapport, trust and dialogue with clients. Workers found the application form quick and easy to use but did suggest some alterations. The nominated alterations included removing weight and height, redesigning questions and increasing space for comments, to allow for more complete description of social determinants of food insecurity and eating behaviour, in a client-focused language, to reduce worker questioning bias.

Eligibility to the program has already been discussed but it is important once again to note that access to the program for vulnerable individuals needs to be ensured with careful documentation of eligibility. With the program receiving ongoing funding from HACC, more explicit description of HACC eligibility will need to be provided.

DISCUSSION.....Continued

Objective 5. To provide proprietors with support and capacity to participate in the café meals program

- **Participating proprietors felt adequately informed about the Café Meals Program at its commencement.**
- **Participating proprietors felt adequately supported to participate in the Café Meals Program.**
- **Some proprietors needed assistance with setting up tax invoices.**
- **All participating café proprietors are happy to continue participating in the program beyond 2002.**
- **Ongoing contact with participating café proprietors will be required to ensure ongoing commitment and to ensure that the number of participants does not increase beyond the capacity with which the café proprietors can cope.**

Feedback from proprietors indicated that they felt adequately informed about the Café Meals Program at its inception and that they received adequate support throughout the program (Table 5). Two proprietors had not previously issued tax invoices and required assistance with developing tax invoices. The proprietors did not request additional support. However, regular contact with proprietors occurred via phone contact, personal visits and Café Meals Subcommittee Meetings (2 proprietors regularly attended). Two proprietors also participated in media coverage of the program (local newspaper and Channel 7 news) and the launch of the program.

All proprietors were happy with the way participants accessed the program, as well as the monthly invoicing/payment arrangement.

All participating proprietors were happy to continue participating in the program with only one proprietor expressing concern that their café may not be able to accommodate more than 20 participants per day. This proprietor suggested expanding the number of cafes available if participant capacity is to be increased.

DISCUSSION.....Continued

Aim: To improve the access for the target group to nutritious, affordable and local food option/meals.

The overwhelming benefit of the Café Meals Program for participants has been in the social engagement with café proprietors and with people participants share their meals with. This process has promoted social inclusion, trust, improved social skills and increased awareness of and dialogue around participants' food insecurity issues.

The Café Meals Program resulted in 33 people being able to access a variety of nutritious prepared meals on a more regular basis than prior to the program. The referral process, location of cafes, low cost of the meals and a comfortable and friendly social dining environment encouraged participants to utilise the program. However, determinants of food insecurity which centre around poverty, disability and housing persisted, impacting on both utilisation of the program and also on the need to be supported by the program in the longer term. This is likely to result in a limited opportunity for people on the waiting list having access to and receiving the many benefits of this program.

The recurrent HACC funding and local government contribution, which has been allocated to sustain the program beyond 2002, will allow 50 people to participate in the Café Meals Program beyond 2002. Local government will be reviewing their capacity to increase funding into the Café Meals Program for the 2003-2004 financial year. However, the determinants of food insecurity, particularly, broader issues around poverty, a more affordable and socially responsive food supply and housing cost, stock and planning need to be addressed to reduce the burden on the Café Meals Program and address the underlying issues that influence vulnerable individuals' need to be supported by this program.

FUTURE DIRECTIONS AND RECOMMENDATIONS

The Café Meals Program

- The Café Meals Program will be sustained beyond 2002 via recurrent HACC funding and contribution from the Council's Age and Disability, Food Service budget.
- Council will review their contribution by making decisions around priority of access issues regarding their delivered meals program for the 2003-2004 financial year.
- A part of the abovementioned funding will go towards an administrative position, to allow monitoring and ongoing sustainability of the program. This position will be funded by North Yarra Community Health (January – June 2003) and then by HACC thereafter.
- A service agreement will need to be drawn up and reporting requirements reviewed in light of the service agreement.
- The application form, membership cards and promotional pamphlets will need to be redesigned and redistributed in response to service agreement requirements and based on the previously mentioned information in this report.
- Ongoing monitoring and evaluation of the program will be required.
- Review the committee membership and processes that will govern operation of the program.
- Policy and procedures regarding eligibility, assessment, targeting, referral and discharge will need to be drawn up, in line with HACC requirements.
- The opportunity for social dining events and escorting vulnerable clients will need to be investigated.
- Review the need for and opportunity to expand the program in terms of both participant numbers and number and location of participating cafes.

Response to Unmet Needs Highlighted by the Café Meals Program

- The local food supply in Yarra remains unaffordable and unresponsive to people who are homeless or at risk of becoming homeless. Local government has the potential capacity to address this at a planning level.
- Lack of affordable housing stock in Yarra, limits income available to purchase fresh food as well as the opportunity for cooking. The issue of public housing stock and financial assistance for rent requires consideration at a state and federal level.
- Communal housing has inadequate or no kitchen facilities, which limit cooking behaviour, this needs to be dealt with at both a planning and legislative level.
- Disability limits ability to purchase and prepare food. Education and training resources to increase workers' capacity to address these issues would be useful.
- Local government needs to have a targeted health promotion position committed to improving health of people who are homeless or at risk of becoming homeless, particularly regarding impacts of poverty, disability and housing on not only food insecurity but the broader health of the community.

REFERENCES

- 1) Campbell C, 1991 Food insecurity: a nutritional outcome or predictor variable? *Journal of Nutrition*; 121; 408-415
- 2) DHS; Healthy Eating, Healthy Victoria: A Lasting Investment, A Strategic Framework for the Implementation of the Victorian Food and Nutrition Policy; 1996
- 3) Council to Homeless Persons, Overview of Homelessness, Fact Sheet 1, 1998
- 4) Chamberlain et al, Counting the Homeless: Implications for Policy Development, Canberra, Australian Bureau of Statistics, 1999.
- 5) North Yarra Community Health; Yarra Food Insecurity Community Demonstration Project – Community Consultation Report, June 2002.

APPENDIX A: CAFÉ MEALS PROGRAM REFERRAL PACK

CAFÉ MEALS PROGRAM – INSTRUCTIONS FOR REFERRAL TO PROGRAM

Aim: To improve the access for the target group to nutritious, affordable and local food option/meals.

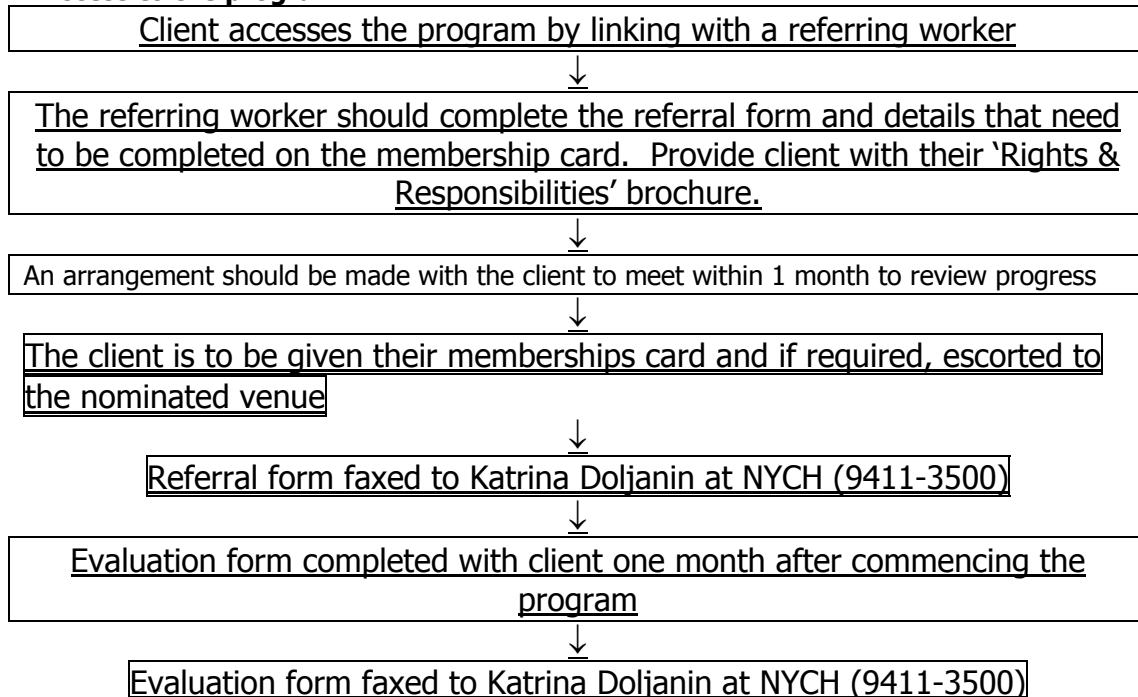
Objectives:

1. To provide prepared meals that are affordable, easy to access and acceptable to the client group.
2. To provide a social dining opportunity for vulnerable clients in a non-threatening environment
3. To improve the nutrition profile of clients
4. To provide access to the program which is convenient to clients and referring workers
5. To provide proprietors with support and capacity to participate in the café meals program

Target group:

- 1. *People who are homeless or at risk of becoming homeless:***
 - Primary homeless-no accommodation (sleeping rough, squatting, sleeping in cars etc)
 - Secondary homeless-transient accommodation (shelters, refuges, transitional housing, relying of friends or family temporarily)
 - Tertiary homelessness-insecure accommodation (rooming houses, other non-self contained accommodation, accommodation with insecure tenure)
 - Refugees
 - People at risk of eviction due to various circumstances
 - People with a history of being homeless
- 2. *Traditional HACC target group who are not able to access existing meal services (eg. Meals on Wheels, other cheap meal options) or who find these options socially or culturally unacceptable:***
 - People who are frail aged
 - People who have a disability (physical, intellectual or psychiatric)
- 3. *People who run out of food on a regular basis***
 - Can include any of the above-mentioned groups
 - Families on a low income

Access to the program:



Filling out the referral form and membership card:

1. Introduction:

Explain the purpose of the program and that it is a trial from July-December 2002, with a possibility of ongoing funding.

Explain that they need to fill out an application form to help evaluate the program (that will be used to justify funding to keep the program running)

Explain that all information they provide is confidential and will be stored safely by the referring worker and the project officer

Explain the client rights and responsibilities – provide client with the handout

Also explain that they need to come back to see you within 1 month of starting the program (even if they decide to cease the program) for evaluation purposes.

2. Client details:

Address and telephone number - can be that of the client OR a nominated worker, relative or friend, for contact purposes

Membership no.- should correspond with that of the card

Document to be used for verification of ID-can be any document that verifies the client's ID

3. Eligibility

Must meet BOTH the target group criteria AND the inability to access existing food service options. Please explain how the client meets these criteria.

4. Nutrition Profile

Must be completed to assist with evaluation

CAFÉ MEALS PROGRAM – APPLICATION FORM

<u>CLIENT DETAILS:</u>
<u>MEMBERSHIP NO:</u> _____
Name: _____ Date of birth: _____
Address (home or place visited frequently): _____
Phone number (client or other contact): _____
Document used for verification of ID: _____
<u>ELIGIBILITY CRITERIA</u>
TARGET GROUP ELIGIBILITY? (Must meet one of these criteria)
<input type="checkbox"/> Homeless? Specify _____
<input type="checkbox"/> Traditional HACC Specify _____
<input type="checkbox"/> Run out of food regularly
<input type="checkbox"/> Client cannot access other food service options. Please explain.
<u>NUTRITION PROFILE</u>
1. Client's height _____ weight _____ [_____]
2. Any recent weight loss? _____
3. Any appetite, mouth or swallowing problems?
4. How often does the client eat?
<input type="checkbox"/> 2-3 x /day <input type="checkbox"/> 1/day <input type="checkbox"/> 2-3/week <input type="checkbox"/> other _____
5. Where does the client regularly access food?
6. Are there barriers to shopping or cooking? Please explain.
7. Is the client eating in a social setting? Please explain
Signature and name of referring worker: _____
Café chosen: <input type="checkbox"/> Gardenview Fitzroy <input type="checkbox"/> Reknown <input type="checkbox"/> Vegetarian <input type="checkbox"/> Minh Tan II

Fax form to Katrina Doljanin, North Yarra Community Health on 9411-3500. Phone: 9411-3555.

CAFÉ MEALS PROGRAM – EVALUATION FORM

NB: Please complete within one month of commencing the program.

CLIENT DETAILS:

MEMBERSHIP NO: _____

DATE: _____

Name: _____

Date of birth: _____

NUTRITION PROFILE

1. Client's weight _____ [c/w 1 month ago _____]

2. Any improvement in appetite, mouth, dental or swallowing problems?

3. How often does the client eat?

2-3 x/day 1/day 2-3/week other _____

4. How often does the client use café meals?

5. Is the client eating elsewhere? Where & how often?

6. Does the client eat in or take-away when using café meals? Why?

5. Are there barriers to shopping or cooking? Please explain.

6. Is the client eating in a social setting (incl. café meals)? Please explain

CLIENT SATISFACTION

1. Has the client continued to use café meals?

No. Why not? _____
How long did they access before stopping? _____

Yes

2. How would the client rate the following components of café meals?

• **Location** convenient too far from home not an issue

• **Paying \$2** no problems payment difficult. Why _____

• **Quality of food** Very good good unpredictable bad _____

• **Food for \$8.80** Not enough Adequate More than enough

• **Variety of food** Adequate Not enough _____

• **Opening hours** Suitable not suitable _____

• **Environment-comfortable and safe** Yes No _____

• **Staff** Always friendly Sometimes friendly Not friendly _____

Signature and name of referring worker: _____

Café chosen: Gardenview Fitzroy Reknown Vegetarian Minh Tan II

THE CAFÉ MEALS PROGRAM MEMBER RIGHTS AND RESPONSIBILITIES

As a café meals member you are entitled to:

- One meal per day, valued up to \$8.80 at one of the nominated venues
- A membership card to access the program
- A replacement card, if you lose your card
- Pay for meals in advance, if convenient
- Have all personal information you provide us kept confidential and used only for the purpose of the program
- Be treated with respect by all staff involved in the café meals program
- Meet with the project officer or your referring worker if any problems arise
- Sit on the café meals sub-committee to provide input into making café meals a better program (call Katrina on 9411-3555)
- Meet with the project officer in September/October to help evaluate the café meals program (call Katrina on 9411-3555)

As a café meals member we expect you to:

- Fill out the membership form
- Pay \$2 per meal, each time you access the meal OR up front
- Present your membership card each time you access a meal
- Verify your identity, as required by the café staff
- Use the program at one venue once per day
- Fill out an evaluation form within one month of starting the program
- Treat all staff involved in the café meals program with respect

APPENDIX B: THE CAFÉ MEALS PROGRAM PROMOTIONAL BROCHURE

Is the Café Meals Program for Me?

Café meals is for you if one of these describes you:

- You live in a rooming house
- You are homeless or have been homeless in the past
- You have a disability
- You are a refugee
- You run out of food on a regular basis

Who should I call?

FITZROY:

• Katrina or Simone
North Yarra Community Health
75 Brunswick street, Fitzroy 3065
Phone: 9411-3555

• Louise
Next Door
350 Smith Street, Fitzroy
Phone: 9417-1299

RICHMOND:

• Maxene
Yarra Health Services
283 Church Street
9429-1811

• Sally, Majida or Katrina
North Richmond Community Health
23 Lennox Street
9429-5477



Café Meals Program



A trial cheap meal program in Richmond and Fitzroy.

July-December 2002

What is the café meals program?

The café meals program is a cheap meal program on trial between July and December 2002.

The program allows eligible people to

- buy a meal to the value of \$8.80
- pay only \$2
- once per day
- at a nominated venue
- by showing a membership card.

The remaining cost of the meal is subsidised by funds from VicHealth and Department of Human Services

Where can I eat?

FITZROY:

- **Gardenview Café**
44 Nicholson street
Phone: 9417-4542
Mon-Sun (Breakfast 'til 7pm)
Take tram nos. 86 or 96

NICHOLSON STREET Tram 86 & 96	
GARDEN-VIEW	? GERTRUDE ST- Tram 86
BRUNSWICK STREET Tram 11 & 112	
	? GERTRUDE ST - Tram 86

RENOWN ? [?]

- **Renown Tavern**
148 Gertrude street
Phone: 9419-1611
Tues-Sat lunch
Take tram nos. 11, 112 or 86

RICHMOND:

- **Minh Tan II**
190-192 Victoria street
Phone: 9427-7131
Lunch & Dinner 7 days/week
Take tram nos. 24, 42, 109, 78, 79

? VICTORIA STREET- Tram 24,42&109	
MINH TAN II	BURNLEY STREET ?
CHURCH ? STREET	VEG. NIRVANA
-Tram 78&79	? ?
BRIDGE RD- Tram 48 & 75 ?	

- **Vegetarian Nirvana**
486 Bridge road
Phone: 9428-1408
Lunch Thurs-Sat (12-3 pm)
Dinner 7 days (5.30-10.30 pm)
Take tram nos. 48, 75, 78, 79

APPENDIX C: THE CAFÉ MEALS PROGRAM MEMBERSHIP CARD

Front of card:

CAFE MEALS MEMBERSHIP CARD



Membership Number: _____



VicHealth

Name: _____

ID (Source & No): _____

DHS

Valid Until End of December 2002.

Back of card:

* **Use once per day at ONE of these places:**

Gardenview Cafe (44 Nicholson street, Fitzroy)

The Renown (148 Gertrude street, Fitzroy)

Vegetarian Nirvana (486 Bridge road, Richmond)

Minh Tan II (190-192 Victoria street, Richmond)

* **Pay \$2 for a meal valued up to \$8.80**

* **Present membership card & ID**

THIS CARD CANNOT BE USED TO
PURCHASE TABACCO OR ALCOHOL.

APPENDIX E: CAFÉ MEALS REFERRING WORKERS EVALUATION RESULTS

Question	Response	Recommendation
Did the referral process work for you and your clients?	<p>Easy to access. The form took only 5 mins to complete. Good to have workers referring clients that are known to them. The weight and height (on the application form) could not be measured so sometimes was an estimate. Clients were confused about why weight and height was required. The form could have had more room and focus around social issues and variation in dietary intake (eg. over a fortnight). Clients lost their cards and some workers ran out of replacement cards. Some clients needed support in being introduced to the cafes eg. via worker escort. Having the tick box option at bottom of application form creates the illusion that participants can only choose one café.</p>	<p>Needed to have more replacement cards for clients who have lost them. Remove weight and height from the application form. Put additional information on forms regarding social determinants of eating behaviour and also to allow more information about dietary patterns. Have a tick box indicating whether workers escorted clients to the café – for first one or two visits. Rephrase questions on application form in a language directed at the client – less prone to worker interpretation. Remove tick box option (from application form) indicated which cafes the clients intend to use</p>
Has café meals helped with the overall management of your clients?	<p>Yes. It has allowed dialogue about nutrition and accessing food in an unthreatening manner. It has facilitating development of trust (via offering a tangible solution to their food access problems). Helped motivate socially isolated clients to have a reason to get out of their rooms.</p>	<p>Marginalised living has created long standing deterioration in living skills. Some people will need to be supported by this program until these skills are relearned. It would be good to have a café on Swan street for Richmond rooming house tenants, particularly those with peripheral neuropathy.</p>
How have your clients benefited from the program?	<p>Social inclusion – feeling they have been accepted and have a right to eat where everyone else in the community eats. Has highlighted participants barriers to accessing food and other services. Has created a trust of 'the system'. Some of the residents have been eating together – even when they take-away they share their meal. The regular interaction with café owners has assisted in building social skills. Improved nutrition has improved health to be able to tackle other issues. This has opened up dialogue about many issues including nutrition, nutrition life skills, social issues, racism.</p>	<p>Organise group eating sessions. Volunteers taking clients who may not have confidence to attend-some people still found it too overwhelming to leave their rooms and access food in a general community setting. Some clients needed assistance with payment of \$2 & need facilitation of pre-payment. Recruit more cafes – provide participants with more choice.</p>