

The Café Meals Program

A Joint Project of:



North Yarra Community Health



City of Yarra

Winner of a 2004 Victorian Department of Human Services Public Health Award - for Innovation - Public Health Programs

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Abstract

The Café Meals Program is a collaborative program of North Yarra Community Health (NYCH) and City of Yarra, which aims to improve access to nutritious, affordable and socially acceptable meals for homeless people in Yarra. The Program forms a part of City of Yarra's Meals Program, however is managed by NYCH.

The Café Meals Program is currently feeding 50 – 60 homeless people in Yarra. It targets those who are homeless or at risk of becoming homeless, find it difficult to prepare their own meals, and have no other prepared meal options that are appropriate for them in the community.

It provides a choice of four local cafés and restaurants for its participants. Each person is provided with a membership card that can be used once per day to purchase a meal (to the value of \$8.80) for the price of \$2.00.

The program empowers clients by giving them control over when, where and what they will eat. It also enables the homeless person to participate in the life of the community by dining in venues where the general community also eat and socialise. This improved sense of social connectedness and inclusion can have significant effects on the self esteem of the program participants and subsequently on their ability to make choices that improve their health and wellbeing. As one participant commented:

"I used to feel like I was on the outside of life, looking in, and now I can sit in a cafe looking out, and feel like a part of the community."

1. Originality and innovation in approach

The Café Meals Program (CMP) aims to improve access to nutritious, affordable and socially acceptable meals for homeless people in Yarra. It is a collaborative program of North Yarra Community Health (NYCH) and the City of Yarra, (CoY), managed by NYCH and supported by a steering committee comprising the CoY and all of the significant players responding to homelessness in Yarra.

The CMP design was based on extensive local consultation¹ and planning with a view to optimising the accessibility and relevance of the program for the target group. The CMP challenges the “middle class” constructs that underlie more traditional delivered meals options. It doesn't, for example, assume that the person requiring the meal provision is confident enough to undergo a lengthy assessment by a worker that they do not know, or that the person's life will be stable enough to be at home at a particular time each day to receive the meal, or that they will have the necessary facilities to heat or refrigerate the meal, or even that they will have a fixed address to which the meal can be delivered.

The CMP offers homeless people in Yarra the ability to choose when, where, and what they will eat from any one of four participating cafes and restaurants. The person is provided with a membership card, which they can use once per day to access a subsidised meal to the value of \$8.80 by contributing \$2.00. The CMP provides affordable meals in an environment that recognises the social and cultural significance of eating, and whilst doing so promotes social inclusion and community connectedness.

It is an approach, which strengthens social capital; both by providing opportunities for café and restaurant proprietors to be socially responsible, and by building trust between marginalised people, small business and the health and welfare sectors.

The CMP also offers simple and relevant assessment processes. A Food Insecurity Risk Screening Tool (see section 2) was developed which asks questions that are relevant to the client group, and enables uncomplicated assessment of the applicant's eligibility for and priority in the program. Relevant workers across Yarra are trained in this assessment method. Assessment occurs at any one of a variety of agencies where homeless people present, and is usually undertaken by a worker with whom the homeless person has an established and trusting relationship.

¹ Doljanin, K. and Sibilia, L. 2002 *Yarra Food Insecurity Community Demonstration Project: Community Consultation Report* North Yarra Community Health Inc. Fitzroy

Assessment workers also facilitate the uptake of the program by homeless people by accompanying the client to one of the cafes for their first visit if the client lacks the confidence to try out the program on their own. Utilisation data for individuals on the program is regularly reported to the assessing worker, who then takes on the role of monitoring “their” client. This data can alert the worker to changes in the client’s health or welfare status and therefore for the need to recontact and reassess the client, or perhaps to refer to another services.

The CMP’s approach to the provision of prepared meals is original and creative, and it provides a meal option that is highly accessible to some of the most disadvantaged and marginalised people in our community.

2. Capacity to enhance public health practice

There are a number of key features of the CMP that can be used in part or in combination to enhance public health practice.

- **Flexible assessment and referral procedures**

The CMP has multiple entry points across a varied service sector. Referring workers were chosen from a range of organisations that service the target group. This increases the likelihood that a client will be assessed by a worker they already know and have rapport with; many clients in this target group are unlikely to go to a worker they do not already know. The result is improved management of clients’ health and nutrition issues.

- **Tailor assessment forms that are relevant to the outcomes of the program.**

The assessment form used for referral into the CMP was designed with input from the referring workers and Deakin University. It has been piloted and revised in response to feedback from referring workers. The result is a form that is both comprehensive and easy to use, requiring very little training. Through completion of the assessment form, referring workers can determine client eligibility, issues that influence food access and nutrition, and their waiting list status. Core components of the form are the HACCC Nutrition Risk Screening and Monitoring Tool² and a Food Insecurity Risk Screening Tool (FIRST). These screening tools are used to rank client need for the program (as reflected in the total number of responses ticked) as well as prompting questions about issues that may be affecting the client’s food access and nutritional health. Data collected can be used to inform the client’s individual health or when collated, population health.

² Department of Human Services (Victoria). *Food and Nutritional Health for Adults – Risk Screening and Monitoring Outline*. Department of Human Services.

- **An alternative model of delivering prepared food**

The CMP recognises that food choice and eating has important social and cultural elements. It allows participants to dine with the rest of the community – allowing them to choose where, when and what they will eat. These choices are rarely available to this target group who can only afford to access prepared meals via delivered meals provided by local government or cheap meals provided by welfare establishments. Delivered meals allow people to choose their meal but not when the meal is delivered and they often eat the meal alone. Cheap meals offered by welfare establishments allow people to dine with others, but limit meal choice and meal time. Increasing food choices and enabling the target group to dine with the general community can improve clients' self-esteem and feeling of social inclusion. Other populations (such as CALD communities), who are unable to cook for themselves and find that delivered meal options are not acceptable to them, may find this model more suitable, particularly if the participating cafes are culturally appropriate.

This model of prepared meal delivery has the added benefit of being more cost effective when compared with council run delivered meal programs. The meals costs the CMP \$6.60 and the client \$2.00 per meal accessed, compared to costing the council \$7.50 and the client \$4.50 per meal delivered.

3. Use of an evidence-based approach

All participants of the CMP are homeless or at risk of becoming homeless as per the Chamberlain³ and Council to Homeless Persons⁴ definitions. Due to inadequate (or lack of) housing, limited support structures, inadequate funds and often the limited ability to support themselves, this target group is very vulnerable to poor general and nutritional health⁵. The nutritional health of this target group is compromised by limited and irregular access to safe & nutritious food (food insecurity)⁶.

Food Insecurity can refer to people having insufficient food, running out of food and not being able to afford more, eating poor quality food because of limited food options, having anxiety about acquiring food or having to rely on food relief⁷. The consequences (including irregular eating and poor dietary variety) can impact on individuals' cognitive and psychological functioning, immunity, iron status, obesity and hunger⁸. Regular anticipated periods of food deprivation can also

³ Chamberlain et al (1999). *Counting the homeless: implications for policy development*. Canberra. Australian Bureau of Statistics.

⁴ '...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..'

⁵ Swanborough T (1999). *A framework: improving health outcomes for people experiencing homelessness in Victoria*. Royal District Nursing Service Homeless Persons Program.

⁶ Victorian Department of Human Services (1996). *Healthy eating Victoria: A lasting investment, a strategic framework for the implementation of the Victorian food and nutrition policy*. Melbourne (Vic): Victorian Department of Human Services.

⁷ NSW Centre for Public Health Nutrition (2003). *Food Security Options Paper: A planning framework and menu of options for policy and practice interventions*.

⁸ Booth, S. & Smith A. 2001 'Food security and poverty in Australia – challenges for dietitians' *Australian Journal of Nutrition and Dietetics*; 58 (3): 150-155

manifest in anxiety about the uncertainty of when individuals will eat next⁹. Increasing the assurance that a person can access a nutritious meal on a more regular basis can therefore impact positively on an individual's physical and psychological well-being.

People who are homeless have been identified as being particularly vulnerable to food insecurity⁵. Through the steering committee and the extensive consultation with homeless people and other relevant stakeholders, much was learned about the scale of the problem in Yarra¹⁰. Community consultation revealed that 50% of 49 people interviewed ate one meal per day or less, 32% only ate between one to three meals per week, and 94% of respondents regularly relied on food parcels, food vouchers and free meals for food. Community consultation also highlighted the following local issues that were affecting access to food:

- increased cost of food due to gentrification of the local area
- lack of refrigeration and cooking or reheating facilities
- lack of a safe and secure environment in which to eat, transient lifestyles
- lack of affordable and acceptable prepared meals options - many affordable meals options offered to homeless people (from welfare agencies, soup vans etc) increase feelings of exclusion from the rest of the community
- limited food options available in evenings and on weekends
- lack of variety in food options available, particularly vegetarian food and culturally appropriate options for the Chinese and Vietnamese members of this community
- geographic location of some rooming houses affect food access, particularly in pockets of Collingwood and Richmond
- barriers created by assessment requirements of Council managed prepared meals options (delivered meals and a pilot version of the CMP)

These issues informed the design of the CMP and the FIRST. This planning and consultation phase identified that the Program needed to provide affordable prepared meals in an environment that recognised the social aspects of eating and promoted social inclusion and community connectedness. It needed to present a variety of locations (including Richmond and Collingwood), food options (including vegetarian and Asian alternatives) and opening hours to participants to improve their access to food. It also needed to offer simplified and relevant assessment methods for those wishing to utilise the program. The CMP aimed to address food insecurity at a community and individual level since interventions work best when targeting both sides of the food insecurity equation¹¹.

⁹ Carlson, S.J., Andrews, M.S. & Bichel G.W. 'Measuring food insecurity and hunger in the United States: development of a national benchmark measure and prevalence estimates' *The Journal of Nutrition* 1999; 129 (Supplement): 510S-516S.

¹⁰ Doljanin K (2002). *Yarra food insecurity community demonstration project community consultation report*. Yarra (Vic). North Yarra Community Health.

¹¹ NSW Centre for Public Health Nutrition (2003). *Food security options paper: a planning framework and menu for policy and practice interventions*. Sydney (NSW): NSW Department of Health.

4. Strategic partnerships and alliances

The CMP was initially developed by NYCH as a part of the Yarra Food Insecurity Community Demonstration Project. This 18-month project was jointly funded by VicHealth and the Department of Human Services (Public Health Division). VicHealth has retained a keen interest in the Program and continues to have regular contact with NYCH.

The CMP has subsequently become an established collaboration between the CoY and NYCH and is now funded through HACCC Flexible Service Response funding. The CMP is part of the CoY's Meals Program; however, it continues to be managed by NYCH. This alliance has strengthened the CMP and has enabled its growth by providing access to some council funds. The partnership has also assisted in the promotion of Food Insecurity as a prominent issue in Yarra, and in the inclusion of a response to this issue into the Municipal Health Plan.

The CMP has strengthened the collaborative working relationships between organisations responding to homeless people in Yarra. Its cross sectoral steering committee consists of representatives from NYCH, CoY, Homeground, North Richmond Community Health Centre, Yarra Health Services, the Brotherhood of St. Laurence, St. Mary's House of Welcome and the Royal District Nursing Service Homeless Persons Program. Workers from most of these agencies are involved in the assessment of participants. This committee has improved the understanding of the roles of each of the organisations involved, and has resulted in increased inter-referral of clients between the agencies.

The CMP has also facilitated development of partnerships with educational institutions. The CMP has been externally evaluated, initially by Deakin University during the VicHealth/DHS funded project, and then by RMIT one year post implementation of the CMP. These affiliations have been highly valued by NYCH and CoY and are likely to continue into the future.

Other important partnerships have involved small business. From the outset NYCH has had regular contact with the café owners to ensure their understanding of the program aims and philosophy, and to increase their knowledge of the issues faced by participants. This communication has occurred via individual visits, phone calls and also through meetings and workshops. Additionally, café proprietors have been involved with the promotion of the program; they have spoken at the CMP launch and have been quoted in media articles. This support has paid off; the recent evaluation by RMIT quoted the "attitude (of proprietors) toward the target group and the impact of this social well-being and inclusion" as the CMP's critical success factor¹².

¹² Astbury, B et al. 2004 *One-Year Follow-Up and Evaluation of a Food Insecurity Demonstration Project, North Yarra Community Health Subsidised Café Meals* CIRCLE, RMIT University

5. Demonstration of quality processes in implementation/analysis

The design of the CMP was informed by evidence based literature and community consultation. Initial community consultation involved interviews with six local government departments, 18 agencies, 49 clients and one café proprietor. The program continues to have input from stakeholders via the steering committee, client feedback through evaluation forms and regular meetings with café proprietors. This input is used to modify the CMP as required. The CMP has also been extensively evaluated by Deakin University (2002) and RMIT (2004). The results and recommendations arising from evaluation have been presented to the steering committee, influencing decisions about program design.

Additionally, participants' utilisation of the program is monitored and fed back to referring workers to inform client management and to ensure that the program is delivering to capacity and within budget.

NYCH, the auspice, is accredited through the QICSA and employs a quality improvement officer for ongoing organisational improvement. It has well developed financial and human resource management systems.

6. Achievement of objectives and/or health outcomes (evaluation plan)

The objectives of the CMP are evaluated by:

- Recording client utilisation of the program – café proprietors record the date and clients' membership numbers, allowing tracking of individual utilisation
- Pre and Post comparison of client nutrition and food insecurity issues – recorded on assessment forms and on evaluation forms (completed 6 months after commencement and then annually)
- Client satisfaction surveys – asking participants to rate their satisfaction with various components of the program.
- Interviews with café proprietors and referring workers

External evaluation has provided additional information by which the objectives have been measured.

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

The CMP attempts to make meals more **affordable** by subsidising meals priced up to \$8.80, **easy to access** by choosing cafes that are geographically close to local rooming houses with extended hours of operation and **acceptable** by offering a range of cafes that are willing to participate and serve a wide range of clients and by including vegetarian, Chinese and Vietnamese options.

The majority of participants (84%) found the meals affordable and had no problems paying the \$2.00 per meal. For some participants this involved payment for meals in advance. Most participants rated the location of the cafes as easy to access; however, 26% rated them as too far from home. When low utilising members were surveyed regarding why their utilisation was low, 46% quoted inconvenient location. Many of these individuals had been re-housed since commencing the program, moving further from their café of choice. Café hours of operation were accessible for 84% of participants. The majority of participants found the food acceptable in terms of quality, quantity and variety.

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

The CMP encourages social dining in a non-threatening environment by selecting cafes that offer dine-in and take-away options and that appear casual and comfortable with friendly staff, encouraging social interaction with café staff and/or other patrons.

The evaluation found that 79% of participants consumed meals with others (whether eating-in or taking-away). Social dining and regular social contact with supportive proprietors has promoted social inclusion, trust and improved social skills. Most participants (84%) reported café staff to be 'always friendly' and all participants rated the café environment safe and comfortable. Despite this, a number of vulnerable and socially isolated participants exist, who require concentrated assistance to access the cafes and therefore to gain the abovementioned benefits.

Objective 3: To improve the nutrition profile of clients.

It was anticipated that participants would eat more regularly when given a choice of affordable prepared meals that they can eat once/day and that this would improve their nutritional health.

The CMP steering committee reported that it might be more useful (and easier for referring workers) to measure eating behaviour rather than weight and height to reflect the CMP's nutritional impacts. The CMP resulted in an increased number of meals being consumed per

day by participants, with the proportion of people eating one meal or less per day decreasing from 60% to 40% and the proportion of people eating 2-3 meals/day increasing from 21% to 53% after 3 months participation. The improved meal regularity resulted from meals accessed through the CMP as well as an increase from 10% to 37% in the number of people cooking. The reported benefits from the improved regularity of eating included: improved weight control, diabetic control, appetite and bowel function.

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

Clients can access the CMP through a number of workers in the homeless service sector. Some of these workers will only refer clients they are working with, whilst others accept external referrals. These options optimised client access with 49% of clients referred being known to the worker and 51% unknown, prior to referral. Interview feedback revealed that the referral process was convenient for referring workers and quick for clients. The CMP assessment and referral form was redesigned in January 2003 and again in March 2004 to ensure that eligibility criteria are more explicit and transparent and to allow more objective selection of participants on the waiting list. This was done in response to feedback from workers.

Objective 5: To provide proprietors with support and capacity to participate in the CMP.

Support to proprietors is provided by the Program Manager by briefing proprietors about the program, providing proprietors with relevant documentation, regular telephone support and quarterly visits and ensuring that subsidy payment occurs in a timely manner. Proprietors have also been invited to the CMP steering committee meetings and have attended two meetings. All proprietors reported feeling adequately supported and informed about the program. The ongoing support, communication and involvement in CMP promotion has resulted in all four cafes maintaining their commitment to the CMP. Ongoing contact with participating proprietors will be required to ensure continuing commitment and to manage participant numbers in line with proprietors' capacity.

7. Communication and dissemination of findings

The CMP has the potential to be replicated in other areas, and with other target groups. NYCH has made significant efforts to promote this successful program and to disseminate the findings of its evaluation.

The Mayor of Yarra launched the CMP in September 2003 at an event well attended by key stakeholders including funding bodies, café proprietors, CMP participants and numerous representatives of other local councils and organisations.

Since then NYCH has continued to provide information and consultancy to other local governments (including Hobson's Bay, Maribyrnong and Moonee Valley) investigating the possibility of establishing similar programs. The Department of Human Services (Western Region) has circulated the Community Consultation Report to a variety of other HACC funded agencies working with homeless people. The CMP has also been presented at a variety of conferences and forums including the VicHealth Food Insecurity Workshop in November 2003, The Northern Region Access and Equity Forum and the VCOSS Emergency Relief Conference in March 2004.

NYCH also ensures regular updates to key stakeholders via:

- quarterly progress and utilisation reports to the CoY and steering committee
- annual program evaluation to NYCH's Board of Management

The CMP has been written up in numerous reports and articles including:

- Evaluation reports by NYCH (x2)
- Evaluation reports by Deakin University (x2)
- Evaluation report by RMIT:
- Publications of VicHealth (x2)
- Journal Articles written by the Program coordinator (x2)

The CMP was featured on the Channel Seven News in 2002¹³ and in The Age¹⁴ newspaper in 2003.

8. Impact on public health

The CMP has contributed to improvements in health and food access for homeless people in Yarra who are participating in the CMP. Despite utilisation data reflecting an average CMP utilisation of two to three times per week, clients have fed back that the program has created additional interest in food and most who were previously eating less than once daily are now report eating as often as 2 – 3 times daily.¹⁵ This has been assisted by Café proprietors allowing clients to pay for meals in advance, thereby ensuring that participants are able to purchase meals at the end of a pension payment period. Workers have reported improvements in the general appearance of participants including weight gain.

¹³ Tilvern, K 2002 *Channel 7 News* Screened December 23rd 2002 Melbourne

¹⁴ Nader, C 2003 'The Social Value of Putting Paid to Hunger Pangs' *The Age* Melbourne

¹⁵ VicHealth 2003 *Food for All? Food Insecurity Community Demonstration Projects Maribyrnong City Council and North Yarra Community Health: Case Studies* Victorian Health Promotion Foundation Carlton South, p 26

Workers have also reported that the CMP has been useful in providing a means to engage with some of the most marginalised clients and has resulted in them being linked into a variety of other health and welfare services¹⁶. They have stated that the CMP has created a trust of “the system” for some of these clients and has facilitated dialogue about a range of issues including nutrition, social issues and even racism¹⁷.

The CMP has also affected the food security of those not involved in the program – both homeless people and others. This has occurred because of the higher profile that food insecurity now has in Yarra, and also because of the closer working relationships that have developed between those involved in the CMP. Workers are now acutely aware of food insecurity and of the variety of food options and health and welfare services that might assist an individual who has poor food access. Even local cafes are now actively referring clients to health and welfare services. Food insecurity is now recognised in the Municipal Health Plan, and has gained greater focus in this community. For example a weekly fresh fruit and vegetable market is now established on the Fitzroy public housing estate, and facilitated food shopping trips are also occurring for groups with particular needs including homeless people and those with Halal food requirements.

The CMP has also provided a range of social benefits both for its participants and for the community at large. For the participants, many of whom have been particularly socially isolated, it offers the opportunity to participate in the life of the community by dining in venues where the general community also eat and socialise. This improved sense of social connectedness and inclusion can have significant effects on the self-esteem of participants, and subsequently on their ability to make choices that improve their health and wellbeing. As one participant commented on the Channel Seven news story *“You feel a bit more important, coming in and buying something from a decent place”*¹⁸.

Café proprietors have also commented on the growth of confidence and self esteem of participants. This has been reflected by improvements in the personal hygiene, appearance and social skills of some clients.¹⁹ Café owners and workers have also been aware of groups of homeless people going together *“like a family”* to eat at participating cafes²⁰.

Although difficult to directly link to the CMP, stakeholders have identified that this improved self-esteem has potentially increased the likelihood of participants gaining employment. As one café

¹⁶ Doljanin K. 2002 *Yarra Food Insecurity Community Demonstration Project: Subsidised Café Meals Program Final Report* North Yarra Community Health Inc. Fitzroy p 43

¹⁷ Doljanin K. 2002 *Yarra Food Insecurity Community Demonstration Project: Subsidised Café Meals Program Final Report* North Yarra Community Health Inc. Fitzroy, p 45

¹⁸ Tilvern, K 2002 *Channel 7 News Screened December 23rd 2002* Melbourne

¹⁹ Astbury, B et al. 2004 *One-Year Follow-Up and Evaluation of a Food Insecurity Demonstration Project*, North Yarra Community Health Subsidised Café Meals CIRCLE, RMIT University, p 50

²⁰ Doljanin K. 2002 *Yarra Food Insecurity Community Demonstration Project: Subsidised Café Meals Program Final Report* North Yarra Community Health Inc. Fitzroy, p 45

proprietor explained, “Initially one guy was very scruffy and unkempt but as he started coming here I found that he became more presentable. Later I heard that he got a job²¹.”

The CMP recognises that food holds social importance to all of us, even the most disadvantaged in our community, and that food is instrumental in many cultures for social engagement and cohesion. The CMP has enhanced community integration and cohesion in Yarra. This is both by the social inclusion the program promotes for its clientele, but also by tackling stereotypes about homelessness, breaking down barriers and building trust between marginalised groups, traders and the broader community. Business proprietors, who had initial hesitations about their involvement, have subsequently embraced the program and its participants.

This paper has described the innovative and cost effective CMP in Yarra and its relevance and achievements in the area of public health. The Program was developed after extensive stakeholder consultation and review of current literature in the area. It has incorporated significant quality improvement processes and evaluation methods. The design of the CMP and its comprehensive evaluation has resulted in a program that is able to inform public health practice. It is likely that the CMP or its components can be replicated in other areas. The CMP has been extremely successful both in the health and social improvements it has achieved for its participants, but also in its impact on public health in Yarra.

²¹ Astbury, B et al. 2004 *One-Year Follow-Up and Evaluation of a Food Insecurity Demonstration Project, North Yarra Community Health Subsidised Café Meals* CIRCLE, RMIT University p 51

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