

Food for All 2005–10

Program evaluation report

April 2011



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Participants in the Sudanese Learning Program use the Welcome Kit to find fresh produce in Brimbank. Photo: Migrant Resource Centre North West Region

Executive summary

Large numbers of Australians, especially those from disadvantaged backgrounds, are affected by food insecurity: they experience irregular access to safe, nutritionally adequate, culturally acceptable food from non-emergency sources. Food insecurity has far-reaching consequences. It impacts on people's physical, mental and social wellbeing.

In 2005 VicHealth made a five year investment in the Food for All (FFA) program, which was designed to increase regular access to, and consumption of, a variety of foods, particularly fruit and vegetables, by people living in disadvantaged communities. Eight local government areas, with 20 per cent or more of their population experiencing socio-economic disadvantage, were funded to reduce local infrastructure barriers to food security, by working in partnership with local organisations. A key strategy of FFA was to encourage local government to improve integrated planning to address factors in the built, natural, social and economic environments that influence access to food, such as transport, housing, economic development, urban planning and land use.

Food for All goals:

- Reduce local government systemic and infrastructure barriers to food security.
- Increase regular access to and consumption of a variety of foods in particular fruit and vegetables by people living in disadvantaged communities.

Food for All objectives:

- Increase incorporation of food security and related issues into council integrated planning around policy, strategy and actions.
- Develop leadership and partnerships with community agencies to implement food security strategies that reduce barriers to food security.
- Initiate and support advocacy to reduce barriers to access and consumption of healthy food.

Independent evaluation of FFA reported significant gains in the face of many challenges.

FFA had a positive, significant impact on local councils' awareness and understanding of food security. By the end of the FFA funding period in 2010, food security had been incorporated into many council plans, policies and strategic priorities, including those that address infrastructure barriers. Council operations were changing in order to support food security. Hundreds of partnerships between local government and local community organisations had formed, most commonly with community health services and church-based agencies, enabling the implementation of many effective local strategies. In addition, the capacity of local government, community members and organisations to advocate for food security at a state and local level had increased significantly.

The program successfully identified the barriers to food security commonly faced by disadvantaged groups. Infrastructure barriers, such as lack of public transport to and from food outlets, and high cost of living, were primarily in the built and economic environments.

Some of the FFA project strategies helped to reduce infrastructure barriers, for example by providing and lobbying for community transport to fresh food outlets. Overall, however, reducing infrastructure barriers proved difficult. Challenges included the very low level of integrated planning systems within councils, difficulty engaging urban planners and the fact that a number of important infrastructure barriers, such as public transport, were outside local government influence.

The light that the FFA program shone on the perceived and real limitations of local government strongly supports advocacy for action at higher levels of government across all four environments for health: the built, natural, social and economic.

Many valuable insights about the factors that help or hinder the promotion of food security through local government were gained through the experience of the FFA projects. For example, detailed local food security data, systems that support integrated planning within councils, urban planner support and a council culture that explicitly focuses on social justice, equity and diversity among residents all help advance a food security agenda within local government. These learnings have been captured in a series of information sheets and micro-movies '[Ten ways local government can act on food security](#)' to assist local government to advance a food security agenda. See the VicHealth website: www.vichealth.vic.gov.au/HealthyEating.

In light of the evaluation findings VicHealth recommends:

- *collecting comprehensive, accurate and consistent food security data, including for specific population groups and specific localities, to provide a baseline and trends*
- *developing and maintaining a focus on food security as a whole-of-government issue across state, local and national government*
- *ensuring an integrated planning approach at all levels of government.*

VicHealth's ongoing commitment to promoting food security

includes funding research to gain a greater understanding of the food system's impact on food security and partnering with the Victorian Local Governance Association to provide food security training workshops to metropolitan and regional councils. VicHealth continues its involvement with the Food Alliance, a food policy coalition, which works to achieve systems-wide change to enable sustainable food security and healthy eating for the Victorian population.

Introduction

This report summarises the evaluation findings of the VicHealth Food for All (FFA) program.

In 2005 VicHealth made a five year investment in the FFA program, which was designed to increase regular access to, and consumption of, a variety of foods, particularly fruit and vegetables, by people living in disadvantaged communities in Victoria.

VicHealth saw that system change was required to achieve this. Health and welfare responses alone were not enough. It therefore stipulated that the FFA projects were to focus their efforts on reducing the barriers to food security that existed in the local infrastructure, in the built, natural, social and economic environments.

This program was sited in local government, with eight projects being funded in nine local government areas. One project was undertaken between two councils. The participating councils were:

- Brimbank City Council
- Frankston City Council
- City of Greater Dandenong
- Cardinia Shire Council (jointly with City of Casey)
- City of Casey (jointly with Cardinia Shire Council)
- Maribyrnong City Council
- Shire of Melton
- Swan Hill Rural City Council
- City of Wodonga

Dr Meg Montague, an independent evaluation consultant, evaluated the program. This report highlights the key findings of her evaluation, including valuable lessons learnt about the factors that help or hinder the promotion of food security through local government. This report will therefore be useful for senior local government staff, state government policy advisors, senior managers and other food security stakeholders.



Lex and Glenda Fisher selling produce grown on their farm only 55kms from the Robinvale Community Growers Market. Photo: Sallie Amy

Background

Access to adequate and nutritious food is essential to good health and is a basic human right.

Large numbers of Australians are affected by 'food insecurity', which means they experience irregular access to safe, nutritionally adequate, culturally acceptable food from non-emergency sources. In 2008 about 1 in 20 people surveyed in the Victorian Population Health Survey had run out of food at least once in the last 12 months and had been unable to afford to purchase additional food.¹ People on low incomes, single parents, indigenous communities, people with chronic illnesses or disabilities, refugees and people living in remote or isolated areas are especially vulnerable.

Food insecurity has far-reaching consequences that go beyond diet. It impacts on people's physical, mental and social wellbeing, including their dignity. The immediate (within-day) effects are anxiety, hunger and lack of energy. In the longer term there is evidence that people experiencing food insecurity are more likely to be overweight or obese³, or underweight.⁴ People who have low incomes and/or are food insecure report lower levels of consumption of fruits and vegetables, often due to one or more difficulties in accessing, purchasing, preparing and storing these perishable food items.⁵ In addition, people on lower incomes are more likely to consume energy-dense foods (high in fat and sugar) and lower amounts of plant-based foods (fruits and vegetables and wholegrain bread).⁶ Energy-dense foods are often perceived as being more affordable, more filling and more acceptable to family members.⁷

Food insecurity also impacts on mental wellbeing by creating a sense of powerlessness and social exclusion that often results in unemployment, disruption to the family and the community.⁸

Global phenomena such as climate change, population growth and the internationalisation of the food system are making food security an increasing concern for all Australians.

VicHealth's FFA program, which formally commenced in 2005, arose from acknowledgement of the experience of food insecurity in a number of population groups in Victoria due to factors such as low income; an inability to walk, drive or carry shopping home; limited availability of public transport or safe walkable routes; inadequate food storage and cooking facilities; or lack of affordable food outlets in the neighbourhood.

The precursor to the FFA program was a food security pilot funded by VicHealth and the Department of Human Services Victoria, in 2001. Evaluation of these two successful inner city projects, which involved a café meals program and a mobile fruit and vegetable venture, revealed that the barriers people faced in accessing affordable fresh food were not simply personal or individual.

Significant economic, physical and cultural barriers existed in the infrastructure of the communities where people lived.

VicHealth saw that a systems change was required to address these barriers as well as changes to existing health and welfare programs such as emergency food relief or programs to improve skills and knowledge about healthy eating. Local government was identified as the best site from which structural barriers could be reduced.

About 20 per cent of people who were unemployed, living in single parent households, on a low income or in rental accommodation said they had run out of food in the last 12 months because they couldn't afford to buy any more, according to the 1995 Australian National Nutrition Survey and the ABS Population Survey Monitor.²

In 2004 VicHealth adopted a five-year Food Security Investment Plan 2005–2010⁹ and invited councils with 20 per cent or more of their population ranking low on the Socio-Economic Indexes for Areas to apply for funding for the FFA program.

A key strategy of FFA was to encourage local government to improve integrated planning to address factors that influence access to food, such as transport, housing, economic development, urban planning and land use. This approach was consistent with VicHealth's emphasis on addressing the determinants of health that lie within the four environments: built, natural, social and economic.¹⁰

In June 2005 VicHealth funded eight food security projects in nine local government areas to work in partnership with local organisations, including community health services, to promote food security. Two projects were located in regional Victoria.

The goals of the FFA program were to:

- reduce local government system barriers and local infrastructure barriers to food security
- increase regular access to and consumption of a variety of foods, in particular fruit and vegetables, by people living in disadvantaged communities.

The program objectives were to:

- increase incorporation of food security and related issues into council integrated planning around policy, strategy and actions
- develop leadership and partnerships with community agencies to implement food security strategies that reduce barriers to food security
- initiate and support advocacy to reduce barriers to access and consumption of healthy food.

In mid-2008, following an evaluation of the first three years, six councils were re-funded for a further two years in recognition of the time required to meet these challenging goals and to address the significant challenges facing the projects.

The program objectives were modified for the second phase (2008 to 2010), to encourage greater emphasis on influencing local government policy, planning and practice across the four environments for health (built, natural, economic and social) and in particular bringing health and urban planning closer together.

VicHealth envisaged that the work of the FFA program would be sustainable beyond the VicHealth funding period, by local councils taking on food security as part of their core business.



Local government can overcome barriers of access to fresh food by providing community transport to get people to and from local shops or markets.

Methods

Program goals and objectives were evaluated based on an evaluation framework developed in mid-2008. The framework outlined three levels of evaluation:

- Goals: were the longer term outcomes achieved?
- Objectives: what was the medium term impact?
- Strategies: how effective in the short term were the activities used?

Design

The design of the evaluation was informed by participatory action research and systems analysis. Participatory action research focuses on the meaning ascribed to policy and practice by people working in the program under evaluation. The evaluation used a range of qualitative and quantitative evaluation methods that engaged project officers, council staff and project partners in collecting the data and reflecting on the findings. In this approach, people 'co-create their reality through participation, experience and action'.¹¹ The systems analysis approach focuses on how and why a system behaves as it does.¹² The FFA evaluation examines the views of the food system according to those delivering the program. This naturalistic form of qualitative evaluation has been used in public health for some time and uses the point of view of those involved to help understand the impacts of the programs and interventions.¹³ This evaluation design is well suited to the program objectives to create systems change as part of a broader framework for health promotion action.¹⁴

The external evaluator assessed the impact and outcome of the program and supported project staff to conduct process evaluations of the strategies implemented at the local level.

Data collection

The FFA evaluator collected a wide range of materials as documentary evidence of the process and outcome from program and policy development, including:

- project proposals; annual, progress and evaluation reports; and financial records
- agendas and minutes of council and community meetings
- communication materials, for example newsletters, press releases, media articles and brochures
- resource materials developed for the FFA program
- any local research, needs assessment or mapping work
- local process evaluations of project strategies
- local government plans for 2006 and mid-2010 (for comparative purposes) including:
 - high level plans i.e. council plans and community plans (15), vision documents (5), municipal public health plans (18) and municipal strategic statements (9)
 - middle level council plans including transport, sustainability, peak oil, open space, economic development, access and inclusion, aged and disability, youth, early years, children and families and diversity plans (45)
 - food security policies and draft strategies (3).
- integrated health promotion plans of the relevant primary care partnerships (2006–2009 (4) and 2009–2012 (4)) and of all local community health funded agencies (2006–09 (8) and 2009–2012 (9))
- (for audit purposes) the most recent Victorian local government and community health plans for implied and explicit mention of food security: municipal public health plans (65), municipal early years plans (40) and community health integrated health promotion plans (82)
- (for audit purposes) all Victorian 2006–2009 and 2009–2012 primary care partnership integrated health promotion plans (31 and 26 respectively)
- data collected at visits to project local government areas (21) and to specific sites of project activities (43).

Formal and informal discussions with stakeholders:

- discussions with staff and partner organisations during local visits
- structured interviews with individuals (194) and groups (27) from councils and partner agencies that participated in community strategies
- interviews with each departing project officer and key partner agency member
- 10 structured discussion sessions (program cluster meetings), coordinated by VicHealth, involving project officers, council management, the VicHealth project manager and partner agency staff.

Statistical data and surveys:

- socio-demographic and food security data from Community Indicators Victoria data and the Australian Bureau of Statistics
- local level surveys of knowledge and attitudes towards food security by councillors and council staff (three local government areas did local level surveys at the start, midpoint and end of the program)
- local level results from questions inserted in the annual Local Government Resident Survey regarding food security (two local government areas did this survey for two consecutive years: 2008 and 2009)

- local level mapping and data collection – most local government areas did this only once and generally covered socio-demographic data, transport availability, food prices, spread of fresh food outlets and food security issues. One local government area did this in 2006 and again in 2010, allowing for considerable comparison of data on issues such as availability of fresh food outlets, attitudes to food security, food ‘deserts’ and food prices
- local level surveys about availability of community kitchens (2), emergency relief patterns (3) and food security needs of older residents (1).

Data analysis

A feature of this evaluation was the use of multiple data sources and a range of analytical techniques by the evaluator. Overall, the analytical strategy focused on comparing the documentary evidence of policy change and data from the perspectives of those delivering the program. This analytical strategy provides rigor in the identification and selection of documentary data¹⁵ and coherence in the interpretation of data.¹⁶

Limitations

This was a naturalistic evaluation, so there were no control or comparison groups. Significant changes in the external and internal environment over the 2005–2010 funding period influenced the program’s impact. These included the extreme weather events in Victoria in early 2009, which accelerated community and council awareness of climate change and of food security issues. The November 2008 council elections brought changes in councillors, many divisional and whole-of-council restructures and high staff turnover in some councils.

Evaluation of strategies implemented by partner organisations was not always possible, as they occurred outside the direct control of project officers. Comparable baseline data such as fruit and vegetable consumption and proportion of people who had recently run out of food in the participating local government areas were largely unavailable. The program’s quantitative longer term outcomes on eating behaviours are at this stage not known. Further data collection through the Victorian Population Health Survey will enable assessment of the possible impact at both local government area and statewide levels.



Children enjoy a morning snack during a break from gardening and other activities at the Permaculture Playgroup held at the Braybrook and Maidstone Community Health Centre.

Results

As well as program assessment, the evaluation yielded two valuable products designed to assist local government in advancing a food security agenda:

- a series of Information sheets: 'Ten ways local government can act on food security'
- ten micro-movies that audio-visually represent the information sheets. See the VicHealth website: [www.vichealth.vic.gov.au/Healthy Eating](http://www.vichealth.vic.gov.au/Healthy_Eating)

These products are a distillation of the wealth of experience and practical wisdom accumulated by the individual projects and participating councils.

The results below describe the progress of the FFA program in achieving the program goals and objectives.

Goal 1: Reduce local government systemic barriers and local infrastructure barriers to food security

The FFA program successfully identified infrastructure (and other) barriers to food security affecting disadvantaged groups (Table 1), and it made some progress towards reducing these barriers.

The main infrastructure barriers identified among people who were older or disabled, on a low income, unemployed, living in marginalised housing or Aboriginal communities, newly arrived or in refugee communities were in the built and economic environments. The projects did not identify natural environment barriers as of great significance, except in relation to land use for community gardens and local food production.

The projects identified social and cultural barriers that were not related to local infrastructure.

Some of the FFA project strategies helped reduce infrastructure barriers. For example, the setting up of markets and stalls selling affordable fruit and vegetables to people living in disadvantaged areas helped to ease the economic barriers facing families on a low income. Providing community transport to fresh food outlets, and advocating easy access to fresh food outlets to state government and transport companies, helped reduce transport barriers in some municipalities. Changes in open space planning and local regulations, while slow, supported local food production including community gardens, which helped to address economic, social and cultural barriers.

All FFA projects used a number of strategies to enhance knowledge and skills about healthy eating to reduce social and cultural barriers. Strategies to increase local food supply and production were also used, addressing social, cultural and economic barriers (see goal 2).

Table 1: FFA program identified barriers to food security

Infrastructure barriers
<p>Built and planned environment</p> <p>Lack of public and private transport to and from shops</p> <p>Lack of cooking equipment, food storage and cooking facilities</p> <p>Lack of local shops that supply affordable, appropriate healthy food</p> <p>Lack of an appropriate environment to grow fresh food</p> <p>Economic environment</p> <p>Lack of income</p> <p>High cost of healthy food</p> <p>High cost of living, including housing and petrol costs</p>
Systemic barriers
<p>Social and cultural</p> <p>Lack of understanding about and interest in healthy food</p> <p>Lack of knowledge and skills re shopping and cooking</p> <p>Lack of language, cultural familiarity, literacy and communication skills that hinder shopping, meal planning, preparation and provision of healthy food</p> <p>Lack of knowledge or interest in growing food</p> <p>Lack of capacity to focus on healthy eating issues due to a range of higher order priorities such as settlement and cultural adaptation, physical and mental health, substance use, managing on a low income, homelessness or unaffordable housing</p> <p>Lack of confidence, trust, familiarity and social connectedness acting as a barrier to engagement in food security initiatives</p>

Goal 2: Increase regular access to and consumption of a variety of foods, in particular fruit and vegetables, by people living in disadvantaged communities

Comparable baseline data on fruit and vegetable consumption are largely unavailable in Victoria. The program's quantitative longer term outcomes on eating behaviours are at this stage not known. Further data collection through the Victorian Population Health Survey will assist in determining the possible impact of FFA at both local government area and statewide levels.

FFA projects data provided evidence that healthy eating and food supply strategies did result in increased awareness, knowledge, food skills and intention to implement new knowledge. Some strategies, such as café meals and emergency food relief programs, yielded evidence of increased fruit and vegetable consumption (Table 2).

Table 2: Impacts of FFA project healthy eating, food supply and food access strategies

Strategy	Impact	Comment
Healthy eating knowledge and skills		
Generalised promotion of healthy eating	Probably contributed to raised community awareness generally	Difficult to assess; often poorly targeted
Education and support related to shopping, food preparation and cooking	Evidence of raised awareness, understanding and intention to implement new knowledge	
Bilingual nutrition education/ peer educators	Evidence of increased knowledge, skills and intention to implement among newly arrived people and those from non-English speaking backgrounds	
Resource development	Anecdotal evidence of increased provision of cheap meals by local businesses	Difficult to assess; agencies questioned value of resources in isolation
Fridge purchase assistance	Fresh food storage made available to participants	Very small numbers involved (fewer than 5), financial counselling and support needed to reduce financial barriers
Food supply		
Emergency food relief, food rescue and redistribution	All strategies reduced barriers and increased consumption	Of particular value in relation to disadvantaged population groups
Mobile fruit and vegetable stalls	Can reduce physical and economic barriers and increase consumption	Successful when founded in local needs assessment, community engagement, paid administration and with time to establish
Healthy food provision in food retail outlets:	Perceived as not effective	
School breakfast programs	Successful in increasing consumption in combination with food redistribution/food rescue	Successful when founded in local needs assessment, community engagement, paid administration and with time to establish
Café meals or equivalent	Can reduce barriers and increase consumption of the most disadvantaged groups	
Enhance Home and Community Care funded programs	Increased provision of fresh food	Healthy eating knowledge and skills also needed to support consumption
Local food production		
Gardening	Limited evidence of reduced economic barriers and increased consumption in specific place-based gardens Communal gardens effective in overcoming social and cultural barriers	
Land allocation for local food production	Limited evidence available	
Access to fresh food outlets		
Community transport	Mixed success – reduced barriers in older people and probably increased consumption	In caravan dwellers this strategy did not reduce barriers – the barriers were economic, social and cultural rather than access
Advocacy for public transport	No evidence available	Short term results included changes in bus timetables and changing the location of bus stop

Sources: Analysis of annual reports, local level process evaluation data and stakeholder interviews

Objective 1: Influencing intra-council integrated planning

In the early stages of the projects, integrated planning within councils was limited and the term 'food security' was barely known.* By 2010 the FFA program had had a significant influence on council planning by raising awareness of food security as an issue, increasing understanding of its structural causes and by getting food security incorporated into a range of high level and middle level council plans. Council operations had also changed to support food security.

Food security recognition and understanding

At the time of the final evaluation, all participating councils acknowledged that food insecurity existed. They saw that it was not solved simply by health promotion and behaviour change strategies targeted to individuals, but was also influenced by sectors outside of health, such as land use and urban infrastructure.

Food security incorporation into council plans

High level plans: Comparison of the municipal public health plans adopted before or early in the FFA program with the 2009–2013 plans indicated:

- that food security was explicitly mentioned in all recent plans compared with only two in 2005
- a shift from healthy eating and nutrition in the earlier plans to food access, food affordability and food security in the later plans
- a stronger focus on addressing the factors that underlie food security, such as healthy urban planning, and access to employment, affordable housing and transport.

After the 2008 simultaneous council elections, three councils explicitly incorporated food security into the mandatory council or community plan.

Three councils had food supply issues in their municipal strategic statement and many of the other councils were discussing how food security could be incorporated into the municipal strategic statement and its offshoots such as open space plans, precinct or structure plans.

Middle level plans: Food security, food access and healthy eating items had been included in 21 plans developed in community services divisions across participating councils. Food security issues were included in 20 plans developed in infrastructure divisions of councils (Table 3).

Table 3: Council plans including food security by the end of the FFA program (as at June 2010)

Type and number of plans developed in community services divisions
Early years plan (5)
Youth services policy and action plan (3)
Ageing Well aged and disability strategy (3)
Leisure/recreation strategy (2)
Community plan (2)
Healthy and Active strategy (1)
Community strengthening policy (1)
Gambling strategy (1)
Family day care policy (1)
Community safety (1)
Opening Doors strategy (1)
Type and number of plans developed in infrastructure divisions
Integrated/sustainable transport strategy (3)
Housing (affordability) strategy (2)
Gardens policy and guidelines (2)
Streets Ahead strategy/action plan (2)
Peak oil strategy (1), local government area: action plan (1)
Peak oil contingency plan (1)
Carbon neutral action plan (1)
Economic development strategy (1)
Green wedge management strategy (1)
Walking and cycling strategy (1)
Mobility, access and parking strategy (1)
Activity centres strategy (1)
Connect plan community (1)
Environmental sustainability (1)

* Indicated by a report of La Trobe University's Australian Institute for Primary Care—*The effectiveness of integrated planning in local government authorities: brief literature review for the VicHealth Food for All program* (April 2006)—and the experience of project workers.

Discrete food security policies

By the end of the program, two councils had adopted discrete food security policies and a food security strategy was in draft form in another council. One food security policy originally developed in 2002 was being re-developed.

Food security influencing council operations

The evaluation found many examples of councils changing the way they work to support food security and to reduce barriers, including:

- developing council guidelines to assist residents and local agencies to initiate markets and community gardens
- supporting the collection of waste from fresh food outlets, supermarkets, takeaway and dine-in businesses in support of food rescue and food redistribution strategies
- altering community grants programs to encourage applications for food security initiatives
- including food security questions in the annual local government community survey
- using council data systems to collect and report food security related data such as food marketing, transport routes, food 'deserts', potential food production space, gardening aspirations and practices among residents
- producing pamphlets to assist residents to find public transport routes to fresh food outlets, and to know where to purchase cheap and healthy meals
- removing restrictions on carrying bags in community buses or finding alternative ways of securing shopping bags so that community transport could be used for shopping expeditions
- modifying council open space or building plans to allow for the integration of food-growing into existing or planned council facilities, for example setting aside a specified area around newly developed community centres to allow for garden development
- using environmental health and building inspector roles to ensure registered housing had adequate kitchen facilities so that residents could store, prepare and cook food
- amending regulations or fee structures to facilitate the use of council land or open space for urban agriculture, roadside/farm gate sales, street markets or van sales and the planting of vegetables or fruit or nut trees on nature strips or public parks.

Objective 2: Developing leadership and partnerships with community agencies to implement food security strategies that reduce barriers to food security

The partnerships formed between FFA local governments and community organisations resulted in the implementation of many effective strategies as shown in Table 2.

At the beginning of the program, all FFA projects gained commitment to a formal partnership with at least one community agency. Many of these partnerships involved a memorandum of understanding and the provision of financial support by local councils through FFA program funding.

The most common partnerships were with community health services and church-based agencies. Metropolitan local government areas generally had one strong partnership while their regional counterparts indicated a wider support base. These primary partnerships remained strong and significant throughout the program's existence.

During the program, many relationships were developed with community and commercial organisations across the financial, education, food production, supply and retail sectors, and with health and welfare. After five years, relationships with local agencies number in the hundreds across the whole FFA program.

As a result of these relationships, many of the community agencies in the project municipalities became aware of food security, and incorporated it into their planning.

For example, all primary care partnerships that included FFA project councils integrated food security and access to nutritious food into their 2009–2012 health promotion priorities.*

This represents a broader shift since the 2006–2009 priorities, which did include food but from the perspective of obesity and healthy eating rather than food security. As one primary care partnership Executive Officer who has been in the area for ten years commented:

"Without the funding to local government the food security issue wouldn't have been taken up by others and we (the primary care partnership) would probably have still been at the level of obesity and healthy eating".

A number of community health centres that had a relationship with the FFA program also shifted their 2006–09 focus on healthy eating and obesity to an explicit focus on food security and food redistribution, with an emphasis on system change as well as behaviour change.

* Primary care partnerships are a Victorian Government initiative to support coordination and partnerships between local government and community agencies.

Community organisations' understanding of how local government works was enhanced by the FFA program partnerships. Community organisations subsequently reported having links with specific council officers, feeling comfortable in approaching council for assistance or advice, and having a clearer sense of how to go about influencing council planning. They became much clearer about the limits of local government's capacity to influence the major structural factors affecting food security such as urban design, affordable housing, income security, public transport and infrastructure development.

Objective 3: Initiating and supporting advocacy to reduce barriers to access and consumption

The capacity of local government, community members and organisations to engage in advocacy around food security increased significantly over the five years. Community groups and community agencies in the FFA program municipalities increasingly lobby their councils for support and resources to implement food security strategies and to take up food security issues in planning and policy. These advocacy activities also

seek to influence local politicians, the state government and relevant departments such as the Departments of Health, Sustainability and Natural Resources and Planning and Community Development.

Most of the FFA councils have also advocated to state government and bureaucracy around a wide number of issues including:

- review of the *Planning and Environment Act*
- land use and food security issues
- food pricing
- housing availability
- standards and practices around food safety
- boarding house kitchen and food storage
- public transport
- food security issues for recent arrivals
- education about healthy eating
- resourcing food redistribution strategies
- overall, the importance of a whole-of-government approach to food security.



Two councils created an awards scheme for local eateries, encouraging them to provide good-value nutritious meals. They had to achieve standards in three key areas, including excellence in hygiene and food handling. Photo: Courtesy City of Casey and Cardinia Shire Council

Discussion

The FFA program made good progress towards its objectives of influencing integrated planning within councils and forming partnerships to promote food security. Limited progress was achieved towards the challenging goal of reducing systemic structural barriers to food security.

Integrated planning

The FFA program had a positive, significant impact on local councils' awareness and understanding of food security, resulting in incorporation of food security into many council plans, including those that address infrastructure barriers. The program prompted changes in council operations that supported food security strategies in the local community. Partnerships with community organisations resulted in the implementation of many effective local strategies.

However project officers' capacity to influence integrated planning was limited by local government's relatively undeveloped integrated planning systems (only two councils had some type of system in place) and the absence of common planning review cycles.

FFA project officers reported having to be persistent in their efforts to track down planning documents and engage in review processes:

"I had to take any chance I could get to grab someone and talk to them, find a hook to bring in food security. It was really challenging, and I had to constantly deal with the response 'yes that's very interesting but what is its relevance to me and my work?' I had to beg to be sent policies and plans. It was really hard at times to know when they [plans and policies] were being reviewed or when discussions about implementation were happening. Sometimes I just missed the boat; at other times I just could not get to talk to the relevant people." (FFA project officer)

The changes made by state government in 2008–2009 that brought about a common planning cycle across local governments created more opportunities for inclusion of food security into organisational priorities.

Influencing integrated planning to reduce infrastructure barriers could be considered a long term culture change process involving changes in thinking and practice across many fields. The external evaluator considered five years of part-time work (20 hours per week, with three projects staffed at levels around 70 per cent) insufficient time to accomplish this fully.

Infrastructure barriers

The FFA projects increased understanding of the infrastructure barriers to food security faced by disadvantaged groups. Actually reducing these barriers was more difficult.

As local understanding grew, it became obvious that not all barriers to food security were infrastructure barriers, and not all infrastructure barriers were within the capacity of local government to reduce. For example, barriers in the built environment included lack of fresh food outlets and lack of public transport to fresh food outlets. Progress in reducing these barriers was hindered by a state planning framework that limits local government's capacity to ensure urban planning has embedded food security goals, and by a limited local government role in the provision of public transport.

Urban planning was the most difficult area to influence. Even after five years, the challenges in getting food security issues onto urban planning agendas had not been overcome. Urban and transport planners were described as 'particularly challenging to reach let alone influence', and relationships with land use and open space planners took a long time to develop, if they did at all, in most project areas.

The achievements of FFA will take some time to filter into practice and a changed built environment. Work to alter precinct planning, for example, began to recognise the importance of zoning to include accessible retail activity centres, but local government contended that it did not have the power to influence the retail mix or public transport.

The light that the FFA program shone on the perceived and real limitations of local government strongly supports advocacy for action at higher levels of government across all four environments for health: built, natural, social and economic.

Project sustainability

The significant level of integration of food security into council plans was an important step towards keeping food security in participating councils' awareness and action plans.

In addition, two councils funded a food security officer role, for six and twelve months, after the end of VicHealth funding.

Other councils' food security capacities were enhanced when the food security project officers moved into substantive social planning or community development roles, taking their food security expertise with them and retaining it in the council.

Key learnings

The FFA program, the challenges it faced and its evaluation yielded many valuable learnings about the conditions that help or hinder promotion of food security through local government.

Factors that help the adoption of food security by local government

Existence of strong local data

Local data and a detailed local evidence base are vital ingredients in local government taking up food security.

All projects reported that local evidence about food insecurity was a vital tool for educating and informing councils, and for planning the development of council and community strategies.

Only one municipality began with a comprehensive mapping process, which was repeated four years later:

"The best thing we did was to have the mapping data. We could use it for so many things, showing people in councils where food insecurity was on the ground in our area and why, having a graphic illustration of the combination of factors operating in food deserts, using it as a tool to advocate for action in certain areas, for example transport, food shops, and for identifying things that Council can and importantly cannot do. Without this evidence I wouldn't have been able to convince people in council that there is a problem locally and they have a role in tackling it. I'd advise any food security work to start here, with gathering a good local evidence base." (FFA project officer)

Without such local data, other project officers struggled:

"My biggest regret is that we did not have a detailed local data base early on. The emphasis in the early days was on community strategies and we were discouraged from doing research. This meant that some strategies were not well founded on local data and we didn't have a good set of data on which to plan, and with which to educate and advocate." (FFA project officer)

Council culture

Food security action is supported by a culture that explicitly focuses on issues of social justice, equity and diversity among the residents and a council that sees this as core business.

Dedicated staff

Consistency, continuity and commitment of staff at both project and management levels clearly make a difference. When there is no one with the capacity to keep the pressure up on food security, action tends to falter.

A supportive economic climate

Councils operating in a contracting economic climate or with a focus on debt management tend to have limited take-up of a food security focus.

Leadership and support in the broader environment

A supportive broader environment enhances local action.

The FFA local government areas with the broadest engagement on food security were those within a region where other local government areas were also engaged in food security work and where the Department of Health and the regional community health agencies were giving active support to food security initiatives.

As state and national awareness of food security issues grew through media commentary on food security and associated issues (such as economic development, climate change, peak oil planning, sustainability, permaculture and agriculture and the Transition Towns movement), local action in all Food for All localities was enhanced.

Factors that enhance the effectiveness of an integrated planning approach to food security

Integrated planning culture and systems

Councils with a culture of cross-council communication and well developed systems that support integrated planning are more likely to develop a wide array of initiatives across portfolios.

Urban planner support

The presence of a senior planner or planners who understand and actively incorporate health and wellbeing concerns into urban planning enhances food security progress.

A common planning cycle across all Victorian local governments

This creates more opportunities for inclusion of food security into policy.

Influence of Environments for Health

The growing influence of *Environments for Health – a planning framework* developed by the Victorian Government Department of Health that considers the health impact of factors originating in the built, social, economic and natural environments – is helping to draw urban, strategic, open space, land use, environment, social and health planners together.¹⁰

Factors that help the development of effective community-based strategies

A mix of strategies

The most effective FFA community strategies were made up of a combination of interrelated approaches. For example, the best food production initiatives included practical gardening education and support, advocacy to council regarding open space and water use, the value of gardening in terms of recycling and waste management, health and wellbeing, and providing examples of how local government could amend planning and policy to support local food production. The most effective food redistribution strategies combined community enterprise (often with business support) and job training as well as food rescue, food literacy education and food redistribution.

Recognition of diversity of councils

Local government is extremely diverse. None of the strategies trialled in the FFA program could be exported to other areas without local level adaptation. The principles and tools may be the same, but local evidence and community engagement are vital for successful implementation.

Ongoing support

In many instances ongoing support, in terms of staff time, skills and resources, is necessary for a successful strategy to continue. For example, many school and community gardens flourished and then wilted as the individuals who championed the garden move on.



*The Shire of Melton consulted a broad range of older people to find out how it could improve access to nutritious foods.
Photo: Courtesy Shire of Melton*

Conclusion and recommendations

The FFA program faced many challenges and made important gains. Without the commitment of Food for All funding for five years, food security is unlikely to have achieved the profile it did among local government and community organisations in Victoria in both FFA funded councils and others.

By the end of the FFA funding period in 2010, participating councils, their communities and their partner agencies knew about food security and had incorporated it into many of their plans, policies and strategic priorities. Council operations were changing to support food security. Partnerships between local government and local community organisations, and in some cases businesses, had been enhanced and joint strategies were increasingly proving effective. The program increased understanding of the barriers to food security commonly faced by a number of specific sub-population groups and clarified that these barriers weren't simply personal, but were also embedded in the way we plan and run our society.

Inclusion of food security into key data collection mechanisms in Victoria (the Victorian Population Health Survey) occurred during the FFA program period. Data on food security were collected in 2007 and 2008 and will be collected in 2011, therefore providing a baseline and ongoing data series as a source of comparison for the future.

These gains were achieved in the face of significant challenges, such as the very low level of integrated planning systems within councils, difficulty engaging urban planners and the fact that a number of important infrastructure barriers, such as public transport, were outside local government influence. Absence of local level baseline data made project officers' work more challenging and prevented full evaluation of the program outcomes.

Recommendations

The experience gained in nine councils over five years provided valuable insights that can inform future work in the area and highlights three key future challenges: data collection and evidence generation, leadership by state and national governments and integration of planning and action across key sectors. The recommendations are as follows:

- Ensuring that data collection around the nature and extent of food insecurity and associated factors such as the distribution of fresh food outlets and public transport routes are comprehensive, accurate and consistent and of sufficient statistical power that analyses of food access and consumption issues are available for specific population groups and for specific localities. Baseline and trend data and evidence of effectiveness are important components currently lacking.
- Developing and maintaining a focus on food security as a whole-of-government issue across state, local and national government. This requires leadership, policy development and resource provision by state and national governments, and action by local governments.
- Ensuring that an integrated planning approach occurs at all levels of government. This is especially important in relation to the design of our urban and regional landscape and includes provision of public transport and affordable housing, fresh food affordability and land use planning to incorporate food production in or close to urban areas as well as health and education focused strategies to ensure high levels of food literacy in all population groups.

Ongoing commitment of VicHealth

An important outcome of the FFA program was the development of resources for local government: '[Ten ways local government can act on food security](#)'. The resources include ten information sheets and ten micro-movies that audio-visually represent the content. The resources are the result of valuable learnings gleaned from FFA and are designed to assist local government in advancing a food security agenda.

VicHealth is supporting the dissemination of these resources by partnering with the Victorian Local Governance Association, which will provide food security training workshops to metropolitan and regional councils, incorporating the concepts and practical ideas contained in the information sheets and micro-movies. The resources will be evaluated by Melbourne University, including evaluation of the innovative micro-movies as a medium to disseminate health promotion messages to key stakeholders.

VicHealth is funding research to gain a greater understanding of the food system impacts on food security. Current investments in this area include investigations into:

- the impacts of a localised food supply
- Victorian food supply scenarios and the impacts on the availability of healthy, nutritious and sustainable diets
- enhancement of food sustainability at a community level through planning and design.

The Food Alliance, a food policy coalition initiated by VicHealth, was informed by, and will build upon, the work of FFA. The role of the Food Alliance is to achieve system-wide change through identifying, analysing and advocating for evidence-informed policies and regulatory reform to enable sustainable food security and healthy eating for the Victorian population.

References

1. Victorian Department of Health, 2008. Victorian Population Health Survey 2008, Department of Health, Melbourne. Accessed at <http://www.health.vic.gov.au/healthstatus/vphs.htm>, 28 February 2011
2. Australian Bureau of Statistics, 1995. National Nutrition Survey Selected Highlights, 1995. Accessed at <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4802.01995?OpenDocument>, 28 February 2011
3. Burns CA, 2004. A review of the literature describing the link between poverty, food insecurity and obesity with specific reference to Australia. VicHealth, Melbourne. Accessed at: <http://www.vichealth.vic.gov.au>, 28 February 2011
4. Wood B, Ross K & Kouris-Blazos A, 2000. 1995 National Nutrition Survey: All persons 16 years of age and over and food security. Monash University, Melbourne
5. Drenowski A & Specter SE, 2004. Poverty and obesity: the role of energy density and energy costs, *American Journal of Clinical Nutrition*, vol 79, pp 6–16
6. Drenowski A & Specter SE, 2004. Poverty and obesity: the role of energy density and energy costs, *American Journal of Clinical Nutrition*, vol 79, pp 6–16
7. Drenowski A & Specter SE, 2004. Poverty and obesity: the role of energy density and energy costs, *American Journal of Clinical Nutrition*, vol 79, pp 6–16
8. King S, 2003. Social exclusion from a welfare agency's perspective – a reflection. Anglicare Research and Planning Unit, Sydney, pp 7–10
9. VicHealth, 2005. Food Security Investment Plan 2005–2010. VicHealth, Melbourne. Accessed at: <http://www.vichealth.vic.gov.au>, 10 March 2011
10. Department of Health, 2001. Environments for Health – Promoting health and wellbeing through built, social, economic and natural environments – municipal public health planning framework. Accessed at: <http://www.health.vic.gov.au/localgov/mphpfr/index.htm>, 10 March 2011
11. Denzin N & Lincoln YS, 2000. *Handbook of qualitative research*. 2nd edition, SAGE, Thousand Oaks, California
12. Patton MQ, 1990. *Qualitative evaluation and research methods*. 2nd edition. SAGE, Newbury Park, California
13. Gifford S, 1998. Analysis of non-numerical research. In: C Kerr, R Taylor & G Heard (eds), *Handbook of public health research methods*. McGraw Hill, Sydney
14. Murphy B, 2004. In search of the fourth dimension of health promotion. In: H Keleher & B Murphy (eds), *Understanding health: a determinants approach*. Oxford University Press, Melbourne, pp 152–69
15. Gifford S, 1998. Analysis of non-numerical research. In: C Kerr, R Taylor & G Heard (eds), *Handbook of public health research methods*. McGraw Hill, Sydney
16. Hodder I, 2000. The interpretation of documents and material culture. In: N Denzin & YS Lincoln (eds), *Handbook of qualitative research*. SAGE, Thousand Oaks, California



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