



Sustainability in Health Promotion: Case Studies of Two Food Insecurity Demonstration Projects

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Sustainability in Health Promotion: Case Studies of Two Food Insecurity Demonstration Projects

1. Overview

Definitions of *sustainability* tend to focus on environmental issues and emphasise the idea of maintenance of a resource; as its preservation, protection from permanent damage, or, more actively, as providing for or supporting. The related idea of ‘sustainable development’ emphasises the ‘building upon’ and ‘harmonising’ of diverse sectoral interests such that innovative ideas and strategies for sustainability become incorporated into the more traditional social and economic thinking and values of developed pluralist societies.

These notions of: (a) Preservation and maintenance, and (b) the incorporation of a new idea or innovative approach into on-going policy are also highlighted in the program development and evaluation literature. A sustainable program is seen as one that has become self-maintaining or ‘routinised’ within an organisation on the one hand, and ‘standardised’ within policy-making institutions on the other.

Building on the view that all project-related activities within an organisation have the potential to activate the mechanisms that will lead to continuing successful outcomes, this paper presents a model of the sustainability of pilot projects in health promotion. The model identifies multiple levels of sustainable processes and outcomes and proposes three broad enabling strategies (conceptual models, affordances, and implementation support) through which they are generated. The model is then used to organise and interpret data from the evaluation of two contrasting community-based food insecurity pilot projects.¹

2. The Sustainability of Innovative Activities

Two Central Themes – Becoming ‘Routine’ in the Organisation and ‘Standard’ in Policy

Dictionary definitions of *sustainability* emphasise the idea of maintenance of a resource so that it is not depleted or permanently damaged. Maintenance may be seen as preservation,

¹ Full reports of the two evaluations are available in: (a) Astbury, B., Elsworth, G., & Rogers, P. (2004). One Year Follow-up and Evaluation of a Food Insecurity Demonstration Project: The Subsidised Café Meals Project; and (b) Astbury, B., Elsworth, G., & Rogers, P. (2004). One Year Follow-up and Evaluation of a Food Insecurity Demonstration Project: The Braystone Fruit and Vegetable Shop and Delivery Service. The present paper draws heavily on these two documents.

protection from damage etc. or in the more active sense of providing for or supporting. In the environmental literature, the definition offered by the United Nations' Brundtland Report *Our Sustainable Future* is frequently quoted: "meeting present needs and aspirations without compromising the ability of future generations to meet their own needs and aspirations".² The related but not so universally accepted idea of 'sustainable development' emphasises the 'building upon' and 'harmonising' of diverse sectoral interests such that environmental ideas and strategies become incorporated into the more traditional social and economic thinking and values of developed pluralist societies.³

These ideas of: (a) The preservation and maintenance of a resource, and (b) the incorporation of a new idea or innovative approach into on-going policy are also highlighted in the program development and evaluation literature. A sustainable (or sustained) program is seen as one that has become self-maintaining or 'routinised' within an organisation on the one hand, and 'standardised' within policy-making institutions on the other.⁴

Sustainability in Public Health and Health Promotion: A Multi-level Perspective

Six distinct definitions of sustainability have been identified in the health promotion literature.⁵ The definitions encompass the following ideas:

1. The capacity to service (i.e. support) coverage at a level that will provide continuing control of a health problem;
2. The capacity of a project to continue to deliver its intended benefits over a long period of time;
3. The ability of a program to deliver an appropriate level of benefits for an extended period of time after major assistance from an external donor is terminated;
4. The long-term viability and integration of a new program within an organisation;

² Brundtland, G (ed) (1987). Our Common Future: The World Commission on Environment and Development, Oxford: Oxford University Press.

³ National Sustainable Development Strategies. UN Department of Social and Economic Affairs, Division for Sustainable Development. Available: <http://www.un.org/esa/sustdev/natlinfo/nsds/nsds.htm>.

⁴ Pluye, P., Potvin, L. & Denis, J-L. (2004). Making public health programs last: conceptualising sustainability. Evaluation and Program Planning, 27, 121-133.

⁵ Shediach-Rizkallah, M. C. & Bone, L. R. (1998). Planning for the sustainability of community-based health programs: conceptual frameworks and future directions for research, practice and policy. Health Education Research, 13, pp 87-108).

5. The process by which new practices become ‘standard business’ in an organisation (i.e. their routinisation, institutionalisation or incorporation into an organisation); and
6. The development of the capacity (knowledge, skills and resources) of the organisation to conduct effective programs.

These definitions, while focussed principally on the program and the implementing organisation, encompass three ideas of sustainability. The first three definitions emphasise continuation of the benefits (outcomes) that are derived from the program. The next two emphasise the incorporation of the program into the routine and on-going operations of the organisation, while the final definition emphasises the process (capacity development or capacity building) that is believed to lead to program maintenance and effectiveness. These three views of sustainability can be seen as joint outcomes of causal processes that evolve while a program is being designed and implemented.⁶ Alternatively, they might be thought of as a causal sequence of events leading to continued program effectiveness (see Figure 1).

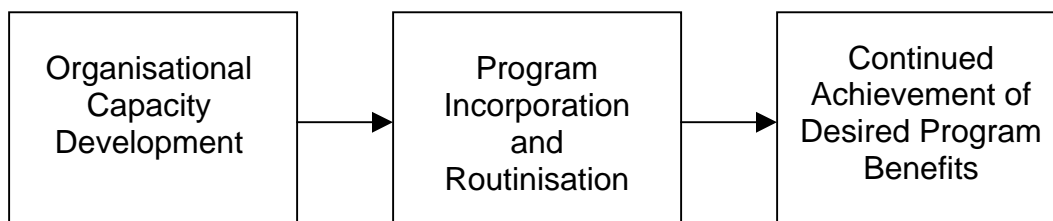


Figure 1: A Simple Model of Program Sustainability Within an Organisation

Three categories of “potential influences on sustainability” have also been identified in the literature:

1. Project design and implementation factors – including, notably, “project negotiation processes” and “project effectiveness”;
2. Factors within the organisational setting – “institutional strength”, “integration with existing programs/services” and “program champion/leadership”; and
3. Factors in the broader community environment – “socio-economic and political considerations” and “community participation”.⁷

The idea of multiple levels of sustainability - individual/family, project, organisation, and the broader policy environment - is central to these classifications of both influences and

⁶ Shediak-Rizkallah, M. C. & Bone, L. R. (1998).

⁷ Shediak-Rizkallah, M. C. & Bone, L. R. (1998, p. 98).

outcomes (although all important levels may not be clearly identified in all classifications). This *hierarchical* or *multi-level* view is consistent with one that has been emphasised for health promotion more generally by Marmot and, more recently, in many contributions to the volume edited by Kawachi and Berkman's⁸. Marmot expressed this emerging viewpoint in the following way:

The enterprise of understanding the social determinants of health entails an understanding of how society operates, an appreciation of the major causes of diseases under study, an understanding of the psychological processes and how they interact with biological mechanisms ...⁹

Taking this multi-level perspective, a valuable recent analysis of sustainability in public health identified "routinization" as "the primary process permitting sustainability of programs within organisations" that may, then, lead to "program-related organizational routines".¹⁰ Additionally, the analysis identified "standardisation" as "the secondary process" leading to sustainability. "This process is superimposed upon the primary process of routinisation" and may lead to "program-related standardized routines that are more sustainable than organizational routines". These standardised routines are identified as "state-level rules and policies."¹¹

Thus both sustainability processes and outcomes are viewed within a hierarchical structure of organisations that are nested within policy-making institutions. The consolidation of program-related routines within the organisation is seen as the principal outcome at the level of the organisation, while the consolidation of 'standards' (guidelines, rules and policies) is seen as the principal outcome at the institutional level. Further, the consolidation of relevant 'standards' at the level of the policy-making institution is seen as potentially having the more enduring impact on sustainability.

Capacity Building and Sustainability in Pilot Projects

A recent literature review defined *capacity building* in relation to sustainable public health practices in the following way:

... irrespective of the processes and strategies used to achieve capacity building, this term can be applied to interventions which have changed an organization's or

⁸ Kawachi, I., & Berkman, L. F. (eds.) (2003). Neighbourhoods and Health. NY: Oxford University Press.

⁹ Marmot, M. (2000). Multilevel Approaches to Understanding Social Determinants. In L. F. Berkman & I. Kawachi (Eds.) Social Epidemiology. NY: Oxford University Press.

¹⁰ Pluye, P., Potvin, L. & Denis, J-L. (2004). Making public health programs last: conceptualising sustainability. Evaluation and Program Planning, 27, p. 124.

¹¹ Pluye, P., Potvin, L. & Denis, J-L. (2004). Making public health programs last: conceptualising sustainability. Evaluation and Program Planning, 27, pp. 125-126.

community's ability to address health issues by creating new structures, approaches and/or values. These will be ongoing without the need for further funding.¹²

This definition of capacity building is noteworthy in that it overlaps a great deal with typical definitions of sustainability. But, while emphasising capacity building and/or sustainability in the sense of the ability of the organisation or community to maintain the program without continued funding, the definition also suggests that successful capacity building will result in changes to the organisations' "structures, approaches and/or values". This implies that successful efforts to develop sustainable programs will only result from a *dynamic process of organisational change* in response to the new program.

This process can be seen as consisting of two components that are analogous to the developmental psychologist Jean Piaget's hypothesised processes underpinning intellectual development: assimilation and accommodation. These components are: (a) *incorporation* of the project into on-going practices, policies, structures and values of the organisation (assimilation), and (b) *organisational development* and change in response to the particular requirements and demands of the project (accommodation). As with Piaget's conceptions of assimilation and accommodation these dual processes are tightly interwoven, interdependent and cyclical; incorporation of the project into the on-going organisation requires a dynamic organisational response that itself commences the process of change and development, while organisational development requires the incorporation of additional ideas, processes, values etc. from outside which, themselves, entail further organisational change.¹³

It has also been suggested that the possibility of sustainability in health promotion should only be considered where capacity building is an explicitly funded objective of a project.¹⁴ The position taken in this paper, however, is that it is necessary to develop a broader view that allows for the possibility that pilot and demonstration projects might contribute, directly or indirectly, to sustainability: (a) Of the project itself and its desired outcomes for client groups, (b) of the work of the organisation more broadly in field of health promotion that the project was originally designed to address, and (c) at community agency and government levels in relation to the development, consolidation and review of relevant policy. All project-related activities within an organisation have the potential to activate the mechanisms that will lead to continuing successful outcomes. Capacity building is frequently a latent objective of pilot and demonstration projects, and all health promotion

¹² Crisp, B. R., Swerissen, H., & Duckett, S. J. (2000). Four approaches to capacity building in health: consequences for measurement and accountability. *Health Promotion International*, 15, p. 100.

¹³ To refer to yet another theoretical perspective, our conception of organisational change and development as a necessary component of the dynamic process that leads to project sustainability is necessarily a variant of Argyris and Schön's *double-loop learning* in which 'governing' variables such as organisational values and policies are critically scrutinised and, if necessary, modified during project implementation. (See Argyris, C., and Schön, D (1978). *Organizational Learning: A Theory of Action Perspective*. Reading, MA: Addison Wesley).

¹⁴ Crisp, Swerissen and Duckett (2000, p. 106).

programs can be viewed as innovations within an organisation in which “institutionalization is the final stage of the innovation process”.¹⁵

Some General Features of Capacity Building

When viewed as a general process that results in sustainable programs, capacity building can be thought of as a mix of both explicit and implicit *enabling* strategies and mechanisms.

Explicit enabling strategies and their associated mechanisms are represented in specific capacity building activities for a program and may be separately funded. An example might be the funded use of a mentor who is expert in project planning during the preparation and development phase. A skilled mentor may be able to facilitate new patterns of thinking (the mechanism) within the planning group that may lead to novel solutions and program designs. These new patterns of thinking might be expected to remain and evolve within the organisation after the specific project development activity is completed.

Implicit capacity building strategies and mechanisms will operate separately from any explicit initiatives as a (possibly unintended) natural result of the processes generated within the organisation as program personnel plan, design and implement a new project. In the initial ‘publicity’ phase, a new health promotion program typically consists of a rationale for project development, guidelines for a funding application, and, if the application is successful, money and other resources for implementing specific pilot projects. Seen from a broad perspective, the program rationale, guidelines and resources have four distinctive *design components*:

1. A conceptual model;
2. A perceived affordance;
3. Possible development and implementation support; and
4. Constraints.¹⁶

Conceptual models, affordances and support are seen as components of the project design that facilitate or *enable* successful implementation and sustainability (*enablements*). They stand in contrast to a diverse range of factors that potentially limit and/or impede successful implementation (*constraints*).

¹⁵ Goodman, R. M. & Steckler, A. B. (1987 – 1988). The life and death of a health promotion program: an institutionalisation case study. International Quarterly of Community Health Education, 8, 5-21.

¹⁶ The notions of a conceptual model, affordance and constraints are derived from the work of Donald Norman on the design properties of everyday objects (see Norman, D. (1988). The Psychology of Everyday Things. NY: Basic Books; and Norman D., Affordance, Conventions and Design. Available: <http://www.jnd.org/dn.mss/affordances-interactions.html>

Conceptual Models

Conceptual models can take many different forms in the documentation that is designed to initiate a new health promotion program. Frequently, the ‘model’ may simply be a motivating rationale together with a list of desired project outcomes and/or suggested activities. If the concept is more fully developed, it may take the form of: (a) A set of ‘evidence-based principles’ that might underpin a range of local program initiatives, or (b) a more rigorously specified ‘program logic’, ‘outcomes hierarchy’, ‘program theory’ or ‘theory of change’ in which shorter term and longer term desired outcomes for the program might be specified along with the project components that, it is anticipated, will bring these outcomes about (activities, strategies, communication products etc. and their associated mechanisms). A critical feature of any conceptual model is likely to be the consistency and coherence with which the anticipated relationships between strategies, mechanisms, and outcomes are specified across the time frame for implementation of the project.

Perceived and Actual Affordances

The idea of *affordance* refers to a dynamic relationship or ‘transaction’ between an individual and a location in the environment. An environmental affordance provides the opportunity or setting for a specific action but it can only be interpreted in relation to its ‘meaning’ or ‘value’ to the observer.

... the term *affordance* refers to the perceived and actual properties of the thing, primarily those fundamental properties that determine just how the thing could possibly be used ... A chair affords (“is for”) support and, therefore, affords sitting.¹⁷

Similarly, a door that is configured in a particular way may afford the action of pushing to open it.¹⁸ But it can only afford pushing if the observer appreciates the opportunity offered (at the most simple level, the observer needs to understand the significance of visual cues associated with the particular configuration of the door, and to have pushing as part of their repertoire of possible activities). Hence an affordance involves both the perceived and actual properties of an object and has, additionally, an action component, but these two components, perception and action, are inextricably combined into the meaning and value of the object for the observer.

From the perspective of program development, we see the rationale, guidelines and funding opportunities that are made available in the documentation for a new social program as affordances; as potential settings and opportunities for creative action by implementing organisations. While the actual affordance is a property of the program as conceptualised and initiated by the sponsors, organisations interested in developing proposals will need to understand the nature of the opportunities that are offered, and have available policies, structures and ways of operating that provide a potential framework for them to take advantage of the opportunities; affordances involve a two-way transaction, they are not simply one-directional ‘triggers’ for action.

¹⁷ Norman, D. (1988). *The Psychology of Everyday Things*. NY: Basic Books, p 9.

¹⁸ Norman, D (1998), pp 87-104.

Development and Implementation Support

Support refers to the full range of interpersonal relationships and interactions that have the potential to facilitate successful project development, implementation and sustainability. Support may be available from relationships and interactions that arise from within the organisation, or from outside it. Support may be derived from the formal or informal activities of an individual or small group (e.g. leadership within the organisation, the activities of a project advocate, or the formal collaboration of designated personnel from a central or regional office of the organisation). On the other hand, support may be derived from the diversity of networks that project personnel may be associated with or actively seek out to provide encouragement, information or assistance in implementing the project.

Constraints

The idea of *constraints* refers to the limitations on project design and implementation that might arise from the program itself and the context of the particular project that is being developed and implemented. Constraints on creative design and action may be embedded in the institutional (e.g. Commonwealth, State or local government) guidelines, rules or policies that form both the operational framework for the program and the context for its implementation, or in the process by which a specific project receives formal approval and funding. Additionally, a wide range of possible constraints may arise from the non-institutional implementation context in the form, for example, of limited availability of skilled personnel, or difficulties in locating needed consultation and collaboration for the project.

We propose that conceptual models, affordances, supports and constraints exist in a dynamic association with each other, and with the context, during the development and implementation of any innovative project. Finding an appropriate balance between the models, opportunities, supports and constraints is, we believe, critical for the effective initiation and development of pilot projects. If the conceptual model is too rigorously specified, for example, it may inhibit the development of creative solutions to local issues. If there are too many policy constraints on local action, or if the constraints are not transparent and clearly articulated in the program documentation (and project developers are forced into a second-guessing game to 'get it right') creative solutions may, again, be stifled.

Factors Related to Successful Capacity Building and Longer-term Sustainability

From a more action-focussed perspective, five 'capacity-building factors' that need to be addressed at the policy, community and organisational levels to sustain innovative projects have recently been identified from the results of an extensive literature review.¹⁹ The

¹⁹ Johnson, K., Hays, C., Center, H., & Daley, C. (2004). 'Building capacity and sustainable prevention innovations: a sustainability planning model, Evaluation and Program Planning, 27, 135-149.

review also identified five ‘sustainable innovation factors’ that increase the potential for sustainability in the longer term. The capacity building factors include:

1. Administrative structures and formal linkages;
2. Champion roles and leadership actions;
3. Increase or maintenance of resources;
4. Administrative policies and procedures; and
5. The presence of suitable expertise.

The sustainable innovation factors include:

1. Alignment between the innovation and stakeholder needs;
2. Positive relationships among key stakeholders;
3. Implementation quality and integrity;
4. Effectiveness of the innovation;
5. Ownership of the innovation among stakeholders.

We view the capacity-building factors as one way of describing critical aspects of the *context* (at organisation, community and relevant policy agency levels) needed to support the implementation of a project. Similarly, we see the sustainable innovation factors as a description of critical aspects of the processes that must be maintained over time to facilitate continuing successful implementation. We tentatively identify processes of this nature as *mechanisms* that are activated within the organisation and its relations with its context during the early stages of project development and implementation and which must continue to be active for continued project activity.

Sustainability as a Desired Outcome

Government and not-for-profit agencies frequently focuss their activities on achieving social change through pilot or demonstration projects where the aim, either explicit or implicit, is that the program or project “will be institutionalised and sustained in the longer term, after the original initiative funding ends”.²⁰ Seen in this way, sustainability becomes a desired outcome of project activity in its own right. But what, exactly, might or should be sustained? A recent analysis offered the following ideas:

²⁰ Weiss, Coffman & Bohan-Baker (2002). *Evaluation’s Role in Supporting Initiative Sustainability*. Harvard Family Research Project. Available: <http://www.gsc.harvard.edu/hfrp/pubs/onlinepubs/sustainability/>.

1. The organisations themselves, particularly when the project or program has actively created a new organisation or encouraged an existing one to move in new directions.
2. The specific project being funded.
3. The ideas, beliefs, principles and/or values that the project has promoted, or that have been generated during project implementation.
4. Relationships and partnerships between organisations that have resulted from collaborations initiated or strengthened by the project.
5. The actual desired outcomes of the project (frequently at the 'level' of the individual or family, e.g. decreased vulnerability to food insecurity).²¹

Again, these ideas about what is sustained have a strong focus on outcomes at various 'levels' of activity associated with the policy, organisation and project. But they also emphasise:

1. That the notion of sustainability encompasses a *values dimension*, in the sense that the ideas, principles and values that are promoted or developed by the project will be carried over into the continuing work of the implementing organisation, and into subsequent policy development.
2. That, beyond the various 'levels' of policy development, implementation and impact, the *relationships* that are established both within and across levels are important (e.g. the strengthening of on-going partnerships between organisations and the development of new ones).
3. That sustainable changes within organisations result from a *dynamic interaction* between the policy idea and funding possibilities that accompany it on the one hand, and the on-going activities of the implementing organisation on the other.
4. But, ultimately, that the objective of sustainability is the *continued successful response to an identified individual, family or community need*; there is no long-term value to be gained by ensuring the sustainability of a program that is not generating positive outcomes.²²

²¹ The Cornerstone Consulting Group (2002). *End Game: The Challenge of Sustainability*. Baltimore, MD: Annie E Casey Foundation. Weiss, Coffman & Bohan-Baker (2002).

²² It might also be argued that to be sustainable the program should be cost-effective, in that it generates the desired outcomes in relation to program costs more efficiently than alternative approaches.

A Preliminary Program Theory for the Sustainability of Pilot Projects

A model of program sustainability that attempts to integrate the ideas developed in the previous sections is presented in Figure 2. This model was designed to serve as a framework to guide data gathering and interpretation in relation to sustainability of the two food insecurity projects as well as other innovative health promotion activities and projects. The model draws a distinction between: (a) The *Context* in which the project is being implemented, (b) the specific *Enabling and Constraining Conditions* arising from the overarching program of which the project is a part, (c) the *Mechanisms* that are generated as a result of the dynamic interaction of the context and the enabling and constraining conditions, and (d) the resulting *Outcomes* of the project at the 'level' of the project clients, the project itself, the implementing organisation and the institution and/or policy community. Project outcomes are linked by double-headed arrows in the diagram and are thought of as being interrelated and mutually reinforcing. Thus, for example, continued project success in achieving desired outcomes for clients is seen as 'feeding-back' to decisions by the organisation to continue to conduct (and possibly expand) the project, and from that decision to project continuation on the one hand and positive support for projects 'of this kind' at the institutional policy level on the other.

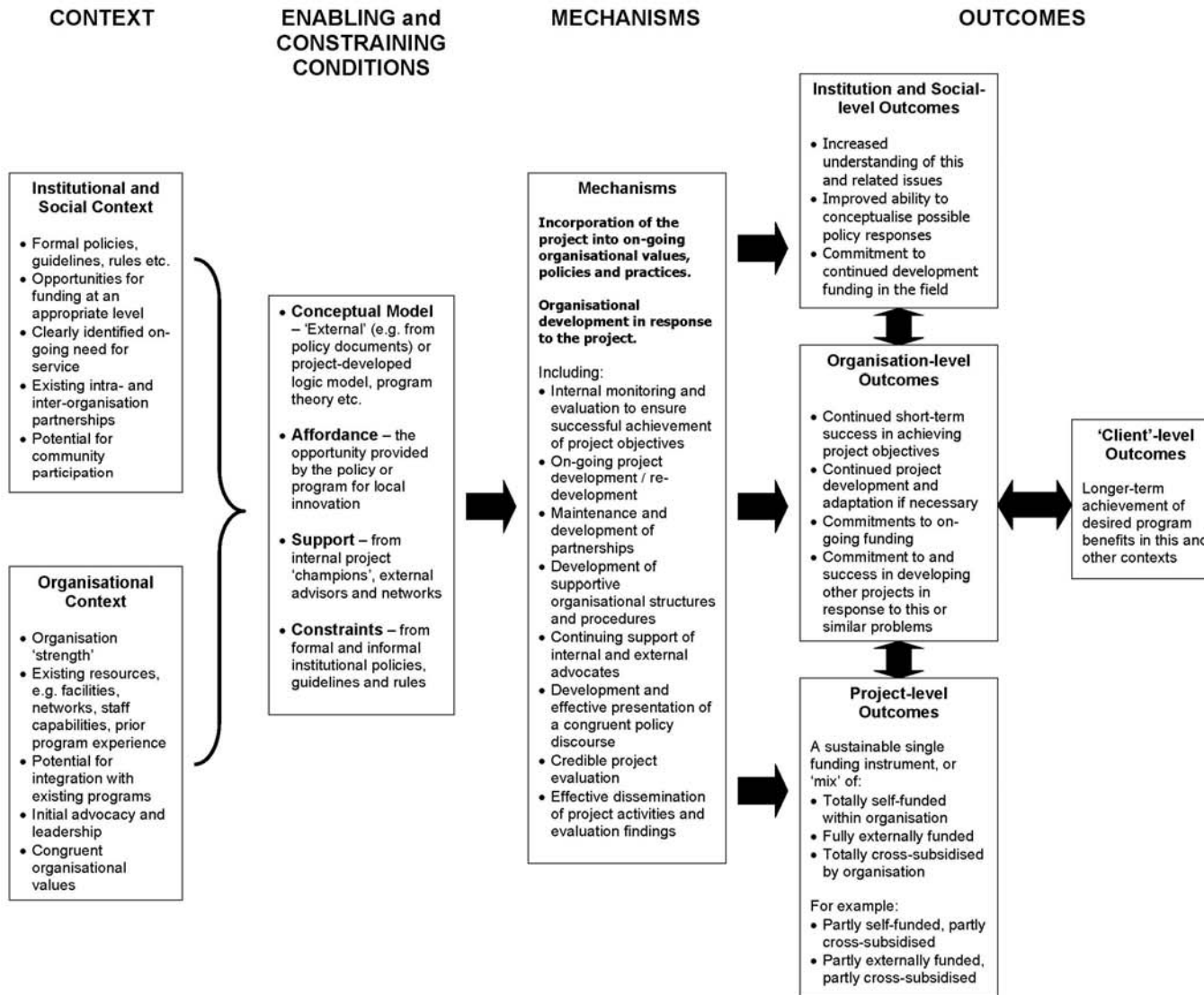


Figure 2: A Multi-Level Model of Project Sustainability
 (N.B. the specific elements within each category are indicative examples only)

3. Case Studies of Two Food Insecurity Projects

Introduction

This paper draws on the results of evaluations of two community demonstration projects designed to address aspects of food insecurity in urban communities:

1. The '*Braystone*' *Fruit and Vegetable Shop and Delivery Service (the 'Braystone Project')* auspiced by the City of Maribyrnong and implemented and managed by WestNet Disability Inc. (WestNet), an adult day facility for intellectually disabled persons in the Braybrook – Maidstone area; and
2. The *Subsidised Café Meals* project implemented and managed by North Yarra Community Health (NYCH) in the Fitzroy and Richmond areas.

Each project was part of a larger cluster of five related food insecurity projects in two separate urban municipalities that were initiated and jointly funded by relatively modest 'one-off' grants by VicHealth and the Department of Human Services, Victoria (DHS).

The Collaborative Institute for Research, Consulting and Learning in Evaluation (CIRCLE) at RMIT conducted a one-year follow-up and evaluation of the two demonstration projects during 2003 – 2004. The evaluations have been reported separately elsewhere.

The Policy Background

Food security and food insecurity have been defined in a recent Australian policy paper as follows:

Food security – the ability of individuals, households and communities to acquire appropriate and nutritious food on a regular and reliable basis, and using socially acceptable means. Food security is determined by the food supply in a community, and whether people have adequate resources and skills to acquire and use (access) that food.

Food insecurity – can refer to the following: not having sufficient food; experiencing hunger as a result of running out of food and being unable to afford more; eating a poor quality diet as a result of limited food options; anxiety about acquiring food; or having to rely on food relief.²³

Concern about food insecurity in economically developed countries has become a significant agenda item for social policy and health promotion only relatively recently.

²³ NSW Centre for Public Health Nutrition. (2003). Food security options paper: A planning framework and menu of options for policy and practice interventions. (http://www.health.nsw.gov.au/pubs/£/pdf/food_security.pdf)

Although practical strategies to alleviate hunger have been implemented for many decades, they have traditionally been limited to providing short-term, individual food relief rather than addressing the broader social, cultural, economic and community dimensions of food insecurity.²⁴

An early effort to develop a comprehensive policy response was the US “Report of the President’s Task Force on Food Assistance”, which was commissioned in the first term of the Reagan Administration and published in 1984. The Task Force was required to: “... examine programs intended to render food assistance to the needy and to make recommendations on how such programs may be improved”.²⁵ In addressing the question of “How much hunger is there in America?” the report made the distinction between “hunger as medically defined” and “hunger as commonly defined”. The latter is now viewed as a ‘social’ conception of hunger.²⁶ In elaborating this social perspective, the report noted:

In this sense of the term, hunger can be said to be present even when there are no clinical symptoms of deprivation, a situation in which someone cannot obtain an adequate amount of food, even if the shortage is not prolonged enough to cause health problems, the experience of not being satisfied, of not getting enough to eat. It is easy to think of examples of this kind of hunger: children who sometimes are sent to bed hungry because their parents find it impossible to provide for them; parents, especially mothers, who sometimes forego food so that their families may eat; the homeless who must depend on the largess of charity or who are forced to scavenge for food or beg; and people who do not eat properly in order to save money to pay rent, utilities and other bills.²⁷

An initial policy response to social food insecurity in Australia was the 1992 “Food and Nutrition Policy” developed by the (then) Commonwealth Department of Health, Housing and Community Services.²⁸ This document was followed by a summary report of the first three years of policy implementation (1998)²⁹ and, subsequently, by “Eat Well Australia”,

²⁴ In Australia, for example, the Salvation Army established its first soup kitchen in 1890 (<http://www.salvationarmy.org.au/aboutus/publications/CopingWithChange/today/homeless.html>) while ‘Meals on Wheels’ commenced in Melbourne in 1953 (<http://www.theage.com.au/articles/2003/06/23/1056220541108.html>).

²⁵ Executive Order 12439 -- President's Task Force on Food Assistance September 8, 1983 (<http://www.reagan.utexas.edu/resource/speeches/1983/90883e.htm>).

²⁶ Carlson, S. J., Andrews, M. S. & Bickel, G. W. (1999). Measuring food insecurity and hunger in the United States: Development of a national benchmark measure and prevalence estimates. *The Journal of Nutrition*, *129*, Supplement. pp. 510S-516S.

²⁷ Quoted in Carlson, Andrews & Bickel (1999). P. 510S

²⁸ The Commonwealth Department of Health, Housing and Community Services. *Food and Nutrition Policy* (1994). <http://www.health.gov.au/pubhlth/publicat/phys.htm>

²⁹ The Commonwealth Department of Health, Housing and Community Services. *Food and Nutrition Policy – Summary Report. The First Three Years* (1998). <http://www.health.gov.au/pubhlth/publicat/phys.htm>

published in 2001.³⁰ Recently, some Australian states have also developed their own policy responses.³¹

The Food and Nutrition Policy was based on the proposition that “Sound nutrition is a vital component of health” and had the goal of achieving “better nutrition for all Australians, and especially for those most disadvantaged.” The Policy identified five ‘key issues’ or ‘principles’:

1. Social justice;
2. Quality of the food supply;
3. Community participation and accountability;
4. The food and nutrition system and its wider interaction;
5. Economically sustainable development.

In discussing the issue of social justice, it was noted that the role of proper nutrition in achieving social justice had been less well recognised in comparison with other social and economic concerns. The Policy proposed that proper and adequate nutrition was linked to “growth, strength, education outcomes and health throughout life”. In the discussion of community participation, social justice issues were also linked to a community development perspective. The Policy noted that Australia was a “pluralistic, multicultural society” and that food is more than a source of nutrition; rather it is “the subject of many deep seated beliefs and practices”. It was argued that, as a consequence, a food and nutrition policy could not be imposed ‘top-down’, nor formulated without the participation of consumers. Hence:

Community and welfare organisations with an active role in providing food have a significant role to play in ensuring food is available to the people they assist. These groups can also motivate local action to enhance the availability of an accessible and low cost nutritious food supply.³²

Food and nutrition policy should, therefore, be viewed as a partnership between governments, industry and the community, and each group should be involved in policy development and implementation.

³⁰ Strategic Inter-governmental Nutrition Alliance of the National Public Health Partnership. (2001). Eat well Australia: An agenda for action for public health nutrition. (<http://www.nphp.gov.au/signal/eatwell1.pdf>)

³¹ For example: The Victorian Food and Nutrition Policy: Healthy Eating, Healthy Victoria (2005). Food and Water Unit, Department of Human Services. (<http://hna.ffh.vic.gov.au/phb/hprot/food/vfnp/vfnp.html>); Queensland Public Health Forum (2002). Eat Well Queensland 2002-2012: Smart Eating for a Healthier State. Brisbane: Queensland Public Health Forum. (http://www.health.qld.gov.au/QPHF/Documents/EWQ_SmartEating.pdf); and NSW Centre for Public Health Nutrition. (2003). Food security options paper: A planning framework and menu of options for policy and practice interventions. (http://www.health.nsw.gov.au/pubs/f/pdf/food_security.pdf)

³² The Commonwealth Department of Health, Housing and Community Services. Food and Nutrition Policy (1994, p. 8).

The 1995 Victorian Food and Nutrition Policy (“Healthy Eating, Healthy Victoria”) echoed the importance of developing partnerships at the community level for policy implementation, stating that:

An important component of policy implementation will be conducted at the local level. This will involve building alliances between primary health care, hospitals, community health services, schools and colleges, workplaces, food retailers, media and community groups.³³

The Braystone Project at WestNet

Introduction

The *Braystone Project* commenced in 2003 and was developed and continues to be implemented by WestNet Disability Inc., a publicly funded community organisation that operates a day facility for people with intellectual disabilities in the inner-western suburbs of Braybrook and Maidstone.

The *Braystone Project* comprises a shop and delivery service for fresh fruit and vegetables located at one of the WestNet facilities. The delivery service operates as a ‘mobile market stall’ at public housing estates and a local school, delivers individual orders for holders of pension and health care cards, and makes deliveries of ‘standard orders’ to other venues. Fruit is also prepared and made available at local events such as health promotion days and forums. At the time of the evaluation the shop opened in the morning and early afternoon on four days each week and the mobile market stall made weekly visits to two high-rise public housing estates and one local school. Other market stall locations in public housing estates had been trialled but did not attract sufficient customers for continued operation. There was, however, strong interest in the market stall concept from a number of other local schools. The fruit and vegetables are purchased from a wholesale supplier.

WestNet ‘clients’ (people with intellectual disability who attend the day centre) work in the shop, delivery van and market stall on a variety of tasks including: (a) Assisting customers with their purchases, (b) assisting with taking money, (c) setting up and putting away produce, and (d) helping shop and market stall customers carry purchases to their cars or residences.³⁴ The work of the clients is supported and supervised by WestNet program staff. One of the program staff has assumed the role of project manager while others are rostered to work on the project one day each week.

³³ <http://hna.ffh.vic.gov.au/phb/hprot/food/vfnp/policy.html>

³⁴ In discussing the *Braystone Project* it is necessary to distinguish between the ‘target group’ for the project, the frail elderly and other disadvantaged people in the locality, and the people with intellectual disabilities who attend the WestNet day centre and work on the project. We use the WestNet terminology here and refer to the former group as ‘customers’ and the latter group as ‘clients’.

Social and Geographic Context

The Braystone Project is primarily focussed on Braybrook and Maidstone in the City of Maribyrnong. This is a low SES locality with a significant amount of public housing (high-rise flats and clusters of smaller flats and houses). The Gordon Street high-rise flats are one specific public housing facility visited by the project. This is a particularly socially disadvantaged setting and the buildings appear to be a challenge to maintain. The flats provide single-person accommodation for persons aged over 55 (although there are a few younger residents). Between 7 or 8 different ethnic groups are represented and a number of residents have quite severe social and health problems (e.g. chronic alcoholism) and/or are physically frail.

Available demography for the suburb of Braybrook (the location of the Braystone Project) shows that, in 2001, over 55% of residents were born overseas while 39% were born in a non-English speaking background country. Predominant overseas countries of birth included Vietnam, United Kingdom and Ireland, Philippines, 'mainland' China, Malta and Italy. A little over 18% of the residents were aged 60 years and over while approximately 15% of households were single-parent families with children under 15 years old. Maidstone had a very similar broad demographic profile except that the proportion of single-parent families with children was somewhat lower. Traditionally, Braybrook and Maidstone have been seen as 'working class' English-speaking background suburbs (with some NESB migrant families from Southern and Central Europe) but this demographic profile is changing quite noticeably, with the proportion of persons born overseas increasing rapidly over the last 20 years (particularly in Braybrook where the proportion has doubled).

The Braystone Project also visits a high-rise public housing estate in the suburb of Williamstown, located in the Hobson's Bay municipality. Hobson's Bay is a demographically diverse area with significant numbers of elderly people concentrated in Williamstown, a suburb that is undergoing rapid 'gentrification'. As a result, it is reported that many elderly residents are experiencing increasing difficulty in locating reasonably priced fresh fruit and vegetables from convenient outlets.

Project Objectives and Potential Outcomes – Multiple Beneficiaries and Levels of Impact

It was reported that the primary objectives of the *Braystone Project* were seen initially from a 'food relief' perspective; in a similar light to the objectives of a 'delivered meals' program: access to affordable, nutritious and culturally appropriate meals for the frail elderly and other disadvantaged people in the municipality. Other potential outcomes for the customers of the service emerged as the project was being planned and implemented and included relief from isolation and improved integration into the community.

Furthermore, it was anticipated that there would be positive social and nutritional benefits for the WestNet clients working on the project. From this perspective, the project rationale drew on a 'developmental' model of support for people with intellectual disabilities – involving services to facilitate the improvement of a range of social and employability skills, self-confidence, and the ability to interact with the wider community. There were also potential outcomes related to the clients' health-related knowledge and

behaviour (e.g. the necessity for hand-washing and wearing gloves when handling food, becoming aware of ‘good eating’ practices, and appreciating the value of fruit and vegetables in the diet).

WestNet also viewed the potential outcomes of the project in relation to the ideas of ‘social role valorisation’ and ‘valued status’³⁵. Social role valorisation (SRV) concerns “the enablement, establishment, enhancement, maintenance and/or defence of valued social roles for people”, particularly those who are at serious risk of being devalued.³⁶ SRV is a ‘transactional’ idea involving the enhancement of the value that persons are accorded by their community, their subsequent increase in social competence and confidence, which, in turn, leads to an increase in what they can offer their community.

WestNet and others associated with the project saw its sustainability as an overarching imperative. The project organisers and partners interpreted sustainability to mean financial viability in the longer-term. It was stressed on a number of occasions in preliminary interviews with WestNet staff, however, that the *Braystone Project* should be viewed as a ‘program’, not a ‘business’ or an ‘enterprise’. This conception of the project gave prominence to the development and ‘valued status’ goals for the clients and left open the option for continuing financial and ‘in-kind’ support from WestNet itself.

Additionally, WestNet anticipated that the project would lead to the further development and strengthening of partnerships with agencies such as the municipal council and VicHealth, and with local health and aged-care providers. While, previously, WestNet tried to provide a full range of appropriate services to its clients, it is now more focussed on providing those services “that we can do well” while referring clients to other providers for additional specific support. The strengthening of linkages with local providers of aged services, for example, was seen as an important priority, as WestNet’s clients are, themselves, growing older.

The Project Grant

The grant to WestNet for the *Braystone Project* was \$26,000. It was spent on infrastructure for the fruit and vegetable service. The large cost items included the initial set-up of the shop, building the cool-room, and purchase of scales and a cash register. Some of the cost of infrastructure was, however, covered by WestNet and the organisation continues to provide a variety of ‘in-kind’ support to the project. Infrastructure provided by WestNet included carpentry work on the shop, servicing the lifting equipment in the former workshop, purchase of second-hand lifting trolleys, and installation of a sink. Continuing ‘in-kind’ support includes provision of a client transport bus to serve as the mobile market, together with registration, insurance, maintenance costs, fuel etc., and approximately 1.4 EFT staff to work on the project.

³⁵ A conception similar to social role valorisation and used in Victorian government policy statements.

³⁶ Wolfensberger, W (1995). *The SRV Training Package*. Unpublished MS quoted by J. Osborne. Available: <http://www.communitygateway.org/faq/srv.htm>.

Project Beginnings

To capture information about events that led directly to the *Braystone Project*, interviews were conducted with WestNet management and program staff. It was reported that the concept of a fresh fruit and vegetable delivery service and shop was crystallised during a conversation between a senior program manager at WestNet and the project officer from the municipality who had recently been employed to work on the VicHealth/DHS-funded Food Insecurity Demonstration Project. The project officer was looking for commercial-type kitchens in the area that might be available for use in the council's food relief programs, and, while being shown around the WestNet facilities, mentioned the developing idea of a delivery service to provide low cost but good quality fruit and vegetables to disadvantaged residents in the municipality.

The WestNet staff member realised that the organisation had the “resources and energies to take on this program that would provide new opportunities” for the WestNet clients. Further, synergies were noted between WestNet's previous operation of a ‘trophy shop’, the work done by the WestNet clients over a number of years on a delivered meals program in another municipality, and, more generally, other WestNet programs that linked the clients and the WestNet organisation into the community (such as the gardening and odd-jobs programs).

From the perspective of WestNet management, the idea of the fruit and vegetable service was initially seen as an opportunity for pre-vocational, workplace training for the WestNet clients. But extensions beyond this specific objective were recognised, including: (a) The opportunity to build on educational programs in literacy, numeracy, money skills, communication and computer skills, (b) the opportunity to educate the clients and their families in their own health and well-being, (c) the prospect of strengthening community linkages, and (d) the potential offered by the project to form additional partnerships with the municipality, VicHealth and local community-health and aged-care service providers and organisations. The importance of developing local partnerships was expressed as follows:

“... (partnerships) allow you to share where you are coming from or what you want to provide (but also allow you to share) your direction – you can actually build some common ground and be able to understand where other organisations are going and what they are intending to provide in the future – and then the things that we do here can link into that.”

Three criteria were used by management to make the judgement that the proposed project would be of value to the WestNet organisation: (a) Did the project offer a valuable service to the WestNet clients, (b) did the project fit in with the WestNet philosophy of “giving back to the community” (management's “view of community inclusion is not just about participation, it's also about contribution”), and (c) would the project provide sufficient long-term value to WestNet to warrant the additional human resources that it would require? From general discussion during the interviews, the possibility of strengthening local partnerships also appeared to be an important criterion in encouraging acceptance of the idea.

The Subsidised Café Meals Project

Introduction

The agency responsible for implementing and managing the *Subsidised Café Meals Project*, North Yarra Community Health Inc., was established as a result of the amalgamation of the Carlton, Collingwood and Fitzroy Community Health Centres in 1993. The facility serves the suburbs of Carlton, North Carlton, Parkville, Collingwood, Abbotsford, Clifton Hill, Fitzroy and North Fitzroy, forming part of the Northern Metropolitan Region of DHS. The Service provides multi-disciplinary health care services including medical, nursing, midwifery, aged care, physiotherapy, podiatry, dentistry, pharmacy, youth work, casework/ counselling, mental health outreach, and needle exchange services.³⁷

At the time of the evaluation, the *Subsidised Café Meals Project* provided clients with a subsidy for up to one meal per day in one of four designated cafés. Clients were required to pay the first \$2.00 for the meal, which could range in value up to \$8.80. Clients were provided with a membership card that must be renewed every six months. At the time data were gathered, there were approximately 50 clients accessing support from the project, typically two or three times a week (although usage rates varied markedly between clients). There were also a further 50 clients on the waiting list.

Community workers assessed clients for entry to the project according to the 'flexible assessment requirements' of the Home and Community Care Program (HACC).³⁸ These requirements may include, but are not limited to, formal HACC eligibility.³⁹ According to project documentation, a person was eligible for entry into the *Subsidised Café Meals Project* if they:

1. Were homeless, or at risk of becoming homeless;
2. Found it difficult to prepare their own meals;
3. Had no other prepared meal options that were appropriate for them in the community.

Approximately 20 community workers were involved in assessment and referral. Clients may have got to know about the project through advertisement or through the community worker as a result of a worker-client relationship (frequently a case-management relationship).

³⁷ Abstracted from the 'Overview and History' of North Yarra Community Health (<http://www.nych.org.au/overview.html>)

³⁸ The Home and Community Care (HACC) Program, is a 'joint-funded' (Commonwealth-State) support program for the frail aged and younger people with disabilities, and their carers. Services include: nursing care; allied health care; meals and other food services; domestic assistance; personal care; home modification and maintenance; transport; respite care; counselling support etc.; and assessment. See <http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/hacc-index.htm> for further details.

³⁹ The pilot project operated by the City of Yarra used formal HACC eligibility criteria. These were believed to be too limiting, and required extensive form filling and verification of eligibility.

Social and Geographic Context

The City of Yarra is a densely populated inner urban area of Melbourne. In 1996 the municipality had a significantly higher number of young people (20-24 and 25-29 age groups) compared with the Melbourne metropolitan region generally. There were also fewer families with children and greater numbers of single-person households (although these latter characteristics are typical of inner metropolitan Melbourne, and are more pronounced in other inner-Melbourne municipalities). Over 60% of the population of the municipality in 1996 were born in Australia. Other countries of birth included Vietnam, the United Kingdom, Greece, Italy and East Timor. Also typical of other inner-Melbourne municipalities, there were more households with both low (\$120-299) and higher (\geq \$1,500) weekly incomes.

The context in which the project was situated was quite critical to understanding the need for a subsidised café meals service. The City of Yarra had undergone significant redevelopment of working class residences for affluent consumers. This process of gentrification had led to the rise of what has been referred to as a 'consumption compound' – a location where residents and tourists are encouraged to purchase and consume pleasures (such as food) that are for sale.⁴⁰ As the project co-ordinator explained:

“There are food access issues in Yarra purely because of the gentrification process. You walk down Brunswick Street and you don't really have a lot of fresh food places, it is predominantly cafés and caters to more affluent populations and weekend tourists. This can really ostracise people who are living in poverty and gives them a sense that this community is not really for you, we are designing this environment for a more affluent population because that is where the dollars are and food has become around making profit rather than feeding a population. The people that tend to be most affected by that are people with no housing or inadequate housing or drug and alcohol issues.”

Project Objectives and Potential Outcomes

The broad aim of the *Subsidised Café Meals Project* was to “improve the access of the target group to nutritious, affordable and local food options/meals.” Within this, the more specific objectives included:

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 of clients;
4. To provide access to the project which is convenient to clients and referring workers;

⁴⁰ See Patrick Mullins 'Decline of the old, rise of the new: late twentieth century Australian urbanisation' in J.M. Najman & J.S. Western, *A Sociology of Australian Society: Introductory Readings (2nd Edition)*, MacMillan Education: South Melbourne, 1993, pp.524-553.

5. To provide proprietors with the support and capacity to participate in the café meals project.⁴¹

These formal project objectives were elaborated during interviews with stakeholders to include the following: (a) Reliable access to food; (b) a socially acceptable option which, additionally, enables the possibility of ‘dignified eating’; (c) ‘normalising’ eating; and (d) encouraging clients to “get out of their rooms and into the community, talking to people and socialising again”. Additionally, it was acknowledged that the following longer-term goals should be addressed to optimise continued success: (a) Ensuring sustainability; (b) building capacity; (c) creating partnerships; (e) encouraging community participation. There was a strong consensus that the project was not just about providing a more acceptable option for people to access meals – it was about ‘social inclusion’, ‘social justice’ and ‘giving people the opportunity to integrate into the wider community’.

Project Origins, Funding and Rationale

The *Subsidised Café Meals Project* was one of a small suite of five food insecurity interventions implemented by NYCH in response to the VicHealth/DHS funding expression of interest (EOI). Projects developed in response to the EOI were expected to commence in July 2001 and be completed within 18 months from the commencement of funding. Funding was \$95,000 for the Food Security Project that was conducted in the City of Yarra municipality overall. The DHS announcement of the funding grant described the project as follows:

The second project in the City of Yarra will examine contributing factors to food insecurity amongst the homeless population by working collaboratively with local businesses and the client groups to provide subsidised café meals and cooking classes as well as exploring appropriate long term strategies.

A subsidised restaurant meals project had previously been trialled in at least one other Melbourne municipality (Port Phillip). The Food Services Team Leader at the City of Yarra became aware of this initiative and saw it as an alternative way of meeting the needs of clients who were receiving delivered meals (‘Meals on Wheels’) but did not consider the service to be appropriate.

Many of the referral workers explained that, for a variety of reasons, traditional food provision programs such as delivered meals and food parcels were not always suitable. People may, for example, lack facilities to cook or reheat food, they may be homeless or too transient to stay at one address to wait for a delivered meal, they may prefer to eat in a social setting rather than eat alone, the cost is often a barrier, the food may not be culturally appropriate and so on. The following comments illustrate this point:

“Meals on wheels is not appropriate for everyone, cost-wise but also with the new way that they do it where they have to have facilities to heat it up because it is not coming hot and they need to be able to store three meals on a Friday and they have to be home for it.”

⁴¹ Yarra Food Insecurity Community Demonstration Project Subsidised Café Meals Project – Final Report. P. 8.

“Some just don’t like it. They don’t like the food; there is a lack of choice.”

“Meals on wheels are designed for people who are housebound who have a traditional sense of lunchtime cuisine. It doesn’t really suit people who are under 60 or who have different cultural needs.”

In response to these concerns and building on the original model in Port Phillip, The City of Yarra commenced their own trial project in the Fitzroy area involving 10 participants. The pilot began in 2000. The NYCH dietician became aware of the project and in partnership with the council sought and secured VicHealth funding to adapt and expand the project to maximise access among the target group.

Having a project and agency champion in the dietician at NYCH was seen to be extremely important for the future sustainability of a project which was “struggling” due to insufficient staff time, a lack of support from the HACC assessment team at the time and difficulties in encouraging clients to access the program (it was noted that this was due to perceived discrimination from some café owners). The council worker involved in the original pilot described the situation at that point as follows:

“It was a slow project, operating with a part-time worker trying to push it along, so [the dietician at NYCH] coming along was a great boon to it I think. She just picked it up and carried it and she is still doing that.”

4. Sustainability of the Braystone Project

The theoretical model of sustainability presented in the second section of this paper highlighted four broad groups of components believed to be important in the causal processes leading to the achievement of a sustainable pilot project. They were:

1. Contextual factors, at both the social/institutional and organisational levels;
2. Enabling and constraining conditions;
3. Mechanisms, arising from specific action of the enabling and constraining conditions in the particular context in which the project is developed and implemented;
4. Project outcomes at the levels of the client, project, implementing organisation and policy institution.

In the following analysis, projects outcomes are addressed first. Then the first three components of the model: context, enablements and constraints, and mechanisms are addressed in turn.

Outcomes of the Braystone Project

Outcomes for Individual Project Recipients

From the perspective of improved access to nutritious and affordable food for disadvantaged elderly community members, the most successful component of the *Braystone Project* appeared to be the weekly mobile market stall visits to the two high-rise public housing estates in Footscray and Williamstown. These visits provided affordable and convenient access to fruit and vegetables of very acceptable quality for a significant proportion of the high-rise residents. This improved access for a considerably disadvantaged group of residents had the potential to result in longer-term improvements in nutrition, and there was some evidence to suggest that this may indeed be happening. Additionally, a significant amount of friendly social interaction between clients and customers was observed and reported, and the visits of the market stall have been successfully linked with other community development initiatives. Thus it has been possible to generate linkages between the provision of nutritious food to the disadvantaged residents on the one hand, and opportunities for social activities and interaction on the other. This linkage between the possibility for social interaction and the provision of access to fresh, nutritious and affordable fresh fruit and vegetables may be an important mechanism for increasing food access among disadvantaged and possibly 'resistant' groups.

Furthermore, while somewhat variable according to personality differences among clients, the social interaction generated by the market stall had the potential to reduce prejudicial responses to the WestNet clients from one segment of the local community and to increase client confidence. Increased confidence in social interaction has the potential longer-term outcome for WestNet clients of increased feelings of self worth, and a growing conception of becoming a more valued and contributing member of the community.

Less successful attempts to establish the market stall in two locations in 'low-rise' public housing estates provided some useful learning about 'what works for who in what context'. These estates lacked the important support for the project provided by the elderly persons high-rise welfare workers. Additionally, it is likely that there were greater numbers of younger residents who might have been more diffident about interacting with the WestNet clients, and possibly more suspicion of strangers.

The emerging component of the project that provided fruit and vegetables to local schools, by linking with child nutrition initiatives in the region, had the potential to facilitate increased awareness of healthy eating among primary and secondary students and to directly reduce individual food access problems for some students who may not have been eating adequate breakfasts or were unable to bring lunch to school. It was important for this emerging component of the *Braystone Project* to be assessed in relation to the original objectives, however. There was a clearly defensible 'food insecurity' rationale for an additional focus on this segment of the 'market' for the Braystone fruit and vegetables, and local schools provided an appealing venue for social interaction between the WestNet clients and the community. Further, the apparent demand for the service at schools was attractive from a financial perspective in that good sales might be anticipated. Yet, the market stall visits to the public housing estates were addressing a clearly identified community need, and the evaluators believed that it would be unfortunate if demand for

the service from schools replaced continuing efforts to identify public-housing localities where the market stall might find sufficient continuing customers to support regular visits.

The shop-front and individual delivery components of the Braystone Project appeared to be less successful from the perspective of improving access to nutritional food for disadvantaged elderly residents in the locality. At the time data were gathered they were not attracting sufficient numbers of customers, and thus did not appear to have the same potential as the mobile market stall for providing valuable social interaction and work-related activities for clients. It was concluded, however, that these aspects of the project deserved continued development support. They appeared to provide somewhat different experiences for the WestNet clients and the shop had the potential to attract customers from other disadvantaged segments of the Braybrook community (e.g. younger persons, single mothers, members of refugee communities).

Outcomes – Project and Organisation

The main themes to emerge from the evaluation in relation to the sustainability of the *Braystone Project* at the organisational level concerned: (a) The ‘institutionalised’ conception of the project as a WestNet program and its consequent financial sustainability, and (b) the continuing support the project received from the ‘network’ of other community agencies. Other, related, issues that were highlighted included: (a) The further incorporation of WestNet into the network of community and health organisations in their area, and (b) the consequent developing understanding of the continuing role that WestNet as a community organisation might play in relation to food insecurity in the neighbourhood.

Financial Sustainability

“Whenever you’ve got a vocational training program ... there’s always this balance of feasibility ‘market-wise’ ... and the needs and services to your clients ... and it a very fine line (you try to negotiate).”

The above quotation from a group interview with WestNet program staff nicely sums up many of the issues associated with the financial and organisational sustainability of the *Braystone Project*. On the one hand, the project had the support of both the governing Board of WestNet and the management as a highly valued ‘program’ in the organisation. It was stated that the project was

“... recognised by the Board as visionary ... as a fantastic concept” and that the Board is satisfied that “what we are giving back to the community (through the project) - we are getting value for our money”.

On the other hand, however, it was clear that the project needed to continue to attract customers, both to provide sufficient income to, at the very least, meet the ongoing wholesale cost of the produce that is sold, and to provide a sufficient level of meaningful work-related activities and social contacts for the clients.⁴²

⁴² Demand from the frail elderly and other disadvantaged groups for the fruit and vegetables provided by the project has been variable, and continues to be a challenge. Demand at the mobile market stall is higher than

Organisational support for the project was manifest in the commitment to continued financial maintenance through 2005, and, further,

“... there’s no question that WestNet is in this for the long haul in terms of making a contribution every year”.

The project is included in WestNet’s three-year strategic plan, which was being prepared at the time of the interview with the organisation’s management (November, 2003). The implication was clear that management anticipated that WestNet would continue to fund the project at the present level (approximately 50% of project costs, the remaining being derived from sales) beyond 2005. Westnet was not able to support growth of the project beyond this present level of operation, however:

“...given (the amount of the initial set-up grant from DHS/VicHealth) we’ve moved it absolutely as far as we can”.

Two contrasting conceptions of the *Braystone Project* became apparent during the course of the interviews: (a) Firstly, there emerged a conception of the project as a pre-vocational and educational ‘program’ within the WestNet framework of service to its clients, and, (b) there was, secondly, a conception among some stakeholders of the project as a financially viable ‘enterprise’, particularly in relation to the mobile market stall. The stall was potentially the most financially viable aspect of the *Braystone Project* yet it was a time-consuming and labour intensive project activity for WestNet staff. Hence it was more challenging for staff to continue to provide the organisation and time needed to make it financially profitable (and thus able to sustain other aspects of the project: the shop and the individual delivery service).⁴³

Two suggestions stood out in the many discussions the evaluation team had with stakeholders about the financial sustainability of the project. Firstly, there was an identified need for a specialised food transport vehicle that: (a) Was refrigerated and could thus give adequate protection for the less durable produce during the warmer months of the year, (b) provided sufficient passenger space to enable five WestNet clients to accompany the van on market stall visits; and (c) desirably, was able to be opened up to provide shop-front style access to the produce. The second issue that was frequently mentioned was that WestNet needed (with support) to make the *Braystone Project* more “systematic” and “strategic” through:

1. The employment of a person whose work would be dedicated to the further development of the project as an enterprise, either as full-time manager of

demand at the shop and it was observed during an interview that the stall provided the ‘base’ that enabled the project to continue.

⁴³ For example, present staffing levels do not allow the Braystone Project to take up requests for the market stall to visit more than one school in the local area.

the shop and delivery service or in a shorter-term project development, financial management and marketing role.⁴⁴

2. Consolidation of a firm policy for the project by WestNet.
3. The development of a business plan.
4. Establishing an on-going monitoring and review process that would enable strategic revision of project strategies, including market stall locations and the appropriate 'weight' to be placed on the various activities in the context of the project objectives.

To summarise the organisational and financial sustainability of the *Braystone Project*, a stakeholder external to WestNet commented "It's an amazing achievement that they've got so far". But, while the project was "basically successful at this point" there were still a "lot of issues that need to be worked through to ... make it a sustainable enterprise".

Sustainability Through Local Networks

It was apparent from many stakeholder interviews that an important outcome of the *Braystone Project* was the strengthening of relationships between WestNet and other community and health agencies in the locality. Particularly noticeable examples were the strengthening of relationships between WestNet on the one hand and the local community health centre and the municipal council on the other, and the consequent on-going support that the health centre and municipality have provided to the project.

Food security is now one of the four priority health promotion areas in the health centre's strategic plan and the Health Promotion Co-ordinator at the centre now convenes a food security working group to organise, maintain and develop food security activities to support implementation of the plan (as well as 'internal' members, the working group includes representation from WestNet and the municipality). The working group provided a formal vehicle that enabled the health centre to continue to support the development of the *Braystone Project*.⁴⁵

⁴⁴ WestNet had acted on the second scenario, making an application in November, 2003 to a private-sector trustee fund for a project officer for 18 months with a commercial and/or public relations background primarily to work in a development role with the *Braystone Project*.

⁴⁵ Support involved, for example:

- A "short term promotion" during which the health centre purchased fruit from the project that was made available at the health centre premises along with promotional material for the project.
- Facilitating the link between the project and a nearby primary school. The market stall van now visits the school each Monday morning to sell fruit and vegetables to the students and parents. This link was established through the child nutrition project at the health centre. The market stall visit is seen as "fitting in" well with the fruit policy of the school.
- The community health centre also provides community development workers for some high-rise flats in their locality, and through the health centre's food security plan the worker at a particularly challenging high-rise estate was able to make contact with the *Braystone Project* and facilitate its the weekly visit to the estate. Similar contact with another high-rise public housing estate facilitated the establishment of regular project visits there.

Similarly, the municipality has identified both food insecurity and nutrition in the Municipal Public Health Plan and food security policy and has provided on-going practical support to the project.⁴⁶ While these policy developments were associated more directly with the broader Food Insecurity Demonstration Project, they continued to enable council to provide on-going support to the *Braystone Project*.

The *Braystone Project* also received support from the Western Region Office of the Department of Human Services and from an independent consultant from the fruit industry who has been active on food insecurity issues in the municipality for some years.⁴⁷

Sustainability at the Policy Level

At the broader ‘policy institution’ level within the region where the *Braystone Project* is located it is apparent that the issue of food security is emerging strongly as a significant policy issue. One informant commented, for example,

“... food security is on the ‘radar’ of the entire region”.

Following the involvement of the municipal council in the broader Food Insecurity Demonstration Project, a number of other municipalities became involved in food insecurity program activities. In addition, the annual food security forum organised by the municipality provides an important opportunity for organisations to discuss recent research and ‘showcase’ their work in the field.

The *Braystone Project* intersected with and gained support from this emerging policy agenda. It was highlighted in forums as an innovative example of the kind of more socially inclusive response to food insecurity that is compatible with the agenda. The project was thus an integral part of a growing awareness of the food insecurity issue and responses to it, and, in this sense, supported the emergence of the issue; one stakeholder described the project as a significant “leverage point” for the other pockets of activity in the region.

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- The forwarding on to WestNet of the application details for the private trustees grant program and writing a letter of support for the submission.
 - Locating other potential sites for trial visits of the market stall.
 - Assistance with developing more effective marketing brochures for the project.
 - Encouragement of health centre staff to buy fruit and vegetables from the project shop.

⁴⁶ This support included:

- Writing, assisting and/or providing letters of support for a number of grant proposals by WestNet associated with the *Braystone Project*, including the private trust application and an application for funding support for a food transport vehicle;
- Applying for and providing finance for signage for the *Braystone Project* shop front;
- Facilitating a permit application for extended shop front opening hours.

⁴⁷ A health promotion officer from the Western Region Office of DHS facilitated contact between WestNet and a local commercial organisation that may result in a substantial cash contribution towards the purchase of the proposed purpose-built delivery van, the brokering of a good deal from the manufacturer and, potentially, continuing support from the organisation as part of its on-going social investment. The fruit industry consultant was very helpful to WestNet during the establishment phase of the *Braystone Project* and has recently been working on establishing fruit programs in six local schools to which the *Braystone Project* may be linked.

Further, the broader Food Insecurity Demonstration Project of which the *Braystone Project* was a part was credited with a more direct role in helping to establish the emerging agenda. For example, a stakeholder commented that:

“One of the outcomes of the project was getting the emergency food relief people sitting around a table and talking to each other for the first time”.

As part of this emerging agenda, food insecurity has gained a place in a number of policy documents and action plans including: the municipal council’s Municipal Public Health Plan and food insecurity strategy, the health centre’s strategic plan and the Neighbourhood Renewal Strategy plan for the western suburbs of Melbourne as a whole.

Thus there is evidence that the *Braystone Project* has become a ‘lighthouse’ project for a number of policy-making organisations in the local community; an example of what could be achieved with limited financial provision, but the commitment, enthusiasm and hard work of individuals, and the support of a strong network of evolving partnerships. From this perspective, the project has strong potential for sustainability. It had become an integral part of an identifiable movement in policy towards a more socially inclusive conception of ‘food relief’ for the disadvantaged residents of the inner western suburbs of Melbourne.

Context of the Braystone Project

Specific aspects of the context that appeared to be important in the successful development and continued implementation of the *Braystone Project* included, particularly:

1. The existence of a strong network of public health agencies and partnerships in the western suburbs of Melbourne that Westnet was able to access and become an active member of. A number of individuals together with various forums organised by member agencies of this informal network provided the project with an enriched understanding of the concept of food insecurity as well as on-going practical support and links to potential funding sources.
2. The coherence and strength of the WestNet organisation as a long-term provider of day services to intellectually handicapped people in the municipality.
3. The availability of existing physical infrastructure at WestNet that could be used for the fruit and vegetable ‘shop-front’ and storage facility together with a client transport vehicle that could be annexed to operate as the mobile market.
4. The presence of an organisational structure of client ‘programs’ that facilitated the conception of the fruit and vegetable service as a pre-vocational program and thus part on the suite of educational and pre-vocational services available to clients.

5. A strong advocate for the project among the senior WestNet staff who provided on-going management support for the project within WestNet, maintained continuing contact with the 'network' of supportive agencies and successfully publicised the project within the network.
6. A set of congruent organisational values to which the project idea was readily assimilated, particularly the view that WestNet was obligated to "give something back" to the community that supported it and the concept of SVR or valued status that validated the role of the WestNet clients as, themselves, providers of services to the community.

WestNet might thus be seen as an organisation that was appropriately situated and 'ready' for the specific ideas and activities in relation to urban food insecurity that became central to the *Braystone Project*. There appear to be four broad aspects of 'readiness' that were particularly important: (a) Congruent values; (b) an appropriate organisational structure; (c) supportive relationships with an established public health network; (d) an active and effective project advocate.

Enablements and Constraints

In relation to the three general enabling factors that were argued to underpin successful and sustainable project development and implementation, the data gathered in this case study of the *Braystone Project* pointed clearly to the powerful roles of affordances and support. While a strong or coherent *a priori* conceptual model for the project was not provided in the initial program documentation, a particular conception of the project as a 'program' within the WestNet suite of educational and pre-vocational programs developed for its clients also appeared to be critical for sustainability.

Affordance

When offered the opportunity by the food insecurity project officer from the municipality to become involved in making a contribution to the broader Food Insecurity Demonstration Project, WestNet staff immediately recognised an opportunity that would be well-matched with their policies and practices, and meet important pre-vocational, educational and social needs of their adult clients with intellectual disability. As discussed above, WestNet also had available facilities that would suit the development of a shop-front and delivery service for fresh fruit and vegetables. Further, the organisation had previously been engaged with food insecurity issues through its participation in a local 'delivered meals' program and with 'enterprise' programs through an earlier 'trophy shop' and the manufacture of industrial plastic bags.

Support

WestNet accessed a wealth of formal and informal support during project development and implementation. Formal support was available from one of the joint-funding institutions, VicHealth, in a variety of forms including facilitation of linkages with other support agencies, organisation of food insecurity forums, and co-ordination of meetings

between various people involved with the Food Insecurity Demonstration Projects more generally and with the team conducting this evaluation. Less formal, but equally valuable continuing support to the *Braystone Project* and related emerging food insecurity activities at WestNet was provided by the local community health centre, the municipality, the regional office of the Department of Human Services and a member of a fruit-growers association.

Conceptual Model

The original Food Insecurity Demonstration Project documentation did not contain a clearly articulated conceptual model of food insecurity or programs for addressing it (e.g. a program logic or program theory). This does not appear to have been an impediment to successful project development. Rather, it may have been a positive feature of the way the Demonstration Project was conceived and introduced to potential project developers as it encouraged the active exploration of the issue at a community level and the development of creative 'local solutions'. The developing awareness and knowledge of WestNet staff of the food insecurity issue appeared to have been greatly facilitated by attendance at local food insecurity forums and contact with supportive local networks.

Subsequent formalisation of the concept of the *Braystone Project* as a WestNet 'program' enabled the organisation and its management board to provide continuing in-kind and additional financial backing as the project developed.

Constraints

Constraints on project implementation were largely local and administrative and were being continually and actively addressed by WestNet. The most important appear to have been issues associated with parking and food service regulations, which initially constrained the development of signage and restricted shop-front opening hours. Also, the yearly and daily time-tables that WestNet has for its clients had the potential to impact on shop opening hours after the administrative barriers to extended opening had been addressed, and on maintenance of regular year-round market stall visits.

Mechanisms

A small number of possible mechanisms were included in the multi-level model of project sustainability presented in an earlier section of the report. These mechanisms were viewed as on-going processes that resulted from specific enabling strategies acting in the particular organisational and community context. Underpinning the specific mechanisms was a general model of incorporation of the project into the on-going practices, policies and values of the organisation, and the parallel development of the organisation in response to the challenges of implementing the new project. The following mechanisms were tentatively identified as being critical for the sustainability of the *Braystone Project*.

On-going Project Development

WestNet appeared to be continuously active in reviewing the balance between the various activities that constituted the *Braystone Project* and in seeking out and responding to

possibilities to develop these activities in various directions. This development/re-development cycle was especially evident in the active attempts made by WestNet with support from one partner agency to locate additional appropriate venues for the mobile market stall. It was also evident, however, that WestNet had not been able to develop and implement effective project monitoring and evaluation strategies. The successes of the project were publicised informally through the various networks and forums that WestNet was linked to, rather than on the basis of formally presented internal monitoring and/or evaluation reports. The need to develop relevant capacity at WestNet, framed as the need to support management of the *Braystone Project* as an ‘enterprise’ was recognised in the form of an application (albeit unsuccessful) to a charitable foundation for support to establish a limited-term position for a project ‘development officer’.

Maintenance of Partnerships and Continuing Support from Project

Advocates

An outstanding feature of the strength and commitment of the public health network in the western suburbs of Melbourne was the support provided to the *Braystone Project* by a number of advocates. This support has been documented elsewhere in this report. It was apparent that such support was the result of a two-way process in which the ‘internal’ project advocate maintained contact with members of the network who were, consequently, able to identify issues and opportunities where they could provide information and support.

Development of a Congruent Policy Position

WestNet (both the Board and management) was committed to the conception of the *Braystone Project* as a valuable pre-vocational and educational ‘program’ and were thus prepared to support it at a level commensurate with the cost of other programs (in this sense, the *Braystone Project* can be said to have become ‘routinised’ at the organisational level). This ‘programmatic’ conception of the project was also linked to the ‘valued status’ goals of WestNet. The *Braystone Project* was seen as an important vehicle through which the practical and social skills of the clients, their self-confidence in interacting with members of the wider community, and their self-esteem could be developed and maintained. It was thus situated centrally in the policy discourse that framed the mission of WestNet as a community provider.

This programmatic conception of the *Braystone Project* might also be thought of as an ‘emergent’ conceptual model for the project; a model that was intrinsic to the particular context of WestNet and that was almost certainly formulated by WestNet staff as they grappled with project development and implementation issues within their organisational and management structure.

5. Sustainability of the Subsidised Café Meals Project

Following the pattern established for the discussion of the sustainability of the *Braystone Project* above, project outcomes are addressed first, followed by the first

three components of the model for sustainability: context, enablements and constraints, and mechanisms.

Outcomes of the Subsidised Café Meals Project

Outcomes for Clients

Stakeholders identified a range of ways in which the *Subsidised Café Meals Project* was benefiting the targeted clients. These perceived benefits (or outcomes) could be broadly grouped into three categories: health, social and economic outcomes. It should be noted that although discussed separately here, we would argue that project effects should be viewed as interrelated and cumulative.

Health

To gain an understanding of how the project might be influencing the health of café meal participants, referral workers were asked to describe whether they had noticed any changes in the physical appearance of clients, frequency of eating and type of food being consumed. Together these indicators may be suggestive of an improvement in general health and nutritional status. Referral workers and café proprietors drew on a number of personal stories to illustrate how they felt the *Subsidised Café Meals Project* had contributed to positive health outcomes for their clients. Four main methods of enhancing client health were identified from these narratives.

First, weight gain was mentioned by many workers as being a tangible aspect of the project. They described how clients reported eating more nutritional food on a more frequent basis as a result of improved access to “appetising meals”. They further explained that clients were “really enthusiastic that they have choice” and this helped to encourage them to eat more regularly. As a result “their nutrition has vastly improved”.

It is worth quoting in full the comments made by one worker who described the general health benefits he had observed in a homeless café meals client:

“I have just started working with a guy who is sleeping in a park underneath a bridge and it is great to be able to take him out for a warm meal. Something that he can actually eat that is not canned or crappy. And it has just been over a week, but he looks so much better, his face, his skin, everything is just really improving in a short period of time. So health, a huge difference to that guy. He was just living on just the flat Lebanese bread, that was it, that was his diet. So its fantastic.”

Another way in which the project was seen to potentially improve client health was through increasing knowledge about food and sparking interest in healthy eating. Several referral workers described how they had begun to see clients slowly becoming more aware of nutrition, getting ideas about what they would like to cook and ultimately becoming motivated to cook meals for themselves at home.

There was also some evidence to suggest that along with referral workers, café owners could act as an important source of motivation to clients with respect to eating healthy food and improving cooking skills. For example, one of the café owners explained how he often encouraged clients to choose the more nutritious meals on the menu, rather than opting for fried or fatty foods. Another proprietor spoke about regularly engaging in dialogue with clients about food and food preparation.

Third, the project also helped to provide structure and stability that could lead to health gains, particularly in the lives of “chaotic individuals” who prioritise drugs and/or alcohol over food. Workers noted that it is not unusual for those who are substance dependent to spend entire welfare payments on drugs or alcohol, rather than food:

“With some of those real chronic alcoholics who tend to not eat for four and five day periods and just getting a meal down their neck. It is kinda just keeping them alive and that is how valuable it is.”

The following vignette from a referral worker illustrates an instance where the *Subsidised Café Meals Project* provided a daily routine that led to a reduction in alcohol consumption:

“[One client] is a chronic alcohol abuser but it makes her get out now to have a meal and it has actually depleted some of her alcohol intake because she tries to remain sober to have a meal.”

Some café owners facilitated structure and stability by allowing people to pay for a week of daily meals in advance “on pension day”. Having a staple food supply that allows an individual to settle in to a regular eating pattern is likely to impact positively on other aspects of the individual’s life, such as nutritional and health status.

A final way the project was seen by stakeholders to influence the health condition of clients was by providing an incentive to engage in physical activity by “walking down to a café for a meal”. This was seen to be particularly important for socially isolated clients who lack the incentive to “get out and about”.

Social

There was unequivocal agreement among the diverse stakeholders interviewed for this evaluation that a major strength of the *Subsidised Café Meals Project* was the potential to produce a range of positive and interdependent social outcomes for the client group. Most of the interviewees felt that social benefits were enhanced when clients decided to eat in at a café rather than take food away.

In the short-term, stakeholders felt that the project simply provided clients with the opportunity (or as a café owner explained “incentive”) to increase their social interaction. This occurred through personal contact and communication with staff at the café as well as other patrons. There was also evidence to suggest that a number of clients dined at cafés together or brought family, friends or partners. For example, a café owner described how a number of clients regularly got together “like a family” and sat down for a meal together.

The following extract from an interview with the project co-ordinator highlighted one of the ways in which the project facilitated social contact among what is a largely marginalised client group:

“...people want to eat and have the urge to eat and so they go to eat and that encourages the social interaction and there may not be that potent motivator elsewhere to do that. So it acts as a really good motivator to get people out.”

An ancillary benefit of increased social interaction is the chance to improve interpersonal skills that clients “can lose in being socially isolated”. One of the café owners, for instance, spoke in some detail about how he tried to create an environment where people could interact and feel comfortable eating in – “we don’t make them feel like outcasts...we try to build their confidence and trust”. This may help to produce “a noticeable improvement in social skills over time”.

In the longer term, stakeholders perceived that the project could build on these immediate outcomes to reduce social isolation and promote social inclusion. There was an overall agreement among stakeholders that social inclusion, in the case of the *Subsidised Café Meals Project*, typically referred to increasing a socially marginalised person’s integration into the community. In the words of the co-ordinator, the project sends the message that “You are part of this community and you can eat where everyone else eats”. As the following statement illustrates, in contrast to the *Subsidised Café Meals Project*, traditional ‘delivered meals’ food programs were seen by the majority of stakeholders to be “a socially isolating service”:

“I think social inclusion is the word. We deliver meals to people at home, they stay at home until the meal arrives. We are basically encouraging them to be isolated. My feeling is that we need more expansion of these services into café meal type programs because it includes people in the community rather than isolates them.”

Stakeholders explained that over time café meals clients began to feel a sense of belonging, a sense that they were a part of the community not apart from the community. The clients enjoyed “the whole social aspect, the talking and being served, [the staff] recognise them and call them by their first name...they feel part of that little community”. Being able to attend a “mainstream” café was described as “a normalising experience” that helped clients to feel and stay connected with society. One worker described the benefits of a social dining experience as follows:

“People go to restaurants every day. These people don’t. It’s nice for them to get out and have a meal that they can choose like normal people. It helps to get their dignity back...helps them survive and go ahead – not just in the sense of food, but contact with people. They are grateful to feel normal for a while”.

A number of stakeholders suggested that a related social outcome of the project was an improvement in confidence and self-esteem. One way in which this was achieved was by providing a “dignified eating option”. That is, a community food option that involved a stronger element of choice than, say a soup van. There are many similarities in the

stakeholder narratives around this theme with the idea of social role valorisation (SVR) introduced in the discussion of the *Braystone Project*.

The project co-ordinator described how accessing a café meal helped to encourage a sense of valued status in the client – “they feel that they are a worthwhile community member just being in a café where everyone else eats...they are not outside the community they are a part of it”. In a similar vein, a referral worker provided the following example, which illustrated how the reciprocal notion of SRV can work in practice:

“Two clients who I work with at a rooming house were really difficult to engage with initially. The café meals card suddenly gave them a bit more confidence and they actually spoke at the launch at the City of Yarra. And these were two guys that wouldn’t speak at anything...I still remember the words he said ‘For the first time I don’t feel like I’m on the outside looking in. I’m actually inside, and part of things’”.

The same referral worker provided an interesting example of an unintended social outcome that resulted from the *Subsidised Café Meals Project*. He described how the project had assisted in reducing endemic violence at a particular rooming house by bringing people together and countering the fear and antagonism that had built up as a result of a lack of communication among residents – “food is a very useful way of bringing people together and reducing aggression”.

Economic

Stakeholders were invited to identify and discuss whether and how the project might be contributing to positive economic participation outcomes for clients. Interviewees raised two main economic benefits: the financial gain from a subsidised meal and improved potential to engage with work.

Firstly, since the cost of a meal is subsidised, clients are only required to contribute two dollars of the total price. This can be financially beneficial to a welfare recipient who lives in an area where gentrification has raised the price of essential commodities. For example, one referral worker explained that as a consequence of the reduced price many clients “have a bit leftover and they can buy a newspaper or a litre of milk and that makes a heck of a lot of difference to their day”. Furthermore, the ability to budget for meals by paying a week in advance, or simply putting aside some money on pension day, was seen to be another example of how the project can be an economic ‘safety net’ for low-income earners.

Stakeholders tended to focus more on these tangible economic outcomes, because “from an employment perspective we haven’t seen a lot – you need a really high-level of support to get people into work”. Nevertheless, there was a general consensus that in the longer term it was plausible that the project, in combination with other initiatives, could increase the capacity of a person to engage with work. For example, one of the café proprietors explained how she had noticed significant improvement in the personal hygiene, appearance and social skills of some clients since they first started coming to the café. In her words:

“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 job.”

Although it is unlikely that the *Subsidised Café Meals Project* directly leads to employment, it seems reasonable to assume that, at the very least, positive social engagement with café proprietors and staff can help to increase confidence, pride in one’s appearance, communication skills and other social competencies that can increase the potential for a person to gain employment. As one stakeholder noted, the project is:

“a piece in the jigsaw puzzle for people...when people are better nourished they are able to function better as well. So all the other effects [such as employment] tend to flow on from the health and social welfare benefits.”

Perceived Outcomes for Organisations and the Community

Stakeholders interviewed for the evaluation of the *Subsidised Café Meals Project* were invited to comment on the ways in which they felt the project was valuable to both the agencies involved and the wider community. Five main categories of organisational and community outcomes were identified.

Client Engagement

A number of referral workers spoke about how they used the project as a tool to engage with clients. The workers explained that disadvantaged clients who had been living outside the mainstream often develop a general mistrust toward health and welfare agencies. Being able to offer someone a café meals card sent a positive message and “gives clients a lot of hope” because “it is something tangible and immediate that they can do something with”.

Several workers elaborated on this, recounting how the project assisted in the process of building rapport and trust with a client; “you can take them out, socialise and then work out different issues through sitting down with them and having a meal”. One worker provided a longer narrative where she detailed precisely how the café meal card has helped her to connect with clients and make positive progress to addressing issues:

“When you are sitting there in a café it is very normalised for them, so you can have certain conversations that maybe you wouldn’t have when they are sitting in their flat and you are focussing on other things. So sitting there in a café it is very social, they feel quite normal about doing that so you can engage in a slightly different way. That is how I have found it. So you mightn’t be sitting there with your book and working stuff out but it tends to lead onto something else, maybe the following week you will follow up stuff that has come out of a conversation.”

Development and Consolidation of Partnerships

Another major outcome that can be directly attributed to the *Subsidised Café Meals Project* is the positive relationships that were formed among project partners. Organisations (and indirectly clients) were able to benefit in various ways from new and enhanced linkages

among service providers as well as the business sector in the City of Yarra. For example, stakeholders reported that secondary referral to allied health and welfare services had increased because there is now a greater understanding and utilisation of each other's services. Some examples were also provided where café owners had acted as a positive referral conduit to health services in situations where a customer required assistance.

Increased Awareness of Food Insecurity

Stakeholders felt that as a consequence of the *Subsidised Café Meals Project*, café owners, referral workers and the broader community had a heightened awareness of food insecurity and a greater ability to address food insecurity determinants. There was a strong consensus that participation in the project, particularly the resources, training and support, had provided another option and equipped referral workers with new skills and greater confidence to address food and nutrition issues with clients as part of a holistic approach to case management. As one worker stated:

“There generally isn't much dialogue around food with clients but [as a result of the project] I am just more aware when I see other clients who are experiencing food related issues.”

Capacity of the Project to Reduce Discrimination in the Community

Stakeholders also highlighted the capacity for café meals to contribute to reducing discrimination against clients. The co-ordinator noted that the project had “raised awareness amongst the wider community about disadvantaged groups and their needs and rights to access food”. Others supported this view explaining that the project helped to tackle community stereotypes and myths about welfare recipients. This was seen to be particularly the case among the business sector in an area that over the past decade had witnessed considerable animosity between traders and injecting drug users.

A number of referral workers expressed their views on how they felt the project worked to break down the barriers that manifest between marginalised groups, traders and the wider community. Essentially, they were of the opinion that the project “draws them [the café owners and patrons] into a space that they normally wouldn't be allowed access or feel comfortable” and as another worker commented, the clients “are not people you bump into everyday unless you are stepping over them”.

Some café owners supported this perception, explaining that they had a better understanding of the needs of the target group since becoming involved in the project. For example, one proprietor spoke about his change in attitude toward those who are dependent on illicit substances – “I now take a different more caring approach to customers”.

Benefits for the Participating Cafés

Finally, a positive outcome for the café proprietors was the chance to use their involvement in the project to raise their profile in the community. One of the participating café's had promoted participation in the project through local press and media. Some of the referral

workers noted that although financial gain should not be a primary incentive for café's to participate in the project, they felt that increased goodwill could lead to an increase in the number of patrons.

Context of the Subsidised Café Meals Project

The recent work of Johnson et al (2004) discussed in the second section of this report was found to be particularly useful in organising and interpreting the data relating to sustainability of the *Subsidised Café Meals Project*. To briefly summarise, Johnson et al suggested that there were five 'capacity-building factors' that need to be addressed to sustain projects and five 'sustainable innovation factors' that increase the potential for sustainability in the longer term. Our analysis tentatively identified the capacity-building factors as specific examples of the influence of the program *context* and the sustainable innovation factors as possible *mechanisms* in the generation of outcomes related to sustainability. While there is some overlap between the capacity-building factors and the sustainable innovation factors in the account of Johnson et al, and hence between context and mechanisms in our analysis, all examples of capacity-building factors from the analysis of the *Subsidised Café Meals Project* will be addressed in this section while the sustainable innovation factors will be dealt with under the heading of 'mechanisms' below.

Administrative Structures and Linkages

Johnson et al (2004) suggested that the agency responsible for delivery and management of a new project must have sound administrative structures and adequate linkages among key stakeholders. In the case of the *Subsidised Café Meals Project*, the implementing organisation, NYCH, was seen by stakeholders to demonstrate the capacity to carry out responsible administrative and oversight functions such as the management of finances. Furthermore, effective collaboration among project partners such as local government, businesses and community agencies was an important factor in enhancing sustainability 'readiness'.

Project Advocates and Leaders

It is argued that capacity building for sustainable projects also requires the presence of successful advocates (frequently referred to as 'champions' in the literature) and leaders. The literature strongly suggests that without influential players to promote a new innovation, it is likely to fail. One of the major strengths of the *Subsidised Café Meals Project* was the presence of effective and multiple community leaders outside the implementing organisation who have played an important advocacy role (e.g. City of Yarra, local business and referral agencies assisting with funding submissions to HACC). Most critically though, the NYCH project co-ordinator with the support of management was an enduring champion who helped create an environment that assisted in sustaining the project.

Resources

The literature also suggests that adequate initial and on-going resources are required to support new projects. With respect to financial resources, the development and expansion

of the *Subsidised Café Meals Project* was made possible through the ‘one-off’ injection of funds through the DHS/VicHealth food insecurity demonstration project grant. Financial stability of the project was secured through recurrent HACC flexible service funding. Human resources are, however, also significant and a number of stakeholders felt that 0.1 EFT staff time allocated by NYCH to project co-ordination and management was restricting the ability to perform strategic project functions such as maintaining collaborations and evaluative data to ensure support, demonstrate effectiveness and provide continuous feedback for improvement.

Policies and Procedures

Johnson et al (2004) further proposed that there need to be adequate policies and procedures in place to sustain an innovation. Although the *Subsidised Café Meals Project* appeared to have become informally ‘routinised’ within the operations of NYCH, the referral agencies and the cafés, some stakeholders noted that official policies had not been adopted.⁴⁸ Johnson et al argued: “failure to develop formal policies and procedures can create political obstacles to sustainability, sending mixed messages about the desirability of the innovation and expectations for sustaining it”.⁴⁹ Development and implementation of prescribed procedures would help ensure that attrition of project supporters, champions and staff does not pose problems for the continuation of the project within organisational routine.

Expertise

Finally, expertise was seen to be important in building organisational and community support for developing projects. Expertise refers to a range of technical and strategic skills required to manage and lead a health promotion project including research and evaluation competencies, communication and data presentation skills and knowledge of funding acquisition. The *Subsidised Café Meals Project* has continued to address this criterion by drawing upon a range of expert advice from VicHealth, universities, consultants, community agencies, businesses and local government to assist in demonstrating effectiveness and ensuring that some planning for sustainability was undertaken at the initial funding stage.

Enablements and Constraints

The data gathered for the evaluation of the *Subsidised Café Meals Project* did not provide such a rich opportunity for analysis of the various categories of enabling and constraining conditions as those gathered for the evaluation of the *Braystone Project*.

⁴⁸ The *Subsidised Café Meals Project* has, in one sense, been officially recognised at State and Commonwealth levels and thus successfully institutionalised, in that it has received on-going HACC funding (see preceding paragraph). The present comments refer to the apparent lack of recognition of the program or the food insecurity issue in the formal policies of the organisation and local municipality.

⁴⁹ Johnson et al (2004), p. 144.

Similar to the *Braystone Project*, however, there does not appear to have been a strong *a priori* conceptual model for *Subsidised Café Meals*. The idea for the present café meals project was derived, at least in part, from a previous attempt to implement a similar program in a neighbouring municipality. The rationale was developed from an analysis of the linkages between homelessness, food insecurity and health, and consultation with the homeless population in the municipality that provided evidence about the scale and intensity of the problem.⁵⁰ The program also aimed for a more socially inclusive alternative form of food relief to traditional delivered meals programs.

Additionally, in a similar manner to the *Braystone Project*, support from a network in and beyond the municipality was very significant, although here it appeared less clearly based on formal linkages with public health agencies (aside from the formal ‘operational’ linkages with the agencies that referred clients to the project). This is quite possibly because the implementing organisation was, itself, a provider of diverse community health services and was thus available to provide much necessary support to the project coordinator and advocates *internally*.

Finally, the opportunity afforded by the timely VicHealth/DHS program call for proposals appears to have been critical in providing the impetus and the small amount of funding necessary to enable the transformation of the small City of Yarra café meals project into its larger and more viable present form.

Mechanisms

In addition to the five capacity-building attributes discussed above as aspects of the project context, Johnson et al proposed five sustainable innovation factors that projects should attempt to address. We have tentatively identified these sustainable innovation factors as mechanisms in the sustainability logic model.

Stakeholder Congruence

First, a new health promotion innovation should match the needs, dispositions and practices of stakeholders. To do this it must be easy to implement, effective and, particularly, congruent with the philosophical orientation of participating agencies. This appears to be the case with the *Subsidised Café Meals Project*. For example, referral workers consistently highlighted the benefits of the project for the case management of clients, and cafés spoke of the straightforward nature of the membership card and invoicing system. A unifying concern for social justice and the welfare of vulnerable groups was evident among all referral agencies and the majority of cafés. From the perspective of the intertwined processes of ‘incorporation’ and ‘organisational development’ highlighted as overarching mechanisms, it is apparent that the community of public health and welfare workers in the North Yarra community shared a common commitment to social justice and inclusion in their work with clients, and a preference for diversified ‘case management’ as an intervention strategy. These characteristics within the professional community provided a

⁵⁰ Doljanin, K. and Olaris, K. (2004). Subsidised Café Meals Program: more than “just a cheap meal”. *Australian Journal of Primary Health*, 10, 54-60.

ready match between the new project and current practice and facilitated the incorporation of the project into the work of NYCH. Organisational development has, however, been limited to practice within the network of agencies implementing the project. It has not, as yet, resulted in the incorporation of issues associated with food insecurity into municipal and local public health policy.

Positive Partnerships and Working Relationships

Second, it was argued that a sustainable project must establish and maintain positive relationships among stakeholders. One of the most important strengths of the *Subsidised Café Meals Project* has been the establishment and maintenance of effective partnerships between community referral agencies, café proprietors and other key stakeholders. Participants in this study repeatedly highlighted this. Although community consultation and partnership building is labour intensive, the *Café Meals Project* shows how important it can be for sustainability of new innovations. The challenge is to ensure that the initial work undertaken in building collaborations through a ‘personal approach’ is preserved as projects develop and evolve over time, particularly if there is turnover of primary stakeholders and/or new stakeholders become involved.

Demonstrating Effectiveness

The third and fourth sustainability factors can be combined. They refer to the importance of demonstrating effectiveness by conducting process and outcome evaluation and using the results to ensure implementation quality, integrity and project effectiveness. Even if a project meets user needs and ensures quality relations among partners, it is still unlikely to be sustainable if it cannot demonstrate through plausible evaluation that it ‘works’. The fidelity and robustness of *Subsidised Café Meals* processes have been assessed through continuous monitoring of client usage, and an internal and external evaluation. According to the project co-ordinator, “in terms of sustainability, documentation and recording outcomes is important”. The present evaluation built on this earlier monitoring and evaluation work.

Strengthening Community Involvement and Support

Finally, to produce sustainable outcomes in the longer term it was argued that projects need to strengthen ownership and encourage community involvement. This suggests that the *Subsidised Café Meals Project* is more likely to become ‘institutionally’ viable if a range of individuals and agencies personally (and politically) commit to the project and advocate for: (a) The expansion of the specific project in the City of Yarra; (b) replication of the idea to other areas; and (c) furtherance of a socially inclusive food insecurity agenda at a broader policy level. Although it was noted on many occasions that the project enjoyed considerable support among present agency partners it was felt that more needed to be done to encourage local council members, business leaders, the media, state government and others to become more actively involved in the issue of food insecurity. One stakeholder suggested that the food insecurity steering committee could play an important role in this regard.

6. Summary and Conclusion

The Braystone Project

When offered the opportunity by the food insecurity project officer from the local municipality to become involved in making a contribution to the broader Food Insecurity Demonstration Project, WestNet staff immediately recognised an opportunity that would be well-matched with their policies and practices, and meet important pre-vocational, educational and social needs of their adult clients with intellectual disability. WestNet also had available facilities that would suit the development of a shop-front and delivery service for fresh fruit and vegetables. Further, the organisation had previously been engaged with food insecurity issues through its participation in a local delivered meals program and with enterprise programs through an earlier ‘trophy shop’ and the manufacture of industrial plastic bags. Subsequently, formalisation of the concept of the *Braystone Project* as a WestNet ‘program’ enabled the organisation and its management board to provide continuing in-kind and additional financial backing as the project developed.

Notwithstanding this conception of the *Braystone Project* it was argued in the evaluation report that sustainability in the longer term appeared to rest on it becoming a more systematic ‘enterprise’, although not necessarily a fully self-financing one (when all costs are taken into account). To achieve continued financial sustainability, the various aspects of the project (market stall, individual delivery service, shop-front, regular and ‘one-off’ provision to schools) needed to operate at a level that would: (a) Offer WestNet some potential reduction of the ‘in-kind’ and direct financial support that is presently provided; and (b) continue to provide WestNet clients with the valued outcomes that the project can deliver. From this perspective, it will be necessary for WestNet and its partners to maintain a continued focus on developing those elements of the project that can successfully address the twin objectives that have emerged for it: Addressing food insecurity among the ‘target’ groups in the municipality, and providing meaningful pre-vocational, educational, health education and social experiences for the WestNet clients.

At the level of institutional sustainability (‘standardisation’ in policy) there is evidence that the Braystone Project has become a ‘lighthouse’ project for a number of policy making organisations in the local community; an example of what can be achieved with limited financial provision, but the commitment, enthusiasm and hard work of individuals, and the support of a strong network of evolving partnerships. From this perspective, the project has clearly strong potential for sustainability; it is an integral part of an identifiable movement in policy towards a more socially inclusive conception of ‘food relief’ for the disadvantaged residents of the inner western suburbs of Melbourne.

The Subsidised Café Meals Project

Sustainability of the *Subsidised Café Meals Project* at the organisational level (‘routinisation’) has been largely achieved through effective capacity-building strategies - good linkages,

hard-working project advocates, adequate resources, sound policies and procedures and expertise. Additionally, the project has provided a strong foundation to begin building on sustainability within institutional policy structures ('standardisation') through engaging strategic stakeholders and plausibly demonstrating the success of this project. For example, although the City of Yarra does not have a statutory food insecurity mandate, it was noted that members of the *Subsidised Café Meals* reference group were providing input into the development of the new Municipal Public Health Plan, which may result in food insecurity receiving formal status.

This project also provided inspiration to other local areas that are seeking to address similar food access issues. It was noted that there have been many expressions of interest by other councils and recently the City of Moonee Valley commenced development of a café meals style project in their municipality. There has also been some policy activity around the issue of food insecurity resulting from the *Subsidised Café Meals Project* at the regional level through a Primary Care Partnerships Community Health Plan and, at state level, through the DHS Neighbourhood Renewal Program. In this sense, the project can be interpreted as a successful practical driver of an emerging movement toward addressing food insecurity in the longer-term through 'standardisation' of state level rules and policies.

Appendix 1: Evaluation Questions and Research Methods

Program Theory as an Organising Framework

This appendix describes the methodology and data collection procedures employed for the two evaluations.⁵¹ Program theory was used as an organising framework for the development of a set of general evaluation questions and research strategies.

As a first step, ‘vulnerability’ was identified as a central theoretical concept in the international food insecurity policy literature. Chambers definition is frequently quoted.

Vulnerability here refers to exposure to contingencies and stress, and difficulty in coping with them. Vulnerability thus has two sides: an external side of risks, shock and stress to which an individual or household is subject, and an internal side which is defencelessness, meaning lack of means to cope without damaging loss.⁵²

It was argued, however, that typical applications of the concept to food insecurity failed to distinguish sufficiently clearly between factors that might be thought of as social and environmental determinants on the one hand, and, on the other, factors that were intrinsic to the individuals, households or communities being considered.⁵³ In addition, Chambers’ definition reduced the wide variety of possible individual, family and community characteristics that may be related to food insecurity to one general ‘deficit’, namely “defencelessness”. An alternative conception of vulnerability was developed that avoided the connotation of deficit in Chamber’s definition and highlighted the interaction between: (a) Social determinants and neighbourhood factors; and (b) individual, family and community characteristics and relationships. It was proposed that this interaction was critical in activating the mechanisms that lead to vulnerability and subsequently to the individual, family and community outcomes typically associated with food insecurity. This conception of vulnerability informed the development of simple logic models for the two food insecurity projects and the development of specific research questions.⁵⁴

Evaluation Questions

The following general evaluation questions for both food insecurity projects were derived from information available in the evaluation brief, initial consultations with key

⁵¹ More specific details on the research methods used are available in the separate evaluation reports.

⁵² Chambers, R. (1989). Editorial Introduction: vulnerability, coping and policy. *IDS Bulletin*, 2, (2) p 1.

⁵³ For additional relevant arguments see Dilley, M. & Boudreau, T. E. (2001). Coming to terms with vulnerability: a critique of the food security definition. *Food Policy*, 26, 229-247.

⁵⁴ See the detailed evaluation reports for the theoretical model of food insecurity and the specific logic models for each project.

stakeholders, program documentation, the broader food insecurity literature, the analysis of the concept of ‘vulnerability’ as applied to food insecurity and the preliminary logic models for individual-level and sustainability outcomes. The specific evaluation questions listed below were indicative only. It was anticipated that additional questions would be developed and addressed as the various logic models were actively applied to develop detailed interview schedules, and as data become available from early stakeholder interviews.

Project Outcomes for Individuals

Have the projects relieved food insecurity by increasing access by the recipients to affordable, nutritious and culturally appropriate food, and, through increased access, possibly contributed to positive nutritional outcomes? Positive nutritional outcomes may include:

1. Eating more frequently;
2. Eating more nutritious meals;
3. Increased awareness and knowledge of nutritional issues.

Have the projects contributed to positive social outcomes for the participants? Positive social outcomes may include:

1. Increased social interaction;
2. Increased community acceptance (less discrimination);
3. Improved potential to engage with work.

Outcomes for the Project and Organisation

Do the projects demonstrate the *potential* for sustainability in the medium term?

1. Have the projects become integrated into the on-going practices of the organisations?
2. Have the organisations continually monitored project success, disseminated findings and modified the design and implementation of the project if necessary?
3. Have the organisations continued to seek and maintain ‘internal’ and ‘external’ support for the project?
4. Do the structures and procedures of the organisations, and other relevant agencies facilitate project implementation?
5. Has inter-agency cooperation improved as a result of the projects?

6. Has organisational understanding of the food insecurity issue, and capacities to engage with the issue changed as a result of implementing the pilot projects?

Outcomes at the Community and Policy Level

1. Is there evidence that community organisations and policy-making institutions in the municipalities have an increased understanding of the issues raised by food insecurity?
2. Have policy-making institutions formally incorporated the food insecurity issue in relevant policy statements?
3. Is there a continued commitment to support the food insecurity projects and similar initiatives in the municipalities?

Strategies and Processes in the Project that Facilitated or Hindered Achievement of Outcomes

What were the particular features of the projects that may have contributed to positive outcomes or, alternatively, hindered their achievement?

1. Recipient identification and/or referral strategies;
2. Strategies to sustain recipient and stakeholder involvement in the project.

What factors are helping or, alternatively, hindering the projects in achieving their objectives?

1. Aspects of the organisation and implementation of the projects themselves?
2. Aspects of the auspice organisations?
3. Inter-agency communication and cooperation?
4. Aspects of the health and other systems?

Possible Improvements to Projects to Facilitate Success

1. What changes to project design and procedures could be made to strengthen the projects in relation to their social, food insecurity and sustainability objectives?
2. What changes to organisational structure and processes, and inter-agency relationships could be made to strengthen the projects?

Evaluation Methodology

As outlined earlier, the general objective of the evaluations was to assess the sustainability, outcomes and impacts of the food insecurity projects a year after the completion of the initial funding from VicHealth and DHS. In relation to outcomes for the project recipients there was specific interest in the social integration and economic participation of recipients, including the potential outcome of reduced discrimination.

Mixed-method approaches accessing both qualitative and (where available) quantitative data were planned to address these evaluation objectives. Research methods were designed to combine and integrate information from:

1. Formal records of project processes and outcomes;
2. Available 'base-line' data on project 'outputs' (recipients attending programs etc.);
3. Reflective, interpretive and evaluative contributions from relevant service providers, project recipients and other community stakeholders; and
4. Informal observations of the project in operation during site visits by evaluation staff.

The evaluations each consisted of four phases:

1. Document review and consultation with project officers and VicHealth staff;
2. In-depth interviews with project and agency personnel, including personnel from referring and other associated agencies;
3. Interviews with direct program participants, including (a) The café proprietors involved with the *Subsidised Café Meals Project*, (b) the *Braystone Project* 'clients' - the people with intellectual disabilities who worked on the project, and (c) recipients of the project activities (the rooming house residents and homeless people who were recipients of the subsidised café meals, the elderly and disadvantaged customers of the *Braystone Project*);
4. Results synthesis, both within and across projects, revision and extension of the logic models for individual-level project outcomes and project sustainability, preparation of the final reports.
