

Exploring New Food Service Models for HACC Special Groups

Case study 1: Café Meals Program, Yarra VIC

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

The Café Meals Program is currently feeding 50-60 homeless people in Yarra (2004 stats). It targets those who are homeless (or at risk of becoming homeless), who find it difficult to prepare their own meals, who find that options such as council-delivered meals or cheap communal dining establishments are not suitable for them, and who have no other prepared meal options that are appropriate for them in the community.

Each person is provided with a **membership card** that can be used once per day to purchase a meal (to the value of \$8.80) for the price of \$2.00 at any of four participating cafes or restaurants. Clients are re-assessed every 6 months.

The program empowers clients by giving them control over when, where and what they will eat. It also enables the homeless person to participate in the life of the community.

The program has received recurrent funding from the HACC Flexible Service Response funding.

Some reported outcomes:

- Some participants reported an improved nutritional status (weight, glycaemic control, appetite, general sense of well-being, improvement in physical appearance).
- Improved frequency of meals was clearly demonstrated.
- Restoration of choice (e.g. choice of café) was essential to success.

Source: Doljanin, K. and Olaris, K. 2004, Subsidised Café Meals Program: more than just "a cheap meal", *Australian Journal of Primary Health* 10(3) 54 – 60.

Questions

- 1) One of the difficulties of providing CALD food services is sourcing of meals. Would this café model be a good one in your area, considering that many CALD groups eat meals in CALD-specific restaurants?
- 2) What would be the advantages and disadvantages of implementing a membership card system in your service?
- 3) What other advantages and disadvantages could you see in this model if it were to be adopted for your area, for HACC-eligible clients? What elements need to be revised?

Case study 2: CALD Food Services in the Hills (centre-based meals) – a detailed analysis of service delivery components

Hills Community Care (HCC) received some funding for CALD food services in August 2006. The aim was to provide 30 meals per week to CALD HACC clients, particularly the Korean and Maltese in the Hills and Blacktown LGAs. The following strategies were used:

Resourcing

The project shared resources with HCC's newly-funded CALD Social Day Programs (centre-based aged daycare). The two combined projects became known as CALD Services.

Project development

A Project Officer from BHHP Migrant Resource Centre was sub-contracted for 3 days/week for 6 months (October 2006 to April 2007) to lead the roll-out of CALD Services.

Community development and promotions

- A Maltese Advisory Committee was established. They met once a month for 6 months, from November 2006 to April 2007.
- The Maltese Advisory committee members supplied a list of potential clients, gathered from a Maltese Seniors Day in 2005. (The Maltese Seniors Day was organized by the Hills Community Care Forum and Multicultural Access project worker).
- A flyer and "Expression of Interest form" were developed. These were translated into Maltese and Korean with the help of NAATI-accredited Maltese and Korean volunteers.
- The flyer and EOIs were mailed to potential individual clients and posted in ethno-specific venues. The Maltese Advisory Committee members and two Korean community volunteers were instrumental.
- One Korean volunteer liaised with local churches and was able to get enough referrals to start one group.

By April 2007, Expressions of Interest were sufficient to establish one Korean and one Maltese Social Day Program, with 20 clients per group. Similar efforts were done in Blacktown LGA. Two groups subsequently opened in July and August 2007.

Staffing

From the combined funding of CALD Aged Day Care and CALD Food Services, the project was able to employ 2 Korean workers (2 days/week each), 2 Maltese workers (2 days/week each) and one CALD Services Coordinator (FT).

Food sourcing and food safety

Korean food

- Authentic hot Korean food is sourced from a Korean restaurant in Parramatta for \$10 per head which usually includes hot rice, 1 meat dish, 2 or 3 side dishes (e.g. kimchi), occasional soup and dessert (usually, a piece of fresh fruit).
- Clients pay \$9.10, which includes return transport, program activities, morning & afternoon tea.
- A food consultant provided food safety training and food safety implementation in the restaurant premises, attended by a Korean interpreter. He also inspected the premises and asked about food safety practices, among others. HCC supplied a laminated summary of food handling guidelines as well as Food Temperature Record Forms, both in the Korean language.
- HCC bus driver picks up the meals 30-45 minutes prior to consumption. Meals are transported in a hot box (travel time, 15-20 minutes). Hot box is pre-heated for one hour, to 75 degrees Celsius. Temperatures are recorded twice: upon pick-up and upon reaching destination (in HCC's Day Report). Some Korean side dishes (e.g. kimchi and spicy salads) are allowed to remain at room temperature due to natural preservative ingredients unique to the dish and as per the culturally appropriate way of handling/serving the dish.

Maltese food

- HCC's Meals On Wheels provides meals to the Hills Maltese group.
- A Maltese social centre, where the Blacktown Maltese group hires a hall, also acts as the group's meal caterer (cooked and served hot on the day). The social centre, being a licensed food provider, takes responsibility for its own food safety. HCC staff discusses the menu in advance with the Maltese kitchen staff. Temperatures are recorded in HCC's Day Report.

Questions

- 1) Which elements in the service delivery model above could you use in your service, or to develop a new service in your area?
- 2) Which elements are not applicable or relevant to your service? How would you modify these to suit your service, e.g. for delivered meals?
- 3) How would you adapt some elements of service delivery above to cater to other special groups: e.g. people with dementia, with disability, financially disadvantaged?

Case study 2 written by WSCF and used with permission from Hills Community Care, Jan 2009.

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