

# SOCIAL SPOONS

café meals project



**Pilot Evaluation Report**  
June, 2012



Funded and facilitated by  
**Inner South Community Health Service**  
Supported by other Social Café Meals Projects throughout Victoria, Australia.



*Photo 1: Social Spoons coordinator, Liza Wallis (Accredited Practising Dietitian). Photo 2: Pilot members & Social Spoons staff members enjoying a graduation lunch at the South Melbourne Commons.*

## Acknowledgements

### ISCHS Social Spoons working group:

- > Liza Wallis (ISCHS Dietitian and Project Co-ordinator)
- > Lucinda Damiano (ISCHS Dietitian)
- > Katherine Baggaley (ISCHS Coordinator)
- > Sally Carr (ISCHS Personal Helpers and Mentors Case Manager)
- > Barbara Baker (ISCHS Community Support Case Manager)
- > Jacqui Gibson (Volunteer Peer Mentor)
- > Kieran Joseph (Volunteer Peer Mentor)
- > Elizabeth Casey (ISCHS Health Promotion Coordinator)

### Social Spoons partner cafés:

- > Michael, Café Zappa, 206 Bank St, South Melbourne
- > Andrew, Bunyip Café, 313 Coventry St, South Melbourne
- > Bruce, Café Bruce, 134 Carlisle St, St Kilda

### The Victorian Social Café Meals Project (SCMP) network, in particular:

- > Anthony Bernardi, Inner East Community Health Service
- > Jill Whelan, Time for Youth, Geelong
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## Executive summary

### Background

The Social Café Meals Program (SCMP) provides vulnerable members of Victorian communities with an incentive and opportunity to dine at socially inclusive cafés for a subsidised price. Based on experiences of existing SCMP models in Victoria, ISCHS developed a unique approach to the SCMP titled "Social Spoons café meals project". Social Spoons aims to *improve social connectedness amongst the Inner South community*. Social Spoons members are selected based on their level of social isolation and their expressed desire to connect with the local community. A 6-month pilot period of Social Spoons was implemented from September 2011. The outcomes of a thorough evaluation strategy are presented in this report.

### Methods of Evaluation

The evaluation strategy involved; **in-depth interviews with Social Spoons members and café staff, a pre and post Social Inclusion Survey, a pre and post 24 hour Food Recall, a focus group with ISCHS Case Managers, documentation of member Case Studies, the collation of café utilisation data**. This report also includes a reflective piece from an ISCHS Consumer Representative involved in the planning and implementation of Social Spoons and a summary of the learnings from the involvement of a professional Graphic Designer.

### Summary of Results

The evaluation of our pilot project shows that Social Spoons café meals project is a well-founded model to achieve *social connectedness within the Inner South community by creating supportive environments, strengthening community relationships and developing personal skills*. The evaluation found that Social Spoons members initially engage with the program because of the meal subsidy, but continue to engage because of the social benefits, feel more connected to the community as a result of their involvement, gain confidence to increase their participation in 'mainstream' community groups and events, are more aware of local services, develop new relationships and improve existing social connections, improve their ability to get help from neighbours, family and friends should they require it, and finally, members prepare and consume more home cooked meals and increase the nutritional quality of their snacks. The evaluation also indicates that café owners and staff find their involvement to be personally rewarding with recognition of their work from the community encouraging their continued involvement.





## Future Directions

**Recommendations for ISCHS's Social Spoons café meals project** include; integrate the delivery of Social Spoons into ISCHS primary care, maintain connection with Social Spoons members via an ambassador program, nominate an ISCHS staff member to coordinate the funding, planning, evaluation and implementation of Social Spoons project across the organisation, expand the reach by implementing a local café award system, implement an online communication strategy to challenge existing social stigma towards social isolation and mental health, source external expertise from charitable organisations for specialist skills such as marketing, strategic communication, web development and funding generation, ensure ongoing involvement with the Victorian SCMP Network to communicate findings across other SCMPs and finally, complete further research examining the relationship between Social Isolation and Food Insecurity.

**Recommendations for other SCMPs** include; engage professional Graphic Design expertise, engage consumer representatives in the planning and implementation processes, integrate the delivery into a more sustainable funding stream such as primary care, select cafés based on a strict eligibility criteria, develop a clear evaluation strategy before commencing program implementation, and finally maintain transparent communication with the SCMP Victorian network to ensure collaborative advocacy and evaluation of the initiative.





## Background

### Definition of key terms

**Food security** - Food security exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life<sup>1</sup>

**Social inclusion** - A socially inclusive society is defined as one where all people feel valued, their differences are respected, and their basic needs are met so they can live in dignity<sup>2</sup>

**Social exclusion** - Social exclusion is the process of being shut out from the social, economic, political and cultural systems which contribute to the integration of a person into the community<sup>2</sup>

**Social isolation** - the absence of social interactions, contacts, and relationships with family and friends, with neighbours on an individual level, and with "society at large" on a broader level<sup>3</sup>

**Marginalised** - people who are peripheralised on the basis of their identities, associations, experiences and environments. Those who are positioned on the margins of society are at risk of threats to their health and wellbeing, thus creating vulnerable populations who experience health disparities and are often invisible and silenced<sup>4</sup>

*"Some people go without food rather than give up smoking, if they're mentally ill or disadvantaged, smoking is far more important to them than food...I know just from experience of people I know and myself." - Social Spoons member*





## Social Isolation in the Inner South community

Social isolation has been defined as “the existence of barriers which make it difficult or impossible for people to participate fully in society<sup>5</sup>”. These barriers include low income, discrimination, unemployment, insecure housing and physical or mental health conditions<sup>6</sup>. Vulnerable groups are more likely to experience these barriers. Research has shown a convincing link between social isolation and mortality. That is, those who are socially isolated experience higher mortality from most causes of death than their socially connected counterparts<sup>7</sup>.

Social isolation is also strongly linked with food insecurity. Food security is “when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life”<sup>8</sup>. Food security is achieved when these needs are met through an environmentally sustainable food system and without reliance on emergency food relief or other socially unacceptable ways of obtaining food, such as stealing or scavenging<sup>9</sup>. It is therefore not a surprise that social isolation is a significant determinant of food insecurity and the multitude of poor health outcomes associated. When comparing people with similar finances and food resources, those who are less socially connected are more likely to experience hunger<sup>10</sup>.

In the City of Stonnington (CoS) and the City of Port Phillip (CoPP), social isolation and food security are priority areas. An analysis of household incomes shows that a large proportion (56.2% of CoS, 54.5% of CoPP) of people living in these areas are high-income earners (\$1,000 or more per week), however many (approximately 12%) are receiving significantly less than this (less than \$399)<sup>11, 12, 13</sup>. As these disadvantaged groups live amidst high-income earners, the social gradients in these districts are more pronounced than the state average, and social isolation more extreme. As a result these disadvantaged groups experience greater difficulty participating in civic life.

In regards to food security, the Community Indicators Victoria report found that 2.8% of people living in CoS and 5.5% of CoPP have experienced some form of food insecurity compared to the state average of 6%<sup>14, 15, 16</sup>. Whilst these figures are relatively low, living expenses in these areas are significantly higher, leaving less money to spend on food. Transport is also an issue for residents in CoPP, with many experiencing transport limitations (23.7%) when compared to the rest of the state (20.3%). This may impact on their ability to access and carry food, as well as increasing their risk of social isolation<sup>15</sup>.

*“those who are less socially connected are more likely to experience hunger”*  
- Martin et al, 2004





## Who is Inner South Community Health Service?

Inner South Community Health Service (ISCHS) provides a range of health and community services to people primarily living in the municipalities of Port Phillip and Stonnington. These municipalities have both a large proportion of high income and a significant number of low income residents. In fact the social gradient exceeds the state average. This results in more extreme social disconnection for disadvantaged groups, placing individuals at higher risk of ill health.

**ISCHS's Vision** is: *A Healthy and Inclusive Community*

**The Aims of the organisation** are:

1. *To develop and deliver innovative, responsive and targeted health services and to take a leadership role in advocacy, evaluation and policy direction.*
2. *To ensure access and linkage to services for those in the community who may not readily access mainstream services.*
3. *To make an impact on the health of marginalised people.*

Please refer to our website for further information: [www.ischs.org.au](http://www.ischs.org.au)

ISCHS is dedicated to improving the physical and mental health of their community through addressing key issues like social isolation. **ISCHS believes access to affordable and nutritious food, participating in community life and having supportive relationships are essential for physical and mental wellbeing.** ISCHS considers health promotion and building community capacity, in conjunction with other health agencies, as fundamental in dealing with the social, emotional and physical factors that lead to good health and wellbeing.



Inner South's volunteer coordinator, Aurelia Pichay





## What is a Social Café Meals Project?

The Social Café Meals Program (SCMP) is a social inclusion and food security initiative. It provides vulnerable members of Victorian communities with an incentive and opportunity to dine at socially inclusive cafés for a subsidised price.

## ISCHS's model: The Social Spoons café meals project

Based on findings from existing SCMP models, ISCHS developed a unique approach to the SCMP titled “Social Spoons café meals project”. ISCHS’s model aims to *improve social connectedness amongst the Inner South community*. Social Spoons members are selected based on their level of social isolation and their expressed desire to connect with the local community.

### So how does the program work?

Members join the program for a 6-month membership period. Membership cards are distributed every 4 weeks and entitle members to **2 subsidised meals per week at partner cafés**, with a maximum subsidy of \$7.50 per meal. The program aims to **promote social interaction between members and cafe proprietors and staff**, through the experience of enjoying an affordable meal in a welcoming environment. In addition to the membership cards, Social Spoons members are teamed up with a staff member of ISCHS who acts as their “Key Worker”. Key workers are responsible for supporting Social Spoons members to visit the partner cafes, providing information about socially inclusive activities in the community, and for supporting members to attend new local activities based on personal interests. In addition to this key worker role, Social Spoons also involves a peer mentor role. Peer mentors are people in the local community who have accessed services of ISCHS as consumers. By sharing their lived experiences, peer mentors are able to **encourage and support Social Spoons members to become more involved in community life** by accompanying them to socially inclusive activities or simply meeting with them for a meal at a partner café.



*Social Spoons members pay a minimum of \$2.50 for each cafe meal.*





## Pilot Program Implementation

In 2011-12 ISCHS agreed to fund a pilot of the Social Spoons model through its Health Promotion budget (funded by the Victorian Department of Health). The pilot program was designed to evaluate the effectiveness of the Social Spoons model in improving social connectedness for members. The 6 month pilot period involved *12 members*. All members were already engaged with ISCHS as clients of Community Support Case Management, the Personal Helpers and Mentors (PHaMs) program, or allied health services. The pilot period involved *three partner cafés*, two in South Melbourne and one in St Kilda. These cafés were pre-identified in 2011 by a student dietitian project, using socially inclusive eligibility criteria developed in consultation with the Victorian SCMP Network.

A working group of ISCHS staff oversaw the implementation of the 6-month pilot program. This Social Spoons Working Group included 2 dietitians, 1 Co-ordinator, the Health Promotion Co-ordinator, 1 case manager, 1 PHaMS staff member and 2 consumer representatives. Four of these working group members assumed the 'key worker' role and were assigned 3 members each.

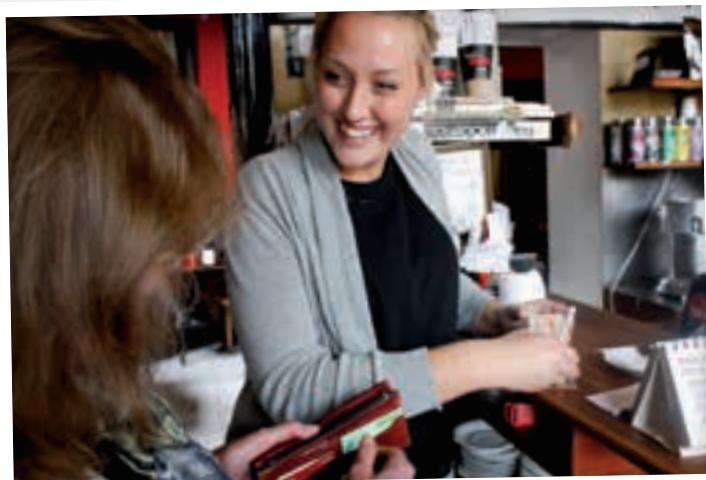
The goal and objectives of the Pilot Program were:

**Goal** - To improve social connectedness within the CoPP and CoS communities by creating supportive environments, strengthening community relationships and developing personal skills through the Social Café Meals Project

### Objectives

- > Increased participation for SCMP members in community life
- > Increased confidence and knowledge in accessing local services
- > Increase in capacity of cafes to support socially isolated community members
- > Improved community attitudes towards marginalised community members

A thorough evaluation strategy was developed prior to implementation of the pilot. The results of this evaluation are presented in this report.



Friendly staff at cafe Zappa

*"I feel a little bit nervous and anxious when I am by myself but not too bad and it's getting better with each time that I come here (Cafe Zappa)." - Social Spoons member*



# Evaluation of Pilot Program

The Pilot Program Evaluation included the following discreet elements:

- > In-depth interviews
- > Pre and post Social Inclusion Survey
- > Pre and post 24 hour Food Recall
- > ISCHS Case Manager focus group
- > Member Case Studies
- > Café utilisation data
- > Consumer Representative reflection
- > Graphic Designer involvement

**SOCIAL SPOONS** café, health, general

**BACKGROUND**

Social Spoons is a 6-month pilot project run by Inner South Community Health Service (ISCHS) in Melbourne, Australia. Social Spoons provides its members with a café meal each week, provide a coffee loyalty card, to access discounted take-away or supportive and welcoming cafes in their local area. Members of Social Spoons are people living within our inner South community who are hoping to increase their involvement in general community life.

Social Spoons aims to improve social connections within the inner South community by creating supportive environments, strengthening community relationships and developing personal skills.

Every Social Spoons member has a "Key Worker" who takes members to the partner ISCHS and links them into local socially inclusive activities based on each member's personal interests. 8 out of 12 Social Spoons members involved in the 6-month pilot project over 2011/2012 were also engaged in Case Management services.

**OBJECTIVES & RATIONALE**

The objective for facilitating this focus group was to determine whether the current structure for Social Spoons is the most beneficial to the ISCHS client and Social Spoons member.

There were four major themes for investigating this work:

1. To explore our Social Spoons model compared with Public Health best practice from a key stakeholder consultation perspective.
2. To discuss experiences with this new model as feed back to the Victorian Social Café Meals Project (SCMP) network.

**METHODOLOGY**

A focus group was facilitated on Wednesday 23rd February in the Conference Room at Scampt, SCMP. SCMP case-managers from across the Mental Health, Community Support and Primary teams were present.

1. Link manager from ISCHS, Jennifer (Community Mental Health Service) attended written responses.

Content was reviewed by the focus group to be recorded. The transcription was themed, categorized and coded. Four themes emerged.

**RESULTS**

**Theme 1: The role of the Social Spoons key worker is beneficial to meeting program objectives of social inclusion, provided communication is adequate with the members' Case Manager.**

**Theme 2: Social Spoons is a successful tool for enabling clients engaged in Case Management to achieve their social and physical health goals.**

**Theme 3: The selection and recruitment process of partner cafés needs to consider additional barriers experienced by clients engaged in Case Management.**

**Theme 4: Social Spoons members need to remain connected to the program beyond their 6-month membership.**

**enjoy SOME [FRESH]**

**RAD EATS**

Is the current delivery model of Social Spoons café meals project the best model to support clients of ISCHS engaged in Case Management?

Liza Wallis, Community Nutrition & Social Services Project Officer, ISCHS

COMMUNITY HEALTH

Poster presenting qualitative data from Case Manager focus group



## In-depth Interviews

### Methodology

ISCHS, in partnership with Inner East CHS (IECHS), supervised six final-year student dietitians from Monash University to conduct a qualitative evaluation of both the ISCHS and IECHS SCMPs. The students completed in-depth interviews with 12 SCMP members and 6 café staff. The following summarised results have been taken directly from their placement report titled “Bridging the Gap: The lived experience of isolation and insecurity. Evaluating the Effectiveness of the Social Café Meals Program”<sup>17</sup> which is available on our website: [www.socialspoons.org.au](http://www.socialspoons.org.au)

### Results

The data collected during the interviews revealed four key themes relating to the lived experience of the Social Café Meals Program.

#### Theme 1: Improving Food Security in Vulnerable Groups

Results confirmed that the members of the SCMP are disadvantaged, on low incomes and have mental or other health issues. These factors have contributed to the members becoming socially isolated, having poor access to food and difficulty prioritising nutrition. This is consistent with the literature, which describes those on a low income finding cost as a major barrier to healthy eating<sup>18</sup>.

#### Theme 2: Creating Community Cohesiveness

Although the subsidised meals are initially a reason for members to participate in the program, it emerged that the social benefits such as feeling accepted in society, being part of the community and making friends were key reasons for continuing with the program.

#### Theme 3: The Role of Environment in Facilitating Program Use

Prior to commencing the program, cafés are an unfamiliar and intimidating environment for many members. They often felt embarrassed and that they did not belong. The environment of the participating cafes and attitude of the café staff are integral to facilitate members' use of the program and its success.

#### Theme 4: Rewarding Community Contribution

The establishment of relationships between café staff and program members, as well as the satisfaction of giving back to the community, ensures that the benefits of Social Café Meals extend to café staff. There is substantial evidence to suggest that helping others elicits positive psychological benefits for the helper<sup>19, 20</sup>.



*“As soon as you help someone who really really needs help, you’re helping two people.”*  
– Café manager



## Pre and post Social Inclusion Survey

### Methodology

An 8-question survey was completed with all members involved in the Social Spoons 6-month pilot program at their initial intake appointment and then repeated again at the conclusion of the 6-month official membership period. All questions used were validated for use in measuring social inclusion in our target population. The survey questions are available by contacting [socialspoons@ischs.org.au](mailto:socialspoons@ischs.org.au)

### Results

At the end of the program **the following improvements were noted:**

- > All members reported eating more frequently.
- > The number of members who “agreed” or “strongly agreed” with *feeling part of the community* increased from 7 to 9 by the end of the pilot.
- > 1 more member reported “yes definitely” when asked about their *ability to get help from family* than at the beginning of the program, when only 2 members could confidently report this.
- > Ratings for *ability to get help from neighbours* improved from ‘not at all’ for 3 participants. Half of participants remained at “not at all”
- > Ratings for *ability to get help from friends* improved for 4 of the participants. The remaining participants continued to rate themselves as unable to get any help
- > 3 more members said that they had *attended a community event/s* at end of the program.
- > One more person said they were *aware of local services* at the end of the program.

At the end of the program **no improvement was noted in the following areas:**

- > The incidence of food security, based on the Australian validated question “How often in the last 12 months have you run out of food and been unable to afford to buy more?” did not change, with 4 participants’ answering “never” both before and after the pilot program.
- > The number of participants able to raise \$2,000 within 2 days in an emergency increased from 1 to 3 by end of the program. 1 person was unable to answer. The remainder said they would be unable to do this.
- > The participants continued to be split 50/50 in whether they were confident in accessing local services.





# Evaluation of Pre and Post 24-hour Food Recall

## Methodology

A 24-hour food recall is a retrospective qualitative assessment of foods consumed in the past 24 hours. A 24-hour food recall was conducted with 6 SCMP members prior to the program and repeated again at the end the 6-month pilot program. Data collected from the 24 hour food recalls was qualitatively analysed to determine the number of serves of food consumed from each food group. This was compared with the recommended daily consumption outlined in the Australian Guide to Healthy Eating (AGHE). Additionally, FoodWorks analysis was conducted for two of the participants. FoodWorks analysis provides data on energy, macronutrient and micronutrient consumption. Comparisons with data collected can be made with the established Estimated Average Requirements (EARs).

Changes cannot be solely attributed to the SCMP, as there are many factors influencing the foods consumed, quantity, frequency and quality of food intake. Additionally the data was collected and analysed by different interviewers, which could affect the reliability of comparisons. The FoodWorks results are reliant on the accuracy of participant recall and data entry.

## Results

- > Prior to commencement none of the participants' diets reflected the recommendations outlined in the AGHE. 4 out of 6 participants did not consume any fruit during their day, 5 out of 6 consumed either no vegetables or less than the 5 recommended serves. None of the participants consumed the recommended serves of bread. Only half of participants consumed the recommended serves of dairy. The 2 FoodWorks analyses show that the participants met less than half of their Estimated Energy Requirements. They were also deficient in both macronutrients (carbohydrates, fat and protein) and micronutrients.
- > Inconsistent meal patterns were common and this remained the case at the 6-month recalls. This included patterns such as consuming the first meal late morning and continuing to eat well into the night or eating breakfast and then dinner without a snack or any substantial food in between the two meals. The calculated average number of meals consumed each day remained consistent between the 24 hour food recalls.
- > Prior to commencement almost half of the meals consumed by members were prepared from an outside source. *The prevalence of this trend was reduced consistently among all members in the follow up 24-hour recall, with 5 out of the 6 members interviewed reported preparing all the meals at home.*
- > At 6-month follow-up, *the snacks consumed were of better nutritional quality.*
- > Pre-commencement each participant consumed the *recommended consumption of 1 serve of meat daily and this was sustained at the 6-month recalls.*

These results confirm that appropriate community members were chosen for Social Spoons, as participants evidently do not consume sufficient food and are at risk of nutrition-related disease. **Social Spoons has had a positive influence on the quality of snacks chosen and the frequency of cooking food** at home instead of purchasing take-away meals.



## ISCHS Case Manager focus group

The purpose for facilitating this focus group was to:

- > Determine whether the current structure for Social Spoons is the most beneficial to the ISCHS clients and Social Spoons members
- > Ensure our Social Spoons model complied with Public Health best practice from a key stakeholder consultation perspective;
- > Document experiences with this new model to feedback to the Victorian Social Café Meals Project (SCMP) network.

### Methodology

A focus group was held with five ISCHS case-managers from across the Mental Health, Community Support and PHaMS teams. A case manager from St Kilda Junction Clinic (Community Mental Health Service) submitted written responses.





## Results

The focus group was recorded, coded, categorised and themed as described in the ISCHS report<sup>22</sup>. The following four themes and recommendations emerged:

**1. The role of the Social Spoons key worker is beneficial for meeting program objectives of social inclusion.**

Recommendations:

- > Maintain a key worker role to support Social Spoons members in achieving their social inclusion goals, regardless of whether the member has an existing case manager.
- > If the member is engaged in case management, both roles are to be clearly defined and maintain transparent communication channels to ensure the client/member is not subject to competing agendas.

**2. Social Spoons is a successful tool for enabling clients engaged in case management to achieve their social and physical health goals.** The role of the consumer representatives in recommending community groups and activities was highlighted here.

Recommendation:

- > Maintain active involvement of consumer representatives in the planning and implementation of Social Spoons. If possible, increase the number of peer, volunteer or consumer representatives involved to allow all Social Spoons members the opportunity to interact and connect.

**3. The selection and recruitment process of partner cafés needs to consider additional barriers experienced by clients engaged in case management.**

Recommendation:

- > Consider: Geographical location, supportive and accommodating staff, quite café environments available on weekends

**4. A 6-month membership period is an effective method of reducing wait lists and offering an accessible and equitable program to the target group.** However, Social Spoons members need to remain connected to the program beyond their 6-month membership.

Recommendation:

- > Offer a discount card for partner cafés, a regular newsletter with updates of partner cafés, communal café sessions and the opportunity for a buddy system for ALUMNI to take new members to cafés.



## Member Case Studies

### Case study – Member #8

#8 is a 44 year old male with a history of mental health issues, who participated in the initial phase of Social Spoons from September 2011 - March 2012. Prior to Social Spoons, he found the prospect of entering a cafe on his own quite daunting. "I was pretty nervous about it. Worried about all the stares, and the way people judge you walking into a shop, you know?"

By taking part in Social Spoons he has become familiar with new areas in the community. "...it's introduced me to this little community area here, which I never frequented before. This particular community area, the library, the town hall, the tram stops, the wifi here... I never really, never really hung out in this area before. I find it a little nicer than hanging out up the street there with all the criminals, you know?"

With encouragement, he was accompanied by his key worker to an 'Imprint' workshop - a new community group facilitated by Port Phillip Community Group which focuses on building confidence, connecting with others and identifying interests and life skills, with support from a peer mentor. He reports that this is the "most positive thing to come out of Social Spoons" and is very thankful for the opportunity to get involved.

Through Social Spoons and Imprint he has notably increased confidence. He has been regularly attending a Social Spoons café on his own, and even initiated a meeting there with the Imprint peer mentor. Feeling accepted in the Imprint group has allowed him to feel comfortable enough to join a group excursion to the museum, which he thoroughly enjoyed – something he has never done before. As a result of his interest and his growth in this group, he has been asked to be a mentor for other individuals joining the Imprint program, and has found people he has really connected with.



*"...it's been good to socialise somewhat, cause I didn't have a social outlet before... or anyone to talk to or have a coffee with or anything like, I didn't have anything like that before".*

- Social Spoons member





## Case study – Member #7

#7. is a 56 year old woman with a history of mental health issues, who participated in the initial phase of Social Spoons from September 2011 - March 2012. She has been engaged in Case Management services within the Mental Health team at Inner South CHS over the past 3 ½ years in order to support her recovery from a significant breakdown 18 years ago.

During the 6 month pilot program of Social Spoons, #7. has achieved the following, which she attributes directly to her participation in the program:

- > Entering a café alone and not feeling self-conscious that others are staring "**I've seen that many other people come to cafés on their own and I've never once judged them**"
- > Increased confidence using public transport – "**For the first time in 17 years I'm starting to get to know Melbourne**"
- > Attended first ever large community event – her local community street Festival. "**I haven't been to anything like that since my breakdown. The fact that I felt confident and comfortable enough to mingle with the community is all thanks to Social Spoons. It was one of the best days I've had in a really long time.**"
- > Attended a football team family event using public transport. "**I was on the biggest high ever!**"
- > Spontaneously arranged the catering for her friends' grandmother's funeral. "**I didn't even think twice. I just got on the phone to Michael (café manager at Zappa) and asked him to prepare lunch for everyone. I just felt so comfortable asking him. I didn't have the fear of being rejected that I would have before**".
- > Interacting with the broader community with confidence. "**I'm now giving strangers advice on how to use the trams**"

- > Attended her first football game using tickets arranged by her Case Manager. Took a friend with her on the tram who is completely unfamiliar with Melbourne' public transport system. "**I would have normally made some sort of excuse not to go. I didn't think I could handle the crowds, let along catching trams at night!"**

When asked about the involvement of #7 in Social Spoons, her Case Manager responded:

- > "Participation in the Social Spoons Program provided motivation and direction for [her] in achieving her desire to engage more with her community and broaden her exposure to positive experiences with individuals within that community"
- > "[She] was able to keep moving forward and overcome her anxieties and fears because of the positive, caring nature of the Social Spoons Program"
- > "[She] was able to experience social enjoyment that hadn't occurred for many years through participation in Social Spoons"
- > "[She] feels she has built strong, sustainable relationships from the Social Spoons experience- something that she wished for but has been difficult to attain in past years"
- > "[She] wants to 'tell the world' about her Social Spoons experience."

When asked if she will continue to frequent the partner cafés now that the meal subsidy membership period has ended, #7 reveals "**I will definitely keep coming to the cafés. The fact that I can walk in and say "hello Andrew!" and feel welcomed is enough to get me out and about.**"



## Café utilisation data

### Methodology

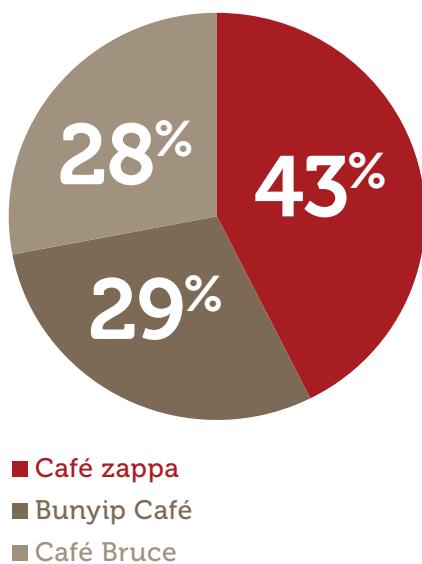
Throughout the 6-month pilot project, café staff were asked to record the member number each time a SCMP subsidised meal was ordered. This information was collected by ISCHS together with their bi-monthly invoice for reimbursement of the meal subsidies. This data provides valuable information about the individual member utilisation rates and café popularity amongst members.

### Results

**Figure 1:** illustrates usage of the partner cafes during the initial phase. Over the 6 month period, Zappa was the most utilised café, and members' visits to Café Bruce and Bunyip Café were about equal. Reasons for members choosing particular cafés included access and proximity to where they lived, food options, and personal perceptions of café atmosphere and service.

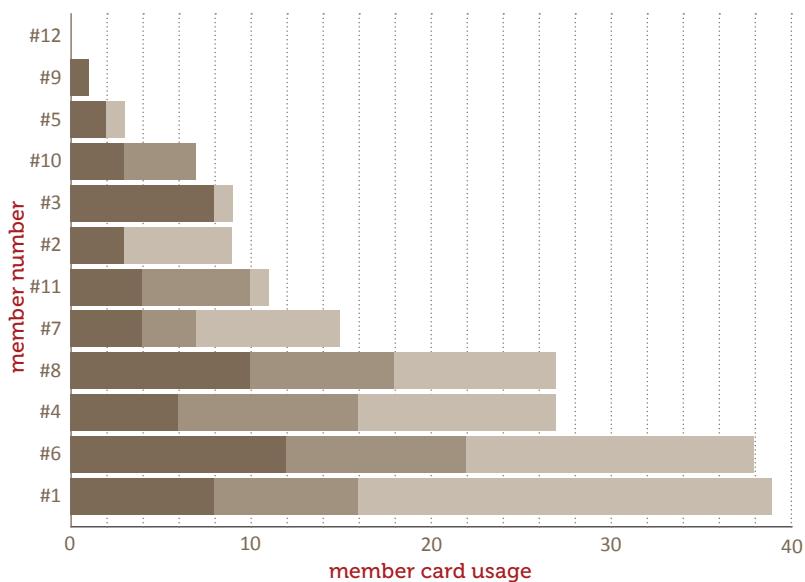
**Figure 2:** illustrates usage of cards by members for the 6 month period. Card usage fluctuated for members throughout the 6 month period. About 50% of members used their cards regularly and consistently over the program. Other members increased their usage as the program went on. After one initial café meeting, member #9 did not participate in the program due to poor health and lack of clarity about what the program offered. Member #12 was the child of member #11 and they chose to use one card between them. Member #10 experienced a decline in physical health in 2012 and was no longer able to access the cafés.

### Partner cafe usage



**Figure 1:** Usage of Social Spoons partner cafes by members during the 6 month initial phase

### Social Spoons cards member card usage



**Figure 2:** Usage of Social Spoons cards by members over the initial 6 month phase



## Consumer Representative Reflection

### Jacqui Gibson

"I began volunteering with Social Spoons in the early stages. I was the "consumer" on the steering committee—a person who had insight and life experience in living on social fringes and as weeks passed I saw my role emerge into the role of a peer mentor. The role has a very organic nature to it; I merely meet with members of Social Spoons and chat about life in general. During the pilot period I drank a great deal of coffee and built up relationships with a number of the Social Spoons members. There were no outputs, no KPI's, no demand and no sense of failure.

As the months passed, I spoke about my passion for arts and love of singing with my Social Spoons friends. It seemed natural to take a Social Spoons member with me when I discovered a community art group on the weekend and passed on information about the local community choir I sang with.

I always said I was creating a role in which I hoped to be replaced. I believe strongly in creating pathways for people to make a difference. I hope that our Social Spoons members will have the courage to take the leap of faith and become a peer mentor or maybe the "consumer" on the steering committee. However, I will be even more delighted to know that they are able to feel more connected to our local community merely by having a bite to eat at our local cafes. It takes such courage to do this small act and we all should celebrate the small successes rather than look for the grand final result."

*It's all about creating pathways  
for people to make a difference.  
- Consumer*



Jacqui Gibson & Albie Colvin at the ISCHS Volunteer Appreciation Night, 2012





## Graphic Designer Involvement

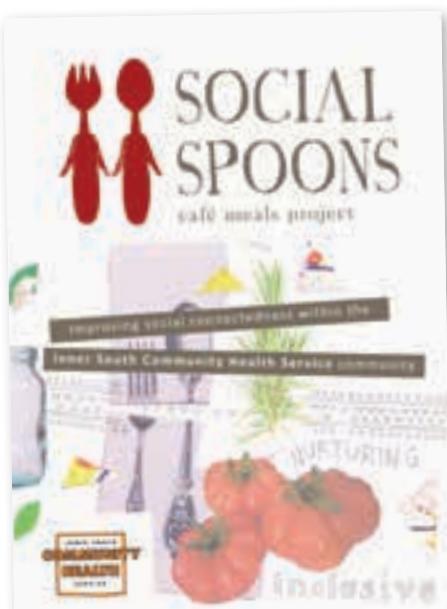
### Albie Colvin Graphic Design (ACGD)

**Albie Colvin Graphic Design (ACGD)** was established to make creative design solutions accessible for existing and emerging socially conscious organisations. Early in 2011 ACGD were approached by ISCHS to assist with branding the Social Spoons Program. This was considered important to assist with the engagement of cafes, but turned out to have much broader benefits.

The development of the branding and communication materials for Social Spoons was a collaborative process by ACGD including focus groups and discussion with ISCHS workers and prospective members, visits to cafes and analysis of relevant other brands and similar programs. Once the final brand had been agreed upon a design audit was undertaken to establish the various formats the program could use to communicate (eg. stationery, program guides, flyers, web graphics). Style guides were produced to insure the brand was used consistently on assorted applications.

From ISCHS's perspective, there have been **numerous benefits of engaging a professional designer:**

- > Professional branding assisted initial and ongoing engagement of the cafes – continuing to raise awareness of the window stickers as an indication of a welcoming and inclusive café will assist with future engagement.
- > The quality of the materials provided to members and consumer participation in the choice of branding and artwork contributed to a sense of pride in being a member.
- > The style guide enabled creation of a range of professionally branded information to communicate Social Spoons to a wider audience, e.g. Web Page and FaceBook page, applications for philanthropic funding. This report is an example of branded materials that can be shared with potential funders.



Social Spoons Brochure



Social Spoons Graduation Invite.



## Conclusions

Based on the outcomes from these evaluation strategies, it is clear that Social Spoons has successfully achieved its desired outcome: to improve social connectedness within the Inner South community by *creating supportive environments, strengthening community relationships and developing personal skills.*

**The evaluation shows** that Social Spoons Members:

- > initially engage with the program because of the meal subsidy, but continue to engage because of the social benefits
- > feel more connected to the community as a result of their involvement, and gain confidence to increase their participation in 'mainstream' community groups and events
- > are more aware of local services
- > develop new relationships and increase overall social connections
- > improve their ability to get help from neighbours or friends should they require it
- > prepare and consume more home cooked meals and increase the nutritional quality of their snacks

The evaluation also indicates that café owners and staff find their involvement to be personally rewarding with recognition of their work from the community encouraging their continued involvement.

*"I've always wanted to make everybody feel welcome at the café...I've always wanted people from all walks of life to be able to come [here]" – Café manager*



Cafe manager, Andrew, of Bunyip Cafe in South Melbourne



### Learnings from the pilot include:

- > Social Spoons was developed as a result of extensive consultation with key stakeholders. This consultation continued throughout the implementation process and as a result, the model evolved to best meet the needs of participants.
- > Social Spoons effectively embedded the evaluation process in the implementation stage. As a result, there is high quality data to reflect the outcomes of this program.
- > Café selection was completed with great care based on social inclusion principles. The evaluation vindicates this as the cafe environment, including staff qualities, layout and location, has had a major role in the success of the program.
- > Participants were carefully selected to ensure that they are genuinely socially isolated, understood the program and were willing to participate. In order to make this assessment participants must be well known to at least 1 Inner South CHS staff member.
- > Social Spoons members were more likely to engage in the program if they had an existing relationship with their Key Worker. Where there are both a case manager and a key worker these roles must be clearly defined to ensure there is no confusion for members
- > Effective utilisation of the extensive skill set of two ISCHS consumer representatives in planning, implementation and evaluation stages. The initially unforeseen role of these workers in supporting members to attend cafes and other community groups and events has been of great benefit.
- > The café sessions, where all Social Spoons members were invited to a communal, casual café meeting coordinated by one key worker or consumer representative did not prove successful.
  - Members were unable to identify the Social Spoons worker in some instances
  - There were too few members with adequate confidence to attend a session where they knew they would be interacting with other members who they did not know.However the social spoons graduation was a success with all key workers attending and inviting the members.
- > It is vital that members are able to continue a connection with Social Spoons beyond the 6-month membership period through means such as a café discount card, a member newsletter and potentially through acting as a peer mentor for new members
- > Use of pro-bono expertise from external sources proved to be highly effective; Fiona Brook (Publicist, Zilla & Brook), Albie Colvin (Graphic Design) and Marco Damiano (website development).
- > The professional branding of Social Spoons has not only contributed to the pride of our members for being involved, but also significantly helped our initial and ongoing engagement with partner cafés. It is also hoped that our professional branding will assist in attracting philanthropic funds into the future.

*"I will definitely keep coming to the cafés. The fact that I can walk in and say "hello Andrew!" and feel welcomed is enough to get me out and about." - Social Spoons member*



# Recommendations

## Recommendations for ISCHS:

- > Integrate the delivery of Social Spoons 6-month memberships across the ISCHS teams as part of primary client care
  - Key Workers for each member should be existing care providers with an established relationship with the Social Spoons member
  - Embed the Social Spoons model into Primary Care work across teams where this form of engagement will benefit the ISCHS client (eg. Mental Health case management, Community Connections, Indigenous Access, Housing Plus, Community Support Case Management, Dietetics, PHaMS)
- > Maintain connection with Social Spoons Members beyond the 6-month membership via:
  - 10% discount cards. Member cafes have agreed to honour this on an ongoing basis.
  - Quarterly Newsletter
  - Social Spoons Website and FaceBook page
  - Opportunity to act as peer mentors for new members
- > Nominate an ISCHS staff member to coordinate the Social Spoons project, including:
  - Pursuing funding opportunities
  - Overseeing of the 6-month membership program, including forming and chairing the working group of key workers and peer mentors and coordinating the evaluation
  - Supporting peer mentors
  - Maintaining external relationships (eg. partner cafes, local service providers, funding bodies)
  - Managing the communication strategy for Social Spoons (newsletter, website, FaceBook page)
- > Expand the reach of Social Spoons by implementing a partner café award system to enable other socially isolated community members to access supportive dining experiences, and to inspire more local businesses to reflect on their socially inclusiveness. Cafes badged as:
  - Gold Social Spoons partner cafés – honour the meal subsidy membership cards (sponsored by ISCHS) and provide a 10% discount for Social Spoons members beyond the 6-month membership.
  - Silver Social Spoons partner cafés – do not honour the meal subsidy membership cards but meet socially inclusive criteria





- > Implement an online communication strategy to challenge the attitudes of our broader community towards socially isolated individuals and increase awareness of Social Spoons and their partner cafés
- > Source external expertise from charitable organisations for specialist skills such as marketing, strategic communication, web development and funding generation.
- > Ensure ongoing involvement with the Victorian SCMP Network to communicate findings across other SCMPs.
- > Disseminate results of this evaluation to encourage advocacy for funding and further expansion of SCMPs across the state.
- > Complete further research examining the relationship between Social Isolation and Food Insecurity
- > Explore this approach to addressing nutrition-related physical health issues from a social inclusion perspective

#### **Recommendations for other SCMPs:**

- > Engage professional Graphic Design expertise
- > Engage consumer representatives in the planning and implementation processes
- > Integrate the delivery into a more sustainable funding stream such as primary care
- > Select cafés based on a strict eligibility criteria
- > Develop a clear evaluation strategy before commencing program implementation
- > Maintain transparent communication with the SCMP Victorian network to ensure collaborative advocacy and evaluation of the initiative

## Bridging The Gap: The Lived Experience of Food Insecurity and Isolation. An Evaluation of the Social Cafe Meals Program

<b>1. Identifying the Gap</b>		<b>3. Filling the Gap - Findings</b>	
<p>Social Cafe Meals offers socially isolated and food insecure individuals an opportunity to access isolated-cafe-meals at supportive cafes in their local area.</p> <p><b>Process Evaluation</b></p> <ul style="list-style-type: none"> <li>Nine Social Cafe Meals Programs across Victoria</li> <li>Only one evaluation has been completed</li> <li>Hard to secure funding to pursue benefits</li> <li>The project filled the gap with an evaluation to gain the lived experiences of participants</li> </ul> <p><b>Impact Evaluation</b></p> <ul style="list-style-type: none"> <li>Program reach, Participant satisfaction, Café suitability</li> <li>Dynamics of the programs, learning out from the report</li> </ul>		<p><b>Food Insecurity in Vulnerable Groups</b></p> <p>"I used to go there alone in a world no the outside so I could just eat what I wanted. Now I've been going there with my wife now... She has changed it a lot. Because I come from [Basic French here]"</p> <p>Members believed this program gave them access to a more nutritious meal by reducing the financial barriers to food security and decreasing reliance on emergency food relief and convenience foods.</p>	<p><b>Creating Community Cohesiveness</b></p> <p>The program is catalyst for establishing new relationships, building interpersonal skills.</p> <p>Psychological benefits for the members included feeling accepted in society, being part of the community and making friends.</p> <p>"Being part of community... having a place to go where you can sit down as the members with other people and live in through social contact. It's very uplifting to the spirit and good for mental health."</p>
<b>2. Addressing the Gap</b>		<b>4. Filling the Gap - Implications &amp; Conclusion</b>	
<p><b>1</b> • In-depth interviews</p> <p><b>2</b> • Consulting</p> <p><b>3</b> • Coding + Comparing + Developing Themes</p> <p><b>4</b> • Analysis</p>		<p><b>Role of Environment in Facilitating Program Use</b></p> <p>"When you come to participate like this, it feels, you feel just..."</p> <p>Members reported feeling welcomed to the cafes and that the staff are caring and friendly. The environment is less stressful and more "normal" than that of emergency food relief centres and almost members to have greater autonomy.</p>	<p><b>Rewarding Community Contribution</b></p> <p>The qualities &amp; values of the cafe staff are integral to the success of the program. They have a strong desire to "give back" to the community &amp; believe that the program improves lives.</p> <p>"The staff is innovative in some of the ways they help customers who really need something, which helps keep people..."</p>
<p><b>MONASH University</b></p> <p><b>ISCHS</b> Institute of Social Health and Social Services</p> <p>Lorraine Allen, Emily Amato, Pia Bucelli, Hannah Mitchell, Jackie O'Connor, Aparadita Thomas</p>			

Poster presenting qualitative data from ISCHS and IECHS in-depth interviews



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Michael's welcoming smile at cafe Zappa in South Melbourne

