Community Consultation and the ‘Hard to Reach’

City of Maribyrnong Case Study Report
Delivered Meals Consultation

Nicola Brackertz
The **Hard to Reach Project** is a collaborative research venture with eight Victorian local councils, the Victorian Local Governance Association and researchers from Swinburne University. The three year project is jointly funded by the Australian Research Council and partner organisations.

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Introduction

This report is part of a series of case study reports for the Community Consultation and the Hard to Reach research project. The project is investigating how community consultation is currently practised by Victorian councils, especially in relation to multiple publics and groups that councils can find hard to reach.

The Hard to Reach project is a collaborative research venture, with eight Victorian local councils, the Victorian Local Governance Association, and researchers from Swinburne University. The three year project is jointly funded by the Australian Research Council and the Cities of Boroondara, Darebin, Maribyrnong, Melbourne, Moreland, Nillumbik, Port Phillip and Whittlesea. The eight participating councils comprise inner city as well as city fringe locations, homogenous and highly ethnically and culturally diverse populations, economically advantaged and disadvantaged areas, well established and newly developing areas, municipalities with a long-standing commitment to community consultation as well as those which are still developing their policies and practices. While the councils chosen may not be statistically representative, the range of contexts and socio-demographic characteristics reflect the attitudes and practice of community consultation as it is currently taking place in Victoria.

As part of this research, a detailed case study was conducted with each partner council. In order to gain a balanced insight into current practice, case studies were matched to provide examples of a range of levels of consultation:

- high level strategic planning
- place based issues
- service reviews
- issue based consultations
- consultations aimed at involving specific hard to reach groups
- community development

The matched case studies will assist the greater Community Consultation and the Hard to Reach project to provide some useful resources for each of the partner councils, as well as a broader commentary and analysis of the challenges faced when councils attempt to consult with or engage their communities.

Why the case study was chosen

In June and July 2006 the City of Maribyrnong conducted a review of its Delivered Meals Service. The consultation was initiated in response to the findings of the 2005 Annual Community Survey, which indicated lower levels of satisfaction with and lower perceived importance of the service. The purpose of the in depth review of the Meals Service was to test these findings, determine the causes of declining satisfaction and importance, as well as discovering ways to promote the service to potential new users.

The consultation on the City of Maribyrnong’s Delivered Meals
Service was chosen as an example of a review of a specific service with a specific hard to reach group. Consultations that are initiated and conducted in conjunction with service staff tend to benefit from the intimate knowledge staff have about the users of the service. This was also the case with the review of the Delivered Meals. The target group for consultation were persons that were elderly, frail, disabled, from CALD backgrounds or a combination of these. These population segments are sometimes considered to be hard to reach and can require additional support and encouragement to get them to participate in consultations.

The consultation was important for the City of Maribyrnong because it is reassessing the way it reviews the performance of its services. Under Best Value, Council had moved away from conducting in-depth reviews of individual services every few years or as the need arose, in favour of conducting an Annual Community Survey. However, there were doubts about the survey’s ability to report reliably and accurately on Council services that are used by certain population cohorts. Thus, in addition to reviewing the Delivered Meals, the consultation was to test the Survey’s finding that satisfaction and perceived importance of the service had fallen sharply from 2004/2005 to 2005/2006. This was considered particularly important in view of the fact that it was unclear how many (if any) respondents to the Survey currently received Delivered Meals.

In addition, the consultation process for the in-depth review of the Delivered Meals Service was intended to be used as a model to evaluate and further develop Council’s response to consulting with hard to reach groups using Council services.

As part of the case study methodology, Nicola Brackertz, a researcher from Swinburne University attended many of the planning and consultation meetings. She liaised closely with council staff and the consultant and was granted access to all relevant documentation. This report is a summary of her findings.
Who is hard to reach and why?

In the context of local government, *hard to reach* is a term sometimes used to describe those sections of the community that are difficult to involve in public participation. It is useful to take a step back and look at the usage of the term in the literature more generally, as many of the issues raised there are also applicable to local councils.

Problems with hard to reach terminology

There is a lack of clarity about what exactly is meant by ‘hard to reach’ and the term is employed inconsistently; sometimes it is used to refer to minority groups, such as ethnic, gay and lesbian, or homeless people; other times it may refer to broader segments of the population, such as old or young people or people with disabilities (Jones and Newburn 2001:vi). In the service context, hard to reach often refers to the ‘underserved’, namely minority groups, those slipping through the net, and the service resistant (Doherty et al. 2004). An alternative term for hard to reach used in the sampling context is ‘hidden populations’ (Atkinson & Flint 2001; Duncan et al. 2003) – as in they are hidden from the point of view of sampling. Hidden populations may also actively seek to conceal their group identity, as for example in the case of illicit drug users, gays and lesbians, sexually active teens (Duncan et al. 2003).

The problem with using the term hard to reach is that implies a homogeneity within distinct groups, which does not necessarily exist. Thereby ‘it defines the problem as one within the group itself, not within your approach to them’ (Smith 2006). This sentiment is echoed by Murphy (2006).

From what has been discussed so far, it is not surprising that hard to reach is a potentially stigmatising terminology. Freimuth and Mettger (1990:323) offer an illustrative summary of prejudices about hard to reach:  

*Hard-to-reach audiences have been called obstinate, recalcitrant, chronically uninformèd, disadvantaged, have-not, illiterate, malfunctional, and information poor.*

Origins and usage of ‘hard to reach’

Hard to reach is often used in the context of social marketing (Beder 1980). The aim of many social marketing initiatives, especially in the field of health, is to affect change in behaviour using marketing tools and techniques adopted from the private sector (Walsh et al. 1993). Social marketing is a consumer focused approach that believes nobody is impossible to reach; it just depends on the approach taken. Paul Vittles commented that ‘no-one is hard to reach, just more expensive to reach. It is important to put more effort and creativity in reaching these groups’ (Wilson 2001:1).

This is borne out in medical and health research, where hard to reach often appears in relation to the ability of health services to reach out to certain difficult to contact (or difficult to influence using existing techniques)
segments of the population (Freimuth and Mettger 1990; Walsh, Rudd et al. 1993; Faugier and Sargeant 1997; Burhansstipanov and Krebs 2005). Here hard to reach are also equated with the ‘underserved’, which can mean that either there are no services available for these groups, or more often, that these groups fail to access the services that are available (Earthman et al. 1999; Barlow et al. 2005; Burhansstipanov & Krebs 2005).

The reasons hard to reach are of such concern in the medical and educational fields is that they tend to have poorer health and educational outcomes, which is why hard to reach is of particular concern to those working with young people and in youth services (Earthman et al. 1999; The Reading Agency 2006).

Who is identified as hard to reach?

With the renewed emphasis on governance and community engagement, councils are now also focusing on those population segments that do not usually participate. Many organisations, but councils in particular, identify hard to reach populations using demographic definitions (young people, rural people, people with disabilities, ethnic groups), but it is important to acknowledge that attitudinal aspects are a contributing factor. For example, people could be hard to reach because they think council does not care about them, that council does not listen or even that the council is irrelevant to them (Wilson 2001). It is these attitudes that can be even harder to overcome than demographic aspects.

In addition to demographic and attitudinal characteristics, there are also practical reasons why some people are hard to reach. In the medical context, the most frequently reported barriers to participation in the US Head Start programme were prior commitments and schedule conflicts (Lamb-Parker et al. 2001, cited in Barlow et al. 2005). This is of relevance for scheduling public participation processes in councils as well.

Interviews and focus groups conducted with the partner councils to this research project (Brackertz, Zwart et al. 2006) identified culturally and linguistically diverse communities, indigenous, young, elderly, disabled and homeless people as hard to reach. Other groups included drug users, sex workers, those on low incomes, high rise apartment dwellers, faith based communities, businesses (traders), single parents, newly arrived residents, gay and lesbian people, the homeless, problem gamblers and residents of hostels and boarding houses. Some rural populations were considered to be hard to reach, while some groups of people (in particular, those who were asked to regularly respond to service reviews) were becoming over-consulted and increasingly reluctant to participate. To this illustrious list should be added persons who would like to have a say in local issues, but do not know how to access council processes. Also identified were unresponsive people, such as the time poor (people who are in full-time work and/or work outside the council area); persons who have a low commitment to the local area or no vested interest in local issues (e.g. renters); and disengaged people, who are
disillusioned with, or feel disconnected from the political process.

However, a list of groups is not necessarily a useful tool to identify and establish relationships with hard to reach; all the more, because certain groups may be hard to reach in some contexts or locations and not in others. A more fruitful approach is to identify characteristics of hard to reach groups and link these to successful approaches to contact or involve them (Brackertz 2007; Health and Safety Executive 1994; Jones and Newburn 2001). The wide connotations associated with imprecise usage of the term ‘hard to reach’ calls into question its utility. A number of groups and population segments have traditionally been underrepresented in councils’ public participation. But in reality, few of these groups are hard to reach if the right approach is used.

Common to many writings is the recognition that those wishing to involve hard to reach groups need to overcome their own prejudices about the people they wish to contact, while at the same time having to work to address the preconceptions (often misconceptions) of those with whom they wish to consult (Freimuth and Mettger 1990; Barlow, Kirkpatrick et al. 2005; Burhansstipanov and Krebs 2005). An alternative way to view the ‘disinterest’ or ‘lack of motivation to contribute or become involved’ often associated with hard to reach groups is by emphasizing differences rather than deficits. The difference thesis suggests that when people are motivated to acquire information and that information is functional in their lives, they will make use of this. This notion has import for the sampling of hard to reach groups.

**Sampling hard to reach**

In sampling, the term ‘hard to reach’ is used frequently in relation to the need to include certain population segments to obtain a representative sample (Messeri, Aidala et al. 1995; Rhodes, Kling et al. 2004). In relation to participatory practice in councils, representativeness is linked to the need to include all those affected by a particular issue to secure democratic legitimacy. The method and tool of public participation used will affect the representativeness of those participating. The degree to which particular groups are hard to reach is context specific and depends on the population targeted, the participation method used and the issue consulted upon.

Van Meter (1990, cited in Faugier & Sargeant 1996) distinguishes extensive (e.g descending) and intensive (e.g. ascending) data collection methodologies. Descending methodologies (quantitative strategies executed at the level of general populations) require highly standardised questionnaires, population samples and traditional statistical analysis. These quantitative methods rely on ‘representative’ sampling strategies to make inferences about the whole population. Survey studies in the general population that rely on closed questions are inherently limited by the data obtained and may yield little understanding of the phenomenon under study, which is particularly limiting when exploring new or sensitive areas (Hendricks & Blanken...

Ascending methodologies on the other hand use qualitative sampling designs and are usually non-generalizable, but provide a high degree of insight into a social process. Typical methodologies use snowball sampling, life histories and ethnographic monographs with analysis adapted to suit the specific techniques employed (Faugier and Sargeant 1996). Snowball sampling is an example of a special technique that was developed to attempt to include hard to reach and hidden populations (Atkinson and Flint 2001). It is a link tracing methodology that is used most often for qualitative research. In essence the technique relies on a series of referrals that are made within a circle of people who know each other or who are loosely connected. The respondent is asked to name other persons that fit the criteria described by the researcher. The newly identified persons are then interviewed and in turn ask to nominate others that fit the researcher’s criteria and so on.

In councils, involving the hard to reach is usually done through a combination of targeting and modifying public participation tools and reaching out to communities in ways to which they are likely to respond.
Legitimacy of the participation process

To give political legitimacy to decisions made and priorities set on the basis of what the community says, it is necessary to be able to show that those involved in the consultation are representative of the municipality’s population or those affected by the issue being considered and that the process is justified by the resulting outcomes. Otherwise results are open to criticism and complaint and can be subject to challenge on the basis that they do not reflect the interests of the wider community.

Democratic legitimacy of public participation
Theoretically this dilemma can be framed using two key dimensions of democratic legitimacy: procedural legitimation and the ability of political institutions to provide outcomes.

Procedural legitimation refers to the way in which democratic processes are conducted to secure the consent of the governed (Klausen and Sweeting 2002). The notion of procedural legitimation is linked to the fundamental tenets of representative democracy, where general acceptance of political decisions is predicated on the principle that each vote counts equally when electing representatives and that beyond elections, everybody has the same right to attempt to influence political decision making through lobbying and advocacy prior to a decision being made. In the case of public participation in local government decision making, procedural legitimation is closely linked to issues of representativeness and opportunity to become involved. Consultations may not require full inclusion, but should at least aim to involve a representative sample of the municipality’s population. In reality, however, due to their complexity, consultations on major policies and strategies that affect the entire municipality (e.g. corporate plan, strategic resource plan, or municipal strategic statement) are often carried out involving only a small number of community members who are often not representative of the broader demographic. Consultations that relate to a service review or an operational matter are usually aimed at a subset of the municipality’s population and do not usually require full inclusion (though they may benefit from it). However, even in these instances only a small proportion of the affected citizens take part in the consultation process.

The other key dimension of democratic legitimacy is the effectiveness of political institutions, which hinges upon the ability to deliver outcomes and address emerging issues and needs as they arise (Hanssen, Klausen et al. 2003; Klausen and Sweeting 2002). Here it is not so much the representativeness of public participation that counts (although representation remains an issue), but the outcomes that result from it. While the two dimensions of democratic legitimacy are a useful test of the validity of public participation, decisions about doing and using the results of consultation are inevitably tempered by practical considerations.
As outlined in an earlier report for the Community Consultation and the Hard to Reach project (Brackertz, Zwart, et al. 2005), something can be learned about the desired level of community involvement in decision making, from pluralistic and purpose based models of public participation.

**Implications for the Delivered Meals consultation**

In the context of councils’ public participation processes, representative means those affected by the issue consulted upon. In the case of the review of the City of Maribyrnong’s Delivered Meals all those using the service are affected. Therefore it is necessary to tailor the consultation so that all users of the service have the opportunity to participate. Because of the characteristics of service users (elderly, frail, disabled, CALD persons) it is necessary to use a methodology and tools that enable and support access to the consultation by the target group by addressing specific barriers to participation they may face. This is no mean undertaking and requires a good knowledge of the target group, as well as time, skill and sufficient resources to be allocated. Even then it is unlikely that all users of the service will participate. The alternative is to aim to consult with a sample of clients who are representative of service users in that they mirror the demographic characteristics of the group.

The problem is that it is not easy to involve a large number of people. Surveys are perhaps the preferred means of eliciting information and opinion from a large sample. They appeal also because they are able to be quantified, thereby lending scientific validity and confidence to the responses received. However, surveys are limited because they impose simple options on complex choice questions and provide little room for learning and deliberation.

Workshops, meetings and other group-based face to face consultation methods tend to be resource intensive and difficult to do well. Their success depends on the quality of the participants and the skill of the facilitator. The value of these forms of community consultation is that they provide deliberative forums that can be used to elicit qualitative information and cast light on why opinions are held and decisions are made. They also help Council listen to people and provide assurance to participants that they are being heard.

Surveys and face to face methods are often used in conjunction. The difficulty lies in balancing the need for representation with the ability to gain deeper understanding and insight about the issues. It is often hard to decide how much weight should be given to a workshop, which provides in-depth information, as opposed to a survey, which has greater numbers of participants.

The case study described below examines how this was played out in relation to the City of Maribyrnong’s public participation problem (i.e. involving a representative portion of service users in a review of Delivered Meals) and the outcomes that resulted from the choices made.
Demographic profile of the City of Maribyrnong

The City of Maribyrnong covers an area of 31.2 square kilometres in Melbourne’s west and has a population of 60,000, making it the smallest and most densely populated municipality in the region. It is made up of the suburbs of Braybrook, Footscray, Kingsville, Maidstone, Maribyrnong, Seddon, Tottenham, West Footscray and Yarraville. Maribyrnong is highly culturally and linguistically diverse, with 40% percent of residents having been born outside Australia. They come from over 135 countries and speak more than 80 languages. Maribyrnong is undergoing a period of significant change, including the gentrification of some established areas (Yarraville, Seddon, Footscray and Maidstone), while at the same time a number of large redevelopment opportunities have emerged from changes in land use as a result of the restructuring of manufacturing industries and the wholesale relocation of the Commonwealth defence industries.
Social and Economic Indexes for Areas (SEIFA)

Maribyrnong ranks low on the SEIFA Indexes, thereby indicating that it has high levels of disadvantage compared to the Melbourne Statistical District (MSD).

Maribyrnong ranks 27 out of 31 Melbourne LGAs on the *Index of Advantage/Disadvantage*, which is a continuum of advantage to disadvantage and takes into account variables relating to income, education, occupation, wealth and living conditions. This indicates that the Council area has low numbers of skilled workers, high unemployment and households with relatively lower incomes compared to the Melbourne Statistical District.

The *Index of Relative Socio-Economic Disadvantage* does not offset households in advantage against those that are disadvantaged and is therefore a better indicator of disadvantage. Here Maribyrnong ranks 30 out of 31 councils, confirming high levels of disadvantage. The index draws on attributes such as income, educational attainment, unemployment and dwellings without motor vehicles, relatively lower educational attainment and high unemployment. On the *Index of Economic Resources* Maribyrnong ranks 29 out of 31 Melbourne local government authorities, indicating relatively lower incomes and status of residential tenure (i.e. more people own, or are purchasing their own home as opposed to renting).

Table 1: SEIFA rankings for participating Local Government Authorities

<table>
<thead>
<tr>
<th>Local Government Authority</th>
<th>Population</th>
<th>Advantage Disadvantage</th>
<th>Disadvantage</th>
<th>Economic Resources</th>
<th>Education &amp; Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Rank*</td>
<td>Index</td>
<td>Rank*</td>
<td>Index</td>
</tr>
<tr>
<td>Boroondara</td>
<td>150,233</td>
<td>4</td>
<td>1,173</td>
<td>1</td>
<td>1,122</td>
</tr>
<tr>
<td>Nillumbik</td>
<td>58,161</td>
<td>27</td>
<td>1,104</td>
<td>7</td>
<td>1,108</td>
</tr>
<tr>
<td>Port Phillip</td>
<td>77,541</td>
<td>25</td>
<td>1,135</td>
<td>5</td>
<td>1,079</td>
</tr>
<tr>
<td>Melbourne</td>
<td>57,808</td>
<td>29</td>
<td>1,145</td>
<td>3</td>
<td>1,038</td>
</tr>
<tr>
<td>Moreland</td>
<td>131,359</td>
<td>9</td>
<td>995</td>
<td>21</td>
<td>985</td>
</tr>
<tr>
<td>Darebin</td>
<td>123,708</td>
<td>13</td>
<td>989</td>
<td>22</td>
<td>967</td>
</tr>
<tr>
<td>Whittlesea</td>
<td>114,082</td>
<td>15</td>
<td>949</td>
<td>29</td>
<td>962</td>
</tr>
<tr>
<td>Maribyrnong</td>
<td>57,907</td>
<td>28</td>
<td>972</td>
<td>27</td>
<td>915</td>
</tr>
</tbody>
</table>

* Out of 31 Melbourne Local Government Authorities

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1 For a more detailed discussion of the SEIFA indexes refer to (Brackertz, Zwart et al. 2005).
Age profile of the City of Maribyrnong

22% of Maribyrnong’s population is aged 55 years and over (13,283), with a 27% projected population increase for this group from 2001 to 2016. The highest concentration of people of 55 years and over is in Yarraville, with the suburbs of Footscray and West Footscray also housing large numbers of people in this age group (City of Maribyrnong, City of Brimbank & Shire of Melton 2004). 14% of the population is aged 65 years and over. Of these, 40% are from CALD backgrounds.

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Background to the consultation

Delivered Meals (Meals on Wheels) is a service provided by the City of Maribyrnong to residents who are assessed as being nutritionally at risk because they are not able to prepare meals for themselves. The service is subsidized by Council ($4.21) and the State Government ($1.29) and costs users $5.50 per meal (City of Maribyrnong 2007). The meals are delivered from Monday to Friday, with the option of having two chilled meals delivered on Friday for consumption on Saturday and Sunday. Delivery of the meals is flexible, and it is possible, for example, to have multiple meals delivered on any one day if the recipient is unable to be at home for the delivery of the meal on subsequent days. Meals are usually delivered between 10.30am and 1.30pm and usually consist of juice, soup, a main meal and dessert. Service users have the option of choosing their meals from a menu and submitting their preferences in advance of the delivery. Vegetarian and meals modified for special dietary meals (diabetic, low sodium) are available.

In addition to the Delivered Meals Council also provides a Dining Room Service (Centre Based Meals) to its elderly and disabled citizens, where meals are available daily at midday from the Footscray Senior Citizens Centre.

Why is the Meals Service Important?
The Delivered Meals Service is important because it enables elderly and frail and disabled residents to continue to live independently in their own homes while having access to healthy and nutritious meals. Poor nutrition and lack of physical activity have been identified by the World Health Organisation as key factors contributing to health problems in elderly persons (World Health Organisation 2006). Delivered Meals is key to addressing these issues. Cr Rice stated ‘When people can no longer care for themselves to the same level they used to, when they are unable to go out and buy groceries, or prepare their own meals, then Meals on Wheels is one of the first community services they turn to’ (City of Maribyrnong 2006). More than just providing nutrition, the Service also offers regular social contact for those who can be isolated from the community and is a way of making sure that people are well and are managing in their homes.
Who uses the Delivered Meals Service?

In the year from 1 July 2005 to 31 March 2006, 620 individuals used the Delivered Meals Service. At any one time, around 400 persons are using the service. In addition, another 287 people ate at the Footscray Senior Citizens Centre Dining Room, which provided 5,130 meals in the year 2005/2006. The majority of Delivered Meals clients live alone and do not have a carer. Women make up 60% of users. Table 2 gives a summary of age groups using the service. Of the people using the Delivered Meals Service, 54% are aged 85 years and over and 27% are between 70 and 84 years old. It is notable that 40% of the wider Maribyrnong community aged 65 years and over are CALD, but only 12% of the Delivered Meals users fall into that category. The uptake of the service by CALD communities remained proportionately low although since the previous year, Council had undertaken to increase the cultural relevance of meals through the introduction of ethnic meals. The continued low numbers of CALD persons using the service could be due to its lack of cultural relevance or the stigma that can be associated with using the service in some communities (e.g. if you are using the service it shows that your family is not looking after you). Table 3 provides a summary of clients’ demographic characteristics.

### Table 2: Delivered Meals Service: Age Profile (1 July 2005 - 31 March 2006)*

<table>
<thead>
<tr>
<th>Age</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 20</td>
<td>5</td>
<td>1%</td>
</tr>
<tr>
<td>20-54</td>
<td>42</td>
<td>7%</td>
</tr>
<tr>
<td>55-69</td>
<td>68</td>
<td>11%</td>
</tr>
<tr>
<td>70-84</td>
<td>170</td>
<td>27%</td>
</tr>
<tr>
<td>85 and over</td>
<td>338</td>
<td>54%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>620</td>
<td>100%</td>
</tr>
</tbody>
</table>

*Based on information from Maribyrnong City Council

**At any one time there are around 400 persons using the service

### Table 3: Delivered Meals Service: Summary of Clients’ demographic characteristics (1 July 2005 - 31 March 2006)*

<table>
<thead>
<tr>
<th>Gender</th>
<th>N=620</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>371</td>
<td>60%</td>
</tr>
<tr>
<td>Male</td>
<td>249</td>
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<table>
<thead>
<tr>
<th>Country of birth**</th>
<th>N=620</th>
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<tbody>
<tr>
<td>English speaking countries</td>
<td>502</td>
<td>81%</td>
</tr>
<tr>
<td>Non-English speaking countries</td>
<td>118</td>
<td>19%</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Language spoken at home</th>
<th>N=620</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>English speaking countries</td>
<td>546</td>
<td>88%</td>
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<tr>
<td>Non-English speaking countries</td>
<td>74</td>
<td>12%</td>
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<table>
<thead>
<tr>
<th>Living arrangements</th>
<th>N=620</th>
<th>%</th>
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<tbody>
<tr>
<td>Alone</td>
<td>391</td>
<td>63%</td>
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<tr>
<td>With family</td>
<td>87</td>
<td>14%</td>
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<tr>
<td>With spouse / partner</td>
<td>119</td>
<td>19%</td>
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<tr>
<td>Other</td>
<td>20</td>
<td>4%</td>
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<table>
<thead>
<tr>
<th>Carer status</th>
<th>N=620</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>Resident</td>
<td>126</td>
<td>20%</td>
</tr>
<tr>
<td>Non-resident</td>
<td>165</td>
<td>27%</td>
</tr>
<tr>
<td>No carer</td>
<td>326</td>
<td>53%</td>
</tr>
</tbody>
</table>

*Based on information from Maribyrnong City Council

** Clients come from over 27 different non-English speaking countries. The largest groups are from Greece, Italy, Vietnam, Yugoslavia and Germany.
Reason for the Service Review

The consultation on the Delivered Meals Service was initiated in response to the findings of the 2005 Annual Community Survey, which indicated lower levels of satisfaction with and lower perceived importance of the service. The purpose of the in depth review of the Meals Service was to test these findings, determine the causes of declining satisfaction and importance, as well as discovering ways to promote the service to potential new users.

The Annual Community Survey, which is administered by Metropolis Research using door to door interviews, asks 800 community members to rate the importance of and their satisfaction with Council services. It also asks community members to identify what they see as the top issues facing Maribyrnong City Council (City of Maribyrnong 2006). The Survey, which was initiated as a result of the requirement to report annually on service performance as part of Best Value, collects information on a wide range of Council services, including road maintenance and repairs, community services and waste management. Evaluation of the 2005 survey found that the Delivered Meals Service was rated among the five least satisfactory services – a dramatic drop from the previous year. The importance of the service was also rated significantly lower in 2005 than in the previous year.

These findings were cause for concern; but council staff had a number of reservations about the Survey’s capacity to accurately measure satisfaction of universal and life stage specific activities and services. This was especially in relation to the ability of the Survey to report reliably and validly for population cohorts. For example, the number of elderly persons responding to the Annual Community Survey was relatively small (101 persons or 15%), while the vast majority of Delivered Meals Clients (92%) are aged 55 years and over. Furthermore, it is not known whether any of the respondents to the Annual Community Survey were current users of the service, thereby casting doubt on the validity of its findings about the Delivered Meals.

Data from the operation of the Delivered Meals Service was also inconsistent with findings from the Annual Community Survey, as there had been no increase in issues or complaints raised about the service by users. This would indicate that the level of satisfaction with the service had not changed. Other possible explanations for the lower importance rating of Delivered Meals could be the greater range of food options available to older people, such as Dining Room meals, frozen meals, access to take away foods, cafes and ready prepared meals. The gentrification of Maribyrnong may have also contributed to the changes to rating the importance of the service for older people, but again the data from the Annual Community Survey is not conclusive on this issue.
Consequently Council staff felt it important to explore the issues further by conducting an in-depth review of the Delivered Meals Service.

**Aims of the consultation**

The in-depth review aimed to consult with current users of Delivered Meals to determine their levels of satisfaction with and perception of the importance of the service. The results of the consultation would then be compared with the views of the broader Maribyrnong community as expressed in the Annual Community Survey.

In addition, the consultation process for the in-depth review of the Delivered Meals Service was intended to be used as a model to evaluate and further develop Council’s response to consulting with hard to reach groups using Council services.

**Significance for research**

For the City of Maribyrnong specifically, the findings from the Delivered Meals consultation have implications for assessing the value of the broad ‘one size fits all’ approach of the Annual Community Survey for the evaluation of specific services – both in terms of the quality of the information provided and the representativeness of the population targeted.

For the *Community Consultation and the Hard to Reach* project more broadly, the case study provides lessons about connecting out to specific hard to reach groups, in this case elderly and CALD persons, using appropriate tools and pre-existing social networks and supports.

This points to the need to acknowledge that certain population segments require encouragement and support if they are to be afforded real opportunities to participate.
Planning the consultation

Planning meetings for the consultation were held in April, May and June 2006 with relevant council staff and the project consultant, Jenny Ashby Associates. As part of the research process, Nicola Brackertz, a researcher from Swinburne University, was present at many of these meetings. During these meetings the consultant and council staff developed a consultation plan to guide the process.

Target groups for the consultation

The aim of the consultation was an in-depth review of the Delivered Meals service to discover levels of user satisfaction with the service, their perception of its importance and possible reasons for the poor evaluation it had received as part of the Annual Community Survey. Consequently, the target group for the consultation were all current users of the service. Most service users are frail, elderly, disabled, of CALD background, or a combination of these. There was some discussion about whether persons who had ceased using the service in the past 6 months should be consulted about their reasons for discontinuing, especially where this was because of low satisfaction with the Delivered Meals. Privacy laws prevent Council from contacting clients who have ceased using the service; however, it is possible to contact persons who have discontinued Delivered Meals, but who are still using other council services. In the end it was decided that ex-users of the Delivered Meals would not be consulted because of the extra resources required to consult them (identifying persons available for consultation, designing and administering a special survey or questionnaire or telephone interview).

Consultation methodology

A combination of a survey and focus groups was chosen as the methodology for the consultation process. These methods were chosen because the Positive Ageing and Community Engagement: Perspectives of Older People (2005:6) report had found that older people preferred local meetings in neighbourhoods, being part of a focus group or feedback group and public meetings in the Town Hall as methods for consultation. From a research point of view focus groups are good because they allow for the exploration of opinions and enable deliberation. An ideal number for attendance at focus groups was considered 9-10 persons.

Surveys were seen to be an appropriate complementary tool as they are less time intensive and can be distributed to all users of the service. In the experience of Council staff they tend to have good return rates among service users and their results can be analysed statistically.

Personnel and facilitators

Many council staff, particularly in the service areas, are familiar with the needs of service users, their social
networks and preferred way of interacting with council. This knowledge is important when deciding on the best way of reaching out to service users for consultation. Many council staff are good at designing and implementing consultation tools and evaluating the outcomes. An experienced facilitator can significantly enhance the consultation process and it is highly desirable to develop the consultation and facilitation skills of council staff. There is, however, a role for specialist consultants. Consultants can be a good choice of facilitator with hard to reach groups in the community because of their specialist training and experience, if these are lacking within council. In addition, consultants may be seen to be more impartial by the community, as they are not ‘the face of council’ and therefore participants can feel more comfortable expressing their view to them.

The Project Consultant engaged by the City of Maribyrnong was Jenny Ashby from Jenny Ashby & Associates, who has extensive experience consulting with elderly and CALD citizens within numerous councils. Her advice and insight was valuable during the planning of the consultation. Her experience as a facilitator working with elderly and CALD persons significantly enhanced the success of the focus groups.

**Adapting consultation tools for special needs**

The use of focus groups in combination with a survey is a fairly standard methodology for consulting with community members on a range of issues. Because many persons in the target group for the Delivered Meals evaluation were very elderly (more than half of them are 85 years and over), frail, disabled and some of them do not speak English well, a number of considerations applied to implementing the methodology.

The City of Maribyrnong’s *Community Engagement Framework* includes a ‘Checklist for consultation with groups within the community who have particular consultation requirements and needs’ (City of Maribyrnong 2000). This section of the Framework provides excellent advice on things to consider when consulting with certain population segments. Many of these considerations were incorporated during the planning stage of the consultation.
### Considerations when consulting older people (City of Maribyrnong 2000)

<table>
<thead>
<tr>
<th>Identified issue areas</th>
<th>Information Requirement</th>
<th>Consultation Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Frailty / a number of older people have disabilities</td>
<td>• Written material needs to be in plain, large print (font 14) on sandy coloured paper</td>
<td>• Consideration should be given to utilising support services and direct care workers for assistance e.g. utilising ADASS and Home Care to assist older people to participate in surveys, interviews, and group sessions, etc.</td>
</tr>
<tr>
<td>• Most older people to varying degrees have failing eyesight</td>
<td>• Information needs to be short and simple</td>
<td>• Given that older people often have language difficulties and disabilities it is better to hold group sessions or to use direct one on one assistance from support workers or people form their own ethnic/language group</td>
</tr>
<tr>
<td>• A number are housebound</td>
<td>• The use of translation and interpreters.</td>
<td>• Often a more structured approach is better. When surveys or interview questions are used they should be simple, short and clear</td>
</tr>
<tr>
<td>• Older persons often do not like to go out to meetings at night</td>
<td></td>
<td>• Adequate time needs to be allowed as communication could take longer</td>
</tr>
<tr>
<td>• Often do not drive or else require assisted transport</td>
<td></td>
<td>• Hearing loops and portable microphones should be available</td>
</tr>
<tr>
<td>• A high proportion of older people in Maribyrnong are CALD. With Age, they tend to revert to their first language.</td>
<td></td>
<td>• Assisted Transport has to be provided</td>
</tr>
<tr>
<td>• A number of older people prefer verbal information as they are not always literate in their own language</td>
<td></td>
<td>• Availability of Respite care for carers</td>
</tr>
</tbody>
</table>

• Venue should be accessible to people with a disability and preferably be on the ground floor.
Considerations when consulting with elderly and CALD citizens

To accommodate the special needs of elderly persons, a number of support services were made available to improve the accessibility of the consultation. Council’s Community Engagement Framework (City of Maribyrnong 2000), the outcomes of the Ageing Well Strategy (City of Maribyrnong, City of Brimbank & Shire of Melton 2004) and the experience of the Project Consultant guided the choices of supports that were provided.

Community transport to and from the consultation sessions, food, interpreters (as needed) and a portable hearing loop (where required) were offered to prospective participants in the focus groups. Written material used large print (14-16 pt) and simple fonts. Promotional material was designed to provide important contextual information about the consultation, but avoided extraneous, distracting details. For example, a flyer informing about the consultation included basic facts about Delivered Meals without going into too much detail. On the same leaflet, users were informed of the option of either completing a survey or attending focus groups as part of the consultation (Appendix 1).

Elderly people can have trouble concentrating for longer periods of time and tend to be fresher in the mornings. Consequently it was decided that focus groups should be kept short (no more that 1 ½ hours) and should be held early in the day (10-11.30 am).

The Project Consultant stressed the need to speak loudly and clearly and advocated the use of visual aids (e.g. butchers paper) to summarise key discussion points and remind participants of issues that had already been raised.

Another consideration was a possible scheduling conflict between the timing of the focus groups in the morning and the arrival of the Delivered Meals at participants’ homes. To make sure this did not cause hardship for those wishing to attend the focus groups, it was arranged that the meals would be delivered to the location of the focus group and that attendants could then take them home with them after the session.

Information about the focus groups and surveys was delivered to service users’ houses by Delivered Meals staff. Distribution of the survey by Delivered Meals staff was thought to be the most personal and efficient way of getting it to clients. This way staff could assist in the completion of the survey and also pick it up after it had been completed. To enlist their support and inform Delivered Meals staff about the consultation, an information session was held with them.

To be inclusive of persons with limited English, the promotional material for the consultation was translated into the languages of the four main speaker groups using the service, namely Vietnamese, Polish, Italian and Greek (Appendix 2). Surveys were not translated, but the option of translating them as needed (verbally) was chosen instead. One focus group was aimed specifically at persons from non-English speaking backgrounds. At this
session translators would be available to interpret as needed, with different languages being included in the one session.

Consultation process

The Survey

The survey (Appendix 3) was distributed during June and July 2006 to all users of the Delivered Meals service. Meals staff or carers, who had been briefed on the consultation, offered assistance in completing the questionnaire where this was required. To ensure anonymity of respondents, a sealable envelope was provided for completed surveys, which were again collected by Meals staff. This also gave the opportunity for Meals staff to remind people about the survey. At the time of the survey there were 620 users of the service. A total of 136 responses were received, representing a response rate of 22%. On the basis of this response, replies can be seen to be a statistically representative of the sample size.

The survey asked about:

- reasons for using meals service
- importance of meals service
- duration of use of service
- quality and variety of meals
- management of meals service
- way in which meals are delivered (packaging, manner of person delivering, etc.)
- degree to which meals meet dietary requirements
- degree to which meals meet cultural requirements
- preference for types of culturally specific meals
- way in which meals are consumed (lunch/tea/both/meals split)
- desired improvements
- problems experienced
- overall level of satisfaction with the service
- demographic data

The survey found that satisfaction with the service was high (95%) and it was considered important (96%). Most aspects of meals service (variety, amount, healthiness, presentation) rated good/very good and 83% of respondents had not experienced any problems with their delivered meals. The majority of respondents were long term residents of Maribyrnong and had lived there for more than 20 years (81%), with most of them living in the suburbs of West Footscray, Yarraville and Footscray. Most respondents lived alone (68%), had special dietary requirements (76%) and many of them had a disability (42%). One third of respondents were frail and aged over 85 years. Most were long term users of the service (over 2 years). Only a low proportion of respondents spoke a language other than English at home (10%). The majority prefer the ‘traditional English meals, and almost one third also indicated an interest in ‘international cuisine’. A detailed summary of findings is available in the Summary of survey results report (Appendix 4).

Most respondents were satisfied with the management aspects of delivered meals, however areas identified for improvement were ‘making recipients aware of the process if they want to
register a complaint’, ‘taste of meals’ and ‘meals cooked properly’.

Focus groups
Four focus groups were held in June and July 2006 at the following locations:

- Footscray Town Hall, Thursday 22\textsuperscript{nd} June (CALD)
- Footscray Senior Citizens Centre, Wednesday 28\textsuperscript{th} June
- Maribyrnong Community Centre, Friday 30\textsuperscript{th} June
- Maidstone Community Centre, Friday 7\textsuperscript{th} July

Locations for focus groups were chosen using a neighbourhood based model so that venues would be close to the residence/places of interest of the target group. This approach is new to the City of Maribyrnong and is based on ideas from area based social planning. Traditionally many consultations were held at the Town Hall.

Promotional material was distributed to Senior Citizens Centres, at the Footscray Town Hall and directly to service users via Delivered Meals staff. It informed clients about the upcoming consultation, their options to participate either by attending a focus group or by filling out a survey, and included a telephone number where to register interest and requirements for translators, transport or hearing loop (Appendices 1).

Publicity material for all focus groups was multi-lingual (Appendix 2) and persons from CALD background were welcome to attend any of the sessions, although interpreters would only be provided at the language based session. This focus group targeted users from Italian, Vietnamese, Polish and Greek backgrounds and advertising for this focus group stated that translators would be available on request.

At the beginning of each session, a member of Council staff introduced the Project Consultant and the researcher observing the session and explained their roles. After welcoming participants, she assured them that opinions expressed during the session would be treated confidentially and that she would remain at the session so that they could speak freely. The Project Consultant then welcomed participants and explained the purpose of the session and outlined how it would proceed.

Participants were asked the following questions.

1. What are things about the Delivered Meals Service that you like?
2. What are things about the Delivered Meals Service that you do not like? Why?
3. What would you like to see Maribyrnong City Council do differently with the Delivered Meals Service? How can it improve? If this was a perfect world we live in, what would make the Delivered Meals Service great for you? And make you recommend it to other older people in the community?
4. Please share with us, what are the 3 most important things for you about the Delivered Meals Service?
Responses to the questions were written up by the consultant on butcher’s paper with a black pen. This visual aid was useful to direct and focus discussion and summarise key points at various stages during the session.

Focus group participants were very satisfied with the service. They were happy with the quality, quantity, variety and presentation of the food. Punctual delivery of the meals was appreciated, as was the pleasant and friendly manner of delivery staff. The availability of the service was highly appreciated because it supports independent living by elderly and disabled persons, is economical and in addition to providing nutrition means that older people are not exposed to cooking related injuries, thereby contributing to safety. A detailed summary of the focus group findings is provided in the consultant’s report (Appendix 5).

Focus group participants were reluctant to criticise the service or suggest improvements, as they thought it was already a very good service. They did, however, have comments to make about how the service could be promoted to new users and suggested that a ‘tips sheet’ with hints from users about how to use the service and meals flexibly would be welcome. While criticism may have been limited because people felt reluctant to express their issues directly to the consultant or because elderly people appreciate the availability of the service and do not feel it is their place to criticise it, comments made indicated a genuine appreciation and satisfaction with Delivered Meals.

Turnout to most focus groups was low and the expected number of 9-10 participants per session were only realized in one group. For the CALD focus group only one elderly couple turned up. On the morning of the session there had been no RSVPs and so council staff called CALD users of the service to see if anyone was willing to attend at such short notice. One elderly Italian couple responded and accepted the offer of transport to attend the session. Because of the short timeframe, no translator could be found. While the woman spoke reasonable English, her husband had had a stroke, which significantly affected his language and comprehension ability. Overall there were significant linguistic difficulties and a translator would have been highly desirable. Luckily the Project Consultant was very experienced and managed to communicate most of the information and succeeded in eliciting useful feedback.

‘I’ve been out and haven’t eaten as well.’

The couple, who receive two meals once a week, were very satisfied with the service. The wife currently still cooks and enjoys doing so. She does, however, appreciate that there is a day in her schedule when she does not have the responsibility of providing a meal. The reason the couple use the service is so they will be used to it in case they have to rely on it more heavily at other times. Receiving the service once a week suits them at the moment as they have numerous hospital, specialist and doctors’
appointments, which means that they would have to keep changing arrangements for their meals’ deliveries. A detailed case study of the couple is provided in the consultants report (Appendix 5)

The focus groups at the Maribyrnong Community Centre and the Maidstone Community Centre were attended by one person each. One was attended by an elderly woman with significant disability, the other by a frail, aged (92 years), widowed male. Both attendees availed themselves of the offer of transport to the consultation venue and both appreciated the social contact the session provided. They both had high levels of satisfaction with the service. The elderly woman had been using the service for 11 years and commented that it had continued to improve during that time. The elderly man, who had been a prisoner of war during the Second World War and had worked for Myer for 50 years after that, appreciated the availability of the service. He especially liked the sweets and found the service to be very economical.3

‘You couldn’t buy the food for that price and the trouble of buying it, getting it home and cooking it.’

The group with the highest attendance (9 persons) was held at the Footscray Senior Citizens Centre, which is well located (with a bus stop out the front and it is serviced by the community bus). The Centre is also the place where the dining room meals are served at noon and on the morning of the consultation they had music and a dance there too. These added points of interest may have contributed to the good turn out. People could attend the focus group and then also receive a meal or attend the dance. Most of the attendants were aged 80 and over and three of them were of German background. The discussion was lively and informative and again the importance of the service in terms of providing nutrition as well as social contact was stressed and general satisfaction with the service seemed to be very high.

3 A detailed assessment of the two focus groups is provided in the consultants report (Appendix 4)
Lessons for consulting with hard to reach populations

Need for in-depth service reviews

Overall the findings from the consultation on the Delivered Meals demonstrated that there were high levels of satisfaction with the service and that it was seen to be important by those who used it, contradicting results from the Annual Community Survey, which placed the service among Council’s 5 least satisfactory. More than just providing nutrition, the service ensures regular social contact and contributes to the health and safety of its users. Comments made by users about ways to improve the service and its marketing to new users will, if implemented, make the service even better and more widely used.

These results, which stand in stark contrast to the findings from the Annual Community Survey, highlight the importance of doing in-depth service reviews. A broad brush survey on a diverse range of council services, even if conducted with a statistically representative sample of the municipal population, is not sufficiently robust to give reliable information on services targeted at population cohorts.

The results from the consultation on the Delivered Meals will inform a Delivered Meals Service Review report to be produced in the first half of 2007.

At the time of writing (Feb 2006) there were still a number of outstanding issues on the consultation. An evaluation of the process had not yet occurred and feedback about the consultation had not yet been provided back to participants. While this may be due to the fact that there was some turnover of project staff, it is important that these issues be addressed in a timely fashion to close the ‘feedback loop’ to participants and validate their contribution. This is also highlighted in the Positive Ageing and Community Engagement: Perspectives of Older People report (City of Maribyrnong 2005) and in Council’s Community Engagement Framework (City of Maribyrnong 2000).

Tailoring consultation strategies to the target population

There are a number of lessons that can be learned from the consultation on the Delivered Meals that are applicable to consultations with elderly and CALD communities more generally.

The consultation used a traditional model of engaging the community combining focus group discussions (a face to face method) with a written survey (which is able to reach a large number people). Because of the special attributes of the target group for consultation, many of whom are elderly, frail, disabled or from CALD backgrounds, a number of modifications were made to the methodology and support services offered, to facilitate engagement of this group.

Council and service staff, who are knowledgeable about the needs and preferences of the target group worked together with an experienced facilitator...
(the Project Consultant) to guide and implement the consultation process. Their cooperation was necessary to successfully reach out to the target group. The use of visuals and repeated summaries throughout the sessions and the ability of the facilitator to communicate clearly and effectively with consultees was key to the success of the focus group sessions.

There were, however, a number of challenges. Despite focus groups being held in neighbourhoods that were close to the target group, and despite transport being offered to and from the sessions, attendance figures (except in one instance) were low. This could be due to a number of reasons.

The focus groups were held in June and July, which is in winter. In this particular instance, the timing of the groups coincided with a cold snap that may have contributed to people preferring to remain in the comfort of their own home, rather than venturing out. This points to the need to carefully consider the timing of consultations not just in terms of time of day, but also in terms of the season and potential conflict with other events such as school holidays, festivals, sporting events, end of financial year, television events and the like.

The good attendance at focus group the Footscray Senior Citizens Centre could be indicative of the benefits of timing face to face consultations to coincide with other ‘events of interest’ or ‘places of interest’ for the target population. In other words, people may be more motivated to attend a face to face consultation if it is possible to attend other functions or activities before or afterwards, as was the case with the Footscray Senior Citizens Centre, which on the day also offered Dining Room Meals and a dance with live music. Neither the Maribyrnong, nor the Maidstone Community Centres had any other activities occurring on the morning of the consultation, nor were they close to shops or other council services that may be of interest to elderly citizens.

When consulting with service users, it is often appropriate to hold consultations in the place where the service is provided. Delivered Meals is a home based service and it may have been more appropriate to visit users in their own homes. However, participants who did come to the focus groups frequently mentioned that they were happy to get out of the house and meet other people.

The neighbourhood model of consultation is still new to the City of Maribyrnong. Perhaps if all sessions had been held at the Footscray Town Hall they may have attracted more participants because of the perceived higher status of attending meetings at the Town Hall by the older generation.

CALD users are not as responsive to promotion of consultations by mail or general advertising. They prefer to be invited either in person (e.g. by telephone) or through already existing culturally specific networks and groups. For example, the consultation for the Ageing Well Strategy conducted at the City of Maribyrnong in 2004 successfully engaged many elderly CALD persons, who mostly came to consultations because they
were already members of established groups. This points to the importance of recruiting CALD people through appropriate persons and existing networks. For example, while the survey had a good response rate, with 22% of recipients returning the questionnaire, CALD recipients of Delivered Meals were proportionally underrepresented. Only 10% of survey respondents were CALD, compared to 18% of service users. This again highlights the need to actively target CALD community members for their feedback and to provide language services to them as needed.

Finally, the fact that people were generally satisfied with the service may have contributed to the low attendance numbers at the focus groups. People may have felt that as the service suited their needs and there were no major points of discontent, it was not necessary for them to attend the consultation. This is underscored by the fact that a face to face consultation on the Delivered Meals menu attracted 30 participants (this was run by the company producing the meals) and that face to face consultations for the Ageing Well Strategy also attracted good attendance.
Implications for industry partners and the wider debate

Many councils struggle to involve a representative cross-section of the community in their consultation processes. Those who are reluctant to participate are often understood though notions of disadvantage or barriers to participation. The case study presented here shows that a positive, proactive approach to involving people through a combination of targeting public participation tools, reaching out to communities in ways in which they are likely to respond to and providing support where needed are important to encourage certain segments of the population to become involved.

Rather than stereotyping certain groups as hard to reach, a good understanding of their needs and attributes can go a long way towards increasing the representativeness of the consultation and the outcomes that result from it. A framework for thinking about the attributes of various population segments is presented in Table 4 below.
Table 4: Tool to identify characteristics of the hard to reach

<table>
<thead>
<tr>
<th>Characteristics:</th>
<th>Attributes</th>
<th>Examples</th>
<th>Prompts: What do we know?</th>
<th>What do others do?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Demographic:</strong></td>
<td>Large numbers</td>
<td>Farmers</td>
<td>Where are these groups found?</td>
<td></td>
</tr>
<tr>
<td>The quantity and characteristics of the group</td>
<td>Dispersed population</td>
<td>Unemployed persons</td>
<td>How many are there in the group?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Place of residence</td>
<td>Tenants</td>
<td>What do members of the group have in common?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Occupation and employment status</td>
<td>New residents</td>
<td>(Where) do they get together?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age</td>
<td>Old people</td>
<td>Who else contacts them and how?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gender</td>
<td>Young people</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Educational level attained</td>
<td>Women</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Income</td>
<td>Businesses</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tenancy status</td>
<td>Community groups and organisations</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>SEIFA Indexes*</td>
<td>Indigenous</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>High rise apartment dwellers</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Faith based communities</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cultural:</strong></td>
<td>Lack of established information networks</td>
<td>CALD</td>
<td>Which organisations could we work with to develop an information network?</td>
<td></td>
</tr>
<tr>
<td>The way of life of a group of people</td>
<td>Unable to access services easily</td>
<td>Non-readers</td>
<td>What established information networks do people already use and how could we tap into them?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Language spoken</td>
<td>Home workers</td>
<td>Are there individuals we could work through? How?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ethnic or cultural background</td>
<td>Ethnic groups</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Social invisibility</td>
<td>Indigenous</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lack of knowledge about councils’ role and services</td>
<td>Drug users</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sex workers</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Homeless people</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Problem gamblers</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Residents of hostels and boarding houses</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Behavioural and Attitudinal:
The way the group’s attitude to council influences their behaviour

- Distrust of government agencies
- Unwillingness to access services
- Public participation in local or council matters is a low priority
- Lack of time
- Diffuse or poorly organised internal structure and communication
- Previous bad experience

Structural:
The way council processes and structures influence access

- Bureaucracy and red tape
- Availability of information in relevant languages, print sizes and media
- Complicated ‘procedures’
- Attitude of council staff
- Competence of consultants used
- Timing and location of public participation

points of contact?

- Busy people
- (Single) mothers
- Businesses
- Illegal workers
- Drug users
- Sex workers
- Homeless people
- Problem gamblers
- Residents of hostels and boarding houses
- Who do they trust?
- How can we inform or educate about the relevance of, or necessity for, consultation?
- What methods of outreach can we use (social marketing approach)?
- How can we establish new relationships?
- What or who can influence them?
- What about the timing of the intervention?
- What changes can we make to reach the group?
- How can we improve the way we provide information and communicate?
- How do other organisations facilitate access?

Source: modified from Health and Safety Executive (1994: 11)

*Socio-Economic Indexes For Areas (Australian Bureau of Statistics 2001)
References


Appendix 1

Flyer advertising the Delivered Meals consultation in June and July 2006
Maribyrnong City Council's

Aged & Diversity Services

Invites you to tell us your views on the

Delivered Meals Service

We want to hear about your experience with our meals service and listen to your views to help improve the service

We are also keen for you to tell us about what we need to consider as we plan for delivered meals services for the years ahead

Who uses Maribyrnong Council’s Meals services?

• 54% of people are aged 85 years and over
• 27% of people are aged between 70 – 84 years
• about 12% speak a language other than English at home
• each year around 650 people received home delivered meals and almost 300 people have a meal at Footscray Seniors Citizens Centre dining room

How can you take part?

• by attending a small discussion meeting in your local neighbourhood between 10 AM and 11.30 AM.
  The dates for these meetings will be:-
  ➢ Town Hall, Thursday 22nd June
  ➢ Footscray Senior Citizens Centre, Wednesday 28th June
  ➢ Maribyrnong Community Centre, Friday 30th June
  ➢ Maidstone Community Centre, Friday 7th July

• by filling out a survey

As a user of the service we would like to hear from you about:

• how satisfied you are with Delivered Meals service
• how we can improve the Delivered Meals service

Morning tea will be provided for discussion groups

Assistance with transport can be provided, as well as interpreters, translation of information, and a hearing loop
If you have any other special needs please let us know.

For more information contact Lisa Loughnan on 9688 0109
Appendix 2

Flyers advertising the Delivered Meals consultation in the languages of the four main community languages: Vietnamese, Polish, Italian and Greek
Ομάδα Συζήτησης για την Υπηρεσία Διανομής Γευμάτων

Πρόσκληση
Ηλικιωμένων ατόμων μεταναστευτικής καταγωγής που χρησιμοποιούν την Υπηρεσία Διανομής Γευμάτων της Δημαρχίας

Η Δημαρχία Δήμου Maribyrnong ενδιαφέρεται να μιλήσει σε ηλικιωμένα ατόμα για τις ιδέες και απόψεις τους για τη βελτίωση της Υπηρεσίας Διανομής Γευμάτων.

Σας προσκαλούμε να παρευρεθείτε σε μια συνάντηση την Πέμπτη 22 Ιουνίου 2006, 10.00 πμ έως 11.30 πμ Reception Room, Town Hall, γωνία των οδών Hyde & Napier St, Footscray

Θα παρευρίσκονται Διερμηνείς στα ιταλικά, ελληνικά, πολωνικά και βιετναμέζικα Θα σερβιριστεί ΠΡΩΙΝΟ ΤΣΑΙ

Τηλεφωνήστε στην Gabbi ή Carolyn στο 9688 0342 μέχρι τις 14 Ιουνίου για να δηλώσετε τη συμμετοχή σας.

Ενημερώστε μας αν χρειάζεστε βοήθεια με τη μεταφορά, διερμηνείς, νοηματική γλώσσα, ακουστικό σύστημα ή άλλες ειδικές ανάγκες.

Prepared by Jenny Ashby & Associates Pty Ltd
May 2006
Grupa dyskusyjna osób korzystających z posiłków dowożonych do domu przez Radę Miejską

**Zapraszamy**

Starsze osoby korzystające z posiłków dowożonych do domu przez Radę Miejską

Rada Miejska Maribyrnong pragnie porozmawiać ze starszymi osobami na temat ewentualnych sposobów na usprawnienie działania służby dostarczania posiłków do domu.

Zapraszamy na spotkanie

Czwartek 22 czerwiec 2006, 10.00-11.30

Reception Room, Town Hall, róg Hyde & Napier St, Footscray

Dostępni będą tłumacze języków włoskiego, greckiego, polskiego i wietnamskiego Serwowane będzie DRUGIE ŚNIADANIE

Potwierdzenie i rejestracja u Gabbi lub Carolyn pod numerem 9688 0342 do 14 czerwca

Prosimy o informacje, jeśli potrzebują państwo pomocy w transporcie, tłumacza, języka migowego lub innej pomocy.
Il Comune di Maribyrnong è interessato a parlare con gli anziani per conoscere le loro opinioni e i loro punti di vista su come può migliorare il Servizio Pasti a Domicilio.

Partecipate alla riunione che avrà luogo

Giovedì 22 Giugno 2006, Ore 10.00 - 11.30

alla Reception Room, Town Hall, angolo Hyde & Napier St, Footscray

Saranno presenti Interpreti in Italiano, Greco, Polacco e Vietnamita
Verrà servito il TÈ DEL MATTINO

Per registrare la vostra partecipazione Telefonate a Gabbi o a Carolyn al numero 9688 0342 entro il 14 Giugno
Comunicate se avete bisogno di aiuto per trasporto, interpreti, linguaggio a segni, attrezzature per problemi dell’udito o altre necessità speciali.
Đoàn Tham Khảo

Hội đồng TP Maribyrnong muốn nói chuyện cùng quý vị cao niên để nghe ý kiến và quan điểm của quý vị về cách cải thiện Dịch vụ Giao Thức Ăn.

Xin mời quý vị đến dự buổi họp vào:

Thứ năm 22 Tháng 6 2006, 10giờ đến 11.30giờ

Tại Phòng Tiếp Tân (Reception Room), Tòa Thị Chính, ở góc đường Hyde và Napier St, Footscray

Thông dịch viên tiếng Ý, Hy Lạp, Ba Lan, và tiếng Việt sẽ có mặt tại buổi họp. Bữa UỐNG TRÀ thanh đạm sẽ được đãi

Xin đăng ký với Gabbi hoặc Carolyn qua số 9688 0342 trước 15 Tháng 6

Xin vui lòng cho biết, nếu quý vị cần giúp đỡ về mặt chuyên chở, dịch vụ thông dịch, vòng trợ thính hoặc các nhu cầu đặc biệt khác.
Appendix 3

Delivered Meals user satisfaction survey
TELL US WHAT YOU THINK OF OUR DELIVERED MEALS SERVICE
2006 Survey

Maribyrnong City Council is conducting a survey of people who use its Meals Service. This is to see how well the service is being provided and to find out how it could be improved. We would appreciate if you could take a few moments to fill out the survey form.

Please complete the form by Friday 23 June. Place the completed form in the envelope provided. You can either post it by mail (no stamp required) or give it to your home carer/delivered meals staff member.

All your answers will be treated in the strictest confidence.

### YOUR USAGE OF THE SERVICE

1) I USE THE DELIVERED MEALS SERVICE BECAUSE:-(you can tick (✓) more than one box)

<table>
<thead>
<tr>
<th>Option</th>
<th>✓</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am aged and live alone</td>
<td></td>
</tr>
<tr>
<td>I am a person with a disability</td>
<td></td>
</tr>
<tr>
<td>I am a carer for an aged person/person with a disability</td>
<td></td>
</tr>
<tr>
<td>My health is not good</td>
<td></td>
</tr>
<tr>
<td>I have restricted mobility / movement</td>
<td></td>
</tr>
<tr>
<td>I have difficulty preparing meals</td>
<td></td>
</tr>
<tr>
<td>I am recovering from injury/illness</td>
<td></td>
</tr>
<tr>
<td>Other (please specify):</td>
<td></td>
</tr>
</tbody>
</table>
2) **HOW IMPORTANT IS DELIVERED MEALS TO YOU?**

<table>
<thead>
<tr>
<th>Importance</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Very important</td>
<td>✑</td>
</tr>
<tr>
<td>Important</td>
<td>✑</td>
</tr>
<tr>
<td>Not really important</td>
<td></td>
</tr>
<tr>
<td>Can be without the service</td>
<td></td>
</tr>
</tbody>
</table>

3) **I HAVE BEEN USING THE SERVICE FOR:-**

<table>
<thead>
<tr>
<th>Duration</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than six months</td>
<td>✑</td>
</tr>
<tr>
<td>Six month to one year</td>
<td></td>
</tr>
<tr>
<td>One year to two years</td>
<td></td>
</tr>
<tr>
<td>Longer than two years</td>
<td></td>
</tr>
<tr>
<td>I am using the service temporarily</td>
<td></td>
</tr>
<tr>
<td>Other (please specify):</td>
<td></td>
</tr>
</tbody>
</table>

**QUALITY OF THE SERVICE**

4) **COULD YOU PLEASE RATE THE FOLLOWING ASPECTS OF COUNCIL’S MEALS SERVICE (PLEASE ✓ TICK).**

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Very good</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
<th>Very poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variety of meals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taste of meals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount of food in each meal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthiness of meals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Presentation of meals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All parts of the meal are edible/good (eg cooked properly, not tough etc)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall quality of meals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
5) THINKING ABOUT THE WAY COUNCIL PROVIDES INFORMATION AND MANAGES THE MEALS SERVICE, HOW WOULD YOU RATE EACH OF THE FOLLOWING ASPECTS?

<table>
<thead>
<tr>
<th></th>
<th>Very good</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
<th>Very poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Making you aware of your Rights and Responsibilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Letting you know about any change to your meals service</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Providing you with opportunities to let us know how satisfied you are with the service</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Making you aware of the process if you want to register a complaint</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respecting your rights to privacy and confidentiality</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6) THINKING ABOUT THE WAY MEALS ARE DELIVERED, SERVICE, HOW WOULD YOU RATE EACH OF THE FOLLOWING ASPECTS?

<table>
<thead>
<tr>
<th></th>
<th>Very good</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
<th>Very poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secure packaging of meals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ease of opening the packaging</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Timeliness of delivery of meals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manner of the person delivering the meals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consistency of the person delivering the meals i.e. is it mostly the same person</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The person identifying him/herself clearly at the door</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meals are delivered as ordered</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
7) **DO YOU HAVE ANY SPECIAL DIETARY REQUIREMENTS FOR YOUR DELIVERED MEALS?**

NO ☐ YES ☐

**IF YES, WHAT IS YOUR REQUIREMENT:**

<table>
<thead>
<tr>
<th>Requirement</th>
<th>☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low fat</td>
<td></td>
</tr>
<tr>
<td>Low salt</td>
<td></td>
</tr>
<tr>
<td>Diabetic meals</td>
<td></td>
</tr>
<tr>
<td>Other (please specify):</td>
<td></td>
</tr>
</tbody>
</table>

8) **IF YOU HAVE SPECIAL DIETARY REQUIREMENTS, HOW WELL DOES THE DELIVERED MEALS SERVICE CATER FOR YOUR NEEDS?**

<table>
<thead>
<tr>
<th>Rating</th>
<th>☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very well</td>
<td></td>
</tr>
<tr>
<td>Well</td>
<td></td>
</tr>
<tr>
<td>Average</td>
<td></td>
</tr>
<tr>
<td>Poorly</td>
<td></td>
</tr>
<tr>
<td>Very poorly</td>
<td></td>
</tr>
<tr>
<td>Don’t have special dietary needs</td>
<td></td>
</tr>
</tbody>
</table>

9) **DO YOU HAVE A NEED FOR MEALS FROM A SPECIFIC CULTURE OR CULTURES?**

No ☐ Yes ☐

If yes, please specify: .................................................................

10) **IF YES, HOW WELL ARE THESE NEEDS CATERED FOR BY THE DELIVERED MEALS SERVICE?**

<table>
<thead>
<tr>
<th>Rating</th>
<th>☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very well</td>
<td></td>
</tr>
<tr>
<td>Well</td>
<td></td>
</tr>
<tr>
<td>Average</td>
<td></td>
</tr>
<tr>
<td>Poorly</td>
<td></td>
</tr>
<tr>
<td>Very poorly</td>
<td></td>
</tr>
<tr>
<td>Don’t have specific cultural needs</td>
<td></td>
</tr>
</tbody>
</table>
11) WHICH STYLE OF MEAL WOULD YOU PREFER TO BE AVAILABLE? (you can ✓ tick more than one box)

<table>
<thead>
<tr>
<th>Style of Meal</th>
<th>☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>'Traditional English' fare (eg. roasts, casseroles, pies etc)</td>
<td>☐</td>
</tr>
<tr>
<td>International cuisine (eg. pasta dishes)</td>
<td>☐</td>
</tr>
<tr>
<td>Asian cuisine (eg. sweet 'n sour, rice etc.)</td>
<td>☐</td>
</tr>
<tr>
<td>Spicy foods (eg. peppers, chilli etc.)</td>
<td>☐</td>
</tr>
<tr>
<td>Indian foods (eg. curries)</td>
<td>☐</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>☐</td>
</tr>
<tr>
<td>Halal</td>
<td>☐</td>
</tr>
<tr>
<td>Other (please specify):</td>
<td></td>
</tr>
</tbody>
</table>

12) WHAT, IF ANY, OTHER TYPES OF FOOD OR MEALS WOULD YOU LIKE TO SEE OFFERED?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

13) WHEN DO YOU ACTUALLY EAT YOUR MEALS?

For lunch ☐
For tea ☐
A mix of both ☐

14) WHAT, IF ANYTHING, WOULD YOU LIKE TO SEE IMPROVED IN RELATION TO THE MEALS SERVICE PROVIDED BY COUNCIL?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
15) HAVE YOU EXPERIENCED ANY PROBLEMS WITH YOUR MEALS IN THE LAST 12 MONTHS?

<table>
<thead>
<tr>
<th>Option</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No, it is same</td>
<td></td>
</tr>
<tr>
<td>It is not as good</td>
<td></td>
</tr>
<tr>
<td>It has improved</td>
<td></td>
</tr>
</tbody>
</table>

Comments:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

16) OVERALL, HOW SATISFIED ARE YOU WITH THE MEALS SERVICE PROVIDED BY COUNCIL?

<table>
<thead>
<tr>
<th>Option</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely satisfied</td>
<td></td>
</tr>
<tr>
<td>Satisfied</td>
<td></td>
</tr>
<tr>
<td>Neutral</td>
<td></td>
</tr>
<tr>
<td>Dissatisfied</td>
<td></td>
</tr>
<tr>
<td>Extremely dissatisfied</td>
<td></td>
</tr>
</tbody>
</table>

17) I AM .... Male ☐ Female ☐

18) WHICH SUBURB DO YOU LIVE IN? _____________________

19) WHICH AGE GROUP DO YOU BELONG TO?

<table>
<thead>
<tr>
<th>Age Group</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 20 years of age</td>
<td></td>
</tr>
<tr>
<td>20-54</td>
<td></td>
</tr>
<tr>
<td>55-69</td>
<td></td>
</tr>
<tr>
<td>70-84</td>
<td></td>
</tr>
<tr>
<td>85+</td>
<td></td>
</tr>
</tbody>
</table>

20) DO YOU SPEAK ANOTHER LANGUAGE OTHER THAN ENGLISH?

<table>
<thead>
<tr>
<th>Option</th>
<th>Yes ☐ No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, which language</td>
<td>______________________________</td>
</tr>
</tbody>
</table>

Maribyrnong City Council: Delivered Meals Survey June 2006
21) **HOW LONG HAVE YOU LIVED IN THIS AREA?**

<table>
<thead>
<tr>
<th>Time Period</th>
<th>□</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 5 years</td>
<td></td>
</tr>
<tr>
<td>5-10 years</td>
<td></td>
</tr>
<tr>
<td>11-19 years</td>
<td></td>
</tr>
<tr>
<td>20+ years</td>
<td></td>
</tr>
</tbody>
</table>

22) **DO YOU LIVE:**

<table>
<thead>
<tr>
<th>Living Arrangement</th>
<th>□</th>
</tr>
</thead>
<tbody>
<tr>
<td>With your partner/spouse</td>
<td></td>
</tr>
<tr>
<td>Alone</td>
<td></td>
</tr>
<tr>
<td>With Children</td>
<td></td>
</tr>
<tr>
<td>With Family</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

Please use this space if you wish to say anything else about the Delivered Meals service.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**THANK-YOU VERY MUCH FOR YOUR TIME**

**OPTIONAL:** If you would like Council to contact you to discuss your issues regarding the delivered meals service please provide us with your details.

Please cut along this line and place it in self stamped envelope (no stamp required).

[Signature]

Name:
Address:
Telephone:
Appendix 4

Delivered Meals Service Summary of Survey Results Report
DELIVERED MEALS SERVICE

FEEDBACK FROM SERVICE USERS

SUMMARY OF SURVEY RESULTS
draft

June 2006
Summary of Key Results

• A significantly high proportion (96%) of users consider delivered meals as an important service. The same proportion (95%) were very satisfied with the service. This is a very positive score
• Slightly more females are using the service
• Over one third are in the frail age group (85+)
• A large proportion (76%) have special dietary requirements
• The largest response to the survey was received from clients living in West Footscray, Yarraville and Footscray suburbs
• The majority are long term residents (lived here over 20 years)
• Low proportion of respondents who spoke Language other than English (10%)
• Large proportion live alone (69%) or have a disability (42%)
• Well over half have used the service for more than two years
• Most aspects of meals service (variety, amount, healthiness, presentation) rated good/very good.
• Two areas where there is room for improvement are ‘taste of meals’ and ‘meals cooked properly’
• The majority were satisfied with the management aspects of delivered meals; however one area identified for improvement is ‘making recipients aware of the process if they want to register a complaint’
• The majority (83%) have not experienced any problems with their delivered meals
• The majority prefer the ‘traditional English meals, and almost one third also indicated an interest in ‘international cuisine’
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1 Introduction

Maribyrnong City Council conducted a survey amongst people who receive meals through the Council’s Meals Service. The survey was conducted to see how well the service is being provided and to find out how Council can improve service to its residents.

The survey was also aimed to test the findings of the Annual Community Survey 2005 for the Meals on Wheels (Delivered Meals) service. Between 2004 and 2005 the Annual Community Survey findings revealed that the ratings of satisfaction and level of importance of the Delivered Meals service dropped quite considerably.

This consultation will determine current users level of satisfaction and importance with the Delivered Meals service and compare this with feedback from the broad Maribyrnong community as part of the Annual Survey.

Consultations will also be used to review and further develop Council’s response to consulting with hard to reach groups using Council services.

2 The Survey

The survey was 7 pages long and consisted of 22 questions. It was administered during June / July 2006. Survey forms were distributed to all delivered meals recipients. Home Help/Delivered meals staff dropped off the forms to each client.

At the time of the survey there were 620 users of delivered meals service. A total of 136 responded to the survey. This represents a 22% response rate which is statistically representative sample size.

3 Hard to Reach Study

Delivered Meals service was chosen as case study for Hard to Reach project, conducted by Swinburne University in conjunction with 10 partner Councils including Maribyrnong.

The purpose of the caser study is to enable observations of the processes and thinking that occurs in relation to undertaking consultations in a service delivery environment with hard to reach communities.

Through this process it will allow Council to develop a bank of knowledge that will be used with other Councils to share information about the successes and pitfalls of consulting with hard to reach groups.
4 OVERVIEW OF SURVEY RESULTS

4.1 Level of Importance

A significantly high proportion (96%) of the respondents indicated that the delivered meals service is either very important/important to them. This is a significantly higher score than the 2005 Annual Community Survey’s score of 77%.

4.2 Overall Satisfaction

95% are satisfied/extremely satisfied with delivered meals service. This is a significantly higher score than the 2005 Annual Community Survey’s score of 59.3%.

83% indicated that they have not experienced any problems with their meals in the 12 months; while 12.1% said that it has improved and only 4.7% said that it is not as good.
4.3 Who is receiving delivered meals

According to the survey there is a slightly larger proportion of females receiving delivered meals than males – 44% males and 56% females.

Just over half (52%) of the delivered meals recipients are in the age group of 70-84 and just over a third (35%) are in the frail age group 85+ year olds.

Respondents were represented across all the suburbs, with the majority living in West Footscray, Yarraville and Footscray.
From the survey it is evident that the majority (81%) have lived in the area for over 20 years.

A large proportion live alone 75.8% (91 persons).
4.4 Reasons for using the service

The most common reason for using delivered meals is ‘I am aged and live alone’ – 69%.

<table>
<thead>
<tr>
<th>Reasons for using the service</th>
<th>Proportion %</th>
</tr>
</thead>
<tbody>
<tr>
<td>aged and live alone</td>
<td>69.1</td>
</tr>
<tr>
<td>person with a disability</td>
<td>41.9</td>
</tr>
<tr>
<td>carer for an aged person/person with a disability</td>
<td>11.8</td>
</tr>
<tr>
<td>health is not good</td>
<td>49.3</td>
</tr>
<tr>
<td>restricted mobility / movement</td>
<td>44.9</td>
</tr>
<tr>
<td>difficulty preparing meals</td>
<td>47.8</td>
</tr>
<tr>
<td>recovering from injury/illness</td>
<td>22.1</td>
</tr>
</tbody>
</table>

Most respondents are long term recipients of delivered meals. Close to half have been using the service for longer than two years, as indicated in the chart below:

4.5 When do recipients eat their meals
Quality of Service

Delivered meals

The respondents were asked to rate the following aspects of council’s meals service:

<table>
<thead>
<tr>
<th></th>
<th>Very good</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
<th>Very poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variety of meals</td>
<td>39.1</td>
<td>47.7</td>
<td>13.3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Taste of meals</td>
<td>27.2</td>
<td>52.0</td>
<td>18.4</td>
<td>2.4</td>
<td>0</td>
</tr>
<tr>
<td>Amount of food in each meal</td>
<td>36.6</td>
<td>48.8</td>
<td>13.0</td>
<td>1.6</td>
<td>0</td>
</tr>
<tr>
<td>Healthiness of meals</td>
<td>37.5</td>
<td>50.8</td>
<td>11.7</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Presentation of meals</td>
<td>33.9</td>
<td>52.1</td>
<td>14.0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>All parts of the meal are edible/good (eg cooked properly, not tough etc)</td>
<td>31.1</td>
<td>45.4</td>
<td>18.5</td>
<td>5.0</td>
<td>0</td>
</tr>
<tr>
<td>Overall quality of meals</td>
<td>40.7</td>
<td>48.0</td>
<td>11.4</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Most aspects of meals service (variety, amount, healthiness, presentation) rated good/very good.

Two areas where there is room for improvement are ‘taste of meals’ and ‘meals cooked properly’
4.6 Council's management of delivered meals

<table>
<thead>
<tr>
<th>Service</th>
<th>Very good</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
<th>Very poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Making you aware of your Rights and Responsibilities</td>
<td>52.9</td>
<td>37.8</td>
<td>7.6</td>
<td>1.7</td>
<td>0</td>
</tr>
<tr>
<td>Letting you know about any change to your meals service</td>
<td>59.2</td>
<td>37.5</td>
<td>3.3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Providing you with opportunities to let us know how satisfied you are</td>
<td>46.3</td>
<td>41.3</td>
<td>12.4</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>with the service</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Making you aware of the process if you want to register a complaint</td>
<td>41.6</td>
<td>41.6</td>
<td>11.5</td>
<td>5.3</td>
<td>0</td>
</tr>
<tr>
<td>Respecting your rights to privacy and confidentiality</td>
<td>55.2</td>
<td>39.7</td>
<td>5.2</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

The majority were satisfied with the management aspects of delivered meals; however one area identified for improvement is 'making recipients aware of the process if they want to register a complaint'
4.7 Aspects of Delivered meals

<table>
<thead>
<tr>
<th>Aspect of Delivered Meals</th>
<th>Very good</th>
<th>Good</th>
<th>Average</th>
<th>Poor</th>
<th>Very poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secure packaging of meals</td>
<td>64.1</td>
<td>32.8</td>
<td>2.3</td>
<td>0.8</td>
<td>0</td>
</tr>
<tr>
<td>Ease of opening the packaging</td>
<td>46.1</td>
<td>40.6</td>
<td>10.2</td>
<td>1.6</td>
<td>1.6</td>
</tr>
<tr>
<td>Timeliness of delivery of meals</td>
<td>63.7</td>
<td>33.9</td>
<td>2.4</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Manner of the person delivering the meals</td>
<td>82.7</td>
<td>17.3</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Consistency of the person delivering the meals i.e. is it mostly the same person</td>
<td>68.5</td>
<td>26.8</td>
<td>4.7</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>The person identifying him/herself clearly at the door</td>
<td>74.4</td>
<td>24.8</td>
<td>0.8</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Meals are delivered as ordered</td>
<td>65.1</td>
<td>29.4</td>
<td>4.8</td>
<td>0.8</td>
<td>0</td>
</tr>
</tbody>
</table>

Delivered Meals Services: Summary Results
June 2006
4.8  **Special Needs with Delivered Meals**

*Dietary needs*

76.2% of the respondents indicated that they have special dietary requirements. The requirements are as follows:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Fat</td>
<td>17%</td>
</tr>
<tr>
<td>Low salt</td>
<td>12.6%</td>
</tr>
<tr>
<td>Diabetic meals</td>
<td>13.3%</td>
</tr>
</tbody>
</table>

Respondents with special dietary requirements were asked ‘how well does the delivered meals service cater for your needs?’ The chart below show the response.

![Pie chart showing the response]

4.9  **Cultural Needs**

Only a small proportion (10%) indicated to speak another language representing 10 language groups, with the two largest languages being Italian and Polish.

76.2% of the respondents indicated that they have special dietary requirements. The requirements are as follows:

check the data
4.10 Style of Meals to be available

The question asked: “Which Style Of Meal Would You Prefer To Be Available? (you can ✔ tick more than one box)”

![Bar Chart]

The majority prefer the ‘traditional English meals, and almost one third also indicated an interest in ‘international cuisine’

4.11 Suggested Improvements to the service

“To know whether a nutritionist is involved to ensure meals are balanced, adhere to healthy pyramid, etc. I suspect the meals we get are high in salt and fax, and low in fibre and protein. A ‘nutrition information’ panel on lid of meal showing ingredients, portion size, % of RDI, ratio of fat compared to fibre, additives such as MSC, etc. would be helpful.”

“.…. It must be very difficult to provide good meals for such a huge number of people year after year. I’m grateful for the service 5 days every week. I enjoy our own cooked meals on the weekends but pleased when Monday comes. I think its a marvellous services as we age and are not as fit as years gone by …… No complaints with our meals ladies either, they are so bright and fresh, we look forward to the daily visit. They don’t waste any time and always have a word to say.”

“That all people doing this job be let know how important they are to helping us all. Thank you to everyone.”

“I have difficulty opening soup containers ……..”

“I would like to have fish once a week….”
Appendix 5

Consultant’s report
Maribyrnong City Council

Hard 2 Reach Project

Delivered Meals Service Focus Groups

June 2006

Jenny Ashby & Associates Pty Ltd
Contents

Background and Context 1

Findings from the Focus Groups 2

Recommendations 4

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ATTACHMENTS

A: Flyer for the Consultations
B: Maribyrnong City Council Information Sheet
C: Focus Group Program and questions

DISCLAIMER: Whilst it is our intent to provide current and accurate information Jenny Ashby & Associates Pty Ltd cannot be held responsible for any loss or damage resulting from the use of this information that is based on sources generally held to be reliable.
Background and Context

The following documents findings from Focus Group consultations with Delivered Meals Service users at Maribyrnong City Council. The four focus groups were held in June 2006 and targeted the “hard to reach” residents.

The focus groups were facilitated by Jenny Ashby. They were observed by Nicola Brackertz from Swinburne University of Technology as part of the documentation for the broader local government project on community consultations with hard to reach people.

The focus groups applied a methodology of neighbourhood consultations, a new concept local government has introduced based on area based social planning. Elderly people, culturally and linguistically diverse (CALD) people and some community members are not yet used to the concept of meeting / attending consultations in neighbourhoods. Elderly CALD people in particular are used to going to the Town Hall for consultations.

Planning meetings were held in April, May and June between the relevant Council staff and the Project Consultant to design the consultation program, questions to be asked in the focus groups and the publicity for the project. This resulted in the material provided in Attachments A, B and C.

Designing the Consultations

The following decisions were made during the planning meetings:

- One focus group would be language based and would target service users from an Italian, Vietnamese, Polish and Greek backgrounds
- Focus groups would be based in Neighbourhood Centres
- Publicity material would be multilingual
- Feedback to participants would be provided in a short summary produced by the Project Consultant from the data collected via the focus groups
- Council’s administrative staff would collect rsvps noting requirements for interpreters, transport, disability access, etc
- Council staff would introduce the Project Consultant and then leave to encourage open discussion with service users, who were to be assured about anonymity and collective not individual reporting on feedback from the focus groups
- Evaluation of the process would be undertaken using the Swinburne University modified Evaluation Form at the end of each focus group.
Findings from the Focus Groups

The participants in the focus groups were all asked the following four questions:

1. **What are things about the Delivered Meals Service that you like?**

2. **What are things about the Delivered Meals Service that you do not like? Why?**

3. **What would you like to see Maribyrnong City Council do differently with the Delivered Meals Service? How can it improve?**

   *If this was a perfect world we live in, what would make the Delivered Meals Service great for you? and make you recommend it to other older people in the community*

4. **Please share with us, what are the 3 most important things for you about the Delivered Meals Service?**

The collected responses showed the following themes and trends. For individual focus group data please refer to the next section - Consultations.

**Satisfaction**

Focus group participants’ comments relating to satisfaction with the Delivered Meal Service fell broadly into food related, delivery arrangements, staff related and general.

**Food related**

People were happy with the food. They believed there was sufficient quantity and some commented that they were able to halve the meal and eat it for both lunch and dinner. People said the meals were properly cooked and well presented. They are easy to reheat in the microwave.

They enjoyed having a choice of menus and the variety of food offered and seasonal changes.

The meals have improved in the 11 years the participant has been getting the service, particularly in relation to the quality of the food.

**Delivery arrangements**

People appreciated the punctual delivery. The morning delivery time enables people to make arrangements for their medical appointments in the afternoon.

The delivery staff have access arrangements so they can deliver the meal into the disabled client’s kitchen in ensure it is in easy reach for them.

**Staff related**

Pleasant, friendly and bright welcoming staff.
General
People believed it was a wonderful service provided by Council. There was a comment made on safety because it means older people do not have to cook and be exposed to cooking related injury. Participants appreciated that someone else does the work of preparing the meal. Comments were made that you could not buy the food and cook it for the price clients paid for the delivered meal.

Dissatisfaction and reasons given
There were very few comments related to dissatisfaction. One comment was made that it was difficult to have the delivery fit around their other commitments, eg shopping, arrival of care workers, etc.

The other negative comment related to the client sometimes getting a diabetic meal delivered when they were not a diabetic.

Suggested improvements
Focus group participants were reluctant to suggest improvements as they were very happy with the service.

It was suggested that people get good tips from other older people which should be shared around. For example, “you don’t need one big meal – so split it”.

Promotion of the service could be improved by Council publicising that delivered meals allows an improved lifestyle enabling time to do other things by removing the time spent in meal preparation, shopping, etc. Also that there is flexibility in being able to cancel and change meal deliveries, having multiple meals delivered on particular days, etc.

A comment was made that using the service one day a week is a good way to introduce people to the delivered meals service.

Delivery Arrangements
One person suggested making alternative arrangements such as pre-organising to take a meal home from the centre, instead of always having it home delivered. Another suggestion was for delivery staff to leave a note “We have been and missed you”.

Reasons people (existing service users) use and recommend the Delivered Meals Service to others
The focus group participants identified the following important features of the Delivered Meals Service in order of priority:

- The convenience of having food home delivered, hot and ready to eat
- Communication with Council staff in relation to their meals, choice, changes to the delivery arrangements, etc
• The timing and reliability of the service – particularly the delivery time
• Variety in terms of menu choice
• Nutrition and believing that eating a lunchtime delivered meal was healthier for them
• Staff in terms of their friendliness and helpfulness.

The reasons given for the importance of the Delivered Meals Service by focus group participants can be summarised as being related to:

• Food choice
• Home delivered meals
• Staff
• Convenience
• Health & Nutrition
• Independence.

Two other factors should be recognised. Participants stated that if unable to cook due to ill health, people can have a meal home delivered. Also when people are unable to cook themselves, such a service is important to them.

Therefore Council should promote this service as something people may need as they age and they could commence a service like this by getting it once a week. It was felt this would be an acceptable way to promote the service to older people from culturally and linguistically diverse backgrounds. For example getting a service once a week would not stop people from going out and doing other things.

**Recommendations**

It is recommended that Council:

**Recommendation 1**

Improve promotion of the Delivered Meals Service based on suggestions made by focus group participants such as sharing older peoples’ ideas on the service in the Council’s newsletter to HACC clients.

**Recommendation 2**

Publicise the flexibility of the service and the variety and quality of the meals.

**Recommendation 3**

Encourage word of mouth promotion by older people, picking up on their comments on why they would recommend such a service to others.
Focus Group 1: Case Study: Elderly Italian couple  
22 June 2006. Footscray Town Hall

This Focus Group was organised specifically for Delivered Meals Clients with a culturally and linguistically diverse background.

Two people attended this Focus Group – a husband and wife from an Italian background.

There was no interpreter available at this consultation.

The couple attended at short notice and were concerned that their meal would be delivered while they were attending the consultation. This concern was addressed by Council staff and the arrangements were communicated to them before the Focus Group commenced.

Description of participants

The couple who participated in the Focus Group have been in Australia 44 years. They live in West Footscray. The husband is nearly 80 years of age and the wife is 77 years old. Italian is the language spoken at home.

The husband had a stroke six years ago and the wife says she is now becoming more forgetful. Their daughter undertakes communication with Council staff on their behalf.

The couple commence with the Delivered Meals Service 4 or 5 months ago. The couple receive two meals delivered once a week, either on a Wednesday or a Thursday. One of the reasons for only having meals once a week was that they have numerous hospital, specialists and doctors appointments which would mean they would have to keep changing arrangements for their meals deliveries.

The wife currently still cooks their other meals and enjoys cooking – she says she is “still happy to cook”.

What participants liked about the Delivered Meals Service

The couple provided the following feedback:

Satisfaction

They are happy with the food that comes and not fussy. Receiving a meal once a day (2 meals are home delivered) is sufficient otherwise it too much food for them. “Beautiful because hot”.

Choice

They do not choose meals because the menu “Every day changes – alright”. Eg meat and vegies mixed. There is enough food (meal, dessert, drink). “We try to eat light”.

They “like dessert but Doctor / specialist said too much sugar is not good”. Diabetic “label” on food is good because it lets them know that dish does not have too much sugar.
What participants did not like about the Delivered Meals Service
The participants stated that they had nothing to complain about.

Feedback on value of the Service
Participants said it was OK to get service the way it (currently) is.

Would they recommend the Delivered Meals Service to others
Participants said they would recommend the Service for the following reasons:

- The way the meals are cooked properly eating good, clean food
- Happy with how food is presented and healthy food
- As people age, they may need service like this once a week - OK to get. Good way to understand the Meals Service – it is a help for older people
- Once a week does not stop us from going out and doing other things eg appointments with doctors
- Sometimes if not feeling good or well enough to cook on the day, we know that here will be a meal coming for us tomorrow.

Service importance
1. If sick and not able to cook, we have something to eat
2. Knowing which day the once a week meal comes is important to us (timing)
3. Good meal comes at lunch because we have light meal at night
Focus Group 2: Seniors Mixed Gender Group  
28 June 2006. Footscray Senior Citizens Centre

This Focus Group was organised for any Delivered Meals Clients irrespective of their cultural or linguistic background.

Nine people attended this Focus Group.

Interpreters were not requested by any of the participants of this consultation.

Description of participants

Six of the nine participants were 80 years of age or older, the others were in their 70s. There were 4 women and 5 men. One of the participants was a family carer accompanying her 84 year old mother. Five participants lived in West Footscray (one person said Seddon / West Footscray, another Tottenham / West Footscray), one person in Kingsville and two lived in Yarraville.

The experience of delivered meals varied. Four had been receiving meals for either 2 or 3 years, one for 5 years, one for 6 and another for 10 years. One person had, as yet, not received delivered meals.

What participants liked about the Delivered Meals Service

Participants provided the following feedback:

Satisfaction with staff and delivery arrangements

- The meals come early which allows for doctor’s appointments, etc in the afternoon
- Punctual (11.15am)
- Staff delivering are pleasant and welcoming
- Wonderful service
- Sometimes halve meal (soup for lunch, main meal for evening). “My son tried the meal and said it was beaut”
- Soup and sandwich in evening (second meal out of delivered meal)

Food Quality and Choice

- Good variety
- Enjoys the vegies and food nicely cooked
- Nice that they give you a menu (choice) and you can choose not to have something again, if you do not like it
- Consideration of elder people (eg cannot eat raw vegies due to loose teeth)
- Have to put on own salt and pepper
- Soup very nice. Soup improved since last meeting with Council staff about the quality of the meals (contractors responded well to client feedback)
- Salads in hot weather are very nice
General comments

- Safety is better because older people do not have to use stoves eg tea towel catching fire, gas left on or electricity problems
- (Just use) Microwave when reheating the delivered meal
- Time and preparation and cleaning done by someone else (do not have to clean saucepan, etc) – just heat and eat
- Meals are very good
- Need to keep well in the future (eat well).

What participants did not like about the Delivered Meals Service

Participants said the following:

“We need to fit in other things such as a Care Connect worker on a Thursday, shopping, etc.”

“Because I need to be home to receive the delivered meal (10.30 to 12.15 delivery), it can be tight for time. I can get held up (eg at Post Office when there are queues due to passport applicants, etc). We recognise that we can’t be a nuisance to Council.”

SUGGESTED SOLUTIONS:

Participants suggested the following solutions to issues faced by meals clients:

- Organise to get two meals delivered on Wednesday for Wed & Thurs
- Staff should leave a note saying “we have been and missed you”
- Sometimes take a meal home from Centre – phone to pre-organise
- Need to make sure you are home (go shopping early at 9 am) to get your meal
- Council can share ideas from older people eg publicise to older people that it could take 2 hours to cook your meal or 5 minutes to heat and eat your delivered meal.

Feedback on value of Service – improvements, ideas & suggestions

Participants provided the following feedback:

- Good service
- Food well cooked
- Get good tips from other older people
  - Do not need to eat one big meal so we split it
  - Flexibility with how you have your meal.
- Meals on wheels allows a lifestyle and gives you time to do many things. Accepting that we need to use this service gives opportunities to mix with people, talking and getting to know others
- Communicate about service “flexibility” in being able to cancel / change delivery, people can get meals 3 days a week to give them more freedom with activities (eg
some participants get meals for 3 days, others have meals Mon to Fri 5 days).
Stipulate that you can order for 2 or 3 days. Some people on Sat / Sun cook their
own easy meals or on Saturday cook for 2 days

• When I get the menu, I plan and mark meals that I enjoy. Photocopy menu to give
delivery person to pass on to the Meals Service Coordinator
• We do not like to waste as we vividly remember the Depression.

Would they recommend the Delivered Meals Service to others
Participants said they would recommend the Service for the following reasons:
• Sharing ideas from older people in Council’s Aged & Disability Services “Newsletter”
• Goodness of meal. Good balanced diet, nutritious (Dietician checks meal)
• Amount of food is good
• Time it would save you – lovely if you don’t have to cook and shop
• Do not have to cart shopping home (up hill) or put it away
• If you don’t know how to cook
• Suitable for diabetic person – potions of food – properly worked out
• Food is nice would use service when I need it (up to now I still like to cook)
• First got meals – when out of hospital (try out the service)
• Information to go out with Rates Notice
• Get information delivered with your meals

Most important things
Participants in the focus group identified the following as being most important to them:
1. Keep in touch and let Council know regarding changes you need (3 people) COMMUNICATION
2. Reliability with delivery (2people) RELIABILITY
3. Variety (menu). Choice like at a top restaurant (would be costly to buy that variety
yourself) Come and try a meal.(2 people) CHOICE
4. Nutrition (2 people) HEALTH

The following were also identified as being important to Workshop participants:

Pleasant face of person who delivers the meal and have a quick chat – makes a
difference to your day. Able to ring and cancel and resume service. Margaret is
wonderful about informing re changes. Flexibility. Very happy with meals. Interesting
to hear the discussion today. Presentation. Freeing up of my time. Punctuality, taste,
variety good – 3 most important things.
Focus Group 3: Case Study: Frail Aged Widowed Male  
30 June 2006. Maribyrnong Community Centre

Description of participant
This Focus Group was attended by a 92 male who was very frail. He worked in Myers for 50 years. He was in the Second World War. As a result of being a prisoner of war (POW), he weighed 5 stone at end of war. Department of Veterans Affairs (DVA) fund services for this gentleman.

General Comments
- No complaints
- Meals very good – lovely sweets
- Couldn’t buy it for the price
- Bright and lovely people who deliver them

What the participant liked about the Delivered Meals Service
The gentleman said:
- Meals are good - soup good, food is fresh, grilled fish on Friday
- Good variety – change the menu
- Good delivery service 11.30 am, every day of the week except Monday. Lady is happy, bright and friendly
- Monday I go to Highpoint and buy my meal there
- I get 3 meals delivered on Friday to cover the meals on weekends
- Wonderful job done by Council – couldn’t buy the food (for the money?) plus buying and carting it home and cooking it
- Impact on health of War due to lack of food (Mr J was a POW in Thailand)
- Mood of depression: a reaction to the war experience
- Lived in Maribyrnong
- Variety and freshness
- Margaret does a wonderful job
- Get Community Bus and Meals on Wheels. Happy to be with Council
- DVA Respite Lodge (Essendon Windemere?) 1 month per year (F/n). Very helpful and friendly staff.
What participant did not like about the Delivered Meals Service

- Not a thing

Feedback on value of Service – improvements, ideas & suggestions

- No suggested improvements
- Sweets are good
- Have alternatives if do not like what is there
- Lady brings in mail with meal
- Enjoy meal
- What would I do if I didn’t get Meals on Wheels
- Daughter buys milk, bread, sugar, biscuits, etc

Would he recommend the Delivered Meals Service to others

Participants said they would recommend the Service for the following reasons:

- Good food – good variety
- Good service
- No problems – everything done for you – easier for you
- Alternative food on menu – option of variety
- Been getting service for 3 years
- Community Bus – fellow traveller told Jack about MOW service and suggested it. Before this his daughter was cooking meals and bringing them down
- Trying meals – found good and convenient so got the Delivered Meals Service
- Eat at 6 pm – tea time (microwave it)

Most important things

The participant identified the three most important aspects of the service as being:

1. Food
2. Delivery
3. Variety
Focus Group 4: Case Study: Elderly Woman with significant disability
7 July 2006. Maribyrnong Community Centre

Description of participant
The lady who participated in this consultation was significantly disabled.

What the participant liked about the Delivered Meals Service
- Meals improved in 11 years getting service. “Never had to throw a meal out because I couldn’t eat it.”
  - Quality
  - Edible, nice
  - Flavour soup – pepper & salt it myself
  - Buy mint sauce for lamb, mustard for roast beef
- Cannot cook myself so service ….is important?
- Like it that we get a choice – every season it changes, get variety
- Reheat easily in the microwave. I go out a lot so it is easy to have the meals
- Nice staff
- Suits me to get meal delivered about noon
- Delivery staff have my key – deliver meal into kitchen and go and put key back in place
- All meal eaten at midday
- Food is cut up – nice for me to eat.

What participants did not like about the Delivered Meals Service
- Nothing
- Sometimes get a “DIA” meal – I am not a diabetic – meal too bland for me

Feedback on value of Service – improvements, ideas & suggestions
- Extras – eg mint sauce on the lamb
- Plenty of vegies – get a complete meal
- Soup with present tops too difficult to take off – lady who brings the food has to take it off for me. Liked the little packets for the soup before as I could tear it off
- Key locks – entry to drop off meals (idea)

Would they recommend the Delivered Meals Service to others
The participant said they would recommend the Service for the following reasons:
- I say how much it has improved
• I always enjoy it
• I convince a lady in her 90s to get meals. Talked to her, told her about the service.

Most important things

The participant identified the most important aspects of the service as being:

1. Convenience
2. Easability – ease of consumption, easy to eat
3. Like the people who deliver the meals
Maribyrnong City Council

Hard 2 Reach Project
Focus Groups

Attachment A: Flyer for the Consultations

Delivered Meals Service Discussion Group

Invitation to
Older people who use Council’s Delivered Meals Service

Maribyrnong City Council is interested in talking with older people about their ideas and views on improving the Delivered Meals Service.

Please join us at a meeting on

Wednesday 28th June 2006, 10.00 am to 11.30 am

Footscray Senior Citizens Centre, 130 Buckley Street, Footscray

MORNING TEA will be provided

Please phone Gabbi or Carolyn on 9688 0342 by 14 June to register your attendance

Please let us know if you need assistance with transport, interpreters, sign language, hearing loop or other special needs.
Attachment B: Maribyrnong City Council Information Sheet

Aged & Diversity Services

Invites you to tell us your views on the

Delivered Meals Service

We want to hear about your experience with our meals service and listen to your views to help improve the service.

We are also keen for you to tell us about what we need to consider as we plan for delivered meals services for the years ahead.

Who uses Maribyrnong Council's Meals services?
- 54% of people are aged 85 years and over
- 27% of people are aged between 70 – 84 years
- about 12% speak a language other than English at home
- each year around 650 people received home delivered meals and almost 300 people have a meal at Footscray Seniors Citizens Centre dining room

How can you take part?
- by attending a small discussion meeting in your local neighbourhood between 10 AM and 11.30 AM. The dates for these meetings will be:
  - Town Hall, Thursday 22\textsuperscript{nd} June
  - Footscray Senior Citizens Centre, Wednesday 28\textsuperscript{th} June
  - Maribyrnong Community Centre, Friday 30\textsuperscript{th} June
  - Maidstone Community Centre, Friday 7\textsuperscript{th} July
- by filling out a survey

As a user of the service we would like to hear from you about:
  i) how satisfied you are with Delivered Meals service
  ii) how we can improve the Delivered Meals service

Morning tea will be provided for discussion groups

Assistance with transport can be provided, as well as interpreters, translation of information, and a hearing loop.

If you have any other special needs please let us know.

For more information contact Lisa Loughnan on 9688 0109
Attachment C: Focus Group Program and questions

DISCUSSION GROUP – Ethnic older people using meals service

Wednesday 28th June 2006  10.00 am to 11.30 am
Footscray Senior Citizens Centre, 130 Buckley Street, Footscray

PROGRAM
(Morning tea on arrival)
10.00 am  Welcome and Introductions
10.05 am  Reason for having today’s Discussion Group
10.10 am  Questions for discussion
11.10 am  Summary of discussion – ideas, views, experiences
           Any other comments
11.20 am  Your thoughts on today’s discussion
11.25 am  What happens with your views and suggestions
11.30 am  Close

Questions

1.  What are things about the Delivered Meals Service that you like?

2.  What are things about the Delivered Meals Service that you do not like? Why?

3.  What would you like to see Maribyrnong City Council do differently with the Delivered Meals Service? How can it improve?
   If this was a perfect world we live in, what would make the Delivered Meals Service great for you? and make you recommend it to other older people in the community

4.  Please share with us, what are the 3 most important things for you about the Delivered Meals Service?