Ishar
Multicultural Women's Health Services

Vinnies good works

Mirrabooka Community Food Centre Needs Assessment Report

Vinnies WA and Ishar Women's Multicultural Health Services Inc.

Acknowledgement of Country

We acknowledge Aboriginal and Torres Strait Islander peoples,
as the Traditional Custodians of this land, with deep respect.
May Elders, past and present, be blessed and honoured.
May we join together and build a future based on compassion,
justice, hope, faith, and reconciliation.

Report Author

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Contents

Glossary

CaLD:	Culturally and linguistically diverse
CFC:	Community Food Centre
FAO:	United Nations Food and Agriculture Organisation
LGBTQIA+:	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex or other
OMF:	Outcomes Measurement Framework
SEIFA:	Socio-Economic Indexes for Area
WACOSS:	WA Council of Social Services

Executive Summary

Food insecurity and financial hardship are ongoing and increasing issues facing West Australians and addressing these requires a different and innovative approach. Community Food Centres use a multi-layered approach which concurrently targets the individual, community and systemic factors influencing food insecurity.

Research predominantly targeting the Culturally and Linguistically Diverse (CaLD) population residing in Mirrabooka and surrounding suburbs was conducted by Vinnies WA and Ishar Women's Multicultural Health Services. The purpose of this research was to determine the extent of food insecurity in the area and identify community needs. This report presents the key findings of this research and presents recommendations based off these findings.

Key findings - food insecurity

44% of survey respondents indicated they had run out of food in the previous 12 months and were unable to afford to buy more. Over 90% of households that reported running out of food had at least one child, indicating a high number of children residing in food insecure households. Threats were identified to all four domains of food security - food access, availability, utilisation and stabilisation. 48% of survey respondents indicated in the previous 12 months they did not or sometimes did not have enough money to buy food.

Financial considerations were reported as the main driver for respondents choosing where to obtain food from. Food relief (accessing Foodbank, hampers, vouchers, other sources) was a usual source of food for 19% of respondents. Health care and service providers noted that CaLD clients accessing food hampers were often provided with culturally unfamiliar foods which can impact on the use or consumption of these foods (Lawlis, Islam & Upton, 2017).

Key findings - social isolation and loneliness

Feelings of social isolation and loneliness was a strong theme identified across all five focus groups as well as by survey participants. A variety of reasons for feeling socially isolated and lonely was raised by focus group participants including lack of English language, feeling unsafe in their neighbourhood, living alone or being at home alone during the work day. Survey respondents who reported they did not or were unsure whether they felt a sense of belonging in the community and/or felt they had enough support living in Australia were more likely to engage in negative coping strategies if they did not have enough money to buy food (skip meals, eat less) than those who felt connected and supported. Health care providers reported that clients experiencing family domestic violence were more likely to isolate away due to culturally engrained shame and stigma.

Key findings - Community Food Centre project

Unanimous support for a Community Food Centre (CFC) in Mirrabooka was expressed by focus group participants, health care and service providers. This was primarily due to the opportunities the CFC would provide for the community to come together. There was a

strong desire from the CaLD community for programs at the CFC to involve people from different cultures as they were very keen to share and learn about different cultures through food. Additionally, the CFC was seen as a way for individuals to contribute to their community, either through volunteering or bringing in produce from their own gardens in exchange for a meal. Barriers to attending the centre were identified, with the centre being perceived as a place that provides handouts, a lack of trust or unfamiliarity with the CFC, and cultural tensions being prominent themes.

Recommendations

Based on the report findings, the following recommendations have been made:

- **Recommendation One:** Implement a CFC within the central area of Mirrabooka or close surrounding suburbs as soon as feasibly possible. Purchase a commercial property or a house in which the CFC can be run from.
- **Recommendation Two:** Extend the current CFC project management role by a further six months.
- **Recommendation Three:** Develop a working group in consultation with Ishar consisting of Vinnies conference representative(s), the City of Stirling, different cultural groups and stakeholders across the Mirrabooka area, prior to implementation of the CFC, to ensure the Centre is culturally appropriate, addresses the needs of different cultural groups and to develop strategies to diffuse any cross-cultural tensions.
- **Recommendation Four:** Investigate the feasibility of developing a social enterprise to partially fund the implementation of the CFC as there is currently a paucity in available funding opportunities.

1. Background

1.1. About this report

This project began with the acknowledgement that food insecurity and financial hardship is an ongoing and increasing issues facing West Australians and addressing these requires a different and innovative approach. For example, Vinnies Emergency relief service has seen over 30% increase in demand in 2023, compared to the same period of the previous year. The inspiration for the path forward came from the Community Food Centre (CFC) model originally developed in Canada. This pilot project will investigate bringing the CFC approach to Western Australia, a first for the state, with Mirrabooka identified as the initial location.

This report presents key findings from research conducted by Vinnies WA and Ishar Women's Multicultural Health Services between February to March 2023. The purpose of this research was to determine the extent of food insecurity impacting people living in Mirrabooka and surrounding areas, and what needs they have in the community. These findings will inform the need for the development of a Community Food Centre in the Mirrabooka area.

1.2. Understanding food insecurity

Threats to food security are an increasing global issue, and high-income countries such as Australia are not immune. The United Nations Food and Agriculture Organisation (FAO) states that "food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life" (FAO, 2006). There are four domains which must be met simultaneously for food security to be realised (FAO, 2006), as shown in Figure 1.

- **Food availability** refers to reliable and consistent quantities of food which is of satisfactory quality and includes the location of supermarkets and shops, food item availability in stores, and food price, variety and quality (Bowden, 2020; FAO, 2006).
- **Food access** refers to individuals having adequate resources to acquire nutritious foods and includes transport considerations and an individual's mobility (Bowden, 2020; FAO, 2006).
- **Food utilisation** refers to individuals having the knowledge and sanitary conditions to store, prepare and cook foods in way that promotes good nutrition and meets physiological needs (FAO, 2006).
- **Food stability** refers to stable and sustained access to food at all times (FAO, 2006).

Figure 1. *The four domains of food insecurity (Bowden, 2020)*

Food insecurity is not a static experience, instead stages of deficit with food needs are moved through, as shown in Figure 2 (Hendriks, 2015). Each stage is marked with corresponding decisions and behaviours in response to available resources (Hendriks, 2015). The period of food insecurity may be cyclical, temporary, medium term or long term, and may occur sporadically due to periods of poor health, temporary unemployment or other adverse incidents including weather events (Hendriks, 2015).

This change in circumstance may impact on food security status and result in movement along the food security continuum (Hendriks, 2015). The ability of households to harness their resources and respond to food insecurity may be a protective factor which decreases the risk of developing severe food insecurity (Hendriks, 2015).

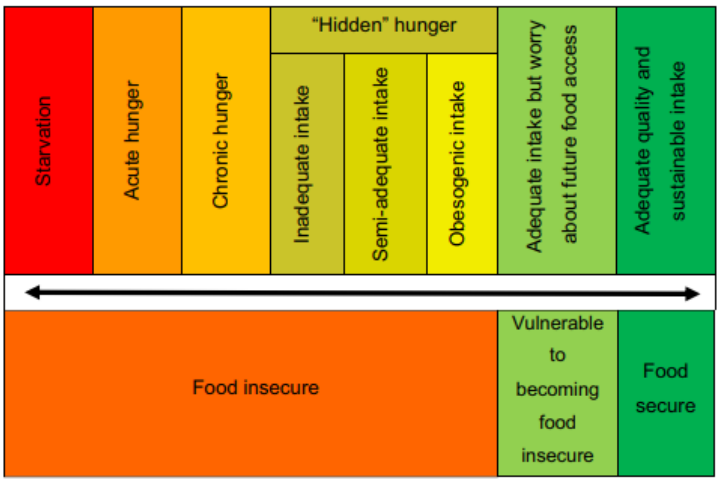


Figure 2. *The food security continuum (Hendriks, 2015)*

Typically, those receiving welfare payments have a higher likelihood of being food insecure, however consecutive interest rate rises and high costs of living has seen normally food secure households reaching out for assistance (Miller & Li, 2022). Food insecurity is intrinsically linked with socioeconomic and sociodemographic characteristics,

with some population groups at higher risk, including Aboriginal and Torres Strait Islander peoples, low income earners, the elderly, those with a disability, asylum seekers, refugees and people experiencing homelessness (Pollard et al., 2019). The *Foodbank Hunger Report 2022* reported that over two million Australian households experienced severe food insecurity in the previous 12 months (Miller & Li, 2022). It is estimated that food insecurity is as high as 90% in migrant and refugee groups (Mansour et al., 2021).

1.3. Health impacts of food insecurity

Inadequate nutrition is associated with chronic health diseases including some cancers, cardiovascular disease, type 2 diabetes, chronic kidney disease, as well as disorders affecting vision, poor oral health and musculoskeletal conditions, and accounts for the premature loss of seven years of life in WA (Department of Health of WA, 2021). Some Culturally and Linguistically Diverse (CaLD) communities have an increased prevalence of certain chronic disease risk factors. This can be due to a variety of reasons including increased risk of disadvantage, social and cultural reasons related to their country of origin, or the social and psychological impacts of migration on health (WA Department of Health of WA, 2021).

Eating nutritious foods is not always straightforward. Households receiving welfare payments or a low income spend a greater proportion of their wage on healthy foods (Pollard et al., 2015). Fresh fruit and vegetables have increased in price significantly during the last 18 months due to a combination of pandemic-related supply chain disruptions, natural disasters and increased production costs. However, this has not occurred in isolation, with the cost of staple pantry items also increasing in price. The increased cost of living was cited by 64% of households as the most common reason for experiencing food insecurity, with 49% of food insecure households specifically citing increased food and grocery costs (Miller & Li, 2022).

Food insecurity does not occur in a vacuum. As shown in Figure 3, there are many variables that impact on an individual's food security status. The socio-ecological model of food security shows the progression of these factors as they move from within the individual's control to progressively outside of their control. The Community Food Centre approach works to target factors at all levels of food insecurity, from the individual to the systemic, making it a unique model compared to other existing food programs. This approach to change is further explored in this report.

Figure 3. *Socio-ecological model of food security (Bowden, 2020)*

2. The Community Food Centre Approach

2.1. What is a Community Food Centre?

CFCs are warm, welcoming and inclusive place-based spaces that use creative and innovative approaches to bring food and a sense of connection to the local community (CFCC, 2023a). The CFC uses a different and innovative approach to tackle poverty and food insecurity, focusing on healthy food access, food skills and education and engagement (CFCC, 2023a). While each CFC looks and operates very differently in order to meet the needs of the local community, collectively they are guided by five overarching 'good food principles' (CFCC, 2017):

1) Taking action from the individual to the systemic (food access, food skills, and civic engagement) - understanding the complexities associated with food insecurity and fighting for the right for people to have access to the basics for a dignified life (CFCC, 2017)

2) Believing and investing in the power of good food - using food to build health, connect people and empower individuals to advocate for the issues that matter to them and their community (CFCC, 2017).

3) Creating an environment of respect and community leadership - encouraging community involvement and ownership of the CFC and providing a platform for those who have experienced food insecurity in the community to speak up and help others who may also be struggling (CFCC, 2017).

4) Meeting people where they're at - recognising the diverse range of skills and knowledge that exist in the community and that can be brought to the table. Aiming to meet the needs of individuals that are relevant to their actual circumstances (CFCC, 2017).

5) Aiming high for organisations and our community - value the support received, from volunteers to paid employees and government and philanthropic support, by being accountable to the community and measuring and communicating the impact of the Centres work (CFCC, 2017).

2.2. Examples of existing Community Food Centres

2.2.1. The Stop Community Food Centre, Toronto, Canada

"The Stop strives to increase access to healthy food in a manner that maintains dignity, builds health and community, and challenges inequality" (The Stop, n.d.).
Provides the following services across three separate locations:

- Drop-in meal program
    - Breakfast: 9am on Monday, Tuesday, Wednesday, Thursday and Friday
    - Lunch: 12pm on Monday, Tuesday, Wednesday, Thursday and Friday
    - Dinner: 4pm on Thursday.
- Healthy food bank
    - 10am to 12pm on Mondays and Fridays
    - Hampers provide enough food for three days
    - Features fresh produce including milk, eggs and wholegrains

    - Hamper includes a highlighted seasonal vegetable, with recipes included
    - Healthy Beginnings" perinatal program
- "Community Advocacy Program" peer advocacy
    - Information, referrals and assistance are provided by trained community members
    - Confidential service
- Good food markets
    - Increase community access to healthy, affordable and high-quality food
    - Includes fresh baked goods and pre-prepared foods
    - 12pm to 3pm on Tuesdays
- Community kitchens
- Sustainable food production and education areas
- Greenhouse
- Sheltered garden
- Community bake oven
- Compost demonstration area
- Daytime drop-in centre
    - Tax clinic
    - Art therapy program
- Volunteer program with over 250 active volunteers supporting various programs

2.2.2. Cultivating Community, Melbourne, Victoria

"Our mission is to work with diverse and low-income communities to create fair, secure and resilient food systems" (Cultivating Community, 2021).

The Cultivating Community provides the following services:

- Manages community gardens and Green Pathway Social Prescribing Programs
- Baking, cooking and food system projects
    - Improves social connection
    - Social enterprise
    - Kids cooking classes
    - Food swap with other local growers
- Garden design, build and maintenance services
- Rooftop Farm and Collaborative Garden Management
    - Improves food literacy
- Education and learning programs
- Fitzroy Community Food Centre
    - Food distribution
    - Cooking classes
    - Community lunches
    - Small food business development
    - Food waste reduction initiatives and gardening activities
- Kitchen Library
    - Members can borrow appliances, reusable plates, cups and cutlery, attend cooking events
- Community garden program with 802 garden plots and 729 community gardeners

3. What makes the Community Food Centre approach different?

The Socio-ecological model outlines the complex and overlapping range of factors which can impact an individual's food insecurity and draws attention to the need to address multiple levels of the model at the same time (see Figure 3). The CFC model recognises the interplay between individual, community and societal factors and re-orients traditional food relief to a rights-based approach, where the programs are designed to address the causing factors and champion the prevention of food insecurity using a client-centred, dignified and reciprocal ways of engagement.

At the individual level, the CFC provides access to healthy and nutritious food through a range of initiatives including community meal programs, low cost community pantry, and a community garden. Community meal programs are held in a café style setting and may involve showcasing food from different cultures or a particular "hero" ingredient from the community garden. An example of this type of initiative is found at The Stop Community Food Centre where a drop in, seated meals program serves breakfast and lunch four days per week and dinner once per week, providing an average of 431 meals per day (The Stop, n.d.). A low-cost community pantry provides individuals with a range of culturally appropriate nutritious food items to make basic meals with while the community garden provides fresh produce which can be used to supplement shop purchases. These initiatives not only provide an individual with access to food, but can offer some financial relief to household budgets.

At the community level the CFC builds on basic food provision by providing the opportunity to engage the community through a range of skills development and workshops.

These programs can use a mixture of peer led information sharing or expert led workshops to teach participants how to grow their own vegetables, learn practical cooking skills and participate in cooking community meals. Health and nutrition literacy can be increased through targeted nutrition and general health education programs. Acknowledging that food insecurity is not just about food means that the CFC approach addresses long term food insecurity and aims to address the individual needs that may be causing it. This could occur through wrap around service provision including financial counsellors and being a point of information about different service providers in the community. Hamilton Community Food Centre provides an example of an extensive offering of community programs, offering planting workshops and youth cooking workshops alongside self-care workshops and watercolour painting classes (Neighbour 2 Neighbour, 2023).

At the systemic level, CFC can adopt best practice standards that initiate wider organisational change. Traditionally, provision of food relief relies on donated food products and food rescue which can limit the types and quality of food products received. The CFC has the capacity to develop their own food procurement policy based around providing the community with a variety of nutritious meals with high quality, fresh food. This could be facilitated by the CFC developing partnerships with local food retailers, large scale growers, and through the establishment of an onsite community garden. The Stop Community Food Centre promotes a culture of healthy, nutritious food through all of their food programs by providing food hampers that include fresh produce, milk, eggs, and

wholegrains, providing culturally appropriate and nutritionally balanced drop in meals, and selling soups and stews through their “Good Food Market” to bring healthier foods to people who may lack access to fresh foods (The Stop, n.d.).

In addition, the CFC provides opportunities to become involved with different local, state and federal government initiatives that set the discourse for wider policy change. Examples of these could involve contributing submissions for nutrition policies, and advocating for policies to address food insecurity and social isolation. As a result of the *Beyond Hunger: The Hidden Impacts of Food Insecurity* campaign developed by Community Food Centres Canada, 3000 Canadians wrote to their local Member of Parliament to demand progressive policy change (CFCC, 2023a). There is also the ability for the CFC to develop and pilot new and innovative health promotion programs to improve wellbeing in lower income communities. One such example is the Market Greens program developed by Community Food Centres Canada (CFCC, 2023b) This program aims to enable people to develop long term healthy eating habits and increase their consumption of fruits and vegetables (CFCC, 2023b). This was achieved through the development of non-profit community markets which provide access to low cost fruit and vegetables and offer Green Prescriptions, a fresh produce voucher provided to people managing chronic and diet-related diseases such as cardiovascular disease and Type 2 Diabetes Mellitus (CFCC, 2023b).

3.1. Community Food Centres Canada participant impact

Community Food Centres Canada have identified a variety of indicators which have been impacted by client participation in CFC programs across Canada (CFCC, 2023c):

- 90% feel like they belong to a community at their CFC.
- 82% made new friends with other participants.
- 80% say their mental and physical health has improved.
- 90% say their CFC provides an important source of healthy food.
- 90% feel more confident preparing food for themselves or others.

3.2. Community Food Centre alignment with existing policy areas

Developing a CFC in Mirrabooka aligns with existing local, state and federal government strategies and policies, and international and not-for-profit organisational policy areas designed to enact large scale community change. The welcoming and inclusive nature of the CFC model and the diversity of the Mirrabooka community means it would sit across policies and strategies developed for a wide range of population groups. The alignment of the CFC to government policies and strategies shows commitment to shared outcomes while also identifying existing capacity and areas for ongoing development.

Local Government: Specific policy goals and strategies the CFC links with and examples of how the CFC might action specific strategies and policy activities can be found in Appendix A.

- City of Stirling Access and Inclusion Plan 2021-2025
- City of Stirling Age Friendly Strategy
- City of Stirling Homelessness Strategy 2020-2022

- City of Stirling Innovate Reconciliation Action Plan 2018-2020
- City of Stirling Multicultural Framework
- City of Stirling Youth Framework
- Sustainable Stirling 2022-2032 Strategic Community Plan

State Government:

- A Western Australia for Everyone - State Disability Strategy 2020-2030
- Healthway Strategic Plan Active Healthy People: 2018-2023
- Lotterywest and Healthway Community Investment Framework
- Outcome Measurement Framework for Community Services in Western Australia
- Path to Safety: Western Australia's Strategy to Reduce Family and Domestic Violence 2020-2030
- State Public Health Plan for Western Australia: Objectives and Policy Priorities for 2019-2024
- WA Aboriginal Health and Wellbeing Framework 2015-2030
- WA Health Promotion Strategic Framework 2022-2026 Consultation Draft
- Western Australian Men's Health and Wellbeing Policy
- Western Australian Multicultural Policy Framework
- Western Australian Women's Health and Wellbeing Policy

Federal Government:

- Australia's Disability Strategy 2021-2031
- National Food Waste Strategy: Halving Australia's Food Waste by 2030
- National Obesity Strategy 2022-2032
- National Preventative Health Strategy 2021-2030

Other relevant policy documents:

- National Strategy for Volunteering 2023-2033
- Fair Food WA Food Relief Framework 2019
- United Nations Sustainable Development Goals
- Ottawa Charter for Health Promotion

The CFC may also scale up to provide services and programs for a number of identified priority groups including:

- CaLD
- Aboriginal and Torres Strait Islander peoples
- Youth
- Older Australians
- LGBTQI+
- People with a disability
- People with low income
- People with mental illness

4. Why a Community Food Centre in Mirrabooka?

The suburb of Mirrabooka was originally planned to become a satellite city in response to the growing industrial area of Balcatta (Wynne, 2021). However, the post-war baby boom and increasing European migration during the 1950's saw the plan change (Wynne, 2021). Instead the 'Mirrabooka Project' was developed and incorporated plans for the housing commission to build 60,000 houses across three new suburbs; Balga, Nollamara, and Yirrigan (later Mirrabooka) (Wynne, 2021). While the project was largely abandoned during the 1960's due to the increasing urban sprawl, it left the legacy of three suburbs with a high proportion of the population comprised of migrants (Wynne, 2021).

Mirrabooka is one of the most disadvantaged areas in Australia, with a Socio-Economic Indexes for Area (SEIFA) score of 896.6, placing it in the 9th percentile for disadvantage (only 9% of locations in Australia experience greater disadvantage) (.id informed decisions, 2016). The 2016 Census identified the Balga-Mirrabooka area as the ninth most disadvantaged area in Western Australia (Department of Health of WA, 2019).

Findings from the 2021 Census data show that Mirrabooka has a higher unemployment rate compared with the entire state (9.1% compared with 5.1% for WA) and lower median personal and household weekly incomes ($482 compared with $848 for WA; and $1,267 compared with $1,815 for WA) (ABS, 2021). Data from the 2021 Census shows 57.7% of Mirrabooka's 8000 residents were born overseas, with common countries of birth being Vietnam, Myanmar, Iraq, North Macedonia and India (ABS, 2021). Additionally, 73.3% of residents had both parents born overseas (ABS, 2021). The surrounding suburbs of Balga and Nollamara have similar demographic profiles.

The Food Stress Index has identified food insecurity as an issue in Mirrabooka. This is determined using a combination of household characteristics, income, cost of a basic food basket and geographic location to determine the proportion of families in a location who need to spend in excess of 25% of their disposable income on food per week (Landrigan et al., 2019). The Food Stress Index for Mirrabooka and surrounding suburbs is 1,110, which places these suburbs in the fifth quintile, meaning a high likelihood of food stress in these locations (Anglicare WA, 2019). This indicates that 84% of households in Mirrabooka and surrounding areas are at risk of food stress (Anglicare WA, 2019).

4.1. Current food relief service providers in the Mirrabooka area

Based on an online search of current food relief service providers in the Mirrabooka and Balga communities, the primarily form of food relief available consist of Foodbank hampers, vouchers and referral or food hampers provided through food rescue organisations Second Bite and Oz Harvest.

A non-exhaustive list of service providers located within a 5-kilometre radius of The Square Mirrabooka Shopping Centre can be found in

*Appendix **B*** and a map showing the locations of these service providers in Appendix C.

4.2. A growing call to action

Fair Food WA (FFWA) is a coalition of relevant government, business, not for profit and university sectors focused on ensuring West Australians are connected to secure healthy food and don't go hungry (WACOSS, 2021). FFWA, through the *WA Food Relief Framework Report 2019*, have identified solutions to improving the delivery of food relief to those experiencing food insecurity. FFWA recognises that addressing food insecurity is not just about food; strategies need to be developed that focus on the strengths of individuals and finding pathways out of food insecurity that address factors relating to food insecurity on a long-term basis, both for the individual and at policy level. (WACOSS, 2019). The CFC presents a unique opportunity to address food insecurity across multiple layers of the socio-ecological model (see Figure 3), with the development of a CFC in Mirrabooka receiving FFWA endorsement.

FFWA have highlighted the need for the State Government to take a leadership role in addressing food insecurity (WACOSS, 2019). The CFC creates a fantastic opportunity for State Government, the charity sector and communities to come together and work towards solving issues of food insecurity in a sustainable and community led way. The Western Australian Government has outlined sustainable communities as one of its strategic goals (*State Planning Strategy 2050*); outlining social infrastructure and spaces and places its key pathway to achieving that goal. The state governments objectives to "emanate a sense of place and belonging" and "foster cultural expression, lifelong learning, social interactions, vibrancy and interactions with nature" are directly linked to the outcomes of the CFC. The ability of the Community Food Centre to deliver a localised approach to a global issue provides an opportunity to build relationships with the state government and work together to achieve its goals and those of the CFC.

The CFC will also promote and actively develop broader community leadership within the Mirrabooka community. Within the City of Stirling, there are seven current policy documents that link in with the CFC, including the *Strategic Community Plan 2018-2028* (see **Appendix *A***). Key objectives of these policies include community connectedness, inclusivity and place. These outcomes are directly linked to those of the CFC which will develop a place-based service for the community to have a dignified meal in a safe space where they can build connections with other community members and the program itself. A core component of the CFC project is that it will be community-led, which is achieved by partnering with local service providers and engaging local volunteers in every aspect of the centre's operations.

The CFC will also support the development of a more localised food system in the Mirrabooka area. Decentralising the food system promotes resilience within communities. This is important for communities which may face food access and availability issues, such as inequitable access to nutritious food amongst communities (food deserts) and the increasing impact of natural disasters on the centralised supply chain. The CFC is able to provide another outlet for the community to access nutritious food and is able to achieve a degree of self-sufficiency through its community garden. The inclusion of a community garden also creates education, training and social enterprise opportunities.

The CFC is also able to play a role in wider efforts to increase social capital. For example, crime is an ongoing issue for Mirrabooka and surrounding suburbs (Tan, 2023) and the CFC presents an opportunity to assist with crime prevention. The *National Crime Prevention Framework* identifies strategies that can decrease criminal behaviour including enhancing protective factors and strengthening communities by promoting social inclusion and community connectedness (Australian and New Zealand Crime Prevention Senior Officers' Group, 2012). By providing access to food for all members of the local community, the CFC can play a role in reducing an individual's need to offend as a way to acquire food. The CFC programs provide opportunities to connect and engage with others through programs and services, which are established depending on community need. This means the CFC will be unique to the community within which it is established to help meet those specific needs.

5. Needs Assessment Methodology

A mixed-methods approach was undertaken to obtain qualitative and quantitative data to provide a more comprehensive overview of the scope of food insecurity and community connectedness within the Mirrabooka CaLD community. Data collection involved the following protocols:

1) Analysis of internal client reporting data from the Vinnies WA Call Centre was conducted. Data was included for clients residing within an identified boundary area of Alexander Heights, Balcatta, Balga, Ballajura, Girrawheen, Greenwood, Marangaroo, Mirrabooka, Nollamara and Westminster during 2022. Clients who lived in an identified suburb but had accessed assistance excluding food relief were removed from the dataset. The variables analysed were occasions of food relief, household composition, accommodation type, and income source.

2) A survey comprising 22 questions was developed to collect participant demographic data, measure food insecurity, identify threats to the four domains of food insecurity, and assess social impacts (see Appendix D). Participants were required to read the information statement and provide consent prior to commencing the survey. Food insecurity was assessed using the single- item question measure, which has been used previously in food insecurity research, National Health Survey and the Census. The four domains of food insecurity were assessed predominantly using questions from previous literature assessing food insecurity in migrant and refugee communities. The survey was available to complete online via Survey Monkey and was advertised through the Vinnies WA Facebook page and the City of Stirling, The Smith Family and Ngala networks. A hardcopy of the survey was made available for participants to complete at Ishar workshops and focus groups with the assistance of Ishar staff and interpreters. The incentive of a $20 e-voucher for the first 70 survey respondents was provided.

3) Five focus groups were conducted using a convenience sample of 40 pre-registered participants recruited from women's groups currently run by Ishar. Four recruitment drives were conducted at Ishar while the groups were running to promote the focus groups and recruit attendees. A flyer was created by the Vinnies WA

Marketing team to assist with recruitment (see Appendix E). Participants were required to read the participant information statement and provide signed consent prior to the focus group commencing. Vinnies and Ishar staff members were present during the focus groups to facilitate and scribe the responses. An interpreter was present during each of the five groups. Participants were to be asked 16 questions, however this was adjusted to 12 questions due to larger group sizes and interpreter use (see Appendix F).

The focus group sample was comprised of women from a variety of countries, which was reflective of the diverse cultures residing in the Mirrabooka area, including:

- Afghanistan
- China
- Eritrea
- Iran
- Iraq
- Macedonia
- Palestine
- Pakistan
- Poland
- Syria
- Vietnam

The focus groups captured participants thoughts on their local community and their thoughts on the Community Food Centre. Participants were provided with morning tea, a catered lunch, as well as a $24 Vinnies Vault card and $20 Coles voucher. Manual thematic analysis was conducted using Excel to determine themes and patterns in responses.

4) Consultation Process - Service Providers

Semi-structured interviews were conducted with four different health care providers from Ishar. The interviews were conducted by the Ishar Health Promotion Officer and Vinnies Research and Community Engagement Officer. Interviews were 20-30 minutes in length and comprised of 12 questions covering the experiences of health care providers with clients who were food insecure and their thoughts on aspects of Community Food Centres. Interviews were voice recorded and transcribed and manual thematic analysis was conducted using Excel to determine themes and patterns in responses.

5) Consultation Process - Stakeholder Interviews

Nine non-structured interviews were conducted with stakeholder organisations in the Mirrabooka area to understand drivers and impacts of food insecurity from the service provider perspective. Interviews were conducted by the Vinnies Service Development Manager and Research and Community Engagement Officer. Interview response were scribed and analysed to determine themes.

The following service providers generously gave their time to participate:

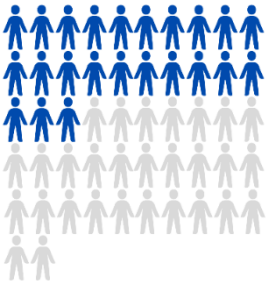
- City of Stirling
- Communicare
- Derbarl Yerrigan Health Service
- Multicultural Services Centre WA
- Ngala
- North Metropolitan Health Services
- Sudbury House
- The Smith Family
- Youth Focus

6. Research Findings

6.1. Food insecurity in Mirrabooka and surrounding suburbs

Food insecurity in Mirrabooka and surrounding suburbs is becoming an increasing issue. Data compiled from the Vinnies WA call centre during 2022 showed there were 695 individual occasions of food relief provided during the year for 218 clients residing in Mirrabooka, Alexander Heights, Balcatta, Balga, Ballajura, Girrawheen, Greenwood, Marangaroo, Nollamara and Westminster. Requests for food relief comprised 86% of all assistance requests for clients in these suburbs. The number of individual occasions a client accessed food relief varied greatly, ranging from one occasion to multiple occasions; with one client having been assisted on 19 different occasions for food within the year.

The single item measure used in the online survey indicated 44% of respondents had run out of food in the previous 12 months and were unable to afford to buy more. This figure is substantially higher than the estimated 4% to 13% of the Australian population who are food insecure (Bowden, 2020). It is also likely this figure underestimates the extent of food insecure respondents. Half of the surveys were completed with the assistance of interpreters or a friend, with social desirability bias potentially influencing their response. In addition, the use of the single-item measure has been acknowledged in the literature as underestimating the true prevalence of food insecurity by 5% at population level (McKechnie et al., 2018). In this instance, the single-item measure was used to ensure the survey was not too onerous for participants to complete.



44% of respondents ran out of food in the past 12 months and couldn't afford to buy more.

Discussions with local health care providers and stakeholder organisations further indicated that food insecurity in the Mirrabooka area is a growing issue. Ishar health care providers directly involved with client case management reported an increase in frequency of food insecure clients.

"It's really significantly increased… a lot of clients are now having to decide between paying for a house or buying food, it's come to these two alternatives."

"It's gotten quite bad at the moment, especially with prices rising everywhere and rental prices rising."

Within the CaLD community food insecurity remains a relatively hidden issue, due to the feelings of shame and the stigma attached to not meeting certain cultural expectations as well as engaging in help seeking behaviours.

"Hard to say, people aren't coming out directly and saying hey I haven't got enough money. They are saying prices are expensive, fruit is expensive."

Local organisations and agencies also stated that while food insecurity is not widely spoken about in the CaLD community, they have also seen an increase in clients requiring food relief. Two organisations mentioned that increased demand for food hampers had resulted in them running out of hampers or needing to create a roster system scheduling when clients are allocated food hampers. Another organisation spoke of a five-fold increase in clients walking through the door seeking assistance, which was placing service provision under increasing pressure. Two organisations reported seeing an increase in housing issues and homelessness in the Mirrabooka area. The City of Stirling were experiencing unprecedented requests for support which has required the expansion of their homelessness outreach services to Mirrabooka.

6.2. Who is being impacted by food insecurity?

For a full breakdown of online survey respondent demographic data, see Appendix G.

Of the 23 respondents who answered "yes" to the single item question measuring food security, the majority were male (48%; n=11) however there was only a minor difference between the frequency of male and female respondents (see **Table *1***). Over half of the respondents (52%) were aged between 30 and 39 years and 57% of respondents were born in Australia. The majority of respondents had resided in Australia for 20 years or longer (57%; n=13), however over a quarter of respondents (26%; n=6) had lived in Australia for five years or less. Over 90% of households had at least one child, indicating a high number of children are living in food insecure households.

Table 1. Demographic data for respondents who responded affirmative to Q2 (In the last 12 months was there any time you have run out of food and not been able to buy more?)

Category	Sub-category	Frequency (n=)	Percent (%)
Gender	Female	10	43%
	Male	11	48%
	No response	2	9%
Age (years)	18-29	-	-
	30-39	12	52%
	40-49	7	30%
	50-59	2	9%
	60+	-	-

	No response	2	9%
Country of birth	Australia	13	57%
	Iran	2	9%
	Cameroon	1	4%
	Nigeria	1	4%
	Senegal	1	4%
	Tanzania	1	4%
	Thailand	1	4%
	Vietnam	1	4%
	No response	2	9%
Main language spoken at home	English	13	57%
	Arabic	3	13%
	Thai	1	4%
	Vietnamese	1	4%
	French	1	4%
	Persian	1	4%
	Farsi	1	4%
	No response	2	9%
Length of time resided in Australia (years)	0-5	6	26%
	6-9	-	-
	10-19	2	9%
	20+	13	57%
	No response	2	9%
Suburb of residence	Mirrabooka	16	70%
	Nollamara	2	9%
	Balga	1	4%
	Ballajura	1	4%
	Girrawheen	1	4%
	No response	2	9%
Postcode	6061	19	83%
	6064	1	4%
	6066	1	4%
	No response	2	9%
Number of adults residing in household	1	3	13%
	2	13	57%
	3	6	26%
	4	1	4%
Number of children residing in household	0	2	7%
	1	17	74%
	2	3	13%
	3	1	4%

Vinnies WA client data reflects a similar trend. The majority of clients who sought food assistance during 2022 were more likely to be a sole parent with at least one dependent (26%; n=56), a single person living alone (26%; n=57) or a couple with at least one dependent (24%; n=52) (see **Table 2**).

In addition, 51% of clients seeking food assistance were private renters (n=111) and 88% stated government payments/ pensions/ allowances was their main income source (n=191).

Assistance was mostly sought by Vinnies WA clients aged between 30 to 39 years and 40 to 49 years (all assistance types; see Table 3).

Table 2. Vinnies WA clients accessing food relief in 2022 by household composition, accommodation type, and income source

Variable		Occasions of food relief access from Vinnies WA throughout 2022							
		1 to 4 times		5 to 9 times		10 times or more		Sub-total (n=)	% of sub-total^
		(n=)	(%)	(n=)	(%)	(n=)	(%)		
Household composition	Single (person living alone)	43	75%	9	16%	5	9%	57	26%
	Sole parent with dependent(s)	45	80%	8	14%	3	6%	56	26%
	Couple with dependent(s)	43	83%	8	15%	1	2%	52	24%
	Group (related)	17	59%	7	24%	5	17%	29	13%
	Couple	7	78%	2	22%	-	-	9	4%
	Group (unrelated)	5	63%	2	25%	1	12%	8	4%
	Not stated	7	100%	-	-	-	-	7	3%
	Total	167	77%	36	16%	15	7%	218	100%
Accommodation type	Renter (private)	91	82%	17	15%	3	3%	111	51%
	Renter (public)	35	65%	13	24%	6	11%	54	25%
	Boarding/lodging	19	79%	4	17%	1	4%	24	11%
	Being purchased	9	64%	1	7%	4	29%	14	6%
	Share House	6	86%	-	-	1	14%	7	3%
	Fully owned	3	100%	-	-	-	-	3	1.5%
	Homeless	1	50%	1	50%	-	-	2	1.0%
	Community housing	1	100%	-	-	-	-	1	0.5%
	Occupied rent free	1	100%	-	-	-	-	1	0.5%
	Not stated	1	100%	-	-	-	-	1	0.5%
	Total	167	77%	36	16%	15	7%	218	100%
Income source	Government payments/ pensions/ allowances	146	76%	31	16%	14	7%	191	88%
	Nil income	15	79%	3	16%	1	5%	19	8%
	Employee salary/ wages	5	71%	2	29%	-	-	7	3%
	Other income incl superannuation and investments	1	100%	-	-	-	-	1	1%
	Total	167	77%	36	16%	15	7%	218	100%

*Data for Vinnies WA clients accessing food relief who reside in the stipulated boundary area.

^ Sub-total as a percentage of the total for each variable.

Table 3. Vinnies WA clients accessing all relief types in 2022 by age group*

Age range (years)	Frequency (n=)	Percent (%)
20-29	28	11%
30-39	77	30%
40-49	66	26%
50-59	40	16%
60-69	29	11%
70-79	14	6%

* Data for Vinnies WA clients accessing food relief who reside in the stipulated boundary area.

Interviews with local stakeholder organisations and health care providers also reflected the demographic trends of the Vinnies client data and research survey findings. Clients and community members seeking food assistance were most often Aboriginal and Torres Strait Islander peoples and newly arrived migrants. Limited income was identified as the key driver of food insecurity, with households usually relying on a single income from Centrelink or earnt by a male family member. Family duties, lack of English language and visa restrictions were all reported as preventing women from working. Family domestic violence and resulting financial abuse were also mentioned in the interviews as impacting on food insecurity.

Clients were reported as often turning down the offer of a Foodbank referral as they could not afford the cost of petrol required to drive from the Mirrabooka area to Perth Airport. A lack of shelter was also frequently associated with food insecurity and is indicative of increasing homelessness in the local community. Disability clients were also mentioned as being at increased risk of food insecurity due to the increasing out of pocket costs associated with medications and medical needs.

7. Threats to food security

The consensus from local stakeholder organisations and health care providers was that the increase in the cost of living was the main driver of increasing food insecurity in Mirrabooka and surrounding suburbs. The increase in private rental costs and bills meant that many families had to choose between eating and paying rent and bills.

In some situations, an unforeseen expense such as a school excursion, was enough to severely impact the family's budget. Financial pressure was not limited to low income earners, with higher income earning families also reported as struggling and seeking assistance.

Unsurprisingly, the data collected from both the survey and discussions with health care providers and local stakeholder organisations indicated instability across each of the four domains of food security and highlights the threats to food security in the Mirrabooka area.

7.1. Challenges to food access

7.1.1. Purchasing food

48% of survey respondents indicated that they did not or sometimes did not have enough money to buy food in the previous 12 months (n=25) (see Figure 4).

Vinnies WA clients accessing food relief in 2022 by household composition, accommodation type, and income source.

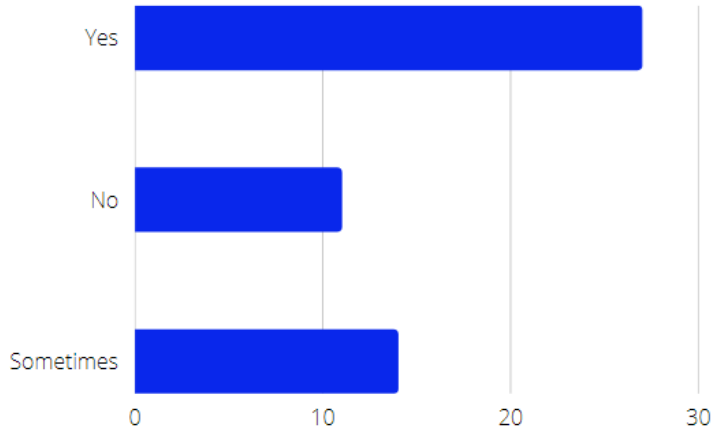


Figure 4. *Survey response to Q3:*
In the last 12 months, have you usually had enough money to buy food?

While the majority of respondents purchased food from the supermarkets or shops, 19% of responses indicated food relief was one of their usual sources of food, with 15% accessing Foodbank hampers or vouchers and 7% accessing other sources of food relief (see Figure 5).

Concerningly, a service provider at a local organisation mentioned that some clients were using Afterpay to purchase food by buying supermarket gift cards through the Afterpay website. Financial considerations were the main drivers for respondents choosing where they usually obtained food from. 62% of respondents identified cheap food prices and 33% identified financial difficulty among the reasons for their choices (see Figure 6).

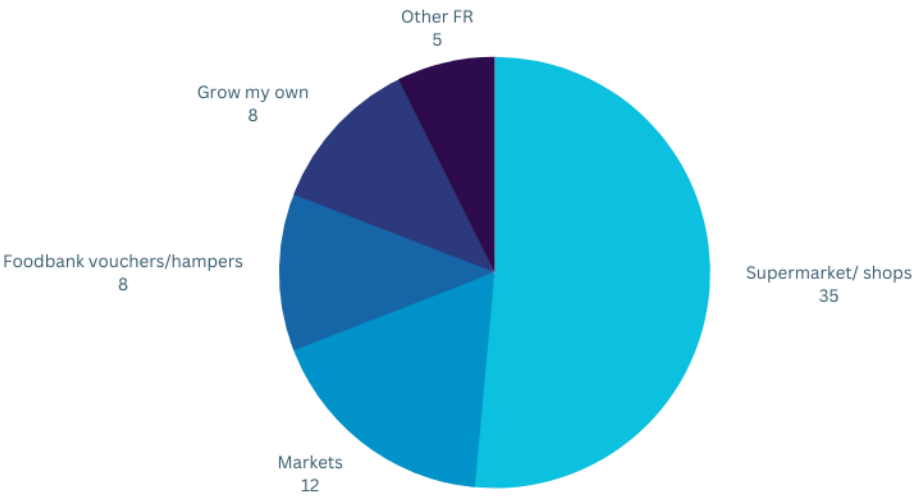


Figure 5. *Survey responses to Q4:*
Where do you usually get your food from?

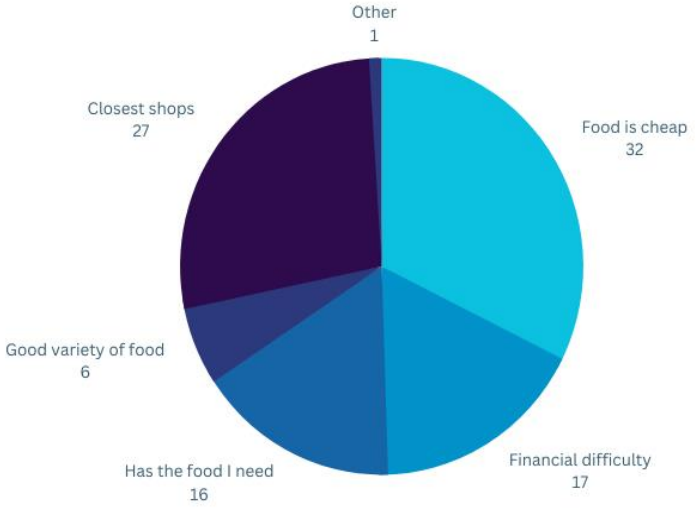


Figure 6. *Survey responses to Q5: Why do you usually get food from these places?*

The food inflation rate in Australia has been steadily increasing since the start of the pandemic and rose to 9.2% in the December 2022 quarter compared to the previous year % shop at supermarket vs % shopped at market (Australian food inflation, 2023). Grocery prices rose 9.2% during December 2022, with fruit and vegetables up 8.5%, meat and seafood rising 8.2%, dairy products up 14.9% and breads and cereals rising 12.2% (Harvey, 2023).

Table 4 shows the results of a short cost analysis assessing the prices differences of seasonal fruit and vegetables at Mirrabooka Friday Markets and a supermarket located in The Square Mirrabooka Shopping Centre.

Table 4. Brief cost analysis of in season fruit and vegetables available in Mirrabooka in March 2023

Item	Supermarket price[#]	Mirrabooka Friday Market price[#]
Bunches of herbs	$3 each	3 for $5.00
Pumpkin	$3.90 per kg	$3.00 each (whole pumpkin)
Eggplant	$3.90 each	$1.50 each
Tomato	$5.90 per kg*	$1.99 per kg
Gala apple	$5.90 per kg	$2.99 per kg
Nectarine	$4.90 per kg*	$1.99 per kg

[#] *Prices correct as of 10 March 2023.*

** Denotes item on special; discounted price shown.*

Accessing healthy and nutritious foods was raised as an issue by survey respondents, with 37% of respondents (n=19) stating they had concerns about accessing healthy and nutritious food, while 31% (n=16) stated they sometimes had concerns (see Figure 7).

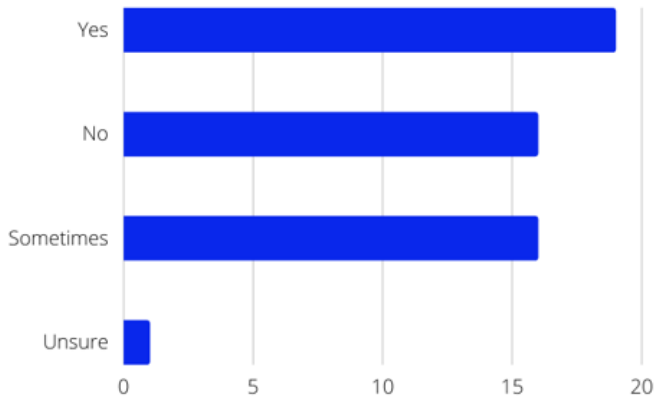


Figure 7. *Survey responses to Q6:*
Do you have any concerns about accessing healthy and nutritious food?

Respondent comments expanding on these concerns were centred around two main themes regarding the quality and the affordability of healthy food options:

"I am concerned about the fact that I cannot afford healthy food, because I am not getting paid enough to afford it."

"A lot of vegetables are expensive and I'm not sure if I have enough recipes."

"I'm a grandparent carer of my grandchild who needs good quality food."

This concern has likely translated into the high demand for cooking classes, as mentioned in stakeholder interviews. Cooking classes were also the most frequently requested program by focus group participants to include at the Community Food Centre.

Health care providers also expressed support for cooking classes to be offered, with specific examples including familiarising participants with different Australian foods and teaching them how to use these in traditional recipes as substitutions.

7.1.2. Transportation

Issues accessing shops were raised in the survey, focus groups and interviews with Ishar health care providers. 27% of survey respondents indicated they would access the shops by catching public transport and 19% walked to the shops (see Figure 8). These methods of accessing shops limit the amount of groceries able to be purchased and increase the number of visits to the shops per week.

Money saving options such as buying in bulk become limited as individuals need to purchase smaller quantities which are usually more expensive and make more frequent trips to the shops, which may also increase discretionary purchasing.

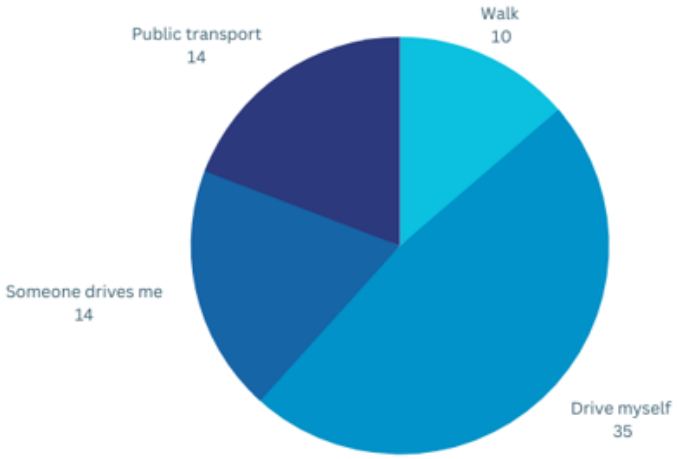


Figure 8. *Survey responses to Q9:*
When you need to buy food, how do you usually get to the shops?

Issues with transport were also raised during focus group sessions. Participants living in outer suburbs or newer suburbs such as Bennett Springs, Ballajura, Darch and Nollamara stated the shops were far away and they had to travel to go to a shopping centre. This issue was mostly raised by young mums.

"[Darch is] far away from community and shopping. The only close shop is IGA but it is expensive. I need to travel far to get food."

One participant stated they had sold their car and now used public transport, however did not elaborate on the reason for this. Public transport issues raised by participants included:

- Two bus changes were required to reach Ishar.
- Difficulty catching the bus if it is raining.
- A 45-minute walk to Mirrabooka bus station if they missed the bus.

Additionally, 50% of survey respondents needed to travel further to buy food from their own countries than when they buy Australian foods (n=26) (see Figure 9). Declining mobility was also raised in four focus groups. The responses provided to the questions "would you volunteer at the CFC?" and "what are the barriers to you attending the CFC?" However, these responses can also be extrapolated to include impacts on completing everyday tasks.

"I used to shop after I came here. I used to go to the shops, do my shopping, I had a trolley. But even that put pressure on my ankle. So, I don't catch the bus anymore I get a taxi. Drops me off to do my shopping and get home. The trip costs $20-$25."

Unspecified health issues were the most commonly referred to reasons why active participation in the CFC may be limited, with specific health issues such as inability to bend down and hand damage resulting from shingles also mentioned. One participant referred to increasing difficulty pulling their shopping trolley across the shopping centre carpark due to hand issues. These issues are likely to decrease inclination to go shopping and make the process more burdensome and difficult to undertake.

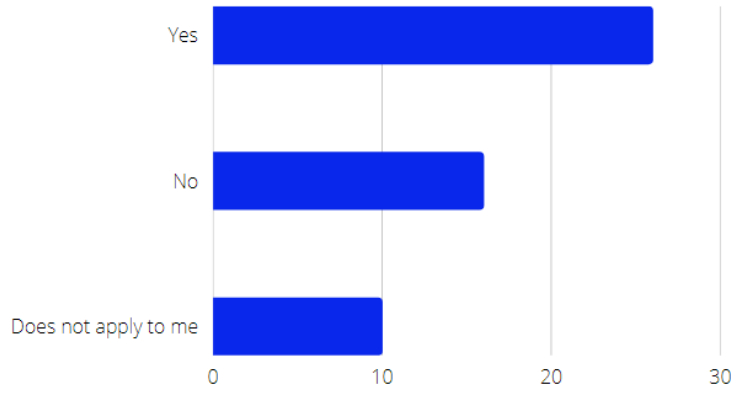


Figure 9. *Responses to Q10:*
Do you need to travel further to buy foods from your own country than when you buy Australian foods?

The combined burden of decreasing mobility and reliance on public transport and further distance to travel to buy culturally appropriate foods may mean that individuals need to shop at smaller shops which are closer to home, although with decreased variety, increased prices and potentially foods which are not culturally familiar. This may result in increased consumption of foods which are energy dense and may place individuals at risk of not meeting nutritional requirements.

7.2. Challenges to food availability

7.2.1. Provision of culturally familiar foods

Figure 10 shows the majority of survey respondents (n= 37; 71%) indicated they were able to purchase foods to cook meals that were traditional to their culture. However, this response rate may be confounded by 46% of survey participants living in Mirrabooka and Balga.

These respondents have closer access to shops at The Square Mirrabooka Shopping Centre which sell African and Middle Eastern foods not stocked in major supermarkets.

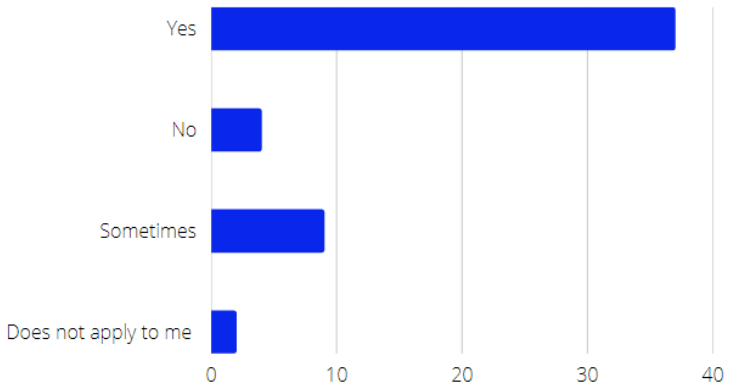


Figure 10. *Responses to Q8:*
In Australia, are you able to buy foods to cook meals that are traditional to you and your family's culture?

Services providers also spoke of the difficulty experienced by clients not living near Mirrabooka Shopping Centre to access culturally appropriate foods.

"This [Mirrabooka Square] is probably the biggest centre with that kind of availability, so if they don't live near here, that becomes a bit of a challenge."

"We've had people sometimes come all the way up from Clarkson or up north like Merriwa, coming down here to Mirrabooka because they've got Middle Eastern, African shops. Their food is cheaper there."

7.2.2. Provision of emergency food relief

Logistical concerns around local food assistance were raised in interviews with service provider and local organisations, with issues including a lack of local emergency food relief and logistical issues. Respondents spoke of clients needing to travel to Northbridge to access some food hamper providers and Perth Airport to access Foodbank services.

As mentioned previously, petrol costs were a barrier for some clients to access Foodbank, however it was also raised that the referral process wasn't a priority for many families experiencing issues such as domestic violence. The stipulation of a health care or concession card by some organisations to access food relief services was also identified as a barrier for those not in possession of one. Health care providers also expressed concern as to the effectiveness of current food relief provisions and questioned whether they met the community's needs.

All local organisations interviewed stated they were implementing a form of food relief assistance to meet demand from existing clients in addition to the increase in community members seeking assistance. This response has required organisations to increase the scale of food relief already provided or implement ad-hoc initiatives if food assistance is a service not routinely provided. This is increasing pressure on local not-for-profit organisations, stretching financial and human resources as they are required to pivot from their normal service provision.

Both health care providers and stakeholder organisations noted the shame and stigma, including cultural perceptions, around accessing emergency food assistance and receiving free food, with these perceptions potentially preventing households from accessing the assistance they need. Concerns were also raised by both stakeholders and health care providers as to the quality of food provided in hampers, and for CaLD populations, the cultural appropriateness of the foods provided which may lead to issues with utilising the food in the hampers.

"When you get food boxes, you get basic vegies and probably some rice, some flour. So, it's not a lot of things that would make them feel like they're home. And that's quite a big portion of helping them feel at least some sort of safety and seeing some happiness in whatever situation they're in at the moment."

7.3. Challenges to food utilisation

7.3.1. Culturally unfamiliar foods

Ishar health care providers mentioned several different challenges clients experienced with culturally unfamiliar foods. Firstly, as mentioned previously, clients who accessed food relief were often provided with hampers that contained foods that are culturally unfamiliar or unacceptable. An example of this is the lack of halal products in the Australian food supply (Lawlis, Islam & Upton, 2017). This can mean that clients are unsure how to prepare the items they are provided with or are unable to consume certain products.

"Becomes hard if we are providing foods that are not necessarily useful for some families."

"[A barrier to food security is] the transition from knowing familiar foods within their own country to coming to Australia and having to work with Australian foods and they may not be able to find some of their cultural foods."

Health care providers spoke of women migrating to Australia with the traditional recipes passed down to them by their mothers and grandmothers. There was a tendency to stick with traditional, staple foods which are economical, particularly with larger families. Health care providers also spoke of a reluctance to use food items deemed extravagant or non-traditional foods, even among migrants who have been living in Australia for 10 years or more.

Additional challenges were identified for mothers of children attending school. Health care providers spoke of children expressing a preference for Australian foods in their lunchbox after being exposed to the types of foods Australian children are eating at school. The lack of familiarisation around Australian foods and low nutrition literacy levels means parents may be inadvertently providing energy dense lunchbox foods.

"Kids don't want to take traditional rice and things to school. They want to take sandwiches; food Aussies kids have. Parents aren't aware what's healthy, send their kids to school with a white bread and jam sandwich."

These challenges, as well as a lack of access to shops that offer culturally appropriate foods are potential contributors to the erosion of traditional family food practices. Altered family structure which places food preparation as the women's sole responsibility and emphasis on a different meal pattern were identified as other potential contributing factors to declining traditional family food practices post migration (Lawlis, Islam, and Upton, 2017).

Survey responses indicated a decline in traditional food practices was prevalent in Mirrabooka and surrounding suburbs, with 46% of respondents (n=24) indicating they had experienced issues keeping their family food traditions post migration to Australia (see Figure 11).

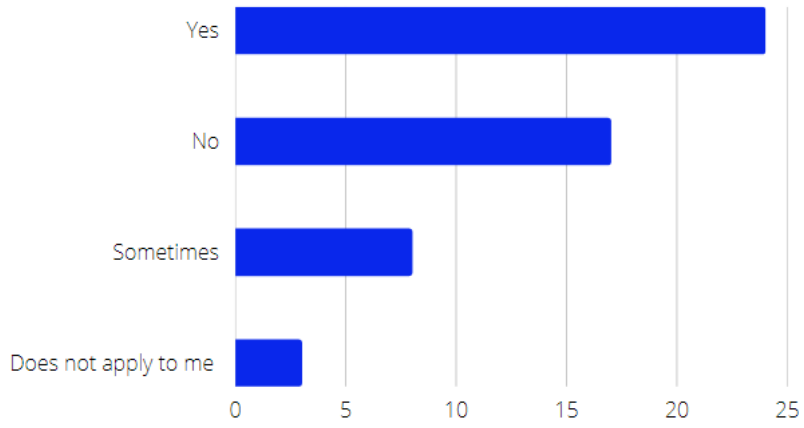


Figure 11. *Responses to Q7:*
Have you experienced any issues keeping your family food traditions since arriving in Australia?

7.3.2. Homelessness

Homelessness is an increasing issue in the Mirrabooka area. Local organisations report seeing an increase in individuals sleeping rough in the vicinity of Mirrabooka Shopping Centre as well as an increase in individuals experiencing homelessness accessing their services. Shelter WA identified Mirrabooka as the fifth worst affected area in Western Australia (by state electorate) for housing stress (Shelter WA, 2023). 7.5% of households in Mirrabooka (1,300 households) are facing unmet need, meaning they need to spend in excess of 30% of income on rent, live in overcrowded houses, or are experiencing homelessness (Shelter WA, 2023). Ishar health care providers also mentioned some of their clients are experiencing homelessness.

"We've got a few people who are homeless, people sharing homes, some living in their cars…"

These circumstances place severe limitations on the ability to store, prepare and cook foods. This impacts on an individual's capacity to use food that is either purchased or received in a food hamper. Intake becomes restricted to foods high in saturated fat, with low fruit and vegetable intake and nutrient deficiencies resulting in malnutrition and impacting on individual's health and well-being (Easton et al., 2022).

7.4. Challenges to food stability

The main factors impacting on food stability are those which make it difficult to achieve food access, availability and utilisation. Previous studies have indicated the main factors impacting the stability of food security for Australian refugees and migrants were limited income, susceptibility of income derived from Centrelink to late payment, having to send money to family members back home, and high medical bills (Lawlis, Islam & Upton, 2017).

Limited availability of social support systems is concerning and is considered to have an impact on the health of family and community members (Lawlis, Islam & Upton, 2017). This report has similar findings, with limited income due to circumstances including

receiving welfare payments or being a single income household combined with increasing prices of rent, bills, medicine and food being identified as the greatest contributor. Food stability is further threatened by a lack of culturally appropriate food relief items resulting in recipients being unsure how to use the ingredients, as well as an identified lack of food and nutrition literacy.

8. Social isolation and loneliness in the Mirrabooka area

8.1. Social support and community belonging

Feelings of social isolation and loneliness was a strong theme raised by many focus group participants. Participants of a wide range of ages expressed feeling lonely and isolated for a variety of reasons including:

- Living alone
- Living with a male relative who worked, leaving them alone at home during the day.
- Lack of English language
- Feeling unsafe in their neighbourhood
- Living far away from community hubs such as shopping centres
- Groups being cancelled or reduced in frequency due to a lack of funding
- Lack of local amenities where they can meet with others such as provision of parks, bbq's to gather at and cook with friends or seating areas in parks, and libraries.
- Frequently moving house due to high rental prices.
- Health issues

"In Ballajura there are not many parks, nowhere to take the children. It is not close to my community."

"My neighbours keep to themselves. They never talk even if you go and knock on the door."

The majority of survey respondents stated they felt a sense of belonging in their local community (77%; n=40) and that they had enough support living in Australia (e.g. from the government, community, family, husband/spouse) (71%; n=37) as shown in Figure 12 and

Figure **13**. Feeling supported is particularly pertinent for migrant women who are pregnant or have young children as this demographic frequently report feeling socially isolated and lacking social support, which is amplified by the resettlement process (Lim et al., 2022).

Developing positive and meaningful friendships to build a network that provides a sense of community and reassurance is a protective factor to preventing or limiting social isolation (Lim et al., 2022).

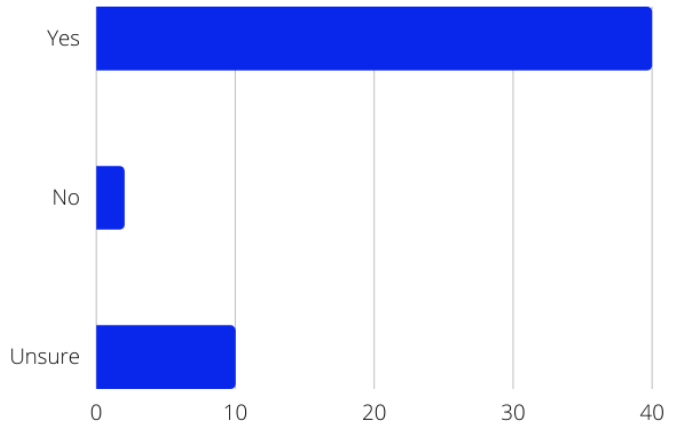


Figure 12. *Responses to Q14:*
Do you feel a sense of belonging in the local community?

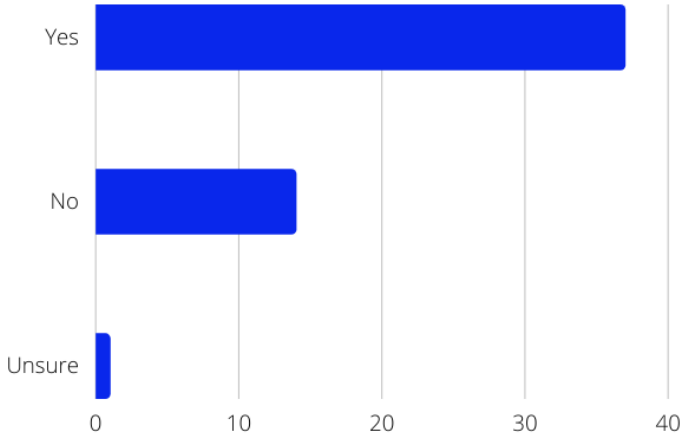


Figure 13. *Responses to Q15:*
Do you feel that you have enough support living in Australia?

When survey respondents were asked to consider what coping strategies they would employ if they could not afford to purchase enough food, the responses were varied, with the most frequently cited strategies being ask family and friends for help (42%; n=22), skip meals (38%; n=20), eat less (35%; n=18), and go to Foodbank (33%; n=17) (all responses, see Figure 14).

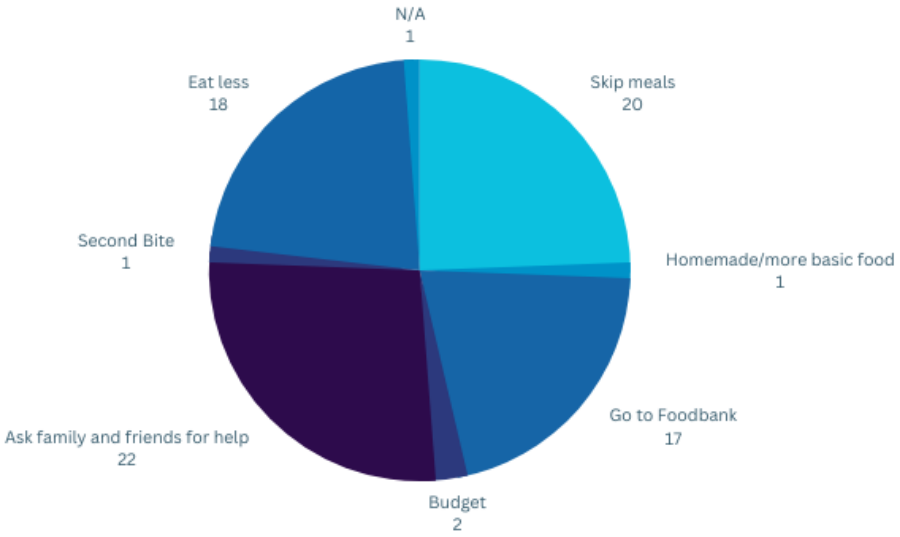


Figure 14. *Responses to Q11:*
If you did not have enough money to buy enough food for you and your family's need, what would you do? (all responses)

A combined total of 27 participants (26%) stated they were unsure or did not feel a sense of belonging in their local community and/or were unsure or did not feel they had enough support living in Australia (see Figure 12 and

Figure **13**). 7 participants responded that they did not feel they belonged in their community and did not feel supported enough living in Australia.

90% of respondents who answered no or unsure to these survey questions were born overseas (see Table 5). This finding indicates that some migrants in the Mirrabooka community are experiencing loneliness and social integration stressors which are likely impacting on their mental and physical health.

"I don't know any of my neighbours as I don't speak English. My son speaks English so he is interacting. The area is depressing, I don't like it. But I have no choice as I am living with my son. We are surviving."

Table 5. Country of birth of respondents who answered no or unsure to Q14 and/or Q15.

Country of birth	Frequency (n=)	Percentage (%)
Australia	2	10%
Afghanistan	7	35%
Cameroon	1	5%
Iran	2	10%
Korea	1	5%
Macedonia	1	5%
Myanmar	1	5%
Nigeria	1	5%
Tanzania	1	5%
Thailand	1	5%
Vietnam	2	10%

8.2. Barriers to work and volunteering

Survey respondents identified a number of barriers to engaging in work and volunteering, as shown in Figure 15. Family duties was identified by 69% of responses (n=36), as well as lack of transport (25%; n=13) and lack of English language (25%; n=13).

These responses are consistent with those cited by focus group participants as to why they felt lonely or isolated, as well as impacting on food security. This highlights the bidirectional relationship between threats to food security status and social isolation and loneliness as experienced by the CaLD population in Mirrabooka and surrounding suburbs.

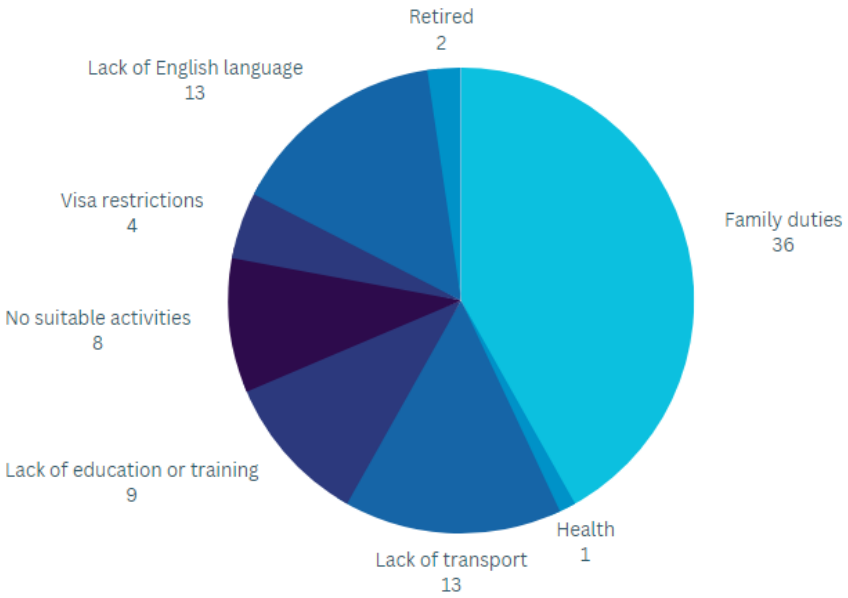


Figure 15. *Responses to Q16:*
Are there any barriers you have experienced that have stopped you from being able to work or volunteer in your community?

In addition, health care providers spoke of the patriarchal values that remain strongly embedded in some cultures. For migrant mothers, not having extended family to assist with child rearing exacerbates a feeling of loss, and raising children alone impacts on women's self-development by preventing participation in language classes and employment or volunteering. This inability to engage further perpetuates feelings of social isolation and loneliness (Lime et al., 2022).

"We've still got a lot of men tending to dictate everything in some of our cultural groups, it's very patriarchal."

8.3. Family domestic violence

Additionally, health care providers mentioned women experiencing family and domestic violence were more likely to isolate away, particularly from their own community, due to the associated culturally engrained stigma.

"Domestic violence clients tend to isolate and shy away from the community, from their own community, because of the whole aspect of shame, community gossiping about them."

"Domestic violence clients are so isolated. The main thing they really do is go out, get the food, come back. That's all they do."

There is a strong association between family domestic violence risk and incidence of food insecurity, with an American study finding this association is stronger for women from minority groups (Ricks et al., 2015). The risk of domestic violence was also reported as being much higher among individuals experiencing the most severe form of food insecurity (Ricks et al., 2015).

"She went hungry pretty much because she didn't have any money to buy anything and didn't want to get in trouble with her husband."

Low income, lack of employment, receiving welfare payments and minority ethnicity were also associated with increased risk of domestic violence (Ricks et al., 2015). While causality between domestic violence and food insecurity is difficult to establish, the association also appears to be bi-directional (Ricks et al., 2015). Anecdotally, both health care providers and local stakeholder organisations indicated they were dealing with an increasing number of clients experiencing domestic abuse.

Aboriginal and Torres Strait Islander women and children experience domestic violence at rates much higher than non-Aboriginal women (Department of Communities, 2022). The Migrant and Refugee Women Safety and Security Survey found that 33% of respondents had experienced a form of domestic violence (Seagraves, Wickes, and Keel, 2021). In response to increasing demand for services, the Naala Djookan Healing Centre was opened in Mirrabooka in 2020 to provide service delivery to the north eastern suburbs.

8.4. The impact of social isolation on food security

The research conducted as part of the CFC needs assessment was able to establish an association between feeling a lack support or a sense of community and food insecurity (see Figure 16). This association however, is likely to be stronger and more widespread than this report shows due to the impact of social desirability bias and the reported underestimation of the single-item food security measurement tool.

Regardless, the findings of this report show the degree to which the bi-directional relationship between food insecurity and social isolation and loneliness is occurring within the Mirrabooka community. This warrants the need to go beyond the scope of emergency food relief models and implement a community based holistic response to address the food insecurity, social isolation and loneliness impacting Mirrabooka and surrounding suburbs.

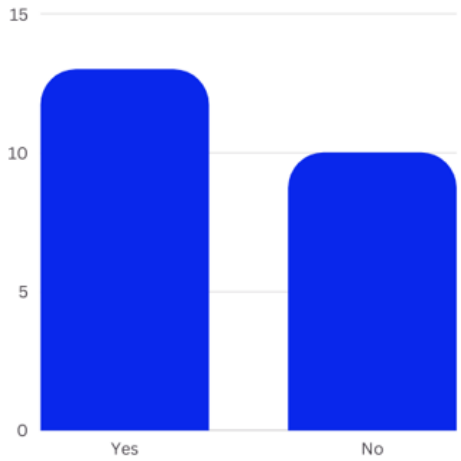


Figure 16. *Response to Q2: (have you run out of food in the previous 12 months and been unable to afford more?) by respondents who felt they lacked support and/or community connection.*

The findings of this report also indicate that these respondents were more likely to employ negative coping strategies of skipping meals (57%; n=17) or eating less (27%; n=8) when they could not afford to purchase enough food (see Figure 17). In comparison, respondents who felt they had enough support or felt connection to the community were more likely to use more positive coping strategies of asking friends and family for help (n=21) and going to Foodbank (n=15) (see Figure 18). This finding correlates with findings of a systematic review into refugee food security which found refugees who felt stigma, and limited confidence when accessing available social supports, would go without food or reduce portion sizes, which compromised their health and reduced their ability to find work (Lawlis et al).

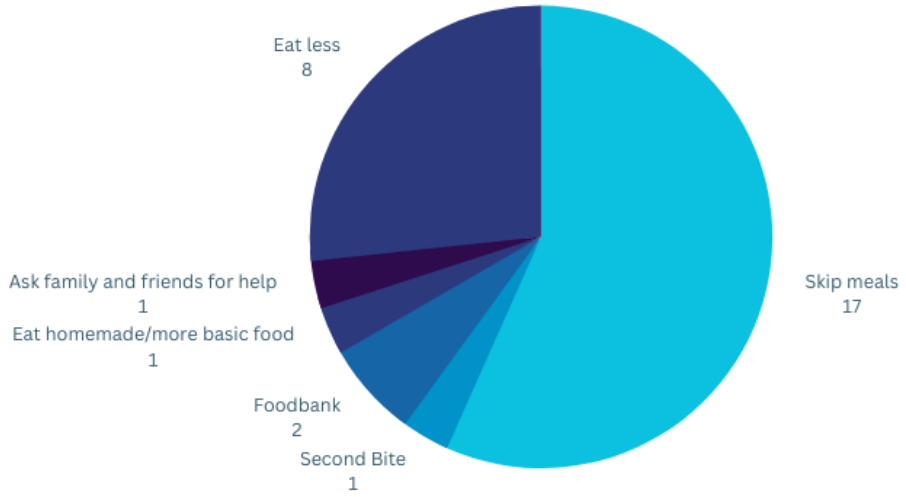


Figure 17. *Response to Q11:*
(if you did not have enough money to buy enough food for you and your family's needs, what would you do?) by respondents who felt they lacked support and/or community connection

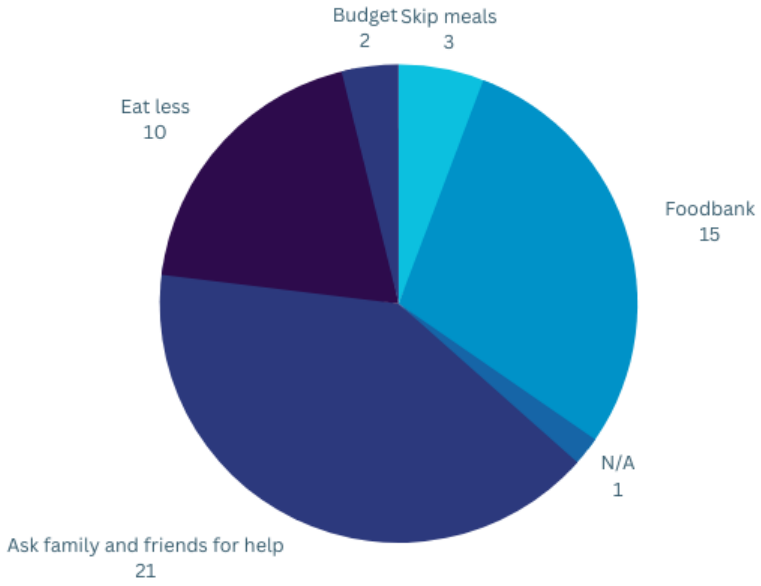


Figure 18. *Response to Q11:*
(if you did not have enough money to buy enough food for you and your family's needs, what would you do?) by respondents who felt they did not lack support and/or community connection.

However, eating less was still a highly utilised coping strategy even by those who felt supported and a community connection (see Figure 18). This indicates that eating less is viewed as a primary coping mechanism which households will utilise to try and stretch food resources further, regardless of the amount of support they have or how connected they feel to their community. Research into food insecurity coping strategies indicate eating less is implemented by those experiencing food insecurity, including those in households with children (Burke et al., 2017). This has implications for dietary intake and may result in food such as fruit, vegetables and lean meat being displaced for lower cost options which may have a negative effect on diet quality (Burke et al., 2017). Negative changes to diet quality may also have psychological implications, however there is a paucity of research examining the psychological effects of changes to diet quality in response to food insecurity (Burke et al., 2017).

Ishar health care providers also reported that mothers will eat less to ensure the children can maintain consuming large serves of rice. Both health care providers and local stakeholder organisations have responded to this by seeking funding to provide a basic meal to women attending their programs.

"When people are short on money or food at home, the mums sometimes forgo things and make sure the kids have food and they don't have too much themselves. So, when they come here they like to have a bit of a feed."

8.5. The relationship between food insecurity and social isolation

Food insecurity often coincides with loneliness and social isolation, a connection which was particularly prominent during the Covid-19 pandemic (Howe-Burris et al., 2022). There is a positive relationship between food insecurity and DASS-21 score (depression, anxiety and stress), loneliness, and low scores on the World Health Organisation (WHO)-5 Wellbeing Index and the WHO Quality of Life-Brief (WHOQOL-BREF) domains including social relationships and psychology (Seivwright, Callis, and Flatau, 2020).

Current literature shows a bi-directional relationship between food insecurity and poor mental health (Guzman, Lange and McClain, 2022). Adults with poor mental health have a higher risk of food insecurity, with rationales including decreased retention of employment impacting on income (Guzman, Lange and McClain, 2022). Concurrent food insecurity is associated with increased days experiencing poor mental health, impacts on health and wellbeing, and difficulty completing tasks (Guzman, Lange and McClain, 2022).

The KPMG and Groundswell Foundation *Connections Matter* report found that throughout January 2021, 36% of Australians felt lonely during the previous week (KPMG, 2022). Loneliness and social isolation are two separate phenomena which can occur either in isolation of each other or simultaneously (AIHW, 2021; KPMG, 2022). Risk factors for social isolation and loneliness include living alone, being single or a single parent, unemployment, and receiving welfare support (AIHW, 2021).

While anyone can experience loneliness, there are specific population groups at increased risk. Young adults aged 18-24 years have the highest incidence of experiencing loneliness of any age group (AIHW, 2021). 37% of young Australians experience loneliness, largely driven by the series of transitional life stages moved through during these ages (KPMG, 2022). One third of people in the United Kingdom aged 60 years and over experience loneliness, with risk factors including declining mobility and health, reduced income, family separation, loss of family and friends, and a loss of community connectedness (KPMG, 2022). Parents experience loneliness, particularly single parents and first-time parents, with 48% of Australian parents reporting high levels of loneliness, largely due to a lack of social support (KPMG, 2022).

Migrants from non-English speaking countries have higher rates of loneliness than English speaking migrants and non-migrant Australians (KPMG, 2022). Humanitarian migrants experiencing an increase in loneliness and social integration stressors had poorer mental and physical health than those that have never experienced those types of stressors, even if the stressors were overcome in time (Chen et al., 2019). Humanitarian migrants with existing health issues also experience sociocultural and systemic barriers to accessing health services, despite attempts to make these services more accessible (Chen et al., 2019). It is important for successful integration that refugees and migrants are food secure to help with feeling a sense of belonging and developing identity (Lawlis, Islam & Upton, 2017). Feeling a sense of disadvantage compared to the local community reinforces cycles of disadvantage, ongoing health issues, deprivation and social isolation (Lawlis, Islam & Upton, 2017).

9. Community Food Centre Project

9.1. Response to a Community Food Centre in Mirrabooka

Focus group participants, local organisations, and health care providers expressed unanimous support for the establishment of a CFC in Mirrabooka. The main theme underpinning this support is the opportunities the CFC would provide for groups and the community to come together. Focus group participants in particular strongly expressed this theme.

"I think that it's very good. It makes us get out of the house and we don't get bored, it's fun… It's nice if a group gets together."

"I wish there was something like this, at least I could go out every week and meet and mix with other people."

"It would be nice to go out and cook something for the group. We could all make something and share with each other. This would be very nice, instead of just sitting at home."

Focus group participants also expressed a strong desire for group activities at the CFC to involve people from different cultures together, not just staying within their own cultural groups. They saw the CFC acting as a conduit to share their own culture and learn about the cultures of others.

"It is very important, Australia being a multicultural country, that we engage with people from different backgrounds, and not just with the people from the same backgrounds."

"I sincerely encourage this, it would be a nice place to share about cultures."

"Yes, we would like to mix with other cultures as well."

However, a theme that came from focus group participants was the need to visit the CFC to develop trust with the centre, particularly before recommending the Centre, volunteering, or bringing family and friends to visit the centre.

"Not sure if I would like to volunteer, but would like to visit a few times first."

"I think I need to have experience first, if I like it I will recommend to others and it's up to them if they come."

The majority of focus group participants however expressed a desire to volunteer at the CFC. They saw the centre as a place where they could offer their skills, including cooking and gardening, within the limitations placed on them by their personal circumstances, for example health issues and study commitments:

"I have always wanted to volunteer, but I go to school twice a week so I need to be flexible around my volunteer commitment."

“I have some limitations, I cannot bend down, but I could help verbally with gardening and cooking.”

“I can teach computer classes. This is what I did in my home country.”

“Yes, I would love to volunteer and come pack the food or anything.”

Health care providers expressed that the CFC would be an asset to the Mirrabooka community as a place that the community contribute to. This is a key point of difference between the CFC model and emergency food relief models. There is an acute awareness among individuals of cultural perceptions of poverty and the negative connotations attached to accessing services for assistance.

The CFC was identified as being critically important in displacing the shame and stigma associated with accessing assistance, instead providing a sense of empowerment by reducing hierarchical disparities and building social connections. This finding has emphasised the need for the Community Food Centre to be promoted to the community in a way that is mindful of these perceptions.

“Culturally a lot of clients are not too comfortable receiving handouts, they don't feel they deserve it, they don't want to take other people's things, so if it's perceived as a handout, a lot of clients might not really want to go there. Understanding of the CFC being a social place, sharing skills might help shift that thought process a little bit.”

“They want to give and contribute something, they don't want to feel like they are taking.”

“I think that would be quite encouraging for people to go to, and also to feel like a part of the community in a way that they could contribute.”

“And I feel like migrant women would feel a sense of empowerment to be able to do that [contribute rather than take].”

Health care providers also spoke of cultivating a sense of community ownership of the CFC. This would act to further empower the community to drive the direction of the CFC to ensure that it continually evolved and adapted to meet the community’s needs.

“It would be cool if a sense of ownership is given to the community to I guess, not co-ordinate the space, but freely use it and feel they can come any time.”

The CFC was also identified by health care providers as providing a safe space where the community could come together and share their cultures. They identified that there is currently limited and infrequent ability within the community for this to occur.

“There's not a lot of opportunity for clients to share their culture, access culturally appropriate foods, so I think this would be a really good way to get that going.”

Interviews with local organisations suggested that the CFC would help to address increasing food insecurity in the Mirrabooka area by providing a dedicated space to bring families and the community together to connect and reduce social isolation. Similar to

focus groups and service provider interview findings, organisations also felt that a key aspect of the CFC model is the ability for community members to contribute.

"I love the idea of the Community Food Centre having a garden, this is also a way for families to connect with kids."

"People don't want a 'standard program' - they want to be able to contribute."

"Very happy to support and could definitely see it being beneficial for our clients."

"I would refer a lot of clients to the Community Food Centre as there is a lot of need in the community."

9.2. Barriers to engaging with the Community Food Centre

Focus group participants, health care providers and stakeholder organisations identified potential barriers to engaging with a CFC in the Mirrabooka area. The identified barriers mostly pertain to the CaLD community, although many are applicable to the wider community.

Barriers identified from service provider interviews:

- CFC location is difficult to access, not on a public transport route. - reliance on public transport.
- Lack of English language and insufficient access to interpreters.
- Restrictions placed on women due to patriarchal cultural values.
- Lack of trust with the CFC.
- Perception the CFC is a place to receive free food or emergency food relief, and the accompanying shame and stigma.
- If people are unfamiliar with the CFC they are less likely to visit.
- CFC opening times being restrictive for groups, such as mums, or unable to be accessed outside of business hours.
- Costs involved with accessing CFC services and programs.
- Mothers with babies/ young children unable to participate in activities.
- Lack of free creche facilities.
- Providing foods that families don't necessarily find useful/ culturally appropriate.
- Changing priorities for CFC volunteers who want to look for paid employment.

Barriers identified from stakeholder interviews:

- Language barrier.
- Stigma attached to seeking help.
- Unable to afford petrol to drive to the CFC.
- CFC opening times.
- High rates of family domestic violence in the community.
- Cultural tensions in the community.
- Lack of youth engagement.

Barriers identified from focus groups:

- Some participants were not clear about what a CFC was and thought it was a place to shop for groceries.
- Transport to the CFC, particularly for participants unable to drive.
- Opening times of the CFC (morning time during school hours was identified as a preferred time for mums 10am-1:30pm).
- CFC environment being unpleasant.
- Other commitments.
- CFC location is difficult to access or centre is not located in Mirrabooka.
- Expensive costs involved with using the CFC.
- Lack of culturally appropriate foods e.g. halal food items.

9.3. Opportunities for the Community Food Centre

Service providers, stakeholders and focus group participants primarily viewed the CFC as a place where community members can come together to cook and share a meal and socialise with others. This could include cooking classes and showcasing cuisines from different cultures. One focus group participant mentioned that she sees different vegetables in the shop and doesn't know how to prepare them and would like to learn. Interviews and focus groups also identified a range of other activities that could be hosted at the CFC including:

- Gardening, particularly information on growing fruit and vegetables at home.
- Women's financial literacy information sessions focusing on topics such as budgeting.
- Nutrition/ food literacy workshops focusing on topics such as meal planning, batch cooking, food safety.
- Community food pantry.
- Bakery/ dessert cooking classes.

Focus group participants further identified potential social enterprise opportunities that the CFC could facilitate to assist others in the community:

- Preparing vegetables for aged care facilities or people who are unable to shop for their own produce.
- Preparing foods that can be sold and taken to eat elsewhere e.g. for a picnic.
- Providing healthy meals to people's homes who cannot travel or cook for themselves.
- Women teaching workshops or classes as a way to utilise skills/qualifications.

Additionally, focus group participants raised a variety of issues impacting them and their local community. A key focus of the CFC is empowering people to advocate for the issues of importance to themselves and their community. Some of the issues raised by participants included:

- Street lights not working leading to feeling unsafe when walking at night.
- Local parks not being equipped with infrastructure including BBQ's, benches and play equipment.

- Homes West property maintenance issues.
- Continuous rent increases

Health care providers and local stakeholder organisations saw the CFC as a place with a strong social aspect where a micro-community could be created within a culturally secure space to build connections and friendships. They also envisaged the Centre as a grass-roots approach that the community could drive the direction of and feel a sense of ownership.

The potential location of the CFC in the hub around the Mirrabooka Shopping Centre also presents opportunities. All of the focus group participants attended group sessions at Ishar, meaning they are familiar with the area and public transport links. The central area in Mirrabooka is serviced by 12 bus routes running through Mirrabooka Bus Station, located directly across from the Mirrabooka Shopping Centre.

The City of Stirling Community Hub consisting of the Mirrabooka Public Library, Ishar offices, Sudbury House and other local service providers is located adjacent to the bus station. The Metronet Morley-Ellenbrook rail project will further open up transport in the north eastern suburbs and improve connectivity in suburbs surrounding Mirrabooka.

10. How the Community Food Centre could make a difference in Mirrabooka

10.1. Intended outcomes

A program logic will be developed to guide CFC's intended outcomes and its implementation and evaluation. It is important that the CFC project links with the Community Services Outcomes Measurement Framework (OMF) for Western Australia in order to advance shared outcomes.

The intended outcomes of the CFC can fall across multiple OMF domains, however the most direct and relevant indicators can be found within the Healthy, Connected and Empowered domains of the framework.

The CFC program logic outcomes will also fall across the three main levels of the Social-Ecological Model; individual, community and systemic. This will provide structure for the CFC as well as tangible indicators to ensure the Centre is acting across multiple layers at the same time in order to achieve maximum impact in the community.

10.2. Case study - Maria's* Story

The following story was kindly shared during a focus group and provides a hypothetical example of how the CFC could make a difference on an individual level, community and systemic level.

"My name is Maria* and I come from Syria. I now live in Landsdale. I only moved there few months ago. Dianella was good as I could walk to Ishar. In Dianella, my neighbour gave me a big plate of figs. She did this several times, bring tea and figs. I also baked something. She made me happy in the neighbourhood. When I left I was sad. What makes a big difference in a neighbourhood, is the neighbours… Another big problem, besides

loneliness is where I had to move so many times. We were asked to leave or they raised the rents. When we had to move so many times, it really affected me. There should be something that the authorities can do to control this."

**Name has been changed.*

Making a difference at the individual level

The CFC would provide Maria with a safe, inclusive and welcoming space that she can attend as often as she likes. Maria first attends the Centre with some of her friends from her women's group as she was feeling a bit hesitant to visit the CFC at first because it's new. When Maria walks in to the shared meals space, she thinks it feels like walking into a friend's home. The tables are round and there are lots of chairs so anyone can sit down and participate. The food coming from the kitchen smells delicious so she decides to stay and have lunch. The staff and volunteers are warm and welcoming and take the time to say hello. Maria then decides to have a walk around the garden area and is surprised to see some leafy greens growing that would be used in cooking back home in Syria. The volunteer gardener is also from Syria and they have a chat about the different vegetables they could grow there.

After a couple of visits, Maria decides to volunteer with cooking the community lunches twice a week. She has started to build some social connections at the CFC and feels more comfortable and confident to visit the Centre. Maria has found that on the days she visits the CFC she feels happier and more positive. She needs to move again due to high rents, but feels that it will be alright this time, because she knows the CFC is there for her to keep going to. Having a few meals each week at the CFC and taking some vegetables home has meant that there is a little bit of extra money left over at the end of the week.

Making a difference at the community level

Maria has used some of the money she has saved by coming to the CFC to buy a pot and some potting mix. She has also attended a gardening workshop with a few of her friends and they have decided that they will grow different vegetables and share them between each other. Also, by participating in the community lunches Maria has increased her intake of healthy, nutritious food, particularly vegetables. Additionally, a group of ladies were talking about using the CFC kitchen to make some chutney to sell at the local farmers markets and Maria thought she might join them to make some money and help with the household bills.

Making a difference at the systemic level

The CFC Maria visits is trying to change the perception and discourse around food relief. There is a low cost-pantry available for community members to access and it is stocked with culturally appropriate foods and fresh fruit and vegetables sourced from local growers and providers. The CFC developed a food policy to guide their procurement processes and set a standard that is reflective of the wider CFC Good Food Principles. The CFC is also in the early stages of developing a local health promotion campaign which aims to connect younger and older members of the community to decrease social isolation. Further to this the CFC will also be contributing a submission to an inquiry on the impacts

social isolation and continue to advocate for the government to develop a policy addressing social isolation and loneliness.

11. Where to From Here?

The findings of this need's assessment have identified issues of concern including increasing food insecurity, threats to food security, and social isolation and loneliness. These issues can cause deleterious impacts to the mental and physical health of individuals and families and need to be addressed at community level using a holistic approach that respects each individuals circumstance. Therefore, the following recommendations about the feasibility of a CFC in Mirrabooka are made:

Recommendation One: Implement a CFC within the central area of Mirrabooka or close surrounding suburbs as soon as feasibly possible. Purchase a commercial property or a house in which the CFC can be run from.

Recommendation Two: Extend the current CFC project management role by a further six months.

Recommendation Three: Develop a working group in consultation with Ishar consisting of Vinnies conference representative(s), the City of Stirling, different cultural groups and stakeholders across the Mirrabooka area, prior to implementation of the CFC, to ensure the Centre is culturally appropriate, addresses the needs of different cultural groups and to develop strategies to diffuse any cross-cultural tensions.

Recommendation Four: Investigate the feasibility of developing a social enterprise to partially fund the implementation of the CFC as there is currently a paucity in available funding opportunities.

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Appendices

Appendix A - Policy Areas and Strategies Relevant to a Community Food Centre in Mirrabooka

Relevant Local Government Policy	Key Result Area	Objective	Activities/Strategies to Support Objective	Examples of how the CFC might action this information
City of Stirling Access and Inclusion Plan 2021-2025 (City of Stirling, 2021)	Outcome 1: Events and services		• Maximise physical accessibility and social inclusivity. • Adapt services to meet the need of a changing population.	• Develop a mission statement which emphasises the inclusive and welcoming culture of the CFC. • Access friendly community garden design. • Inclusive programs. • Provide information in a variety of formats, where required. • Consult with disability service providers and community members during the CFC development. • Staff to undergo training to ensure CFC is implementing best practice methods. • Provide opportunities for people with a disability to participate in programs and volunteer.
	Outcome 2: Buildings and facilities.		• Offer accessible and inclusive spaces.	
	Outcome 3: Accessible information		• Create documents in a range of suitable formats including in hard copy and digital. • Provide information in alternative formats on individual request. • Effectively communicate the range of information, supports and services available to people with a disability.	
	Outcome 4: Quality of service		• Provide relevant training and resources so staff have the knowledge and skills required to service our diverse community. • Ensure a range of methods are available to capture complaints and feedback • Proactively engage with people with a disability by utilising a	

	Outcome 5: Opportunities to provide feedback Outcome 6: Public consultation		range of consultation tools and methods. • Recognise and apply the skills, knowledge and experience of people with a disability.	
City of Stirling Age Friendly Strategy 2017-2022 (City of Stirling, 2017)	Outcome 1: Civic Engagement	Older people will have opportunities to volunteer and participate in employment, and to be involved in decisions that affect them.	1.1 Provide volunteering and lifelong learning opportunities for older people.	• Volunteering programs - garden and cooking. • Share a meal program • Classes and workshops
	Outcome 6: Inclusion and Respect	Older people are engaged and included in all aspects of community life and their diversity is acknowledged and respected.	6.2 Reduce social isolation through innovative and inclusive programs.	
City of Stirling Homelessness Strategy 2020-2022 (City of Stirling, 2022a)	Key Focus Area 1: Prevention and early intervention.	Recognise and address the main triggers that lead to homelessness and increase protective factors for individuals, their families and communities.	• Develop or promote inclusive activities and facilities that build connections, promote wellbeing and reduce social isolation.	• Work collaboratively with the City of Stirling homelessness team to understand how the CFC can best support their services. • Provide a warm, welcoming and non-judgemental space for everyone in the community to enjoy a meal.
	Key Focus Area 3: Build capacity.	Service providers, partners and organisations work collaboratively and are well equipped to support people experiencing homelessness.	• Deliver a range of internal and external stakeholders that improve their awareness of people experiencing homelessness and equip them to respond in an inclusive and appropriate manner.	
City of Stirling Innovate Reconciliation	1. Relationships	1.4 Relationships, partnerships and engagement.	1.4.3 Work in collaboration with local organisations and other stakeholders to respond to current issues that impact on	• Implement Vinnies WA Reconciliation Action Plan.

Action Plan 2018-2020 (City of Stirling, 2018)	2. Respect	2.2 Cultural protocols	the Aboriginal and Torres Strait Islander community. 2.2.1 Implement and build awareness of the Acknowledgement of Traditional Owners Management Practice to be inclusive of cultural practices, i.e. Acknowledgement of Country and Welcome to Country.	• Consult with relevant local stakeholders to ensure programs are culturally appropriate and the needs of the Aboriginal community are met when engaging with CFC services and programs. • Develop and maintain a collaborative relationship with local Aboriginal service providers. • Smoking ceremony and Welcome to Country at CFC opening.
City of Stirling Multicultural Framework (City of Stirling, n.d.)	Newcomers: Outcome 2: Connected	Newcomers develop social networks and feel a sense of connection with their community.	• Provide opportunities for newcomers to participate in community activities, events and programs.	• Encourage newcomers to have a meal at the CFC. • Promote volunteering at the CFC. • Provide information on organisations assisting new migrants with employment pathways, where required. • Develop a mission statement which emphasises the inclusive and welcoming culture of the CFC. • Promote different cultures through food and cultural activities and celebrations. • Provide information in a variety of languages. • Provide access to interpreters.
	Outcome 3: Engaged	Newcomers develop and contribute their skills, knowledge and experience through engagement in employment, enterprise and volunteering.	• Increase recruitment and retention of newcomers in volunteering roles. • Support and facilitate enterprise and employment initiatives that promote the economic participation of newcomers.	
	Outcome 4: Empowered	Strong multicultural associations respond to the resettlement and integration needs of newcomers, creating pathways to participation in the broader community.		
	Our Community: Outcome 6: Inclusive	Our community and its institutions proactively include all people in community life regardless of their cultural, religious or ethnic background.	• Support community associations to implement inclusive practices that enhance participation and access to services.	

	Outcome 7: Enabling	Our community enables newcomers to reach their potential by removing barriers that might prevent their participation on a social, cultural or economic level.	• Build local partnerships and support multi-stakeholder collaborations that tackle barriers to participation and promote positive settlement outcomes.	
	Outcome 8: Resilient	Our community embraces cultural change and harnesses its diversity as strength.	• Provide opportunities for meaningful inter-cultural dialogue that promotes social-cohesion.	
City of Stirling Youth Framework 2019-2023 (City of Stirling, 2019)	Focus Area 1: Engagement, information and support.	Young people's health and wellbeing are enhanced through access to opportunities, information, networks and services that meet their needs and raise awareness about youth issues.	2. Disseminate information on services, activities and other community resources in youth friendly formats.	• Engage with youth organisations and Vinnies Youth Co-ordinator to develop relevant activities and programs.
	Focus Area 4: Inclusion and diversity	Our community is inclusive of all young people, celebrates their diversity and supports their participation in community life.	1. Apply an inclusion lens to the planning and delivery of youth activities and programs to ensure that they are inclusive of young people's diverse backgrounds and experiences.	
Sustainable Stirling 2022-2032 Strategic Community Plan (City of Stirling, 2022b)	Our Community: An inclusive and harmonious City	• Connect communities with their local areas.	• Facilitate social connections and access to services locally. • Build strong relationships with our multicultural and diverse community. • Encourage active participation and volunteering. • Enable opportunities for lifelong learning.	• Share a meal and volunteer programs. • Classes and workshops. • Promote different cultures through food and cultural activities and celebrations. • Gardening activities. • Act as an information point for health services in the local community.
	A healthy and active City	• Promote active and healthy lifestyle choices	• Facilitate a range of recreation and leisure opportunities for everyone in the City.	• Encourage community members to advocate for a safer community.

		• Facilitate and advocate for the provision of a range of quality health services.	
A safer City	• Work with the community to create a safer community	• Educate our community and provide support to enhance community safety. • Create strong partnerships to improve community safety.	• Partner with the City of Stirling on various initiatives. • Identify local stakeholders to develop partnerships with.
Our Economy: A smart and prosperous City	• Encourage economic investment	• Attract and promote investment and partnership opportunities.	• Support the creation of social enterprises and micro businesses.
A local business City	• Facilitate local business and employment growth	• Advocate, lobby and partner with stakeholders to benefit the community. • Support innovation and entrepreneurship in local business. • Make it easier to do business with the City	
Our Built Environment: A liveable City	Create unique and liveable neighbourhoods and places	• Improve the quality, liveability and identity of local areas.	• The CFC will help improve the liveability of the local community.
Our Natural Environment: A waste-wise City	Support a low-waste, circular economy that protects our environment from the impacts of waste.	• Reduce the City's waste generation • Support, engage, and guide our community to reduce waste generation and divert waste from landfill.	• Develop operational processes to reduce the amount of waste generated. • Divert rescued food into cooking programs

Relevant State Government Policy	Relevant Policy Objectives	Relevant Policy Priorities/ Outcomes	Relevant Priority Activities/ Strategies	Examples of how the CFC might action this information
A Western Australia for Everyone - State Disability Strategy 2020-2030 (Department of Communities, 2020a)	2. Inclusive Communities	5. Community attitudes	• People with disability are welcomed and accepted by members of the community. • People with disability are included in a range of recreational, social, arts and cultural opportunities.	• Develop a mission statement which emphasises the inclusive and welcoming culture of the CFC. • Access friendly community garden design. • Inclusive programs.
	3. Living Well	3. Health and mental health	• People with disability have access to health and mental health services and attain the highest possible health and wellbeing outcomes throughout their lives.	
Healthway Strategic Plan Active Healthy People: 2018-2023 (Healthway, 2018)	Strategic Priority 1: Increasing healthy eating		• Increase access to healthy food. • Encourage healthy eating habits from a young age. • Improve public awareness of healthy eating choices.	• Provision of nutritious meals to the community. • Engage youth with healthy cooking classes. • Provide a welcoming and inclusive space for community members. • Share a meal and volunteering programs. • Provide information on health services in the community including mental health services. • Opportunities to volunteer in the garden.
	Strategic Priority 2: Improving mental health		• Increase knowledge of strategies to stay mentally healthy. • Shape environments conducive to good mental health. • Create opportunities for social inclusion and connectedness. • Improve public understanding of the catalysts of good mental health. • Reduce social harms. • Improve knowledge of how to seek help when needed.	
	Strategic Priority 3: Increasing physical activity		• Create opportunities for people to engage in physical activity	

			• Shape environments to enable physical activity and reduce sedentary lifestyles. • Promote active living as part of daily life.	
Lotterywest and Healthway Community Investment Framework (Lotterywest & Healthway, 2018)	Inclusive and thriving community	Supporting the diversity of Western Australians to actively engage in community life.	• More people have a stronger sense of belonging in their community. • Vulnerability and disadvantage is reduced across our community. • Raised community connection and participation.	• Development of CFC programs and services which increase community connectedness e.g. volunteering program, share a meal program. • Share and celebrate different cultures through food. • Provision of dignified food programs to reduce financial burden on households. • Promote healthy and active lifestyles through CFC programs (e.g. community garden, share a meal program) and workshops which provide educational opportunities. • Environmental impact of CFC is considered and sustainable practices implemented.
	Connected cultural experiences	Bringing people together through the arts, heritage and cultural activities.	• Our community is connected through arts and cultural activities.	
	Protected sustainable ecosystems	Supporting our community to sustain and enhance our unique species and environments.	• Our community's impact on the environment and animals is reduced.	
	Active healthy people	Assisting our community to be more active and support initiatives which promote healthy lives.	• More Western Australians live healthy lives. • More Western Australians are mentally healthy.	
Outcomes Measurement Framework for Community Services in Western Australia (Department of Finance, 2022)	Healthy	We are healthy and well	• We act to protect and enhance our health and wellbeing. • Our mental, emotional and spiritual health is as good as it can be. • Our physical health is as good as it can be.	• Development of program logic to define how the CFC will achieve these outcomes. • Promote improved mental and physical health outcomes of the community through CFC program and service outputs.
	Connected			

	Empowered	We are connected to culture, our communities, our environment, and to each other. We choose how to live our lives	• We feel loved, supported and that we belong. • We feel connected to our community. • We engage and participate in events in our community. • We partner in designing services, policies and infrastructure to meet our needs. • We have access to information and processes to have our voices heard on issues that matter to us. • We are aware of our right • We have access to information and democratic processes. • We work towards achieving goals that we set for ourselves.	• Increase feelings of community connectedness and belonging, particularly within the CaLD community. • Provide access to government and parliamentarian figures. • Support the community to drive advocacy and social justice initiatives. • Act as an information point for the community.
Path to Safety: Western Australia's Strategy to Reduce Family and Domestic Violence 2020-2030 (Department of Communities, 2020b)	Focus Area 3: Primary prevention	Partner with groups and organisations from the community and private sectors to strengthen awareness of and responsibility to family and domestic violence.		• Form collaborative partnerships to develop response protocols.
State Public Health Plan for Western Australia: Objectives and Policy Priorities for 2019-2024 (Department of Health of WA, 2019)	Objective 1: Enabling and empowering people to live healthy lives.	1.1 Healthy eating 1.2 A more active WA	1. Foster environments that support healthy eating patterns. 2. Increase availability and accessibility of quality, affordable, nutritious food. 3. Increase the knowledge and skills necessary to choose a healthy diet. 1. Promote environments that support physical activity and reduced sedentary behaviour. 4. Motivate lifestyle changes to reduce sedentary behaviour.	• Provision of nutritious meals to the community. • Workshops/programs designed to increase nutrition literacy. • Promoting active activities e.g. gardening. • Workshops/programs to increase nutrition literacy among parents. • Engage youth with healthy cooking classes.

	1.3 Curbing the rise in overweight and obesity	1. Promote environments that support people to achieve and maintain a healthy weight. 2. Prevent and reverse childhood overweight and obesity. 3. Motivate behaviour to achieve and maintain a healthy weight in adults.	• Provide information to community members on local mental health services. • Sharing a meal, volunteering programs.
	1.7 Optimise mental health and wellbeing	2. Build community capacity to reduce stigma, increase awareness of where to go for help, and promote strategies to optimise mental health and wellbeing. 3. Create and maintain supportive environments that increase social connectedness and inclusion, community participation and network.	
Objective 2: Providing health protection for the community.	2.2 Administer public health legislation	1. Continue to administer, enhance and provide policy support for public health legislative instruments, including: a) *Public Health Act 2016* b) *Food Act 2008*	• CFC operations to reflect relevant legislative requirements. • Training of staff and volunteers
Objective 3: Improving Aboriginal health and wellbeing.	3.1 Promote culturally-secure initiatives and service	1.Complement population-wide approaches with targeted programs that are culturally secure and meet the needs to Aboriginal people. 2. Ensure services, programs, and initiatives work within a holistic framework that recognises the importance of connection to country, culture, spirituality, family and community.	• Consult with relevant local stakeholders to ensure programs are culturally appropriate and the needs of the Aboriginal community are met when engaging with CFC services and programs.
	3.4 Ensure programs and services are accessible and equitable	1. Ensure programs and services are physically and culturally accessible to Aboriginal people.	• Develop and maintain a collaborative relationship with local Aboriginal service providers.

			2. Develop programs and services that are inclusive of the needs of Aboriginal people. 3. Incorporate Aboriginal ways of working that facilitate the engagement of Aboriginal people.	
		3.5 Promote Aboriginal health and wellbeing as core business for all stakeholders	1. Ensure all relevant stakeholders consider and respond to the needs of Aboriginal people as part of their core business and not only through specific funded programs. 2. Ensure services work together to acknowledge and address the impact of the cultural and social determinants of health.	
WA Aboriginal Health and Wellbeing Framework 2015-2030 (Department of Health, 2015)	Priority area: Addressing risk factors.		• Understand risk factors in the context of cultural, emotional and social wellbeing. • Community owned and driven action • Culturally secure prevention and education, working with community and strengthening individual and community capacity. • Risk factors that require addressing include: physical inactivity, obesity and nutrition, mental health, social and emotional wellbeing.	• Consult with relevant local stakeholders to ensure programs are culturally appropriate and the needs of the Aboriginal community are met when engaging with CFC services and programs. • Develop and maintain a collaborative relationship with local Aboriginal service providers. • Promote Aboriginal culture through food and different cultural activities. • Display art from local Aboriginal artists in the CFC. • Promote and provide information on Aboriginal services in the local community.
	Priority area: Building community capacity.		• Increase the capacity of Aboriginal people, families and communities to take back the care, control and responsibility for their own health and wellbeing. • Identify skills and attributes to promote and build resilience in individuals, families and communities.	

	Priority area: Addressing the social determinants.		• Encourage Aboriginal people to choose healthy lifestyles and engage with prevention and early intervention messages and activities. • Strengthen culture through health and wellbeing activities. • Improve health literacy across the community. • Strengthen partnerships across all stakeholders to address the social determinants. • Create opportunities for collaboration between local services to address social determinants of health and local need. • Focus on cultural determinants and promote strengths-based approach.	
WA Health Promotion Strategic Framework 2022-2026 Consultation Draft (Department of Health of WA, 2021).	5.2 Halting the rise in obesity.	• Promote environments that support healthy eating and active living, to enable people to achieve and maintain a healthy weight. • Increase availability and accessibility of quality, affordable and nutritious food for all. • Increase the knowledge and skills necessary to choose healthy food and drinks.	1.1. Food environments 1.2. Active living 1.3 Motivate behaviour to achieve and maintain a healthy weight among adults. 1.4 Increase availability and accessibility of quality, affordable and nutritious food for all. 1.5 Increase the knowledge and skills necessary to choose healthy food and drinks. 1.6 Encourage and support increased levels of physical activity at all stages of life.	• Provision of nutritious meals to the community. • Workshops/programs designed to increase nutrition literacy. • Promoting active activities e.g. gardening.
Western Australian Men's Health and Wellbeing Policy	Domain B: Create supportive environments.		B1 - Seek opportunities to bring together quality services and initiatives which recognise and cater to diversity, to be	• Provide opportunities for men to come together to

(Department of Health of WA, 2019a)			accessible by men and their families in their communities and work environments. B3 - Encourage service providers, workplaces and community organisations to develop supportive spaces and culture for men to have discussion and seek support on health and wellbeing issues. B4 - Develop strategies to connect men with local services that support their health and wellbeing.	contribute to the community e.g. garden busy bees. • Provide information on men's health services in the local community. • Provide meeting space for men's groups. • Encourage men accessing the CFC to become local champions. • Information sessions and classes targeting men e.g. cooking classes.
	Domain C: Strengthen community actions.		C4 - Create a network of local champions/community advocates/ambassadors to promote key messages and address negative stereotypes. C5 - Acknowledge, respect and celebrate, at all levels of society, the positive roles of all men regarding cultural practices, obligations, parenting and spirituality, and interconnectedness between individuals, families and communities.	
	Domain D: Develop personal skills.		D4 - Support skills development through: • Health literacy • Skills related to physical activity, nutrition, and mental and emotional wellbeing.	
Western Australian Multicultural Policy Framework (Office of Multicultural Interests, 2020)	Policy priority 1: Harmonious and inclusive communities.	1.1 Every Western Australian values cultural, linguistic and religious diversity and feels that they belong	1. Promote the benefits of cultural and linguistic diversity and celebrate the achievements of people from culturally diverse backgrounds. 2. Address racism and discrimination at both an individual and institutional/systemic level, including implementing the Policy Framework for Substantive Equality.	• Celebrate the diverse CaLD community by learning about different cultures through food and cultural celebrations. • Develop a mission statement which emphasises the inclusive and welcoming culture of the CFC.

			3. Develop workplace cultures that are welcoming and inclusive of all Western Australians. 4. Initiate and support events and projects that build mutual understanding and respect between cultures.	
	Policy priority 2: Culturally responsive policies, programs and services.	2.2 Programs and services are culturally appropriate and responsive to the needs of all Western Australians 2.3 Customised CaLD specific services are provided for those who need them. 2.4 A workforce that is culturally competent and representative of its community and business and client needs.	1. Integrate multicultural policy goals into strategic and corporate planning, procurement and review processes. 3. Provide language services to ensure language is not a barrier to equitable access to information and services, including complaints processes. 4. Collect and analyse cultural and linguistic data to contribute to the identification of client needs, the development of policies and programs and evaluation of outcomes. 5. Enable culturally diverse communities to have meaningful input into policies, programs, and systems through co-design and planning, co-delivery and implementation and evaluation processes.	• Provide access to interpreters. • Provide information in a variety of languages. • Develop a process to collect demographic and outcomes-based data. • Work collaboratively with and undertake further consultation with CaLD organisations and community members throughout the development of the CFC.
	Policy priority 3: Economic, social cultural, civic and political participation.	3.1 Western Australia's culturally and linguistically diverse community is harnessed to grow economic, social, cultural, civic and political development.	1. Identify, develop and promote initiatives that support the development of businesses and the entrepreneurial potential of Western Australia's culturally and linguistically diverse community. 2. Identify, develop and implement initiatives that encourage social, cultural, civic and political participation by members of Western Australia's culturally and linguistically diverse community. 3. Develop and strengthen global connections through partnerships with	• Facilitate the development of social enterprises and micro businesses. • Provide opportunities for community members to speak to politicians, police etc to advocate for themselves and their community. • Procure culturally appropriate ingredients from local businesses.

			Western Australia's cultural and linguistic communities and businesses.	
Western Australian Women's Health and Wellbeing Policy (WA Department of Health, 2019b)	Priority area A: Chronic conditions and healthy ageing.	1. Promote healthy behaviours and healthy aging in all women to prevent development of risk factors associated with chronic conditions.	A2 - Create supportive and safe environments to encourage healthy behaviours among women through a settings-based approach. This could be achieved by: • Partnerships to increase availability of affordable healthy food options in a variety of settings.	• Provision of nutritious meals to the community. • Workshops/programs designed to increase nutrition literacy.
		2. Prevent the development of chronic conditions in women by targeting associated risk factors.	A7 - Develop supportive environments to reduce risk factors associated with chronic conditions and promote healthy aging through cross-sectoral collaboration and partnerships. This could be achieved by: • Develop initiatives to reduce social isolation and loneliness (also D7).	• Provision of information including local women's health service providers, talks, workshops targeting key areas. • Share a meal and volunteering programs.
	Priority area B: Health and wellbeing impacts of gender-based violence.	1. Strengthen community understanding and awareness of gender-based violence.	B2 - Work in partnership with organisations and gender equity experts to build the knowledge, skills and capacity of individuals, communities and organisations to challenge social norms, support perpetrator accountability, and change attitudes and behaviours that lead to gender-based violence.	• Develop collaborative relationships with relevant organisations to develop knowledge and skills of staff and response protocols.
		2. Address health and related impacts of gender-based violence by delivering accessible, inclusive and responsive services.	B4 - Improve access to evidence-based prevention, intervention support and advocacy services for women experiencing gender-based violence and direct women to these services. B6 - Empower women experiencing gender-based violence to safely utilise technologies to access information and link in services.	• Provide information on local support and advocacy services for women in the community to access.

			B9 - Support partnerships with organisations with gender equity expertise to provider gender-based violence education, training and capacity building in health services and community settings.	
	Priority area D: Mental health and wellbeing.	1. Enhance gender-responsive mental health and wellbeing education, awareness and primary prevention initiatives.	D1 - Deliver mental health and wellbeing initiatives to improve mental literacy (e.g. resilience building to cope with stress and anxiety). D7 - Recognise and respond to loneliness and social isolation experienced by women across the life course by: • Providing evidence-based health promotion and social support initiatives encouraging community-based activities and support programs to promote physical and social interactions. • Supporting community resource centres to facilitate social inclusion activities. D8 - Identify and address the social determinants of health and their impact on mental health and well-being through cross-sector collaboration and partnerships.	• Volunteering opportunities including the community garden. • Share a meal program. • Cooking meals to share with the community. • Apply a social determinants approach to program and service development.

Relevant Federal Government Policy	Key Result Area	Objectives	Strategy/ Policy achievements	Examples of how the CFC might action this information
Australia's Disability Strategy 2021-2031 (Department of Social Services, 2021)	Inclusive homes and communities		Policy Priority 3: People with disability are able to fully participate in social, recreational, sporting, religious and cultural life. Policy Priority 4: The built and natural environment is accessible. Policy Priority 6: Information and communication systems are accessible, reliable and responsive.	• Develop a mission statement which emphasises the inclusive and welcoming culture of the CFC. • Access friendly community garden design. • Inclusive and accessible programs and services. • Investigate ways of providing information and materials in a variety of different formats (Auslan, Braille, Easy Read). • Acknowledging the support role the CFC can play through providing volunteering opportunities and reducing social isolation through program participation • Training of staff to improve understanding of disability.
	Personal and community support		Policy Priority 1: People with disability are able to access supports that meet their needs. Policy Priority 3: The role of informal support is acknowledged and supported.	
	Education and learning		Policy Priority 4: People with disability have increased opportunities to participate in accessible and inclusive lifelong learning.	
	Community attitudes		Policy Priority 2: Key professional workforces are able to confidently and positively respond to people with disability. Policy Priority 4: Improving community attitudes to positively impact on Policy Priorities under the Strategy.	
National Food Waste Strategy: Halving Australia's Food Waste by 2030 (Department of the Environment and Energy, 2017)	Priority area 4 - behaviour change	Changing attitudes and behaviours that reduce food waste should be encouraged.	• Education and awareness about household food waste including impacts on household budgets. • Composting and worm farms • Choosing less aesthetically pleasing food choices. • Taking left-over food home.	• Workshops on ways to divert household waste into food production e.g. composting. • Food literacy programs. • Using food seconds/waste as

		Engaging the workforce on minimising food waste.	• Inventory management, stock rotation, date labelling, storage labelling, quality management. • Waste auditing.	ingredients for community meals program. • Audit waste generated by the CFC to identify possible reduction methods. • Ensure food safety practices are implemented in food storage areas.
National Obesity Strategy 2022-2023 (Department of Health and Aged Care, 2022)	Ambition 1: All Australians live, learn, work, play and age in supportive, sustainable and healthy environments.	A healthy and equitable food system.	1.1 Build a healthier food system that favours the production, processing and distribution of healthy food and drinks. 1.2 Make sustainable healthy food and drinks more accessible.	• Preference the availability of nutritious meal options for the community. • Use the Australian Guide to Healthy Eating to guide menu development.
		A strong and equitable physical activity system.	1.7 Build more connected and safe community spaces that inspire people of all ages, abilities and cultures to engage in regular physical activity. 1.12 Enable other organisations to support health and wellbeing of citizens and customers.	• Incorporate the needs of different sectors of the community into the design of the community garden and outside spaces.
	Ambition 2: All Australians are empowered and skilled to stay as healthy as they can be.	Settings that support healthy behaviours.	2.1 Improve people's knowledge, skills and confidence to lead active lives and to buy, prepare and enjoy healthy food and drinks. 2.3 Enable parents, carers and families to optimise healthy child development and lifelong healthy habits for children and adolescents. 2.4 Engage and support young people to embed healthy behaviours as they transition to adulthood.	• Develop culturally appropriate programs and spaces. • Empower the local community to make healthier choices through range of programs/workshops and activities and lead by

		2.6 Enable and empower priority populations to have the same opportunities as others.	example through the shared meal program.
National Preventative Health Strategy 2021-2030 (Department of Health and Aged Care, 2021)	Improving access to and the consumption of a healthy diet. Increasing physical activity. Promoting and protecting mental health.	• Ongoing access to adequate and affordable healthy food options are available to all Australians, including older Australians. • A national policy document is developed to address food security in priority populations. • The nutritional and health needs of priority populations are met through co-designed, community-based programs that are culturally appropriate. • Communities are encouraged and supported to deliver locally designed programs that support physical activity, which are inclusive and promote social connection through physical activity. • Australians are kept well through the management of their health and wellbeing in the community. • Community cohesion and social connectivity is boosted and promoted, particularly among those at risk of loneliness and isolation.	• Develop culturally appropriate programs and spaces. • Ongoing collaboration and engagement with local community members and identified organisations. • Advocate for the development of national policy documents to address both food insecurity and social isolation/loneliness. • Community garden volunteering program. • Shared meal program, community garden, volunteering opportunities, participation in workshops and group activities.

Other relevant policy documents	Relevant Recommendation/ Focus Area	Strategic Objectives	Relevant Activities/ Strategies
National Strategy for Volunteering 2023-2033 (Volunteering Australia, 2023)	Focus Area 1. Individual potential and the volunteer experience.	1.1 Focus on the volunteer experience. 1.2 Make volunteering inclusive and accessible 1.3 Ensure volunteering is not exploitative.	• Volunteers have a meaningful and enriching experience, feel valued, and know how their contribution makes a difference. • Volunteering is inclusive and accessible to everyone on their terms. • Volunteers are engaged safely and ethically, with supports in place to protect their safety, interests and wellbeing. • Volunteering is respected and supported in all its forms through an expanded understanding of different cultural interpretations and expressions. • Communities are the primary drivers of how volunteering influences their future.
	Focus Area 2. Community and social impact.	2.1 Diversity the understanding of volunteering. 2.4 Enable a community-led approach	
WACOSS WA Food Relief Framework (2019) (WACOSS, 2019)	• Providers: Support widespread use of outcomes orientated service delivery to promote flexible services tailored to needs and circumstances. • Providers: Ensure adequate funding component built into service contracts for backbone workforce support. • Providers: Continue developing and maintaining resources and platforms to assist providers with giving relevant information and referrals pathways, and strengthening local partnerships. • Providers: Continue progressing data collection and reporting systems with an outcome focus.		• Linking the consumer with other supports to improve wellbeing and life outcomes. • Delivery of relevant community relief and resilient workforce professional induction and development packages (developed by WACOSS). • Maintain directories of referrals and information about other services to link with other programs and optimise service delivery. • Develop consistent data measurement and reporting systems with an outcome focus to measure short term outputs to outcomes and longer-term service impact.

	• Providers: Support widespread use of a volunteer Food Safety Code of Practice and other resources. • Providers: Support widespread adoption of food relief service provider Practice Principles. • Consumers: Support widespread adoption of Consumer and Provider Charter for food relief. • Consumers: Explore, support and evaluate alternative models of providing food relief. • Consumers: Ensure lived experience input into designing, implementing, and evaluating food relief policies, services and responses.	• Implementation of the *Volunteer Charity Food Code* to ensure food safety best practice and consistent interpretation and compliance with food regulations. • Adoption of Practice Principles to ensure good practice and adherence with the *Consumer and Provider Charter*. • Adoption of the *Consumer and Provider Charter* to provide consumers with consistency in how they are treated by, and expected to respond to, service providers. Considers lived experience. • Potential to address food insecurity on a long-term basis and reduce social isolation. • Implementation of Lived Experience Framework policies to partner with people and groups with lived experience for co-production purposes.

Other Relevant Policy Documents	Goals	Targets	Indicators
United Nations - Sustainable Development Goals (United Nations, n.d.)	Goal 2: Zero hunger	2.1 By 2030 end hunger and ensure access by all people to safe, nutritious and sufficient food all year round.	2.1.1 Prevalence of undernourishment 2.1.2 Prevalence of moderate or severe food insecurity in the population.
	Goal 3: Good health and well-being	3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.	3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease. 3.4.2 Suicide mortality rate.
	Goal 10: Reduced inequalities	10.2 By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status.	10.2.1 Proportion of people living below 50% of median income by sex, age, and persons with disability.
		10.3 Ensure equal opportunity and reduce inequalities of outcome, including eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard.	10.3.1 Proportion of population reporting having felt discriminated against or harassed within the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law.
	Goal 11: Sustainable cities and communities	11.6 By 2030, reduce the adverse per capita environmental impact of cities.	11.6.1 Proportion of municipal solid waste collected and managed in controlled facilities out of total municipal waste generate, by cities.
		11.7 By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities.	11.7.1 Average share of the built-up area of cities that is open space for public use for all, by sex, age and persons with disabilities.
	Goal 12: Responsible consumption and production	12.3 By 2030, halve per capita global food water at the retail and consumer levels and reduce food losses along production and supply chains.	12.3.1 *(a)* Food loss index and *(b)* food waste index.
		12.5 By 2030, substantially reduce waste generation through prevention, reduction, recycling and reuse.	12.5.1 National recycling rate, tons of material recycled.
	Goal 16: Peace, justice and strong institutions.	16.7 Ensure responsive, inclusive, participatory and representative decision-making at all levels.	16.7.2 Proportion of population who believe decision-making is inclusive and responsive, by sex, age, disability and population group.

Ottawa Charter for Health Promotion Action (World Health Organization, 1986)	
Build healthy public policy Create supportive environments Strengthen community action Develop personal skills	• Placing health on the agenda of policy makers through coordinated action leading to policy which fosters greater equity. • Using a socioecological approach to health which understands the interrelated complexities of the link between people and their environment. • Empowering communities to take control and ownership of their outcomes and accomplishments. • Providing education and information which enhances life skills through personal and social development.

Appendix B - Food Relief Service Providers Within a 5km Radius of The Square Mirrabooka Shopping Centre

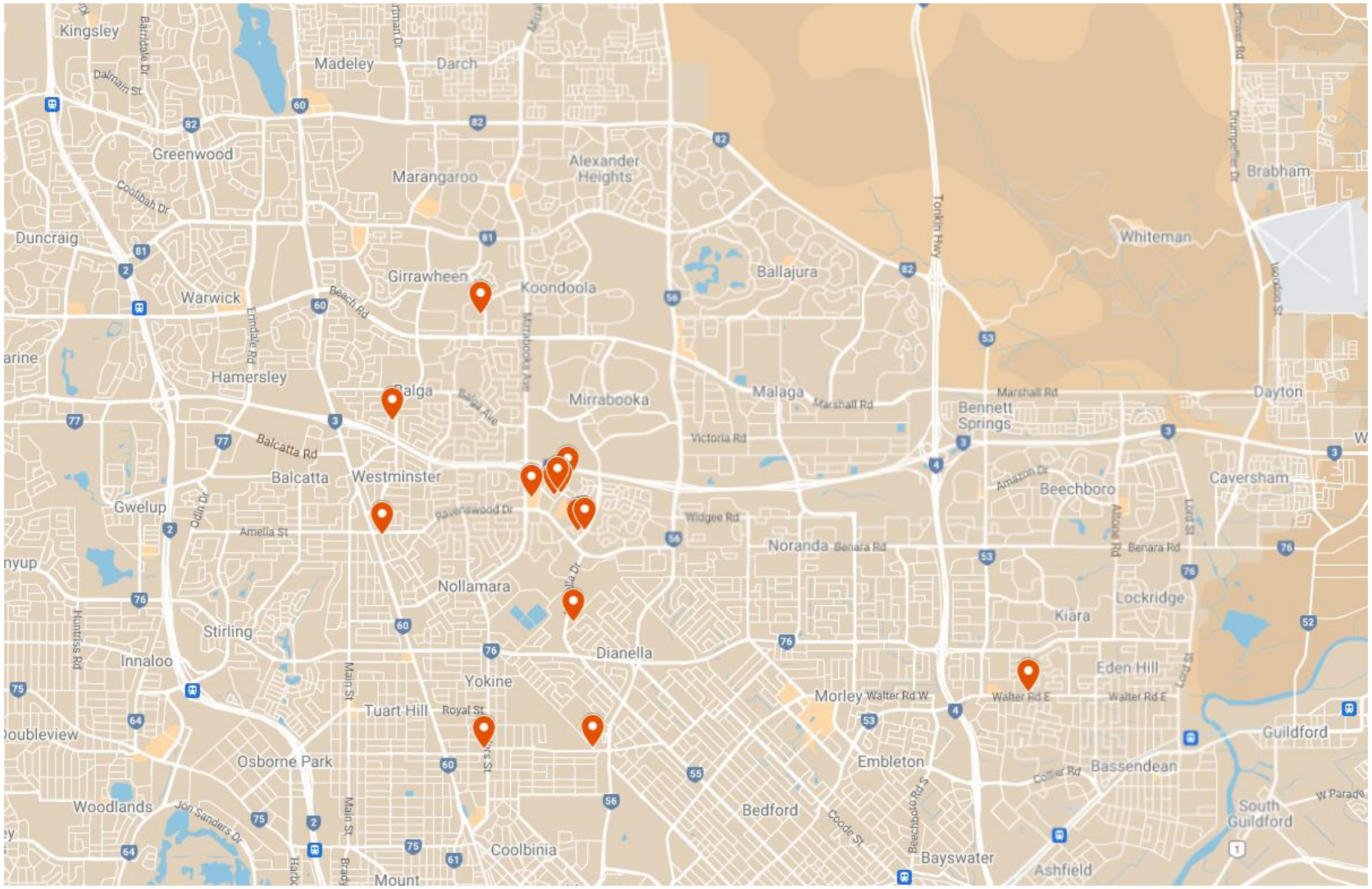
Organisation	Location	Food security related services provided	Access criteria/ documents required (if stipulated)	Food Providers (not exhaustive)	Areas serviced (if stipulated)
City of Stirling (Welcome Hub; Community Kitchen)	Mirrabooka	Food hampers Food vouchers Community lunch (monthly)		SB	
Ishar Multicultural Women's Health Service	Mirrabooka	Referrals to Foodbank and other service providers. Cooking classes run with various groups.		FB	
Sudbury House (Family Foundation)	Mirrabooka	Emergency relief: Small food parcels Fresh fruit and vegetables (subject to availability) Hot evening meal	Referred by self or agency	SB, OH	
Multicultural Services Centre WA	Mirrabooka	Emergency relief: Food vouchers Food hampers (Wednesday) Cooking classes during Women's Support Group	Self-referred	SB, OH	
St Vincent de Paul Society WA - Mirrabooka Conference	Mirrabooka	Emergency relief: Food vouchers Food hampers Foodbank referrals	Home visitation service Centrelink ID Seniors Card Concession Card Health Care Card	Coles Woolworths SB, OH, FB	Mirrabooka Balga Westminster
Ngala (HIPPY Program)	Mirrabooka	Dinner program			
The Smith Family (Saver Plus)	Mirrabooka	Financial literacy program			
Communicare	Mirrabooka	Budget Bites workshop - focus on budgeting and reducing food waste			
Youth Focus (part of the Welcome Hub)	Mirrabooka	Emergency relief: Food hampers		SB	

Generations City Care Church	Mirrabooka	Emergency relief: Food hampers (meat and/or frozen meal, vegetables, pantry items). Homeless packs (ready to eat meal, drink, non-perishables)	Call between 9-11am to register for afternoon pickup. Centrelink ID Seniors Card Concession Card		
Edmund Rice Centre	Mirrabooka	Food and nutrition cooking classes			
Mobile Foodbank - Balga	Balga	Affordable food and groceries. Hampers - dry goods; fruit and vegetables; meat.	Tuesday 9:30am Located in City of Stirling LGA. Experiencing hardship. Referred by registered Foodbank charity partner.	FB, SB	
Salvation Army, Balga Community Services (Doorways)	Balga	Emergency relief: Food parcels	Located in Stirling LGA. Individuals and families in financial distress. Self-referred.	SB, OH	
Yokine Baptist Church (Hands and Feet)	Yokine	Emergency relief: Food parcels	Saturday 10:30am Individuals and families experiencing disadvantage Self-referred	SB, OH	
Maurice Zeffert Home Kosher Meals on Wheels	Yokine	Provides Kosher meals for Perth Jewish elders who for any reason are unable to prepare their own meals.	Australian Seniors Card		
Mobile Foodbank - Morley	Morley	Affordable food and groceries. Hampers - dry goods; fruit and vegetables; meat.	Wednesday 9:45am Located in City of Bayswater LGA. Experiencing hardship. Referred by registered Foodbank charity partner.	FB, SB	
St Vincent de Paul Society WA - Morley/Dianella Conference	Morley/Dianella	Emergency relief: Food vouchers Food hampers Foodbank referrals	Home visitation service Centrelink ID Seniors Card Concession Card Health Care Card	Coles Woolworths SB, OH, FB	Dianella Morley Noranda
Parish of St Nektarios	Dianella	Food and toiletries			

Uniting Aid	Nollamara	Emergency relief: Food parcels (every 3 months).	Self-referred. Located in City of Stirling LGA. Receiving Centrelink benefits.	SB, OH	
St Vincent de Paul Society WA - Balcatta Conference	Balcatta	Emergency relief: Food vouchers Food hampers Foodbank referrals	Home visitation service Centrelink ID Seniors Card Concession Card Health Care Card	Coles Woolworths SB, OH, FB	Balcatta Gwelup Stirling Tuart Hill
St Vincent de Paul Society WA - Girraween Conference	Girraween	Emergency relief: Food vouchers Food hampers Foodbank referrals	Home visitation service Centrelink ID Seniors Card Concession Card Health Care Card	Coles Woolworths SB, OH, FB	Girraween Koondoola Marangaroo
Rainbow Community Church Community Services	Girraween	Food, showers, toiletries Community lunch Food hampers	Centrelink ID Seniors Card Concession Card Health Care Card ID with address		
Centre for Asylum Seekers Refugees and Detainees*	Perth	Food vouchers Community lunch Foodbank “Fare Go” social enterprises	Not eligible for any other services. Referred by agency	SB	

FB - Foodbank, SB - Second Bite, OH - Oz Harvest
*Service provider located outside of 5km radius of The Square Mirrabooka Shopping Centre

Appendix C - Map Showing Food Relief Service Providers Within a 5km Radius of The Square Mirrabooka Shopping Centre



Appendix D - Survey Questions

Participant Information Statement
St Vincent de Paul Society (WA) and Ishar Multicultural Women's Health Service
Community Food Centre Needs Assessment

What is the project about?
Not having enough food to eat, or food insecurity, is an increasing issue within migrant and refugee communities. This can be due to a number of issues including a lack of culturally appropriate food, the high cost of food, difficulty getting to shops and feeling isolated in the community. Community Food Centres are a way to increase food security by building a welcoming place to access food and developing new skills and confidence to participate in community life. The aim of this research is to collect the opinions of the community about different factors that may affect their food security. This research may lead to a better understanding of the causes of food insecurity in the Mirrabooka and surrounding communities to help inform how a Community Food Centre could most effectively support the community to address these factors.

Who will have access to my information?
The information collected in this survey will be non-identifiable (anonymous). This means that we do not need to collect individual names and any information provided is anonymous and will not include a code number or name. No one, not even the research team will be able to identify your information. All the information we collect will be stored on a secure network at the St Vincent de Paul Society (WA). Only the research team will have access to the data. Any information we collect and use during this research will be treated as confidential.
Electronic data will be password protected. You have the right to access, and request correction of information in accordance with relevant privacy laws. You may request access to the research findings. The results of this research may be presented at conferences or published in professional journals. Individuals will not be identified in any results that are presented or published.

Do I have to take part in the research project?
Taking part in this research project is voluntary. It is your choice to take part or not. You do not have to agree if you don't want to. If you do decide to take part and then change your mind, that is okay, you can withdraw from the project. You do not have to give us a reason; just tell us that you want to stop. If you choose not to take part, or start and then stop the research, it will not affect your relationship with the research team, St Vincent de Paul Society (WA) or Ishar Multicultural Women's Health Services. If you choose to leave the study, we will use any information that is collected unless you tell us not to. If you have any questions contact St Vincent de Paul Society (WA) at info@svdpwa.org.au

Thank you for taking the time to complete our survey. Your responses will help to shape future services in Mirrabooka and surrounding communities.

ABN: 18 332 550 061
9 Brewer Road Canning Vale WA 6155 | PO Box 1450 Canning Vale DC WA 6970
T 08 6323 7500 | E info@svdpwa.org.au | W www.vinnieswa.org.au
Donation Hotline: 13 18 12

Be one of the first 70 people to complete the survey and receive a $20 e-voucher
If you are one of the first 70 people to complete the Vinnies WA and Ishar Community Food Centre Survey you will receive a $20 e-voucher that can be used at Coles and many other major retailers.

To receive your e-voucher, please provide your email address or mobile phone number to Zanna or the Ishar staff member helping you with your survey. The e-voucher will be emailed or texted to you. Terms and Conditions apply (see below).

Terms and Conditions:
The e- vouchers are not transferable for cash or any other form of gift card.
Must be one of the first 70 people to complete the survey in full and submit the completed survey.
Survey closes 5pm Friday 3 March 2023.
The e-voucher offer will end 5pm Friday 3 March 2023 or when the allocation of 70 e-vouchers is exhausted, whichever occurs first.
The e-vouchers will be emailed or sent via SMS to recipients at the conclusion of the survey (5pm Friday 3 March 2023).

Consent to participate in survey
I have read the Participant Information Statement and have had the details of the research explained to me.

I am happy with how my questions have been answered. I know I can ask questions at any time.

I understand the reason for the research, what I will need to do, and any possible risks of my involvement.

I have decided to take part in this research project voluntarily.

My name will not be used and the information I provide will be used only for this research and the publications arising from it.

I have the right to request a copy of this information.

By ticking "I agree", you are acknowledging that you are aged 18 years or older and that you have read and understood the above information.

☐ I agree

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2. In the last 12 months was there any time you have run out of food and not been able to buy more?

- ◯ Yes
- ◯ No

3. In the last 12 months, have you usually had enough money to buy food?

- ◯ Yes
- ◯ No
- ◯ Sometimes

4. Where do you usually get your food from? (choose all that apply)

- ◯ Supermarket/ shops
- ◯ Markets (e.g. Farmers Markets, Malaga Markets)
- ◯ Grow my own fruit and vegetables
- ◯ Foodbank vouchers/hampers
- ◯ Other food assistance (e.g. soup kitchen)

Other (please specify)

5. Why do you usually get food from these places? (choose all that apply)

- ☐ Closest shops
- ☐ Food is cheap
- ☐ Has the food I need
- ☐ Other (please specify)
- ☐ Financial difficulty
- ☐ Good variety of food

6. Do you have any concerns about accessing healthy and nutritious food?

- ◯ Yes
- ◯ No
- ◯ Sometimes
- ◯ Unsure

If you answered Yes or Sometimes, what are your concerns?

7. Have you experienced any issues keeping your family food traditions since arriving in Australia?

- ◯ Yes
- ◯ No
- ◯ Sometimes
- ◯ Does not apply to me

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8. In Australia, are you able to buy foods to cook meals that are traditional to you and your family's culture?

- ◯ Yes
- ◯ No
- ◯ Sometimes
- ◯ Does not apply to me

9. When you need to buy food, how do you usually get to the shops?

- ◯ I drive myself
- ◯ Someone drives me
- ◯ Public transport
- ◯ Rideshare e.g. Uber
- ◯ Taxi
- ◯ Walk

Other (please specify)

10. Do you need to travel further to buy food from your own country than when you buy Australian foods?

- ◯ Yes
- ◯ No
- ◯ Does not apply to me

11. If you did not have enough money to buy enough food for you and your family's needs, what would you do? (choose all that apply)

- ☐ Ask family/ friends for help
- ☐ Go to Foodbank
- ☐ Eat less
- ☐ Skip meals
- ☐ Other (please specify)

12. How many adults live in your house?

13. How many children live in your house?

14. Do you feel a sense of belonging in your local community?

- ◯ Yes
- ◯ No
- ◯ Unsure

15. Do you feel that you have enough support living in Australia? (e.g. from the Government, community, family, husband/spouse)

- ◯ Yes
- ◯ No
- ◯ Unsure

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Donation Hotline: 13 18 12

16. Are there any barriers you have experienced that have stopped you being able to work or volunteer in your community? (please choose all that apply)

- ☐ Visa restrictions
- ☐ Lack of transport
- ☐ Lack of English language
- ☐ No suitable work or volunteering activities
- ☐ Family duties
- ☐ Lack of education or training

Other (please specify)

17. What is your age?

18. What suburb do you currently live in?

19. What is your postcode?

20. What is your gender?

21. What is your country of birth?

22. What is the main language you speak at home?

23. How many years have you lived in Australia for?

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Appendix E - Focus Group Recruitment Flyer

Vinnies good works

Ishar Multicultural Women's Health Services

VINNIES WA AND ISHAR WANT TO HEAR FROM YOU

Vinnies WA supported by Ishar Multicultural Women's Health Services are looking to bring the first Community Food Centre to WA!

This innovative project aims to create an inclusive space where the community can prepare and share meals together, learn and build new skills and confidence in a supportive environment.

Help us shape how the Community Food Centre can best assist you and your family and ultimately the whole Mirrabooka and surrounds community.

Focus Groups will be running throughout February and early March at Ishar Multicultural Womens Health Service in a friendly setting with translators available as required.

FOCUS GROUP 1
Wednesday 22 February
10am-12pm
At Ishar
21 Sudbury Road, Mirrabooka

FOCUS GROUP 2
Thursday 23 February
10am-12pm
At Ishar
21 Sudbury Road, Mirrabooka

The focus groups will run for 90 minutes with catering provided.

As a thank you for your time, each participant will receive $40 (vouchers) and a food hamper to take home.

To register your participation, please email **zanna@ishar.org.au** or sign up at Ishar reception.

vinnieswa.org.au

Appendix F - Focus Group Plan

CFC Focus Group Plan

Focus Group Goal: To understand how food insecurity impacts the Mirrabooka/Balga multicultural community and how the CFC could help address this need.
Focus group duration: 90 minutes (inc 10-minute break).

Content	Activity	Resources Required	Time (mins)	Recording method
Prior to session commencing	Hand out consent forms for participants to read and sign	Consent forms Pens Clipboards	10 mins	N/A
Introduction/ Ice-breaker	Introduction: Introduce facilitators: myself, Maija, Zanna. Acknowledgement of country: I wish to acknowledge the traditional custodians of the land we are meeting on, the Whadjuk Noongar people. I wish to acknowledge and respect their continuing culture and the contribution they make to the life of this city and region. Purpose of the focus group: Thank you very much for coming along today. We really appreciate the time you have taken from your day. We look forward to hearing your thoughts. The reason we have asked to meet with you today is because Vinnies is being supported by Ishar to start a new project in Mirrabooka called a Community Food Centre. I will go into what a Community Food Centre is later on but today we want to find out your thoughts on this project and also about the community you live in. This information will help make sure the Community Food Centre works best for the	Name tag labels Markers	10 mins	N/A

	Mirrabooka community so as many people as possible will use it and get involved. We really want you to feel comfortable and able to give us your honest thoughts. So everyone feels comfortable please let only one person speak at a time. Also, it's ok to have different thoughts to other people here and we want to hear those thoughts so we know how the project can best meet the needs of the community. It's important that everyone's thoughts and opinions are respected. Before we start, I just want to remind you that we will be recording the focus group. We will share the recording, it will be stored safely and you will not be identified Any questions? We will start off with what is called an icebreaker so we can get to know you a bit better - go around the room, say your name, the country you came from and your favourite food to eat or cook.			
Section 1: Understanding participants thoughts on the local community	Start filming Q1.1 What are some of the things you like about your community? Q1.2 What are some of the things you don't like about your community? Q1.3 What things do you usually do in your local community? This could be going to the shops, the markets, visiting the library. Q1.4 If you could change one thing about your community what would it be? Anything else anyone would like to add?	Paper to scribe answers on Pen Voice recorder	20 mins	Scribe/voice record
	Break - tea/coffee	Tea/Coffee/Water Catering	10 mins	

Section 2: Community Food Centre	Play CFC video https://www.youtube.com/watch?v=VvjiXIfHCI0 <Blurb about CFC> The Community Food Centre would be a place where everyone in the community is included and welcome. It can be a place to cook and share a meal, grow different fruits and vegetables, learn new skills and share and learn about different cultures. In this part of the focus group, we want to hear from you about what you would like the Community Food Centre to be. Q2.1 Would you like to see a Community Food Centre in Mirrabooka? Q2.2 Do you think you might visit the Community Food Centre in Mirrabooka? Q2.3 What might stop you from visiting the Community Food Centre? Q2.4 What types of activities would you like the Community Food Centre to offer? Q2.5 Do you feel that you might like to be involved with the Community Food Centre, maybe by helping out with some cooking or gardening or sharing your culture? Q2.6 Do you think that you might bring your family to the community food centre? Anything else you would like to add?	Paper to scribe answers on Pen Voice recorder	30 mins	Scribe/voice record	Food Act 2008 - [01-d0-00].pdf
Conclusion	Thank you for participating in today's focus group. The insights you have shared with us will help us to shape future services in the Mirrabooka and surrounding communities. As a thank you for attending, we have some vouchers for you. There is a $20 Coles voucher and a $24 Vinnies Vault card which can be used at Vinnies store	Hampers/vouchers from Vinnies Printed copies of the survey	10 mins		

	in WA. There's a Vinnies store at the Mirrabooka shopping centre. There are also some hampers if you would like to take one. Finally, we have some copies of the survey we are also running, if you would like to fill one out. The first 70 people to fill one out get a $20 e-voucher that can be spent at Coles, Woolworths, Kmart etc. We now have a lovely lunch that Zanna has arranged so please help yourself and enjoy.			

Appendix G - Survey Respondent Demographic Data

Category	Sub-Category	Frequency (n=)	Percent (%)
Gender	Female	37	71%
	Male	11	21%
	No response	4	8%
Age	18-29	6	12%
	30-39	20	38%
	40-49	10	19%
	50-59	4	8%
	60-69	5	10%
	70+	4	8%
	No response	3	6%
Country of birth	Australia	13	25%
	Afghanistan	12	23%
	Macedonia	6	12%
	Iran	4	8%
	Pakistan	3	6%
	Vietnam	2	4%
	Cameroon	1	2%
	India	1	2%
	Korea	1	2%
	Myanmar	1	2%
	Nigeria	1	2%
	Saudi Arabia	1	2%
	Senegal	1	2%
	Tanzania	1	2%
	Thailand	1	2%
	No response	3	6%
Main language spoken at home	English	15	28%
	Macedonian	6	11%
	Arabic	5	9%
	Pashto	5	9%
	Dari	4	7%
	Farsi	4	7%
	Hazaragi	3	6%
	Urdu	2	4%
	Burmese	1	2%
	French	1	2%
	Gujarati	1	2%
	Punjabi	1	2%
	Persian	1	2%
	Thai	1	2%
	Vietnamese	1	2%
	No response	3	6%
Length of time resided in Australia	0-5 years	12	23%
	6-9 years	6	12%
	10-19 years	10	19%
	20+ years	21	40%
	No response	3	6%

Suburb of residence		Mirrabooka	18	35%
		Balga	6	12%
		Nollamara	5	10%
		Girraween	4	8%
		Ballajura	2	4%
		Dianella	2	4%
		Innaloo	2	4%
		Tuart Hill	2	4%
		Balcatta	1	2%
		Bedford	1	2%
		Beechboro	1	2%
		Bennett Springs	1	2%
		Clarkson	1	2%
		Darch	1	2%
		Koondoola	1	2%
		Westminster	1	2%
		No response	3	6%
Postcode		6061	30	58%
		6064	5	10%
		6018	2	4%
		6059	2	4%
		6060	2	4%
		6063	2	4%
		6066	2	4%
		6021	1	2%
		6030	1	2%
		6052	1	2%
		6065	1	2%
		No response	3	6%

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Figure 11. Responses to Q7:
Have you experienced any issues keeping your family food traditions since arriving in Australia?

Figure 12. Responses to Q14:
Do you feel a sense of belonging in the local community?

Figure 13. Responses to Q15:
Do you feel that you have enough support living in Australia?

Figure 14. Responses to Q11:
If you did not have enough money to buy enough food for you and your family's need, what would you do? (all responses)

Figure 15. Responses to Q16:
Are there any barriers you have experienced that have stopped you from being able to work or volunteer in your community?

Figure 16. Response to Q2:
(have you run out of food in the previous 12 months and been unable to afford more?) by respondents who felt they lacked support and/or community connection.

Figure 17. Response to Q11:
(if you did not have enough money to buy enough food for you and your family's needs, what would you do?) by respondents who felt they lacked support and/or community connection

Figure 18. Response to Q11:
(if you did not have enough money to buy enough food for you and your family's needs, what would you do?) by respondents who felt they did not lack support and/or community connection.

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