Proof of the Pudding
Food, Communities and
Research Practice in Scotland

A conference organised by the Scottish
Community Diet Project and the Scottish
Colloquium on Food and Feeding

28 October 2004
Tolbooth Arts Centre, Stirling

Scottish
Colloquium
On
Food &
Feeding

Scottish Community
Diet Project

*Supporting local
communities tackling
inequalities in
diet and health*

Scottish Community Diet Project

Our overriding aim is to improve Scotland's food and health. We do this by supporting work within and with low-income communities that improves access to and take-up of a healthy diet.

Major obstacles being addressed by community-based initiatives are:

AVAILABILITY - increasing access to fruit and vegetables
of an acceptable quality and cost
AFFORDABILITY - tackling not only the cost of shopping,
but also getting to shops
SKILLS - improving confidence and skills in cooking and shopping
CULTURE - overcoming ingrained habits

We help support low-income communities to:

- identify barriers to a healthy balanced diet
- develop local responses to addressing these barriers, and
- highlight where actions at other levels, or in other sectors, are required

We value the experience, understanding, skills and knowledge within Scotland's communities and their unique contribution to developing and delivering policy and practice at all levels.

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The *Scottish Colloquium on Food and Feeding (SCOFF)* is a forum for academics and practitioners involved or interested in the study of food. It is a study group of the *British Sociological Association*.

The group aims are:

1.   To encourage the sociological analysis of all aspects of food production and consumption.

2.   To provide a network which aids the dissemination of information about current interests and research in this area.

3.   To provide a forum for the presentation and discussion of research findings and theoretical innovations.

4.   To encourage interdisciplinary links with relevant related disciplines, e.g. social anthropology, nutrition, marketing and social policy.

For further information visit www.food-study-group.org.uk

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Introduction

> *"Much of the discussion concentrated on how best to give local communities access to research skills and resources and the confidence and capacity to apply them. Building partnerships between communities and research agencies was seen as an important objective. A need was identified for mechanisms that allow communities to take advantage of existing research skills and influence research agendas rather than simply act as subject matter to be studied as and when others decide."*
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> From *'Food research and local communities – the facts, the figures and feelings'*, March 2000

Stirling's Tollbooth played host to Proof of the Pudding 2004, a conference jointly organised by the Scottish Community Diet Project (SCDP) and the Scottish Colloquium on Food and Feeding (SCOFF). This event evolved from an earlier SCDP event that had also focused on food, communities and research practice in Scotland. The need for closer and more equal partnerships between the academic research community and community food projects was highlighted in 2000, and continues to be an objective four years on. Proof of the Pudding therefore aimed to bring together a wide range of people involved or interested in community food research with a view to exploring, listening, learning and sharing the many highs and lows of conducting, commissioning and being the subject matter of this type of research in Scotland.

Proof of the Pudding aimed to be a day of participation and action, reflected in its dynamic workshop format. As this short report describes, four overlapping workshop themes gave the event structure and focus, each describing an aspect of the research process from needs identification to methods of gathering information. Participants remained with one workshop theme throughout the day to help ensure continuity of discussion. The morning workshop asked participants to simply describe *where are you now?* with research. To get a sense of the diversity of experience, participants were asked to listen to examples of existing community food research in Scotland and then share their own research experiences no matter how limited or extensive. Were experiences positive, shared or different to those of others? Groups were also asked to highlight areas of concern or challenge within the research process to help identify outstanding skills or resource gaps.

Moving on was the afternoon focus, requiring workshops to identify concrete actions that would be required of themselves and others to help improve community food research practice in Scotland. To assess what was already being done and where the gaps remained, short inputs from a range of agencies, including NHS Health Scotland, Have a Heart Paisley, CHEX, the University of Westminster and the Food Standards Agency (Scotland), kick-started the afternoon workshops. These same agencies then reported the groups' key recommended actions in a final panel session that closed the day, chaired by Martyn Evans, Director of the Scottish Consumer Council.

Having organised Proof of the Pudding, the SCDP and SCOFF are committed to sharing the fruits of this event as widely as possible, particularly with groups and

agencies unable to take part. Thanks to all those who were able to participate – your energy, enthusiasm and willingness to share honestly with others was much appreciated.

The SCDP and SCOFF hopes that this is one of many events that will help continue to build stronger bridges between communities and researchers, replacing past assumptions and misunderstandings with a common language built on trust and respect.

As the saying goes, the proof of the pudding will be in the eating….

Lizanne Hume
Scottish Community Diet Project

Proof of the Pudding: Reflections on a Workshop about Communities, Food and Research

SCOFF is an active research network with about 100 members. The network includes academics (half of the membership in Scotland), practitioners and community workers – all of whom have an interest, or involvement, in research on many aspects of food production and consumption. In 2000, delegates at an SCDP training event concluded that partnerships needed to be built between communities and research agencies to give local communities access to research skills and the confidence and capacity to apply them. SCOFF and the SCDP therefore began discussing how they could bring their respective networks together to provoke discussion about conducting food-related research involving communities. A 'talking shop' idea was rejected – listening to endless presentations about research activity would not necessarily be the best way to share information and discuss best practice. We decided on a participatory workshop format. The aim of the workshop was to:

- Demystify the research process – to bring research, and researchers, down from the clouds. 'Research' could be anything from asking a few customers in a community café what food they want to be served, to a large survey of low-income families' feelings about local supermarkets. It's all research!

- Enable participants to hear about and discuss recent research on community food projects.

- Activate discussion on the differences and similarities between the presenters' experiences and the experiences of the participants in order to draw conclusions about best practice in research.

- Give participants an opportunity to hear how different agencies (a funding organisation; a university researcher; a 'research into action' representative and a community organisation) perceive research and their feelings about how research partnerships can be strengthened for the benefit of communities.

In order to maximise the number and quality of discussions, we split the research process into four distinct (though overlapping) areas. Each topic area formed the basis of a workshop. The intention was to allocate a mixture of academic researchers, practitioners, community workers and policy/funding representatives to each of the four workshops to bring about a lively and varied discussion on best practice and moving the research agenda forward.

The four research themes were:

1. _Identifying research needs_: Why do we need research? What is it for?

2. _Collecting research data (gathering information):_ What sort of information do you want to collect? What questions do you want to ask? Who will you ask for this information?

3. _Engaging communities_: How can communities get involved in research? What will they get from it?

4. _Sharing and using research findings and experiences_: There is little point doing research unless you tell somebody about your experience and findings! Who could benefit from this information? How can you best share it with others?

The event was hectic, intensive but also enjoyable and rewarding. Opportunities to talk to people working in different sectors should always be welcomed and giving people a chance to network and find things they have in common with people they have never met before often brings about long-term, beneficial relationships and partnerships. The conversations I heard and took part in at this event were stimulating and varied – from discussing how the language I use as an academic researcher can be off-putting and alien to non-academics to discussing the politics of research funding. From hearing about local communities wanting regular, continued consultation with food policy-makers to café workers being told their ideas about conducting research with local people were 'woolly' by a team of evaluators. These discussions highlighted the diversity that exists within research 'communities' and I hope that the 70 participants, facilitators, presenters and panel members who took part on the day found the event useful and rewarding.

Dr Wendy Wills
BSA Food Study Group (SCOFF) Convenor

Keynote Presentation

THREE R'S FOR THE DHLI: RESEARCH, RESPONSE AND REFLECTION AND THEIR IMPORTANCE IN JOINED-UP WORKING

INTRODUCTION: PRESENTED BY DR SUE LEWIS, DEPARTMENT OF SOCIAL ANTHROPOLOGY AT THE UNIVERSITY OF ST ANDREWS

The Dundee Healthy Living Initiative (DHLI) is a New Opportunities-funded project with a remit to contribute to reducing health inequalities in socio-economically deprived areas of Dundee. The project grew out of an earlier, smaller but successful locally-funded operation, and directs its efforts to providing a range of affordable and accessible activities: healthy eating courses, physical exercise groups, health information sessions and forums through which the community can express its views on local health matters. The project had a significant impact in its first months and exceeded all its targets, but our own evaluation of that first year revealed an underlying and important issue for many people in these areas: that is, that the 'stress' they experience from everyday life impairs their ability to make beneficial changes to lifestyle behaviour.

The *Food and Mood* programme – the focus of our presentation – is but one response to these reflections on project activity and impact. It is now well recognised that foodstuffs can have positive or negative effects on mental health and wellbeing. The relationship can be 'subtle and complex', but taken as a 'complementary treatment', Amanda Geary's *Food and Mood Project*[1] demonstrated that diet could have a beneficial impact on individuals' 'mastery over their illness'. The DHLI version of this programme works on the assumption that these benefits need not be restricted to those suffering mental *ill* health: making adjustments to food intake can have a beneficial effect on our general sense of wellbeing.

Therefore, whilst the *Food and Mood* programme continues the healthy eating, healthy lifestyle message, it responds to the communities' requests for help in dealing with their stressful lives. The informal, interactive sessions are a non-threatening context within which people can begin to explore the subject of mental wellbeing, but also to learn about and discuss *why* certain foods are good for us: what exactly Omega 3 is and does, and why a mixture of caffeine and chocolate might make us feel good – if only for a short while!

Angie Pender is a Community Mental Health Nurse, and is responsible for the design and initialisation of the programme. She will outline the development of the programme, from these initial reflections and responses and then through the research she did prior to implementation.

Elaine Sword is a Community Health Worker. Nursing and community education trained, she will outline some of the practical considerations of actually delivering the programme, and how we constantly reflect on and revise the programme to better respond to clients' feedback.

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[1] The food and mood handbook A. Geary (Thorsons 2001)

RESEARCH AND RATIONALE FOR THE DHLI *FOOD AND MOOD* SESSIONS: PRESENTED BY ANGIE PENDER

Raising awareness of mental health is a major theme in current health promotion policy, but it is recognised that it is very difficult to encourage discussion on the issue. Combining the DHLI's concern with healthy lifestyles, including diet, and the publicly discussed connection between nutrition and mental health seemed to offer a workable way forward to facilitating interaction on mental health with local groups in deprived areas.

Mental health problems can have a major effect on nutrition

The connection between nutrition and mental health is two-way. First, mental health problems can have a major effect on nutrition. Taking depression, the most commonly experienced mental health problem, as our example: changes in appetite and body weight are one of the primary diagnostic criteria. Sufferers may lose their appetite completely, or alternatively crave high-carbohydrate foods leading to "comfort eating". Medication may also trigger changes in appetite and weight. Additional symptoms of reduced energy and confidence, inability to feel pleasure and loss of interest in self, events and others can in turn impact on the person with depression's ability to care for his/herself and others.

Nutrition can have a major effect on mental health and wellbeing

Secondly, nutrition can have a major effect on mental health and wellbeing. The *Food and Mood Project*, initially commissioned by the mental health charity Mind identified a number of nutritional factors which influence people's mental health and wellbeing. Between 2000 and 2001 over 550 people in the south of England took part in the project and almost two-thirds of respondents made dietary changes which benefited their mental and emotional health.

The report's author, Amanda Geary, concluded that
- Certain foods appear to support good mental health
- Certain foods appear to aggravate mental health problems
- Eating patterns can have a positive or negative influence on mental health and wellbeing

Caffeine and sugar have both been long-understood to affect arousal levels, potentially leading to anxiety, irritability and sleep disturbance. It is around these latter two readily-explained points that the DHLI's *Food and Mood* sessions were framed.

Prior to my appointment, I had 23 years' experience as a mental health nurse, the last twelve as a Community Mental Health Nurse in Dundee, and in the last five also provided cognitive-behavioural therapy. In my experience people who had become unwell were able to improve their mental health by lifestyle changes, including changes to their diet, but because they were very unwell, simple changes were a tremendous effort. It would have been easier if they had known how to look after their mental health in the first place. One lesson for the *Food and Mood* sessions to impart was therefore 'prevention'. Mental wellbeing is a lot to do with celebrating our mental health and learning how to look after it.

DHLI and the Dundee Food and Mood Experience: Implementation
During a 90-minute meeting we discussed the findings of Dr Geary and Mind's research, having initially brainstormed "good" and "bad" foods, stressing the link to mental and emotional wellbeing. There were light-hearted moments, especially around chocolate, caffeine and alcohol, and these have since proved to be an essential part of a session – together with a willingness to put all three in both the 'good' and the 'bad' columns!

A participant in that first session recommended the *Food and Mood* introductory session to another DHLI women's health group, prompting the first of a regular flow of requests. Since then, the introductory and follow-up sessions have been modified according to participants' suggestions, but each group has differed in its membership, format and requirements and the sessions and accompanying handouts aim to be as flexible as each group requires.

The brainstorming warm-up enables people to pool their knowledge and address misconceptions in a fun and safe environment, and most groups have had lots of positive eating ideas to share. We have found that many local people are well aware of the effect of certain foodstuffs, especially artificial additives on their children, even if they had not thought much about the food and mood connection for themselves.

The format and design of *Food and Mood* sessions has attempted to adhere to the basic principles of community capacity-building and accessibility to all, especially 'hard-to-reach' groups. From the initial session, local people have been invited to find out more for themselves with an "additional information sheet" available and opportunities to discuss individual needs, outwith sessions, if necessary.

"Taste and try" sessions using "good mood snacks" of dried fruit, nuts, oatcakes, rice cakes and seeds have been popular and enable the *Food and Mood* message to reach a wider variety of people. Such taster sessions have also been presented in community supermarkets and a city-centre shopping mall, libraries and community centres during Scottish Mental Health Week.

RESPONSE, REFLECTION AND PRACTICAL CONSIDERATIONS FOR DELIVERY: PRESENTED BY ELAINE SWORD

Practical Considerations of Workshop Delivery
The aim was to create conducive learning environments where people could come together comfortably and share their knowledge and learn new skills. In addition to the everyday considerations of venue, resources, childcare provision and risk assessment, with a new initiative there are less familiar things to consider. However, many of the elements which were to make up the new *Food and Mood* sessions were familiar to the team in other guises. Over the first year of operations, the DHLI had set up and developed successful activity groups in all project areas. We could therefore draw on previous evaluation of healthy eating information sessions, 'low-fat' taster sessions, weight management groups, or practical cookery workshops. This sharing of experience is a regular practice, with information being exchanged

informally among project team members, through post-delivery 'reflections' forms completed by project workers, and verbal reports at meetings.

The Consistent Use of Reflection in Practice
The DHLI's evaluation process is designed to provide constant feedback on and into delivery and practice. Participants are asked to complete evaluation forms, and we keep 'comments books' to record verbatim qualitative data on how people have interpreted our workshops. We have found that the use of these books elicits more useful information than our standard evaluation forms, and these feed into the ongoing development of the sessions. Through this, for example, we have learned that people like to be *involved* in the session. We have therefore developed a combination of discussion prompts, quizzes and questions and display boards as well as taster sessions of fruit smoothies and soup-making demonstrations. All techniques aim to encourage dialogue and relationship-building between participants and facilitators, and among the participants themselves.

Reflection and response are also in action *during* delivery. All groups have different needs. Contributions to success depend very much on how successfully the facilitators sense and respond to a group's level of comfort when talking about a particular subject, or how participants are reacting to information, to other group members or to the manner of delivery. Attending to such signals means that the group can be moved on to further discussion suitable to their expectations and needs accordingly.

By ensuring that the project maintains good evaluation records and that its staff share their experiences, and further, by making sure we present workshops and sessions in a manner that responds to each group's immediate requirements, we increase the possibility of creating the desired 'conducive environment'. We also gather more information for further development of initiatives, and further increase our ability to respond to community needs.

SUMMARY AND CONCLUSIONS: PRESENTED BY SUE LEWIS
Since beginning this programme, over 200 people have been introduced in some way to the ideas of *Food and Mood*. More than 20 different kinds of session have been completed and each of these has been monitored using standard DHLI tools. I have attended some of these sessions, participating, observing and recording what was done and said. Angie, Elaine and I have also had regular reflection sessions. My final comments here draw significantly on these evaluative processes.

First, the programme has certainly achieved the intended aim of getting people to discuss mental health issues. Once they have been introduced to the idea that feeling stressed is common, and that they themselves can make simple dietary changes that may have a beneficial effect – that is, that *they* can take control – they seem happy to open up and share their experiences.

Second, however, the sessions appear to have had a more general effect on people's thinking about food, both for themselves and for their families. "Good information, good fun and very interesting," said one, adding, "I hope I am learning to look after myself and my family better." Clients variously report intending to eat more

oily fish, to utilise the different handouts and recipes, or to access websites to do further research for themselves.

Further, by offering people a chance to taste and try things for themselves, we overcame one of the simplest barriers to dietary change. For people on limited incomes, buying something 'to try' is too great a financial risk, even if they are fully aware of the advertised advantages to family health. But trying at someone else's expense, and sharing the experience with friends, is both fun and free of that threat to the weekly budget. This is no miracle cure. I would argue, however, that it is a fun and interactive way of introducing people to dietary information which both reinforces, but adds a different slant to – and thereby refreshes – the health messages they are already familiar with.

As for the future development of this programme, we face choices and dilemmas. We need to do further research, to answer more effectively the questions that clients inevitably ask or to provide recipe ideas that change *Food and Mood* theories into edible reality. We need also to respond constantly to the feedback we receive. Many clients request cooking sessions that allow them to practice what we have preached, but these require us to create more structured plans which may work against the very relaxed and free environment which encourages the discussions on mental health and wellbeing. We will approach these challenges as we have done before, by responding to client feedback, researching the evidence and reflecting on our practice and delivery – our 'Three Rs'.

For further information about the DHLI visit www.dundeecity.gov.uk

Workshops

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1. **Identifying research needs (including finding funding and securing resources)**

2. **Data collection issues (information and experience gathering)**

3. **Recruitment and engagement of communities**

4. **Disseminating and using research findings**

Each of the four workshops followed the same structure:

Morning workshops: Where are we now?
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- Case study presentation

Exercise 1: Participants worked in pairs and recorded their positive and less positive experiences of research on post-it notes. Each pair then discussed and shared their experiences with the rest of their workshop group.

Exercise 2: Concerns, challenges and questions. Each group member was asked to place two green dots, indicating areas which concerned or challenged them, beside the research checklist (see Appendix 2) or the issues identified on the flip charts in Exercise 1. This allowed the facilitators and the group to see if participants shared similar concerns and questions about the research theme.

Afternoon workshops: Moving on
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- Workshop presentation

Exercise 3: Action plans for change – each group worked to identify action point/s that they perceived would strengthen research partnerships and improve community food research. Each action plan outlined the issue for change; why the group prioritised it; what and/or who needs to change and in what timeframe; and how the changes could be measured.

Workshop 1: Identifying Research Needs

The aim of this workshop was to identify some of the reasons for undertaking research in the first place. It looked at how research needs were identified and the role of funding at this stage in the process. It hoped to dispel some of the mystique around the research process, highlighting the necessity to listen to communities when identifying, assessing and defining community food needs and issues.

Facilitators: Dr Susan Eley, Dept of Applied Social Sciences, University of Stirling
Lizanne Hume, Scottish Community Diet Project

Participants:
Aileen McCraw, NHS Lanarkshire
Anna Whyte, Food Standards Agency Scotland
Anne Krayer, University of Wales
Caroline Hare,
David Rankin, University of Edinburgh
Elaine Sword, Dundee Healthy Living Initiative
Heather Murray, Dysart/Fife NHS
Jane Brooke, Renfrewshire Council
John Hancox, Hillhead Children's Garden
Joleen McCool, 4Ward Thinking
Kate Marshall, Strathbrock Partnership
Linda Boodhna, Health Promotion Fife
Moyra Burns, NHS Lothian
Sharon Walker, LHCC Offices Castle Douglas
Susan Kennedy, Alloa SIP

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Morning Session: Where are we now?
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Case Study from the Dysart Food Project in Fife
Presented by Linda Boodhna

The Dysart Food and Health Initiative aims to increase opportunities for healthy eating choices in the regeneration area of Dysart in Fife.

Partners in the initiative include Fife Council Regeneration Initiative, Health Promotion Fife, Kirkcaldy & Levenmouth Local Health Care Co-Operative, Dysart Community Regeneration Forum, Integrated Community Schools, Fife Council Community Services and the Scottish Community Diet Project.

Using participatory methods Dysart Food & Health Initiative are gathering the views, opinions, and experiences of the local community in Dysart regarding healthy eating. The ideas and suggestions which are gathered will then be used to produce an

action plan to develop activities which will increase the opportunities for healthy eating in Dysart.

Background

The potential health benefit from improved nutrition is recognised nationally and reflected locally as an objective of Fife's Community Plan. It is also recognised that the most disadvantaged communities have the greatest need and that work on food and health issues needs to be linked with other community plan priorities addressing inequality and social inclusion.

Regeneration managers from Fife's four regeneration areas of Dysart (Kirkcaldy), Levenmouth, Lochgelly and Abbeyview (Dunfermline), were keen to support work on this aspect of health improvement, therefore a small working group was set up to explore how to move forward with this area of work. The working group originally consisted of a Senior Health Promotion Officer (Food & Health), Community Dietitian, Regeneration Manager and Public Health Practitioner. Initial thoughts were to commission research on a Fife-wide basis to explore barriers to healthy eating. However there were concerns that this approach would prove costly and might not provide sufficient depth of local detail including the potential to overcome these barriers and promote local involvement. An "action research" approach was therefore proposed focusing on just one regeneration area, Dysart.

Consideration was then given to using participatory appraisal (PA) methods such as those used by Sustain in their "Community Mapping Project" which analysed food poverty issues in seven different areas of England. This work has produced some important insights into the experiences of people on low incomes in providing food for themselves and their families. The potential of using participatory appraisal methods with community food projects was further reinforced following discussions with the Scottish Community Diet Project and their provision of a PA training course specifically designed to meet the needs of people working with community food projects in Scotland.

Key themes from the work in Dysart were the need for planning, clear methods, a shared research question, community ownership of the process, securing funding and having dedicated support and leadership. This combination of positive and less positive issues was echoed when participants afterwards began to explore their own individual experience of research through a process of participatory exercises and discussion.

For further information visit
www.fifedirect.org.uk/uploadfiles/Publications/Dysart%20Food%20Acces.pdf

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Exercise 1: What is your experience of this research theme?

Positive experiences of research

The need for community participation and involvement in identifying research needs

Local ownership and community involvement throughout the research process seemed intrinsic to it being positive. Involvement of all had many benefits, including greater certainty that the real needs of the community were being identified and addressed. Uniting communities through research was another positive theme linked to this sense of involvement – research being the mechanism or glue to stick communities and organisations working within them together again, especially if they had become divided.

Participatory research techniques such as participatory appraisal (PA) were highlighted as popular and effective approaches for involving everyone in the research process, capturing local enthusiasm and motivation, and helping make research fun and real. People were found to be more responsive to PA approaches than to conventional surveys and questionnaires as they were more willing to talk and felt less threatened. The timescale for results was also thought to be more immediate than other forms of research.

Research as a mechanism for gaining credibility, securing funding and implementing action
The group highlighted how research findings can provide the evidence base so crucial to securing future funding, and implementing action. They described credible, well-planned research with clear objectives as being very powerful, opening up exciting opportunities for communities.

They also recognised the creative potential of research for communities, enabling local people to grow in confidence, knowledge and skills. When the real needs of communities are identified, future policies and agendas are also more likely to be community-focused. Communities also have a sense of having contributed to something useful**.** Research, when continually undertaken together with communities, allows ongoing learning, sharing, better awareness and greater success.

Less positive experiences of research

Barriers to involvement in the needs identification process
Communities can feel alienated from full participation in the research process by use of academic research jargon, and seemingly complex techniques and approaches to assessing needs. These sorts of barriers help create a research mystique, which results in people being fearful of the word alone, never mind undertaking research activity.

Action not forthcoming/waste of resources
Delay between research outcomes and tangible action being undertaken can result in the loss of community motivation, loss of credibility and change in local needs. Time consuming research approaches have been criticised as being too long to fit in with timescales of project funding and may appear to be wasteful of resources such as time and money, especially if costly consultants are involved.

Even PA approaches to research were considered to be exhausting, and time consuming, especially if local expectations were raised without follow-up action or feedback. PA generates so much material that it can be difficult to collate and interpret in a form that funders demand. A related frustration was when good research had been undertaken with communities, but the findings were not satisfactory to funders. Some participants had experienced their research being edited by funders as a result, which had a totally negative impact upon the communities involved.

The needs of communities not being listened to or being ignored
Local people have expressed their frustration at not being listened to – for example, being asked too many times by researchers to define their needs and describe local food issues, yet without subsequent action or recognition. Is there perhaps too much research undertaken to validate or confirm what communities have already expressed as a need?

Some members of the group felt that the need for research is often driven not by community need, but to fulfil the official expectations of, for example, funders. Researchers can find themselves purporting results to meet criteria such as meeting targets instead of being realistic and reflecting the real views of communities. This links to the issue of the status of research undertaken by communities themselves – will this 'grey' literature ever be considered by funders or policy-makers to be as powerful as peer-reviewed academic research? If not, then why are communities being encouraged to undertake their own research and evaluation?

Exercise 2: Concerns, challenges and questions
The following items were highlighted by the group as being particular areas of concern, or challenge:

- What, and who, do we do research for?
- How are research needs identified? Who identifies them?
- Has the research problem already been addressed by others?
- What are the project's aims, objectives and research questions?
- What do you need to consider when applying for funding?
- What are your funding requirements?

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Afternoon Session: Moving on
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Workshop presentation by Dr Anna Whyte, Food Standards Agency Scotland

Anna shared with the group how the Food Standards Agency identifies its research priorities and how the agency currently engages with local communities. This stimulated discussion about assessing the quality of and accessing 'grey' literature. The issue of financial support for appropriate routes of dissemination e.g. support requested as part of research applications.

Why does the Agency commission research?
The Food Standards Agency in Scotland (FSAS) supports a programme of research and surveillance to inform its future policy decisions. This programme ensures that specific Scottish issues are properly addressed and that the Agency's UK-wide research and surveillance programme takes full account of Scottish concerns. The Scottish research portfolio is clearly and transparently linked to the aims and objectives set out in the Agency's Strategic Plan, FSAS Business Plan and FSAS Diet and Nutrition Strategy.

Like FSAS itself, the FSAS research and surveys programme is funded through the Scottish Vote to improve food safety and standards within Scotland. In addition to targeted food surveillance studies commissioned by FSAS, additional funding may be provided from FSAS to increase the number of samples collected under UK surveillance projects in order to achieve more robust results for Scotland. This is assessed by FSAS on a study-by-study basis in relation to the strategic aims and business plan.

The Agency as a whole is committed to procuring the best science and value for money, so we commission most of our requirements through open competition. There are four calls per year – usually April, July, October and January. However we also put out ad hoc calls through our email alert system run by the Research Co-ordination Unit in Headquarters. Some smaller pieces of work might be procured by limited tender, whilst casting the net as wide as possible.

What role does the FSAS play in working with communities?
It is arguably more important than ever to improve the diet of the Scottish population. FSAS diet and nutrition strategy outlines in detail FSAS's part in ensuring FSAS is working in partnership with many organisations, especially the Scottish Executive Health Department (SEHD), in taking forward the recommendations of the Scottish Diet Action Plan, Improving Health in Scotland and latterly Eating for Health.

FSAS was involved in organising 'No Fare!', a joint conference on food access that was held in June 2003, and will continue to work closely with conference partners, including the Scottish Executive Health Department and SCDP, to establish and progress activities to address key issues identified in the conference report. This will include undertaking research to identify ways to facilitate access to a healthy balanced diet.

For further information visit www.food.gov.uk

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Exercise 3: Action plans for change
Three groups worked on Action Plans for Change.

Action/issue for change Securing long-term funding to address all inequalities.
Why prioritised? Health inequalities are ongoing; to fund 'initiative' work; limited effect of short-term funded projects.
What has to change? Building in bids for longer-term funding for 'successful' projects.

By whom? Scottish Executive.
When? Build into all bids for funding.
How will you know this has happened? When mainstream funding becomes available for health-promoting activities.

Action/issue for change Better dissemination of grey literature and awareness of research.
Why prioritised? To avoid duplication. To ensure good practice**.**
What has to change? Collation and dissemination. Value/recognition of material.
By whom? N/A
When? ASAP
How will you know this has happened? Audit health professionals/community professionals. Access to material.

Action/issue for change Stronger direction from central government.
Why prioritised? To effect greater change, make change easier.
What has to change? Stronger guidance from government.
By whom? Central government.
When? Now.
How will you know this has happened? Consumers, local authorities will find change easier to bring about.

Workshop 2: Data Collection and Analysis

The aim of this workshop was to identify some of the key issues which researchers typically consider before, during and after collecting data/information from individuals or groups. It explored what kind of techniques work when collecting information in communities. It also highlighted how problems can occur during data collection and when interpreting the information collected.

Facilitators: Louise Lawson, Health Promotion Policy Unit, University of Glasgow
Dr Wendy Wills, Research Unit in Health, Behaviour and Change, University of Edinburgh

Participants:
Fiona Smith, NHS Ayrshire & Arran
Jessica Mitchell, University of Westminster
Liza Draper, University of Westminster
Elizabeth Mei-Li Roberts, University of St Andrews/Dundee
Cheryl White, Food Standards Agency Scotland
Martyn Evans, Scottish Consumer Council
Laura Fairbairn, Castle Douglas Health Centre
Antonia Ineson, Public Health Lothian
Margaret Ann Prentice, Stirling Health and Wellbeing Alliance
Lucy Horton, NHS Argyll & Clyde
Alex Fowles, Forth Valley Food Links
Kathy Harden, Food for Thought
Angie Pender, Dundee Healthy Living Initiative
Chris Wond, Forth Valley Food Links

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Morning Session: Where are we now?
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Case Study from the evaluation findings of NHS Ayrshire & Arran's community food worker programme
Presented by Fiona Smith

This is a short-term funded initiative, which did not start with a research question but with outcomes. A feasibility study into the possible benefits of Community Food Workers (CFW) was carried out before the project funding was secured.

Community Food Workers are lay people working locally on food-related issues. Research from other areas suggested that local people are more effective in changing simple health habits than health professionals. This is because they can empathise and identify with clients and their needs and concerns more closely.

CFW objectives are:

- To identify local food-related issues.

- To increase knowledge of the links between food and health.

- To enhance skills and knowledge related to shopping, budgeting and cooking.

- To act as a link/signpost for food related issues/concerns.

Monitoring of activity is carried out on a weekly basis. This includes activity, topic, group type if relevant, numbers and geographical spread. Evaluation of sessions is done with participants at the end of each block. This is qualitative information and includes learning, enjoyment, outcomes and any comments.

Despite the collection of this large amount of qualitative and quantitative data, prospective funders were keen for some external formal evaluation to be carried out. The University of Paisley was commissioned on this basis. They evaluated the project at three levels:

- Focus groups with participants in CFW groups

- One-to-one interviews with CFW and project managers

The findings were very positive with participants enjoying sessions, increasing knowledge and confidence and over half changing their eating habits. Managers and CFW felt the project was very worthwhile and partnership working had been successful. The main target groups of the CFW are those most vulnerable and most at risk of ill health and the evaluation concluded that the CFW project should focus on these groups much more.

The evaluation findings were launched at a seminar where a wide range of service users, decision-makers and project staff were invited. Mac Armstrong, the Chief Medical Officer for Scotland, attended and was very impressed by the work and asked to be kept informed of the future progress.

Questions from the participants:

Q. What was the cost of the evaluation against the cost of the project?
A. Project costs did not include dietetic time. Project costs were therefore not a true project cost. Difficulties with Paisley University meant that the cost of the evaluation came down. They were initially looking at somewhere between 4 and 5%.

Q How long did the evaluation last?
A. Three months start to finish but this did not include planning time.

There was some discussion about the benefits of having an academic evaluation as opposed to in-house evaluation. Local in-house evaluation was not seen as robust by some. As soon as academics came on board evaluation was seen as 'proper' and more valid.

Copies of the Evaluation of the Community Food Initiative project are available from the Scottish Community Diet Project.

Further information is available from Fiona Smith, Public Health Dietitian, Paediatric Building, Ayrshire Central Hospital, Irvine, KA12 8SS. Tel 01294 323130 Email fionasmith@aapct.scot.nhs.uk

Exercise 1: What is your experience of this research theme?

Positive Experiences
- Social benefits/networking; bringing people together who have done similar/different work; willingness of others to give informal help
- Different/unexpected outcomes – can be spur to thinking, open-mindeness
- Satisfaction at having research funded; being given time to carry out research
- Developing skills (such as statistics); personal satisfaction of learning new skills and techniques
- Benefits of using the right methods – to the researcher and to the communities involved; benefits of having baseline data available
- Immeasurable qualitative benefits of carrying out research; and of collecting 'beneficial' data – beneficial for further funding and for recognition of community needs
- Developing and adapting national research for local needs
- Data analysis – sometimes positive such as reviewing and cross-checking data with others
- NHS ethical approval (less complex than expected sometimes)

Less Positive Experiences
- Lack of historic data
- What do data mean? – how to analyse, validate, how to present informal/anecdotal data, "nightmare of statistical tests", knowing how to find help, scale issues with quantitative data; complexity of researching 'food'
- Research should feed into policy and practice – how can this be achieved? Is research worthwhile? Lots of unused data around; some data are boring and ineffectual; lack of learning lessons from findings
- Conflict of agendas ("stuck in the middle"); bureaucracy surrounding methods used and data collected (and findings found); lack of acceptance of qualitative findings; having to quantify qualitative data; lack of honesty when reporting results to secure further funding
- Tensions between project staff and researchers. Sometimes project staff do the research as opposed to dedicated researchers. What happens if findings are negative or not as expected? How are they to be used? What are the longer-term implications?
- Continued participation of same people – research fatigue; research resistance; doubt about validity of findings/interpretation of data; difficult to 'pin down' particular groups
- Time issues – reporting to funders and writing up. These tasks can divert energy from projects; inappropriate use of resources undertaking research
- Ethical issues remaining unresolved

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Exercise 2: Concerns, challenges and questions
The areas which participants identified as challenging were (in descending order, according to number of participants who chose this area):

- What is the meaning of the data collected? How is it validated and interpreted?

- What 'type' of data should be collected? (e.g. nutritional vs. sociological; quantitative vs. qualitative).
- Conflict of agendas: Common when different agencies are involved in research projects and difficult to resolve. For example, are the questions being asked of interest to the research team, rather than the community?
- Is research worthwhile? Cynicism about value of research findings (who cares?) and 'fatigue' can be provoked when communities researched 'often'.
- Time issues: How to find time out of a community food project to collect data; who takes responsibility for this? How to find time to write up findings from research.

Afternoon workshop: Moving on
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Workshop presentation by Dr Liza Draper and Jessica Mitchell, School of Integrated Health, University of Westminster

Methods to access consumer views on food policy issues

This presentation is based on a research project funded by the Food Standards Agency (Refs: DO2001 & DO2002) to examine methods for involving so-called hard-to-reach people in food policy making. More specifically it was designed to evaluate the effectiveness of participatory methods in relation to their overall effectiveness and potential for use by the Food Standards Agency. The project was carried out collaboratively by Alizon Draper, Jessica Mitchell, Paul Newton (University of Westminster), Ulla Gustafsson (University of Surrey, Roehampton), Judith Green and Nicki Thorogood (London School of Hygiene and Tropical Medicine).

Ethical issues

Ethical approval was given by the university ethics committee, but the form used (and it is quite a standard one) was designed primarily for the approval of research that entails an intervention of some kind such as a randomised control trial. This meant that it did not capture some ethical dilemmas that arose during fieldwork. These were various, but included ethical misconduct, the disclosure of information about personal matters (should this be acted upon?), and having to connive at some illegal practices (e.g. people working without work permits and/or being paid below the minimum wage). Again such dilemmas need to be anticipated and how they will be dealt with agreed.

What research methods were used to collect information?

During the study, we were able to field-test participatory methods to see if these were effective in involving the hard-to-reach and accessing their views on food policy issues. Participatory methods are a branch of qualitative research and were originally developed for use in communities with low literacy levels. They differ from conventional qualitative methods in being very flexible, in using visualisations of various kinds, and involving people as the co-producers of knowledge. They are thus

also about giving control to communities and about considering not just information collection, but action resulting from the research process. The research was designed to move from brainstorming ideas to identification of priorities for change; to consideration of the role of differing stakeholders; to planning for change to implementation (possibly).

In schools we worked in classrooms and then in small groups using a range of methods with a view to producing a whole school food policy and school nutrition action group. With adults we worked with individuals using H-diagrams and with groups in what we called policy forums. Some participants learned how to use the methods.

How was the information analysed and conclusions reached?

Information about the food issues and attitudes to consultation was analysed by the research team. However, during the course of the research, findings were regularly reviewed and confirmed with participants. The final conclusions on both the food policy issues and what people thought about the participatory methods were reviewed with participants at specially organised workshops. At these participants were also able to meet and question representatives from the Food Standards Agency. This "closing of the circle" is vital not just in validating findings and interpretations, but also in bringing the whole research process to closure. People were keen to know what had been found out, what would happen to these findings as well as what would not. In relation to the latter, it is important to be honest with people throughout the whole research process and not to raise expectations beyond what can be delivered.

Questions from participants:

Q. Did schools give the researcher time during classes to collect data?
A. Yes, the researcher was able to conduct the research during Food Technology classes (first school) and citizenship classes (second school).

Q. Are the funders (Food Standards Agency) interested in the unexpected and unplanned outcomes from this research?
A. All findings are included in the report to the FSA although the researchers felt that they could have been consulted further about some of the implications arising from the findings.

Q. Was the research dependent on the skills and abilities of the researcher to engage with young people and low-paid workers when using participatory appraisal techniques?
A. Different researchers do bring different skills, abilities and attitudes to research and these do impact on the type and quality of data collected. A point was made in the final report that reflects this.

Q. How do you analyse data collected using participatory appraisal methods? e.g. posters and maps.
A. The researcher can still look for themes from this 'data', the same as when analysing an interview transcript. The research team 'validated' their findings by taking them back to the research participants to clarify their interpretations.

For more information visit:
www.food.gov.uk/science/research/researchinfo/supportingresearch/consumerinvolvementresearch/projlist/

Exercise 3: **Action plans for change**
Two groups discussed 'Moving On' and one group completed an Action Plan for Change.

Action/issue for change: UK intersectoral/crosscutting communication network
Why prioritised? To share good practice; to stop duplication of research; to save time; to develop partnerships.
What has to change? A simple system needs to be initiated and sustained. All agencies and individuals involved in community food research need to be able to contribute. Funding would need to be secured.
By whom? No firm suggestions, but the Scottish Community Diet Project; SCOFF, or the Scottish Executive may be able to help.
When? April 2005 (the start of the next funding cycle).
How will we know this has happened? If we all meet again it would mean a system was in place.

Discussion from Group 2
The group was unable to identify an action plan. However the key issues raised in the discussion were:

- The importance of utilising existing data as there is already much available that is useful and can give an indication of how projects are progressing
- To ensure clarity about the purpose of evaluation
- Ensuring the skills are in place for carrying out evaluation
- Ensuring rigour in evaluation/research methods employed

Workshop 3:Recruitment and Engagement of Communities

The aim of this workshop was to discuss some of the issues which anyone carrying out research in, or with, communities needs to consider.   This includes those working in an academic environment; those working with volunteers or lay workers; and those employed to work with communities. Participants considered how research can engage communities, and the people living or working in them, and what approaches are most beneficial.

Facilitators: Lucy Gillie, Scottish Community Diet Project
Julie Truman, Research Unit in Health, Behaviour and Change, University of Edinburgh

Participants
Anne Gebbie-Diben, Greater Glasgow Health Board
Gaille McCann, Greater Easterhouse CHP
Heather Sloan, Have a Heart Paisley
David Allan, CHEX
Victoria Combe, Food Standards Agency
Alex Richards, Roots and Fruits
Nikki Sandilands, Balerno Community Food Initiative
Fiona Bayne, NHS Lothian
Sally Wiggins, University of Strathclyde
Mary Cursiter, HealthChoice

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Morning Session: Where are we now?
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**Case Study from NHS Glasgow's First Food Weaning Programme
Presented by: Annè Gebbie-Diben**

The different stages of community involvement can be tracked by the numbers (1…) and the outcomes by letters (A…).

1.   Community projects were involved in identifying the needs and in the prioritising of activities for the framework. **(Community Involvement)**

A   "It is the prerogative of SIPs, LHCCs and community groups to choose the issues which they wish to pursue at a local level and where they can expect support from the statutory agencies in so doing". **(Outcome)**

2. Stakeholders' meetings were arranged in 7 SIP areas to identify what "*issues they wish to pursue and where they can expect support from the statutory agencies in so doing*". **(Community Involvement)**

B Weaning was identified in 5 SIP areas and led to the establishment of an ad hoc working group. The group developed the programme, based on what originally had been developed by the Milton food project and their own experiences. **(Outcome)**

3. Commitment and degree of involvement were negotiated with all partners. **(Community Involvement)**

4. What to evaluate was decided by the partners and how to collect the data was negotiated. **(Community Involvement)**

5. Experiences and opinions were collected from parents attending sessions & cooking classes, partners delivering the sessions and other support staff involved. **(Community Involvement)**

C Advice in data collection was sought from a primary care ethics committee, which lead to a revision on planned evaluation. **(Outcome)**

6. Parents attending sessions asked if interested to participate in further evaluation and/or cooking classes. **(Community Involvement)**

D Contact details destroyed after contact had been made. **(Outcome)**

7. Groups not involved in the programme identified barriers and benefits, which were evaluated by those partners involved in programme. **(Community Involvement)**

8. Indications from questionnaires were discussed and analysed by partners involved in the programme. (**Community Involvement**)

E	Suggestions how to further improve outcomes were identified. **(Outcome)**

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F	Report including all partners in the design of programme, what to evaluate, data collection & analysis disseminated in each individual area. **(Outcome)**

Photographs showing some of the techniques used in this project can be seen in Appendix 3

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Exercise 1: What is your experience of this research theme?

Positive Experiences
- Food is a good way to get communities to talk about other health issues
- Celebrating achievements with communities important
- We all have shared interests in, and shared knowledge of, food and healthy eating
- Evaluation helps secure funding – can see results and share learning
- Research can raise community's profile and give a feel good factor
- Participatory Appraisal – values local knowledge, realistic method for use with communities - added value from this approach
- Honest approaches to research and what it will achieve with communities
- Collaboration with universities and the opportunity to get students to do research in communities

Less Positive Experiences
- Market research company commissioned needs assessment of community views which turned out to lead to a lack of community ownership
- Lack of community involvement and response
- Difficulties in identifying appropriate samples in the community
- Lack of confidence in community projects and community reluctant to get involved in research
- Lack of knowledge and skills
- Unrealistic expectations from funders and communities
- Lack of co-ordination between research and communities
- Universities have skills in research but communities have local knowledge
- Lack of baseline measures

Exercise 2: Concerns, challenges and questions
(number of participants who identified each area in brackets).

- Valuing people's expertise, commitment and experience (4)
- Agreed realistic and useable outcomes (3)
- Techniques which encourage engagement with communities such as participatory appraisal can add value, be democratic and inclusive (3)
- Research needs to be co-ordinated amongst all the stakeholders to avoid duplication and exclusion (3)
- There is a skills gap between researchers and communities who are researched. When research is carried out in community settings there is an opportunity for researchers and communities to learn from each other and pass on skills (2)
- Communities often feel 'data mugged'. This is compounded by the lack of feedback of research outcomes (2)
- Within community settings, food is a subject which is a great tool for engagement (1)
- Research often appears to lack clarity of purpose (1)
- Lack of available baseline data (1)
- Inequalities in approaches to research, for example: budget available, techniques understood (1)

Afternoon Session: Moving on

Workshop Presentation by Heather Sloan, Have a Heart Paisley and David Allan, CHEX

Participatory Evaluation: an example in practice
Have a Heart Paisley: community programme

Having funded 143 initiatives, staff and community organisations felt that traditional evaluation methodologies had not captured the anecdotal stories that people have to tell about their self-esteem, confidence and real life issues that have arisen through their involvement.

Draft LEAP on the evaluation process

Identified Needs	Inputs
- an enjoyable and involving evaluation process for Have a Heart community projects	- creative team: drama, dance, video, photography, event/sound production staff
- people's stories are heard	- creative co-ordinator for community groups
- benefits of the community programme are disseminated to a range of	- community groups: staff, committees

stakeholders
- an evaluation of the evaluation process is disseminated

and beneficiaries
- 2 consultants
- budget circa £20k

Outcomes
- those involved enjoy being part of it
- those involved learn more about their experience of Have a Heart Paisley
- evaluation captures the spirit of the community programme

Process
- creative workshops programme for community groups
- recording of interviews with participants on video
- development of drama performance based on stories
- organising showcase event on September 30th
- taking photographs of activities and beneficiaries
- editing of recorded materials
- focus groups and interviews with participants in the evaluation process

Outcome Measures and Indicators
- people tell us they enjoyed the process (interviews and focus groups)
- there is evidence of people being involved and having fun (videos, photos, tapes, and performance)
- people tells us they learned more about experience (interviews and focus groups)
- different reports in different formats are available to interested people and agencies
- people tell us the evaluation captures the spirit (interviews with those closely involved e.g. staff and key stakeholders)

Outputs
- showcase event Paisley Town Hall
- updated poster/display materials
- presentation materials
- video of drama performance/whole showcase event
    - captioned photographs
- poems
- 2 x montage dvd: photographic images, ceramics, recordings of performances and soundbites
- video of dance performance
- Big Heart diary room video
- written summary evaluation focusing on qualitative evidence of the whole programme
- written report, using LEAP for Health, of the evaluation process

Key evidence-gathering processes:
- interview and activities on video
- photographs of activities and beneficiaries
- showcase event: graffiti wall, PA workshops, Big Heart diary room
- follow-up interviews and focus group

For more information visit www.haveaheart.org.uk
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David Allan, Community Health Exchange (CHEX)

The best community research reflects the best community development in that it starts with the community, is driven and sustained by the community and the 'professional' involvement is defined and controlled by the community. However, this ideal is not always the case and so researchers need to strive to: do research 'with' people rather than 'to' them; use methods that will appeal and be interesting to those who are involved; and always, always, always actively involve communities in the research process from the start.

EXAMPLES OF CURRENT PRACTICE

- S.C.A.R.F. is a 2-stage programme that supports community-led action research focusing on social inclusion and regeneration. Stage 1 funds a research 'mentor' who helps groups develop their research proposal and Stage 2 funds the full research project. Key features of this example – values are explicit, research is community-led (professionals are commissioned by the community groups)
- Participatory Appraisal – range of methods/techniques designed to help groups and organisations quickly find out needs, information, views, etc. about a particular topic. Key features of this example – value-based, participatory, 'fun' methods, flexibility, inclusive – involve communities and groups in an interesting way in research.
- Action Research – the whole set of approaches that specifically look at ways of engaging with people and communities with respect, and also share a fundamental aim of improving practice rather than producing knowledge for its own sake e.g. co-operative enquiry, participatory action research and appreciative inquiry. Key features – explicit acknowledgement of values such as equity and distribution of power, emphasis on collaboration and co-operation, and use of participatory methods.

CHEX role:

1. Write up and disseminate good practice (CHEX POINT)
2. Support good practice at ground level
3. Provide opportunities for sharing and developing of good practice
4. Influence policy on research

For more information visit www.chex.org.uk

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Exercise 3: Action plans for change

Two action plans were completed in this workshop:

Action/issue for change Research needs to be coordinated to ensure clarity of purpose whilst ensuring the skills gap between researchers and communities is addressed.
Why prioritised? Lack of confidence, skills and knowledge within community projects, unrealistic expectations from funders, academics and communities, need for shared ownership between all research partners and lack of enough credible available research.
What has to change? The balance of the research partnership so that it becomes relevant, meaningful and democratic between all partners. New relationships and opportunities may emerge from a new approach to working in partnership.
By whom? Everyone… researchers, communities and funders.
When? Now and ongoing.
How will you know this has happened? When communities get more back from the research process they will be less apathetic and consequently response and participation rates will increase. This will improve the quality of research and underline the importance for communities to gain access to the process and the outcomes.

Action/issue for change Lack of access to archived research with communities and a discouragement of communities to contribute to the research process.
Why prioritised? To give value for money, create research which is more inclusive, avoid data-mugging, reduce the lack of understanding between universities and communities and increase the skills of both groups.
What has to change? Training and education of the research processes, communication between all those involved in the research process.
By whom? All partners in research.
When? Before research commences.
How will you know this has happened? Research is better targeted, more inclusive from the start and more likely to be shared in appropriate formats.

Workshop 4: Disseminating and Using Research Findings

The aim of this workshop was to identify and discuss some of the ways in which research findings can be shared effectively and efficiently; who research can be shared with and through what avenues/means. It also aimed to discuss how research findings can be made more 'useful' to communities and to those who can influence food, diet and health in communities.

Facilitators: Bill Gray, Scottish Community Diet Project
Dr Jo Inchley, Child and Adolescent Health Research Unit,
University of Edinburgh

Participants:
Julie Armstrong, NHS Health Scotland
Wendy Wrieden, University of Dundee
Pamela McKinlay, Roots & Fruits, East Lothian
Jeni McNab, New Community Schools, Perth
Debbie Nelson, 4ward Thinking
Sue Lewis, University of St Andrews/DHLI
Anne Woodcock, NHS Tayside
Andrew Broadfoot, Stirling Health & Wellbeing Alliance
Katherine Smith, PhD student, Scottish Executive
Christine Jones, Queen Margaret University College, Edinburgh

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Morning Session: Where are we now?
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Case Study from the Cookwell Project
Presented by Wendy Wrieden

This project was funded by the Food Standards Agency (FSA code NO9011) to develop, implement and evaluate a transferable community-based food skills programme to increase consumption of starchy carbohydrates, fish, fruit and vegetables and to decrease fat intake. The project was needed to provide an evidence base on the contribution of food skills to healthy dietary choices at reasonable cost.

Briefly, eight communities across Scotland were recruited to take part in the study. Within each community the group was split into two. One group cooked and one group were called the delayed intervention group. We compared change in dietary intake - for example the frequency of fruit and vegetable consumption from the start of the intervention until the end and from the start of the project to six months after the end. We looked at changes in confidence in, for example, 'cooking from basic ingredients', cooking basic menu items such as lentil soup.

As researchers we are continually looking to the next project. By highlighting and disseminating what we have done we have secured funding for more work:

- The assessments used were too time-consuming for regular use so the FSA asked us to produce and test a simple evaluation questionnaire. This work is almost complete and being used in the West Lothian "Get Cooking" project.
- Cookwell is also being developed for ethnic minority community groups and younger girls.

The results of the assessments contribute to the evidence base on the contribution and value of food skills to healthy dietary choices at reasonable costs. The materials and methods used in the project will be taken forward in conjunction with the Scottish Community Diet Project and for use through the National Food Alliance (Sustain) activities. The Cookwell manual has been well received and, from the feedback obtained from course leaders and participants, a revised version has been produced and made available to anyone who wants to get involved in cooking skills groups. Although the impact of the programme appears to be small in quantitative outcomes the research confirms that a practical food skills intervention can contribute to improving dietary choice. It is also likely that interventions of this type need to be ongoing and set alongside other measures to improve acceptability, affordability and access to food in low-income communities.

Further information: The Cookwell manual is available from the Food Standards Agency and the Scottish Community Diet Project. It can also be downloaded from the FSA website. Go to www.food.gov.uk and search for Cookwell

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Exercise 1: What is your experience of this research theme?

Positive Experiences

- SCDP will translate and disseminate findings for academics who need to reach communities
- Scottish Academy for Health Policy and Management – new means of knowledge transfer?
- Findings disseminated through Fare Choice get to a wider audience
- One project has funded an MSc and a PhD which feed back into the project
- Disseminating findings to local people not involved in the project also important
- Having a contact in the community is helpful to make sure research is relevant and shared
- Research already published can be useful as a short-cut
- Summaries of findings are helpful for busy practitioners – need clarity

- Agencies and communities keen to work together – capitalise on this when disseminating
- Research can make a difference to policy and people's lives
- Time and resources built in to disseminate and action research findings
- Opportunities to research own work
- Potential to link evaluation with research
- New framework for assessing qualitative research
- Research as a catalyst to reflection on practice (to improve it)

Less Positive Experiences

- Language used by some academic researchers can be intimidating
- Skills to communicate research findings in a positive way could be improved
- Need help to translate findings so meaningful to our local specific situation
- Poor communication between research contractors and researchers – can impact on findings
- Community projects may not be appropriate for peer-reviewed journals – therefore doesn't help academic careers! Producing 'lay versions' of research findings has no benefits for academic researchers.
- NHS "evidence base" bar is too high
- Quantitative vs qualitative research; lack of respect for qualitative research especially within NHS settings – focus on number-crunching
- Need better indicators for qualitative researchers (a new framework has been produced but most of group not aware of this)
- Time may not be available for sharing research as have to move onto next project
- Different timeframes – research takes a long time and by the time findings are published they may no longer be relevant
- Research, and sharing research, can be very expensive
- Research and evaluation isn't built into original plans and dissemination is rarely funded as part of research and evaluation of projects
- NHS Health Scotland relies heavily on the web to disseminate – not everyone has the skills to access this information
- Lack of readily identifiable sources of local information re. health and dietary indicators
- Communities, i.e. local people, not involved in dissemination
- Communication issues in translating research findings into accessible and usable formats
- The need for academics to publish in academic journals (for research assessment exercise and career progression) but these are not an accessible form of dissemination beyond the academic community. Academics do not have the time (or skills) to disseminate findings in a range of formats for different user groups. Time for dissemination is generally not built into research grants
- Tension between medical model and social models of health

- Groups like SCDP can play a key role in bridging the gap between academics and practitioners by translating research findings

Exercise 2: Concerns, challenges and questions
Participants in this workshop did not take part in the 'green dot' exercise.

Afternoon Session: Moving on

Workshop presentation by Julie Armstrong, NHS Health Scotland

Having reviewed the morning's conclusions the workshop looked at 'moving on', assisted by a presentation given by Julie Armstrong from NHS Health Scotland, giving an agency perspective. Julie looked at NHS Health Scotland's roles as a research user and a research sharer. She also highlighted NHS Health Scotland's contribution not only to national policy, but also local practice.   She went into more detail about how they share research. Increasingly, but not on all occasions, summaries are being produced and events organised to share the findings.   The need to value the sharing and application of research was a theme of the presentation and one mirrored in many of the participants' comments.   Ensuring research was in an appropriate language to share, as well as ensuring that opportunities exist to allow others to learn from the research, were considered so crucial they needed to be embedded in research commissioning practice. Similarly it was felt there needed to be the capacity within local initiatives to play a full part in this process.

NHS Health Scotland is a new special health board which was created on 1 April 2003 by bringing together the Public Health Institute for Scotland (PHIS) and the Health Education Board for Scotland (HEBS). In essence, it is a newly formed organisation which works with the Scottish Executive and other key partners to improve health and reduce inequalities. NHS Health Scotland is currently undergoing reorganisation; the information given here relates to the current situation.

The Research and Evaluation Division is one of five divisions at NHS Health Scotland. Its role is to ensure that activities at NHS Health Scotland are informed by research evidence and are evaluated effectively. In addition the division works with other agencies to support research, development and evaluation.

There are a number of ways in which NHS Health Scotland shares and supports research and evaluation expertise and information is available about these on the Research Centre WEB pages at www.hebs.com/research.

Examples include:

- Research Reports from commissioned research – including needs assessment, from both qualitative and quantitative research
- Research in Brief short papers
- Evidence into Action paper
- Publications

In addition to the above NHS Health Scotland supports research through presentation, contribution and sponsorships e.g. new approaches to research - participatory appraisal skills.

For more information visit www.healthscotland.com

Exercise 3: Action plans for change
This group did not complete an action plan for change, but three key points came from their discussions.

- Much of the action-planning reflected the theme raised in Julie's presentation. **Improved communication and sharing** was highlighted as only possible if accompanied by jargon-busting and ego-popping. It was recognised that the greater the awareness of the needs of others the more effective any dissemination network would be. It was noted that both SCOFF and SCDP had potential roles in moving this forward in the coming years.

- A second related action was to ensure **adequate time and resources** were committed to sharing and learning from research. Getting these factors recognised in the initial planning and funding not only of research, but also within community food initiatives, was seen as fundamental and needed now. Embedding research and dissemination capacity within new community food initiatives was one option considered, along with better ways of ensuring access by initiatives to support for sharing and learning.

- A third action was to **incentivise productive dissemination**. It was felt that unless good practice in this field was recognised and rewarded by key research commissioners and research councils it would remain a marginal activity, carried out by an enlightened minority, often in their own time. The current narrow approach to valid dissemination was noted as applying no value to much of the sharing and learning that could be derived from a research project. Workshop participants felt that multisectoral and multidisciplinary exposure of research findings should be accepted as not only valid but also potentially enhancing for research findings and their impact.

Panel Session

After the afternoon workshop sessions, all the participants reconvened for the panel session. The presenters from the afternoon workshops were asked to represent their agency/institution's perspective on food, communities and research during the panel session. The main points from the workshop 'action plans' were used by the panel to communicate on the four research themes (identifying research needs/fundings; collecting data; engaging with communities and applying/sharing research findings) to the rest of the panel and the assembled audience.

Martyn Evans, Director of the Scottish Consumer Council (who participated in the workshop sessions) chaired the panel. Here, Martyn reflects on the panel session, followed by comments from each of the four panel members.

Martyn Evans, Scottish Consumer Council

Chairing a question and answer session at the end of a busy and successful conference is a hit or miss affair. On this occasion there was a general consensus on the key messages from the day and no significant controversy. On the plus side this made for a positive end to the day. On the negative side there was not as much energy or passion generated as there can be where people have contrasting ways of tackling a shared problem.

I thought the contributions from the panel and the floor were thoughtful and reflected the work from the workshops. My own take on the day was as follows.

We all have an interest in building a strong evidence base to identify effective community interventions and activities. Building up evidence of what works is as important in the area of food as it is in any other policy area.

Too often local communities and key activists feel that government and academics are sceptics - standing back and judging a community's efforts and impacts. We must move to a more equal relationship of partnership and mutual understanding and respect.

The control of the research agenda is often in the hands of public agency funders. Communities and academics feel left out of the strategic decision-making process of what should be researched and how research should be conducted. Greater consensus building should be attempted to bring the variety of research interests together.

It is frustrating for academics to have little money to promote their findings. Researchers should have dissemination budgets that go beyond the traditional ways of communicating findings.

There was a great deal of goodwill and enthusiasm expressed throughout the day for working together. Translating that goodwill into effective action is always difficult and

time-consuming. However, I came away with every confidence that the people and organisations that met that day could make the changes that were needed.

Julie Armstrong, NHS Health Scotland

There needs to be more commitment to improving communication between research units, institutions with research expertise, in both academic and community settings. This includes consideration of the accessibility of language used for disseminating work at community level. The translation of complex research terminology into a more accessible language would support better sharing.

There may also need to be a change in attitude and perhaps less control, less 'protection' and more sharing of experiences in research and evaluation i.e. a more open approach between research groups.

Perhaps study days such as Proof of the Pudding provide one way forward to encourage more dialogue and the sharing of ideas and experiences. There is often over-reliance on disseminating information electronically (or web-based) rather than direct contact and discussion.

The time and resources for research and evaluation should be a priority in initial project plans i.e. built in at the beginning. This would help to strengthen outcomes and help to support continued funding.

Difficulties exist in the current structure of academic units due to the demands of the Research Assessment Exercise (RAE). The current RAE provides little incentive for academics to engage in, lead and share community-based research because of the level of funding this work tends to attract. This could be made easier if there was more recognition (and thus incentive) for research in this arena.

David Allan, Training/Development Manager (CHEX)

This was my first time doing something like this and I think I found myself trotting out the same platitudes that I tend to accuse other people of coming out with in these kind of sessions! It wasn't just for this reason but I felt that the session fell a little flat after our feedback from the workshops as there weren't a huge amount of questions from the audience.

However, I think the key points we made were about the nature of the relationship between communities and researchers and the power balance that exists. I also felt that there was a strong focus on the social model of health, which was good, and an acceptance by everyone that this should be the case, which was also good.

There are still question marks for me, which were also highlighted in our group, about who controls research and who it's for. And, despite the fine words that are spoken at events like this, there is still a tendency (however well-meaning) to do research to communities and not with them. This obviously has an effect on the relationship that exists between policy-makers/academics/service providers and the communities that they are meant to be working with.

From CHEX perspective, strengthening communities is fundamental to what we do and the way in which we work. Therefore, our key concern is to aim for a more equal relationship between professionals, academics and communities that will lead to better-informed and more empowered communities and consequently better-informed and more responsive policy and practice.

Dr Liza Draper, University of Westminster

For me too this was the first time that I have done anything like this and I felt a bit like I was on 'Question Time'. It was also a tad daunting to be representing the whole of British academia, a group not known for being either homogenous or harmonious.

Although I think we all felt quite tired by the end of the day we did discuss the relationships between different stakeholders, such as academics like myself, community members and those who fund and use research findings. An important issue and one thing that came through for me is that these relationships are complex, not always equal, and there are sometimes tensions between different stakeholders' agendas. In terms of addressing these issues to build better links and partnerships between academics and others, such as those working in communities, it also struck me that there are still quite a lot of mutual misunderstandings. This was reflected in some of the questions to the panel. For instance, speaking as an academic I am often surprised that many people still think of us as leading a leisurely life reading books, perhaps giving the odd lecture and having most of the summer off. Unfortunately we have our own institutional demands and constraints (e.g. the upcoming RAE that is dominating a lot of people's minds at the moment), including financial ones. This is an issue that came up at another meeting I went to recently related to getting research into practice. This sounds a bit self-pitying which it isn't meant to be. I like my job, but sometimes fitting everything in is quite a challenge.

Finally, a more specific issue that struck me throughout the whole day and not just in the panel discussion is about the dissemination and use of research findings. There is so much experience and work being done at community level, but most of us never get to hear about it and we need to think of new ways to share research experiences that go beyond the conventional academic journal articles (who reads these but us?).

Dr Anna Whyte, Food Standards Agency Scotland

One area that was identified as requiring action was improvements to the sharing of good practice at a local level with stakeholders across Scotland. This was in terms of sharing experiences of the use of different research methodologies at a local level and their appropriateness to different situations, as well as the sharing of results from local studies and initiatives. Frequently the latter are undertaken at a local level but at present there is no way of sharing and building on each other's experiences, both positive and negative. (It was recognised that there are several sources of information on initiatives in Scotland, such as the SCDP database and Foodvision, but these do not go into project details).

The solution to this concern may be through the new Scottish *Healthyliving* Food and Health Alliance being set up jointly by the Scottish Executive Health Department (SEHD) and FSAS. It is envisaged that the Food and Health Alliance will provide an opportunity for **all** stakeholders to share knowledge, expertise and good practice while, at the core of the Alliance, there will be a two-way process of information gathering and dissemination. Information provided by Alliance members, either at meetings or via the website, will be used by SEHD and FSAS to help inform new diet and nutrition policy and identify areas where more work could be done.

It is important for initiatives to be evaluated, whilst ensuring that the evaluation is proportionate. Evaluation methodologies should also be shared and good practice adopted.

There is probably a large amount of grey literature at a local level in Scotland (e.g. report of effectiveness of an initiative to the Local Authority or Health Board) but this is not collated and disseminated. It was felt that FSAS or SEHD could undertake this task, perhaps under the umbrella of the Food and Health Alliance.

FSAS and/or SEHD, as appropriate, should pick a few of the good initiatives on improving the Scottish diet and roll them out across Scotland. Again, the security of long-term funding for these initiatives was discussed (e.g. at No Fare! Conference), with the feeling that little progress had been made on this topic.

It is important that we are as joined up as far as possible in Scotland in identifying the gaps in the knowledge and evidence with which to inform policy, as well as sharing good practice across Scotland. Through partnership working we can also maximise the use of resources and avoid duplication.

Final Thoughts

Proof of the Pudding has proven an even more appropriate title for the event than back when it was originally applied, with so many opportunities existing, or soon to exist, to start to act on the many challenges raised. Whilst some of the barriers identified have been securely embedded in practice for some time and will take a lot of shifting, the increased interest in learning networks, integrated/multisectoral approaches, community involvement and better communication should all address at least some of the concerns raised. Similarly the creation of new structures such as the Food and Health Alliance and the evolving Community Planning processes will only operate effectively if many of the challenges raised at the conference are faced and overcome.

The Scottish Community Diet Project is committed to reflecting the issues raised in any future work programme and both SCOFF and ourselves are keen to build on the close relationship that exists between the two bodies.

The participants at this conference will be very well placed, and hopefully engaged in taking many of the issues forward. However, from experience, they are also unlikely to be silent or slow to act when they discover that either the pace/degree of change whets their appetite or leaves a bad taste in their mouths.

Bill Gray
Scottish Community Diet Project

Appendices

Appendix 1: Participants' list (contact details given where permission received)

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Appendix 2: Research Checklists

The checklists were developed as an 'aide memoire' during the workshop sessions. They consist of statements and questions which individuals may want to consider before, during and after undertaking research. The lists are neither exhaustive nor prescriptive, but intended as a research tool.

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WORKSHOP 1: IDENTIFYING RESEARCH NEEDS AND FUNDING REQUIREMENTS

1. How are research needs identified? Who identifies them?
2. What, and who, do we do research for?
3. Where can you get advice from?
4. What are the expectations of each person involved?
   a. Are these expectations realistic?
   b. Will the research produce the results that you are expecting?
5. What are the project's aims, objectives and research questions?
6. Has the research problem already been addressed by others?
   a. What will your research add to current knowledge?
7. Who are the main funding bodies and are you eligible to apply?
8. What do you need to consider when applying for funding?
   a. Will the funders expect or prevent community involvement?
   b. Are the benefits to the community clear from your application?
9. When is it beneficial to collaborate with others?
   a. Who could you collaborate with?
10. What are your funding requirements (time, staff, equipment, etc.)?

_____

WORKSHOP 2: COLLECTING AND ANALYSING RESEARCH DATA

1. Who and what determine which method/s to use?
2. What are the practical constraints on your choice of research method/s (e.g. time, resources, access to research participants)?
3. Is it important that your research methods are considered reliable and valid?
4. What type of data do you want to collect? (e.g. nutritional vs. sociological; quantitative vs. qualitative)
5. Who decides what questions you can, and cannot, ask?
   a. Are the questions of interest to the community and not just the research team?
6. What ethical issues will be raised when collecting data?
7. Will your research be _on_ or _with_ research participants?
   a. Is respect for research participants built into the research design?

8. Have you considered the use of innovative methods that will prevent some groups from being excluded from the research process?
9. Do you need to employ an 'outside' researcher?
10. What will you do with the data collected?
11. How can you ensure your data and analysis represent the best interests of the community?
12. Would the community interpret the findings in the same way as the researchers?

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WORKSHOP 3: RECRUITMENT AND ENGAGEMENT OF COMMUNITIES

1. How will you access the community you want to do research with?
2. How will you communicate to the community what the research is about?
3. What facilities are in place to enable the community to air their concerns *before* the research takes place?
4. How will you deal with the issue of 'informed consent'?
5. Will the research leave members of the community with any new skills or information?
6. What are the ethical issues involved with doing research with people and communities you are already involved with (e.g. as a community volunteer)?
7. Will your research involve children, the elderly or those with learning difficulties?
    a. What issues does research with such groups raise?
8. Have you considered using innovative techniques to ensure vulnerable groups can participate in the research?
9. Will the community be part of the research process?
    a. What issues does this raise?
    b. Who decides what will, and will not, be researched?
10. How can you ensure the community is not exploited during your research?
11. How can you 'add value' for the community?
    a. Could you consider training for community researchers?

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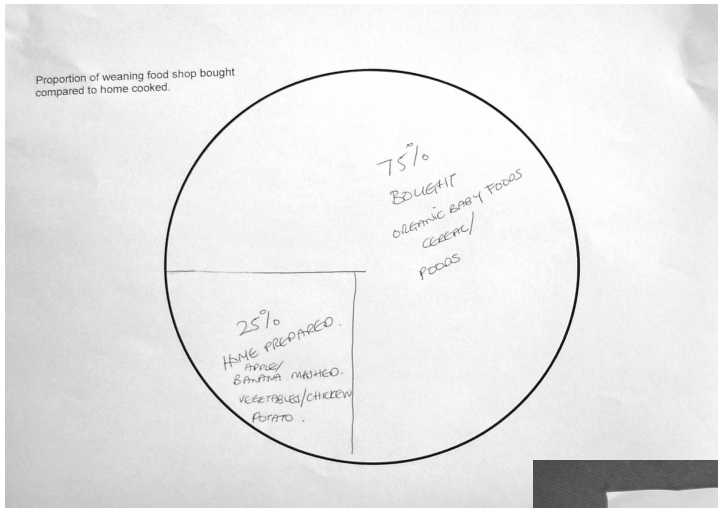## WORKSHOP 4: DISSEMINATION AND APPLICATION OF RESEARCH FINDINGS

1. What will you do with your research findings?
2. Were 'research outputs' included in the initial research design?
3. What are the possible avenues for dissemination?
    a. What have others done with similar findings?
4. How will the community be involved in dissemination and application of findings?
5. Will the findings be fed back to:
    a. The communities involved
    b. The academic community
    c. Funders
    d. Policy-makers

       e. Practitioners
       - How will you contact such groups?
       - What are the benefits of disseminating to these groups?
6. What do you hope to achieve by disseminating your findings?
7. How can this research be applied where it will have most effect?
8. What innovative ways could you use to get the most from your findings?
9. How will you handle disagreement between the community and other stakeholders, about suitable dissemination and application?
10. Has your research identified further questions?
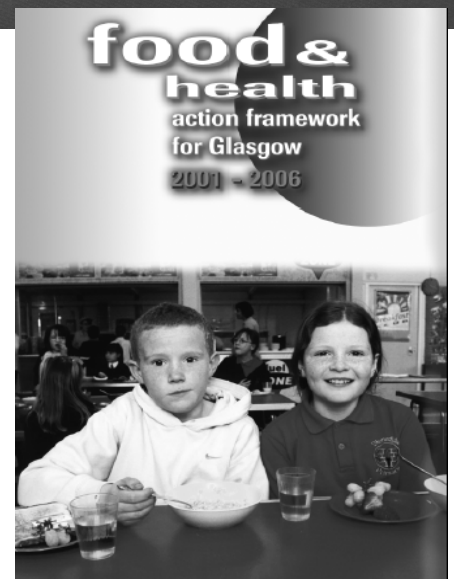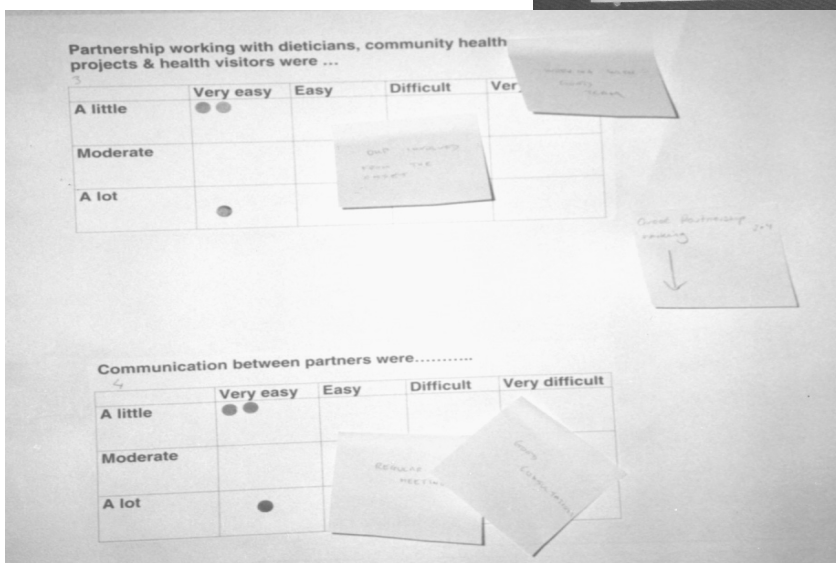   a. Where do you go from here?

Appendix 3

Some photographs illustrating some of the methods used in data collection during NHS Glasgow's First Food Weaning Programme
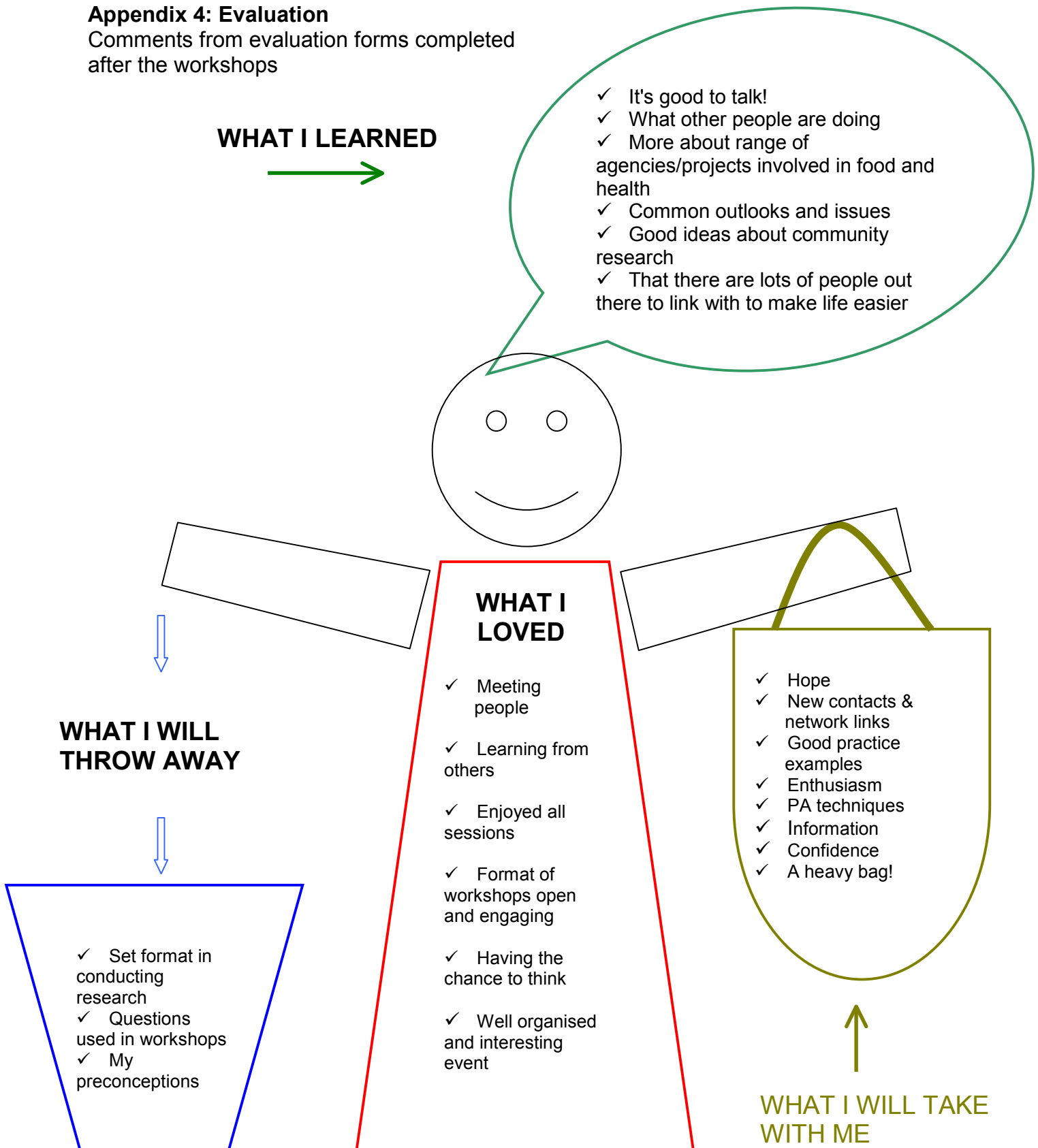
Appendix 4: Evaluation
Comments from evaluation forms completed
after the workshops

WHAT I LEARNED

- ✓ It's good to talk!
- ✓ What other people are doing
- ✓ More about range of agencies/projects involved in food and health
- ✓ Common outlooks and issues
- ✓ Good ideas about community research
- ✓ That there are lots of people out there to link with to make life easier

WHAT I LOVED

- ✓ Meeting people
- ✓ Learning from others
- ✓ Enjoyed all sessions
- ✓ Format of workshops open and engaging
- ✓ Having the chance to think
- ✓ Well organised and interesting event

WHAT I WILL THROW AWAY

- ✓ Set format in conducting research
- ✓ Questions used in workshops
- ✓ My preconceptions

- ✓ Hope
- ✓ New contacts & network links
- ✓ Good practice examples
- ✓ Enthusiasm
- ✓ PA techniques
- ✓ Information
- ✓ Confidence
- ✓ A heavy bag!

WHAT I WILL TAKE WITH ME

British Sociological Association

See http://www.britsoc.co.uk/ for further details about the British Sociological Association and its specialisms. Members of the BSA are entitled to free membership of study groups.

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The current convenor of SCOFF is Dr Wendy Wills. Email w.j.wills@herts.ac.uk. Tel: 01707 286165 for further details.

www.food-study-group.org.uk

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