community food and health (scotland)

Bridges

A workshop based conference connecting communities, crossing boundaries and spanning agendas

Apex Hotel, Dundee
28 September 2006

Supporting local communities tackling inequalities in food and health

Community Food and Health (Scotland)*

Our over-riding aim is to improve Scotland's food and health. We do this by supporting work within 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 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 them 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.

* formerly known as the Scottish Community Diet Project

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Introduction

Fit for purpose

Bill Gray, National Project Officer for the Scottish Community Diet Project/Community Food and Health (Scotland), kicked off the day by looking at why these annual events took place and what they achieved.

Bill felt that the title ‘Bridges’ was particularly fitting as the day’s discussions would connect communities, cross boundaries and span agendas.

However, he suggested that the metaphor of bees busy in their hive was equally appropriate. As a symbol with a long historical association with co-operation and mutuality, it seemed to match the aspirations of all those attending to make individual contributions to a collective good.

Bill concluded that the format of the day required a great deal of endeavour and energy from participants but the output would be all the better for it. As in other years he guaranteed that his team would attempt to reflect any concerns raised in their ongoing work programme and was delighted that an increasing number of other national agencies had come to the event with the specific intention of using the gathering to inform future activity.

“***What’s good for the bee is good for the hive***." Marcus Aurelius

Programme

9.30-10.15	**Registration, tea and coffee**
10.15-10.30	**Introduction** Bill Gray National Project Officer Scottish Community Diet Project
10.30-10.50	**Community-Led Developing and Supporting Healthy Communities Task Group;** **Healthy Communities: a Shared Challenge** **'The Story So Far'** Lizanne Conway Health Improvement Manager for the Community and Voluntary Sectors NHS Health Scotland
11.00-12.15	**Morning workshops**
12.15-1.30	**Lunch/market place**
1.30-1.50	**Website** **Celebrations!** **SCDP is ten years old! 'Where have we come from, where are we going?**' Elaine Lamont, Public Health Practitioner with NHS Dumfries and Galloway Moyra Burns, Health Promotion Manager with NHS Lothian
2.00-3.15	**Afternoon workshops**
3.15-3.30	**Summing up** Tea and coffee/market place

Community-Led Supporting and Developing Healthy Communities Task Group: Healthy Communities: a Shared Challenge - 'The Story So Far'

Presentation by : Lizanne Conway, Health Improvement Manager, Community and Voluntary Sectors, NHS Health Scotland

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Lizanne was invited to make a presentation to the conference to outline the history of the Task Group and who has been involved, share some key findings and draw our attention to the imminent launch of its recommendations to both the Health and Communities Ministers on 12 December 2006. Lizanne invited participants keen to attend the event to contact the Scottish Community Diet Project (SCDP) who had a number of places available for the launch event.

Lizanne is well known to many working to tackle health inequalities through food in Scotland having previously worked with the SCDP for many years.

Lizanne began by introducing some background information, highlighting some policy context behind the formation of the group. 'Improving Health in Scotland – The Challenge' (2003) published by the Scottish Executive recognised that communities were already taking action to tackle their own health improvement and described itself as ..

" .. providing a framework to support the processes required to deliver a more rapid rate of health improvement in Scotland."

Four main pillars of health improvement activity were detailed: early years; teenage transition; the workplace; and community-led supporting and developing healthy communities – which gave the group its name.

Initially some of the organisations mentioned in the 'Challenge' document such as NHS Health Scotland, CHEX, and SCDP met to explore and develop actions from the document. In September 2004, the Scottish Executive's Health and Communities Ministries tasked a diverse range of stakeholders to investigate and report back with a series of recommendations to take forward and strengthen community-led activities across Scotland that are designed to tackle health inequalities.

Lizanne explained that the intended audience for the group's recommendations went beyond the Scottish Executive. Its work has also been aimed at local policy makers and those involved in delivering policy in action, participating stakeholders themselves, the wider community and voluntary sector, local government, private businesses and the new planning and implementing structures in Scotland – Community Planning Partnerships and Community Health Partnerships.

Lizanne went on to describe how the creation of four sub-groups facilitated input from additional people with expertise and experience addressing four key areas:

- planning and partnerships
- community activities
- community engagement
- evidence and measuring success.

The four sub-groups have produced five pieces of work and these will be available along with the full report. Some of the key highlights are summarised in Appendix One (page 50).

Lizanne stressed that the Task Group has proposed 12 recommendations, which reflect the sub-group themes. All recommendations highlight the crucial contribution of community-led activity in addressing health inequalities and impacting on health improvement. It is hoped that once the recommendations have been endorsed by the Ministers, an implementation group will be established to ensure the work of the Task Group continues to be 'a dynamic bridge and not the end of the road' to ensure real and lasting community-led health improvement.

Lizanne added that, similar to the purpose of the conference, strong links between and within groups, organisations and agencies across Scotland are being developed, facilitating exchange and joint working between policy makers and practitioners working both locally and nationally.

The Task Group's final and summary reports will be presented and launched to the Health and Community Care Minister, Andy Kerr, and the Communities Minister, Malcolm Chisholm, on 12 December in Motherwell Concert Hall. The event will also facilitate and involve participation from the wide range of groups mentioned previously at whom the work of the Task Group has been aimed. Finally, Lizanne highlighted that while much work remains to be done to support community-led health improvement work throughout Scotland, this is a shared challenge, and one that the Task Group felt all stakeholders could meet together.

Everything the Task Group have produced, including the DVD, will be available free of charge in summary hard copy form while stocks last. All materials will also be downloadable from www.healthscotland.com soon after the launch.

For more information, please contact Lizanne Conway at:
Lizanne.Conway@health.scot.nhs.uk

Workshop notes

Bridges provided a great opportunity to meet with others working through food to tackle health inequalities and social exclusion and covered many aspects of current policy and practice on local, regional and national levels. The conference was mainly workshop-led and participative, which created an informal atmosphere where participants explored and discussed issues on their chosen workshop theme.

This year there were two sets of workshops, seven in the morning and seven in the afternoon. In preparation for this conference, we asked readers of *Fare Choice* to let us know what they would like to see and hear at the conference. We are very grateful to everyone who responded as this enabled us to plan a varied conference programme with workshop themes that readers wanted and requested.

The workshops were scribed by the Scottish Community Diet Project staff team and some volunteers.

Morning workshops

Workshop One

Helen Pank, Scotland Development Worker with the Federation of City Farms and Community Gardens led a workshop covering issues that are important if you are planning a growing project, from a window-box in a health centre or school to a large community garden**.**

Helen introduced herself and her work with the Federation and outlined the wide range of activities that are taking place around Scotland as reported by members. Photographs of activities were circulated which helped illustrate what people are doing. An outline of the workshop was given and workshop participants introduced themselves and their project and why they wanted to 'get growing'.

Helen outlined how vital it is when groups are thinking about growing to think through your ideas and be clear about what is achievable.

This was demonstrated in the first task which involved the large group being split into four smaller groups. Each group chose from four case study examples that Helen had experienced working with in the past and were given the following questions to discuss, noting down the key points on flipchart paper:

'Why do the group want to get growing and what issues should they consider?'

The four case studies were:

Group A: a primary school with a tarmac playground
Group B: a small community garden in the Highlands, with six regular volunteers and a box scheme for 15 customers
Group C: a large established community farm in Glasgow, with 40 volunteers, some with learning difficulties.
Group D: a group wanting to start gardening in their communal back green, which is grass/overgrown at the moment.

The key points from each group are in Appendix Two (page 53).

A discussion followed, exploring the pros and cons of which fruit and vegetables were advisable to plant, to kick-start the examples of growing projects given. Helen used a range of handouts taken from '*The Vegetable Expert*' by Dr. D. G. Hessayon which she recommended as a useful starting point for growing projects.

Some more practical issues were noted:

- legal issues pertaining to the selling of surplus produce from allotment sites
- space: Helen related some practical solutions that Federation members had used to overcome space issues, ie. the use of poly tunnels.
- when growing with children in schools or play groups, etc. it is useful to plant small things in small amounts in small pots and containers
- if facilities are limited, it is worth taking the time to think about what you are planting and how it might take over already limited space. Mint was used as an example as it grows very fast and spreads easily.

- it is important to think about where your source of water is placed
- issues of location were discussed using an example of a growing project that was near the sea with little shelter. In this example plants used were those that were hardy, salt-resistant, and could survive windy conditions.
- start small in order to maximise the group's abilities and build from there
- small bits of funding can come from many places such as taking advantage of freebies, collecting and selling seeds and plant cuttings.

At the end of the workshop, Helen handed out some information on the Federation including its recently published map of, and information on, community gardens and farms in Scotland. Workshop members were keen to explore and arrange site visits both in their local areas and throughout Scotland.

'*Health and Safety on allotments: A management guide*' is a very useful health and safety guide for any group thinking about growing and is available to download from www.farmgarden.org.uk/ari/index.php?option=content&task=view&id=5

Workshop Two

Mary Lawton, Food Policy Manager with the Scottish Consumer Council explored people's attitudes towards supermarkets and focused a discussion on what determines where people shop, in particular low-income communities.

The results of the 'Supermarket Survey' were collected from the 75 conference participants who responded (50% of the forms issued). The respondents already had an awareness of food access issues and experience of working with or within low-income communities or within national agencies.

Mary described how there is a view that consumers are against supermarkets because they can have a negative impact on local communities and small businesses. However, there is a sense of 'double speak', in that what people say about where they want to shop and what they do in reality differs. In many low-income areas there is a view that supermarkets would be welcomed as they can provide a wide range of foods that represent good value.

Before discussing the survey results the group were asked to vote on their opinion on 'what determines where people from low income communities shop?' The results from the group were cost, access and time.

The results of the supermarket survey and the groups comments can be found in Appendix Three (page 55).

Group Exercises

The group was divided into two and asked to consider the following:

List top determinants of where low-income communities shop:

What are the reasons for this?
What are the possible solutions?

GROUP 1

Top determinants:

- cost and access
- advertising and education

Reasons:

- how much money people have determines priorities for shopping
- Can people afford to travel further to buy the cheapest and best value or shop local?
- advertising and education: once in store are people led by promotions? Is it better value and/or more nutritional to buy three tins of beans or a pineapple?
- some local shops only stock small amounts of food and mainly sell tobacco, confectionery and juice. Food on sale may be old and not very appetising.

Solutions

- rationalise food advertising budgets so that similar amounts of money are spread across supermarkets and small shops
- support community shops and small specialists
- provide equality of floor space to healthier foods and meals
- provide incentives such as food vouchers
- place basic recipes beside ingredients.

GROUP 2

Top determinants:
- cost
- access/availability all = best value
- time.

Reasons
- how much people have to spend depends on their circumstances
- people look for the best value
- local geography can have an influence - urban or rural areas

Solutions
- use participatory appraisal methods with local communities to find out what they think
- food vouchers – Best Fed Babies (South Lanarkshire)
- Healthy Start (UK)
- more engagement with suppliers – quality of food, cheaper produce, shelf life.
- delivery schemes, e.g. William Low, now Tesco, delivers to older people for £1 in Carnoustie which would help accessibility
- training and education, e.g. care workers who shop for disabled/older people should be able to access training in nutrition and budgeting

Final Comments
It is important that shops are accessible and comfortable places to shop with support for anyone who needs it, i.e. parents and children, disabled people. Basic information regarding value brands and name brands would be helpful to assist when making choices about food. The introduction of front of pack labelling by the Food Standards Agency (FSA) was compared with the Food and Drink Federation's and Tesco's labelling scheme. The group reported that they preferred the FSA scheme.

Mary finished up by saying that the supermarket survey will be sent out to the Scottish Consumer Council's Consumer Network for further analysis.

Two reports from the National Consumer Council, '*Greening Supermarkets*' and '*Rating Retailers*' can be downloaded from their website www.ncc.org.uk.

Workshop Three

Catriona Anderson from Eid Community Co-operative in Aith, Shetland led a discussion establishing and sustaining a community-owned shop on a Scottish island.

Catriona gave a detailed account of the background to the establishment of a community-owned shop in a remote part of Shetland. She highlighted the outcry back in 2002, when the existing shop could not continue as a viable business and the community's determination to do something about it.

With Shetland already having experience of a community-owned shop at Ollaberry, a community survey was soon followed by the appointment of a steering group and then a committee. Two months after deciding to do something about it the store was trading with 145 shareholders plus match funding from the local council.

Starting with four part-time staff, the store was trading £3,200 per week initially and after six months £5,000 per week.

"It was a case of own it – so support it."

However, it soon became clear that the premises were far from perfect and Shetland Enterprise funded a feasibility study which identified a new location nearby in a former knitwear factory which was more suitable, but required investment.

Before pursuing funding it made sense to split the functions within the enterprise. The trading wing was a co-operative operating as an Industrial and Provident Society. A separate Development Company was set up as a company limited by guarantee. Separating the business from the premises was essential to access particular funding.

The Development Company estimated they needed to find £200,000 and the Co-operative needed to find £60,000. A long list of sources of funding were tapped by the development Company including the Land Fund, the local authority, Future Builders, Rural Challenge Fund, BP, the local council, donations and fundraising. The Co-op meanwhile also raised funding from a few of the same sources but also from shareholders and profits. The local council's policy not to charge rates on rural shops was particularly useful.

"The deal came to within 24 hours of falling apart."

The new shop was officially opened in June 2006 with three to four times the shelf space of the previous shop and ten times the storage space. It also now has five part-time staff and the assistance of a further five schoolchildren, plus volunteers who undertake home deliveries to those unable to reach the shop.

The shop now acts as the local Post Office, has a small café and an information point as well as selling fruit and veg (locally supplied when possible) and also chilled, frozen, tins/packets, confectionary, haberdashery, off-sales, coal and newspapers.

"We get a lot of our goods from the Co-op but can also go to a wholesaler or even the fellow next door."

It was noted that the local community worker played a key role and that having experienced community activists, including Catriona, around was a major advantage. It was noted that the local attitude of responding to identified needs was also important.

Another major assistance was becoming a corporate member of the Co-operative Group. Although not tied to the group it allows the shop to order from the entire Co-op range. It was noted that the distribution costs charged by the Co-op were uniform and the cost for a case of beans would cost Eid the same as a shop next door to the Co-op warehouse in central Scotland.

Assistance was also available in the form of the experience of other community-owned shops through the Community Retail Network, of which Eid is a member and of which Catriona has recently become a Director.

"You need someone at the end of a phone for support, training and the like".

Workshop Four

Children and Food: Involving Parents: Steve Halkett, Charlie McKay and Susan Mc Donald from the Rainbow Family Centre in Port Glasgow shared their experiences of delivering cookery programmes for children and their parents and the 'Eat Well to Play Well' pack that is available in their area.

The Rainbow Family Centre team based in Port Glasgow presented a colourful workshop. The floor became a dietary rainbow as Steve Halkett, assisted by Charlie McKay and Susan McDonald, demonstrated child-friendly games that encourage children and parents to understand the balance of good health, through the 'Eat Well and Play Well' packs.

Steve Halkett amused his audience but it was his irrepressible enthusiasm and passion for the project that made lasting impact. The cooking project has evolved in response to parental demand for cookery lessons, to enable parents to produce quick and affordable meals using simple ingredients. The Rainbow team has produced a cookery book which the group members had fun creating and developing recipes for. Participating parents are now confident and happily explore and enjoy new foods with their children.

There was considerable group discussion around the barriers preventing projects like this; food laws (health and hygiene) have caused considerable anxiety to the workshop leader. The group were sympathetic to such problems but stressed the necessity to follow good practice and work in partnership with local environmental health offices.

FUN was considered a key element to success, albeit through food games, food sampling or food preparation. The group spoke of incorporating gardening (growing) projects, thereby extending the whole venture beyond just the purchase of the raw ingredients.

There was discussion of the 'art of hospitality', getting around a table to eat, and enhancing learning opportunities through cultural (food) differences.

Group discussion focused on the necessity to encourage children to eat a healthier diet. It was unanimously agreed that we need to 'Get them while they are young'.

For more information on 'Eat Well to Play Well' packs contact Eileen Muir on 0141 889 8701 or email Eileen.Muir@renver-pct.scot.nhs.uk .

Workshop Five

John Worsley, Senior Health Promotion Officer, Dumfries and Galloway NHS, led a workshop describing the outcome of a participatory appraisal exercise in Dumfries in 2006 and outlined current activities to improve cooking skills and increase local access to affordable and healthier foods for homeless people.

The purpose of this workshop was to look at how homeless people can be involved in identifying the barriers they face in relation to accessing healthier food, and possible ways for relevant agencies to support homeless people in tackling their food poverty issues.

Introduction and context

John kicked off the workshop with some background on a consultation exercise that took place between September 2005 and January 2006 with homeless people in Nithsdale. Its aim was to create and record a snapshot of service-users' views on homeless health services in the area, by using participatory appraisal (PA) methods. A brief discussion took place around the definition of homelessness, and John then expanded on the benefits of using PA with homeless people. The main purpose of using PA to gather the views of people using homeless health services in Nithsdale was to ensure that the needs of the homeless population were reflected in the Dumfries and Galloway Health and Homelessness Action Plan. The information gathered from the consultations has been fed into the local Health and Homelessness Forum, which itself is tasked with rolling out the Action Plan.

General findings from the PA exercise

A number of general health themes recurred, but in relation to food and nutrition in particular, there was a consensus that access to food was an issue, in particular to fresh fruit and vegetables, as were cooking skills.

Group exercise

The group was split into smaller groups in order to work on a number of case studies based on John's PA work.

Each case study described the situation of a given homeless person, i.e. their living arrangements, their health issues, their family context, etc. and each group was tasked with identifying the barriers to healthier eating faced by the individual, and possible interventions that could help them overcome their food poverty issues, in both the short and long term.

Some of the barriers faced by the individuals in the case studies:

- addiction issues ('drinking instead of eating', not hungry due to drugs etc.)
- mental health issues
- anxiety/depression
- isolation and/or lack of social networks, hence no incentive to cook
- chaotic lifestyles
- lack of facilities, basic cooking equipment (B&B, hostel-living)
- very low budget for food
- no confidence to cook – low self-esteem
- lack of cooking skills and dietary knowledge

- distrust of professionals (support workers, etc).

Summary of short-term interventions

- provision of cooking skills and 'healthy eating on a budget' workshops
- one-to-one support if group environment not suitable
- help with budgeting skills
- provision of cooking equipment
- support people to link up with other agencies who can help with building confidence and self-esteem e.g. access and availability of support groups, befriending schemes, growing projects etc.
- availability of subsidised fruit and vegetables through homeless projects/more focus on food within homeless projects
- hostels and day-centres to tailor their provision of food to service-users (e.g. breakfasts too early in hostels, no food in the evenings etc) and to examine the nature of their food provision (more choice, better quality, healthier options etc.)

Summary of long-term interventions

- access to long-term accommodation;
- sustain tenancy;
- access employment (money issues!);
- access volunteering position to build self-esteem, work experience etc.
- address addiction issues;
- confidence to access other agencies and sustained support (holistic approach).

For further information on John's work and/or for a copy of the Nithsdale Health and Homelessness Participatory Appraisal 2006 Report, please contact John Worsley, Nithsdale Public Health Team, 01387 244410, john.worsley@nhs.net

Workshop Six

In this workshop, Sheila McMahon and colleagues Christine Dallas and Jenny Croll from Dundee Healthy Living Initiative (HLI) looked at key sustainability issues for Healthy Living Centres and Community Health Initiatives including how to link effectively with strategic partners, developing the broader public health workforce and ensuring meaningful community involvement.

Sheila kicked off the discussion by describing the history of the Dundee Healthy Living Initiative, where a project was in existence before becoming a HLI. The Initiative uses a community development approach to promoting health and received funding from the lottery to open as a HLI in 2003. Current lottery funding will finish in 2007. All activities have been chosen as the result of extensive surveys and discussions with local people. Activities include exercise classes, cookery sessions, and activities around mental wellbeing.

Sheila had three main top tips to help make a project sustainable. These were:

Monitoring and evaluation:
Ensure that the project plans monitoring and evaluation early on in the project and thinks about future funding sources from an early date. Monitoring and evaluation plans should aim to be useful for the project rather than just doing what funders have asked for. Good monitoring will help the project to be more effective and to show others how it has been effective. The Dundee HLI had the services of a social anthropologist for two and a half years and they used story dialogues as evidence.

Develop strategic partnerships:
Working with other partners and being involved with other groups will give the project a higher profile and make sure that it links with other pieces of relevant work. The Dundee HLI also aims to encourage partners to view ‘health as everyone’s business’, so for example, they involve regeneration projects with their work as well as traditional health projects. However, they noted that this could sometimes be difficult.

Ensure local involvement:
Make sure that local people know about the project, what is available and how they can be involved. This will help provide local support for the project and again, make sure the project is doing what local people want and need.

The members of the Dundee HLI also discussed how they aim to make sure that learning is sustained by developing the capacity of other local groups. For example, when requested to undertake cookery sessions or other work with other organisations they try to encourage local workers to attend the sessions so that they can learn to run sessions themselves, rather than continuing to be dependent on the HLI.

Christine gave an overview of her work at the Dundee Healthy Living Initiative as a Community Development worker. She added that the Initiative was able to involve local people effectively because all the community development workers are based individually in local neighbourhoods. The Community Development workers also try to build local capacity by working with local groups, such as helping them become constituted.

The Initiative also has a volunteer lay worker scheme: volunteer lay workers receive training to undertake various pieces of work, such as cookery sessions or exercise classes. This builds the capacity of local people and helps to sustain and develop knowledge in the local area. However, they did point out that the Initiative had been unable to secure any funding to pay the volunteers as sessional workers rather than keeping them as volunteers.

Jenny talked about her own experience of being a lay worker and going from feeling low to being able to run various courses, such as a ‘food and mood’ course to speaking at conferences about the achievements of the HLI.

Group Discussion

Some participants in the workshop made the following points:

- working on food, health or wellbeing can be difficult as funders sometimes view the activities as being another funder's responsibility;
- promoting health activities as developing employment skills and prospects can be useful;
- need to use funders' terminology;
- need to acknowledge that communities ‘give back’ to projects;
- being on a low income in a relatively wealthy area means that low-income communities are unable to access regeneration money.

Participants were asked to write on post-it notes what the workshop had made them think about, using the themes of ‘**So what**?’ and **‘What now**?’ The results are in Appendix Four (page 57).

Workshop Seven

The challenges of setting up and maintaining community cafes: Susan Kennedy, Community Food Development Worker, Forth Valley NHS Board and Charlie Hastie, Development Worker, Falkirk Council shared experiences from cafés they have worked with.

The workshop began by posing and answering some key questions about community cafés in a large group. What the group came up with is summarised below.

What is a community café?

A place:

- to get an affordable meal
- run or managed by the community
- where everyone is welcome, including children
- to learn new skills, particularly around healthy eating
- to find out more about things in the local community
- to make friends.

'A place to eat
A place to meet
A place to learn
A place to earn'

Why have a community café?

- an affordable place to eat
- to provide a place for everyone in the local community to meet
- as a community resource – for meetings and other local organising
- as an opportunity for employment
- to provide income for the community.

Who can be involved?

- everybody and anybody (even if you can't cook)
- schools
- community (provide money also)
- other local organisations
- family.

Where are they?

- in regeneration communities
- villages
- housing estates
- places where there is no place to go for a cup of tea
- places of worship
- GP surgeries.

The group then split into smaller groups for more detailed discussions.

Setting up a community café

What are the challenges?

- agreeing on the purpose and aims of the café, having involved the community and other stakeholders in a meaningful way
- doing market research
- funding
- premises, storage, supplies and other logistics, particularly for the relatively small quantities and price required by a community café
- business planning, co-ordination and management
- support and training (long and short term)
- legislation – all of it!
- advertising.

Solutions

- attitude – open to change, keep smiling!
- process – let it be fun and a learning experience
- prepare a mission statement including clear aims and objective and measurable targets. This will help manage expectations and make clearer the long term commitment required.
- communicate with funders often about good news and any difficulties that arise. Build relationships with them.
- get advice on sources of funding and how to go about fund raising. Your Local Authority may be able to help.
- Lottery funding may be appropriate for community cafés – including community consultations
- prepare a business plan
- evaluate qualitatively and quantitatively – regularly
- management committee – develop your competency, take advantage of capacity building programmes from local agencies
- learn through training and those who have done it already
- seek professional advice early, e.g. on issues like environmental health. Ask them to advise before they need to 'enforce' the regulations.

Keeping a community café open

What are the challenges?

- pricing the food so it is affordable, high quality and healthy
- breaking even or making enough to achieve financial sustainability
- funding
- doing promotions
- keeping volunteers, while training them to move on to other things
- keeping enthusiasm
- achieving a café that is user-led
- having a management committee that can confidently run a business
- Food Hygiene and Safety and other legislation
- the logistics of sourcing, storing and handling quality ingredients
- plumbers/electricians.

The solutions

- contentment, harmony
- generate small amount of profit for project sustainability
- use a social enterprise model
- profits can lead to other opportunities
- need to be aware of resources
- volunteers and staff need training, ‘contracts’ or agreements, prizes and rewards and recognition
- develop relationships with other groups
- network with other projects to share ideas and practice
- reinforcing the idea that volunteers are the owners of the projects, helping themselves and benefiting the whole community
- use the principles of running a business
- give the management committee training in awareness of their roles and responsibilities, including their legal responsibilities regarding environmental health etc.
- get business advice from economic development organisations.

Resources:
‘*Just for Starters*’, a practical two-volume guide to starting up and maintaining a community café. Available at the reduced price of £20 for community food initiatives from Health Scotland. Contact Agnes Allan on 0131 536 5544 or send a cheque to Agnes Allan, Marketing Officer, NHS Health Scotland, Woodburn House, Canaan Lane, Edinburgh, EH10 4SG.

The following are available online at www.communityfoodandhealth.org.uk or ask for a hard copy by calling Rita or Alice on 0141 226 5261.

Minding Their Own Business: an introduction to social enterprise.

Promoting Healthy Eating Choices in Community Cafés: key points learnt from a Glasgow Community Café Development Intervention.

Website redevelopment

After lunch, Alice Baird, Adminstrator/Information Officer for the Scottish Community Diet Project gave participants a sneak preview of the new website, which was currently being redeveloped and due to be launched in November 2006.

She advised that in response to a users' survey of Fare Choice readers and feedback from the previous annual networking conference, On Track, the website was being redeveloped to introduce more interactive features and also to meet accessibility standards.

The new features of the website highlighted included

- a discussion forum
- searchable database of community food initiatives
- featured case studies of community food initatives.

Other new features would also include a search facility, and the opportunity to sign up for Fare Choice or a publications e-bulletin, as well as a reorganised publications library and an expanded funding section providing more information on the SCDP small grants scheme, with advice and information on other sources of funding.

She encouraged participants to make use of the new features of the website, by taking part in the discussion forum and signing up to be featured as a case study or included in the searchable directory, in order to provide an important resource for everyone working in community food and health in Scotland.

Our new website **www.communityfoodandhealth.org.uk** was launched on 17 November 2006.

Celebrations!

Happy 10th Birthday SCDP!!
Elaine Lamont, Public Health Practitioner, NHS Dumfries and Galloway

"I feel very privileged to have been involved in the SCDP since it began in 1996. The project was set up to take forward the recommendations of three key reports, these being

- Eating for Health (Scottish Diet Action Group) 1996
- Low income, Food Nutrition and Health (Nutrition Task Group)
- Community Food Initiatives Audit (HEBS) 1996.

"All of these recognised the important and valuable work of Community Food Initiatives (CFIs) in Scotland and that there was a need to:

- address the issues through a strategic framework
- support the innovation and sustainability of CFIs.

"I was amazed to look back at papers from the very first meeting of the steering group, where the role and remit of the project was clearly defined, and see that the SCDP have actually done (and are still doing) what they were set up to do! They must be congratulated for that! They have over the years managed to work strategically, whilst still supporting and maintaining work at the coalface. The project has grown and matured but has remained focused and 'real', working in partnerships at every level and opportunity.

"The work of the SCDP is valued and welcomed, it is recognised internationally and known fondly to many as the 'Diet Project'. However, these days the agenda is wider than just 'diet', there is recognition that food impacts on so many aspects of our lives and our health (physical, mental and emotional). We are all working to reduce the inequalities gap and create greater opportunities for communities to grow and flourish. Taking account of all of the issues and after long meetings and much debate and discussion it has been agreed to change the name of the project to reflect this.

"After consultation with users and partners the new name for the SCDP will be **Community Food and Health (Scotland)**.

"I look forward to working with them and wish them every success in the future."

Scottish Community Diet Project 10 Years On!
Moyra Burns, Health Promotion Manager, NHS Lothian

Moyra recollected how recommendations 21 and 22 of the Scottish Diet Action Plan had direct implications for appointment of a National Officer and the setting up of the Scottish Community Diet Project 'to promote and focus dietary initiatives and bring these within a strategic framework'.

Has the SCDP done what it set out to do?

The National Officer was originally funded for two years, but commitment from both staff and national agencies, despite difficulties at times knowing 'where and when the next cheque was coming from', has meant that SCDP is still here and will be for the foreseeable future. Moyra highlighted in particular the role SCDP plays in enabling and encouraging low income communities to speak for themselves rather than speaking on their behalf. Furthermore, SCDP 'encourages and directs those who should listen to communities' such as local authorities and health boards. A range of activities have provided opportunities for the discussion and exchange of ideas, information and practice. This was a stated aim from the early days of the project and is still true today. Moyra emphasised this point with some creative household props claiming that SCDP does 'what it says on the tin - and then some!!'

Moyra outlined how the support of the Scottish Consumer Council had benefited SCDP and its Steering Group and that their continued support would contribute to maintaining the project's reputation. The project has worked hard over the years to earn, build and maintain respect, trust and credibility with organisations working across Scotland. The Scottish Executive endorsed this view by increasing funding earlier this year enabling the appointment of another development officer, taking the total to four. This has been very welcome.

She again made use of creative household props to reflect the name change to the 'new, improved' Community Food and Health (Scotland) and made reference to some policy developments expected to make an impact on its work in the coming year: Review of the Scottish Diet Action Plan (2006); Food and Health Action Plans; and the Community-Led Supporting and Developing Healthy Communities Task Group. Working alongside other agencies such as the Food and Health Alliance, the Food Standards Agency Scotland and others, Community Food and Health (Scotland) awaits the implementation of the next stages of these. She noted that Community Food and Health (Scotland) would be at the forefront of all these developments which would result in all those working in food and health inequalities across Scotland being involved and taking part.

Afternoon workshops

Workshop One

A workshop led by Angela Moohan and Fiona Bayne from the West Lothian Food and Health Team on establishing a social enterprise involving a network of community food co-ops.

Following a brief video on the food co-ops that operate in West Lothian, Angela explained how they had come to the decision to become a social enterprise.

Angela gave some background to the development of the current network of food co-ops, which was to become West Lothian Food and Health Development the following week following the adoption of the memorandum and articles at a launch event.

She explained the storage and transport capacity of the network and the relationships they had with major suppliers and local farmers.

A major issue raised was the minimising of personal responsibility for the business which currently operates as a constituted, but unincorporated organisation. It was felt that volunteers would be better protected if it was a social enterprise with limited liability. It was noted however that there would still be a responsibility to manage sensibly.

It was stressed that this was no overnight decision and that volunteers and staff had sought to better understand customers, competition, suppliers and marketing.

The benefit of their work being embedded within the local multi-agency Food and Health Action Plan was noted.

It was also noted that Participatory Appraisal techniques had been applied as volunteers and staff examined where they were, what they had and what was needed.

An important piece of advice from West Lothian was the need to find a mentor, someone who had been there before and was familiar both with the social aims and the business needs.

"We had to come to the realisation that we were running a business."

A short exercise was undertaken to discover what participants felt were the key building blocks for sustainability. The group came up with what was needed in terms of health improvement, resources, partnerships and finance.

Although recognised as not everyone's favourite task, the crucial role of efficient business planning was raised.

The direct purchasing from local farmers, in which West Lothian were increasingly involved, was appreciated as a means of tackling health and environmental agendas as well as making business sense for both themselves and the farmer.

In conclusion it was felt that the key to the West Lothian experience was to think seriously about what you want to achieve, learn from others, consider the options, and plan for the future in a business-like fashion.

Workshop Two

Isobel Grigor from the Calman Trust in Inverness led a workshop developing independent living skills around cooking and preparing food.

Isobel started the discussion by describing the work of the Calman Trust. The organisation supports young people who are, or have been homeless. In particular they provide support to develop independent living skills as well as assistance with housing applications, benefits and practical help. Around 160 young people access their services per year in the Easter Ross and Inverness areas. Although the Calman Trust works with young people to the age of 25, most of the people they work with are aged 16 or 17.

Isobel described the various barriers to healthy eating that young homeless people may face from her experience of working with the Calman Trust, these included:

- residing for up to one year in bed and breakfast accommodation, without access to a kitchen or even a microwave, storage or preparation facilities;
- health issues not being a priority for homeless people;
- lack of public transport to facilities, support sessions, etc (many of the young people are based in rural or remote areas);
- mixed feelings once the young person has found long-term accommodation – many young people view a secure tenancy as 'the pot of gold' that they hope to soon receive – however, they may feel overwhelmed with the responsibility of running a household once they secure accommodation as well as isolated from their peers or family; consequently they may have difficulties 'settling in' to their new home and being independent.

Isobel's three top tips for working with young people around cooking skills and overcoming the barriers to healthy eating were:

- making sure that the young people have confidence in the activities and that the activities they will take part in are relevant to them (i.e. they will be useful to them in their present situation);

- making sure that they are able to relate to, or are comfortable with the person running the activities;

- making sure that the young person is stable enough to be able to regularly attend ongoing activities.

Following this, Isobel asked everyone to split into smaller groups and discuss:

'What would enable you to promote independent living skills more effectively?'

When the participants came back together, they decided that the three most important things were:

- a neutral space – that people can 'own';

- suitably qualified staff – i.e. staff with experience, who are able to relate to participants and who have qualifications such as Food Hygiene;
- good communication between workers and participants.

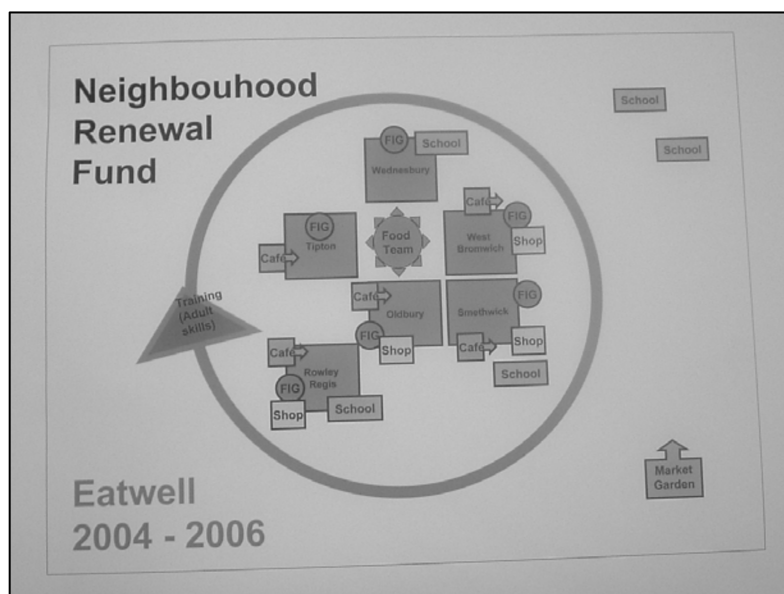
Other things that the group thought were important to help them be effective in promoting independent living skills were:

- strategic awareness, improved networking;
- improving methods of deciding who is able to go on courses: i.e. better interviewing, needs assessment;
- small groups;
- ways to engage with participants – making sure the course/ cooking activities are relevant;
- individual choice;
- engaging with people where they are - working with people in their own space.

Workshop Three

Working with neighbourhood retailers and food interest groups in Sandwell in the West Midlands: Angela Blair from the Sandwell Food Policy Team and Jim Cooper, Consultant, Fresh Solutions Ltd shared their experiences of the 'Eatwell in Sandwell' Project.

Angela and Jim introduced themselves and described the Eatwell project in Sandwell. This NHS project works with local shops, food interest groups, schools, cafés and gardens to improve access to support the population of Sandwell to eat more healthily.



An early mapping exercise showed it was difficult for people to buy affordable fresh fruit and vegetables and other healthy food in the area.

Jim, a shopkeeper and consultant on high quality fresh produce, was brought in to work more closely with six local shops and support them to develop into 'model' healthy shops for the area, by providing greater quality and quantity of fresh and healthy foods. Angela emphasised that she saw the shops as part of the social fabric of the area, not only as 'retail outlets'.

By providing advice and some capital funding, it was hoped that every shop would be able to increase sales of fresh produce sold each week to around £500 at which point it would become profitable. Of the six shops, only one succeeded in meeting this target.

Working with cash-and-carry stores to improve the quality and quantity of fresh produce on sale may achieve a similar improvement for the local shops they supply. This would have the added advantage of removing extra transport costs for shop keepers.

Angela then outlined the work she had been doing with the local community that may increase demand for fresh produce. The Sandwell Food Team have set up a number of food interest groups that use a community development approach. A 'Food Interest Group' is a conversation with any group of people around the subject of food. This group may already exist, or may be formed for the purpose of running a Food Interest Group. These groups define for themselves what, if any, activities they will do.

The workshop then split into two smaller groups. Each looked at one aspect of the work.

Shops

The smaller group heard about work that the Scottish Executive Health Department has been doing with neighbourhood shops with the similar aim of increasing sales of fruit and vegetables and other healthy food. It was noted that SCDP aims to do work like this in areas of low income and was looking for opinions and ideas for this work from the workshop.

Some key ideas were;

- local shops and community food projects could work more closely together, for example, by shops offering tasting sessions, by community food projects pointing out where ingredients can be bought locally, or by co-operating over deliveries and other infrastructure issues;
- good shopkeepers know their products well and how to handle them. They could share this knowledge.
- good presentation and even branding can encourage customers to buy healthier food;
- the new Healthy Start vouchers are an opportunity for community food projects to engage with local shops;
- some food co-ops could develop into shops if there is local involvement and the local circumstances would support this.

Community Food Groups

Angela asked the group how Scotland's community food projects would change, develop or build the 'food system' as shown in Sandwell's work.

The group compared their own food work, e.g. 'cook and eat', or cooking classes, with work described in Sandwell. They discussed where and when food conversations happen, how ideas arise from them, and how they are then responded to in community food work. Participants gave examples of open and informal discussions in Falkirk, or conversations at men's cooking classes. It was noted that sometimes work is ad hoc or for one particular purpose.

The group suggested that:

- a flexible budget is needed to respond to ideas as they arise;
- a set amount of budget and a clear system of payment is needed for sessional staff;
- the team need to be able to respond quickly to local needs.

Group members asked questions about the way that Sandwell approach running food interest groups.

Who can run a Food Interest Group (FIG)?
Community development specialists, school health nurses and health visitors.

Who is being trained?
Training will initially be open to the community, voluntary sector and statutory sector to develop a network of people linked to different groups. Then the training will be open to all residents and workers across Sandwell.

How are community cafés involved in FIGs?
Currently they act as venues and run the food tasters. We support them with capturing the conversation. Cooks can become trained for other activities.

How often do FIGs happen? One-off? Two or three times a year?
They are continuous, but it depends at what stage the group is already at. An example is Grace Mary estate where residents requested cooking sessions. They then requested the same again, and more cooking sessions were delivered.

How are you creating the demand in shops?
We are only just beginning. Actions might be like Fruit Barras challenging shops that were not interested in selling fruit and vegetables.

What national credibility do you have? What policy document do you respond to? We have the Sandwell Food Policy and evidence-based Yearly Action Plans. FIGs are like a Joint Community Partnership/Community Planning Process.

Are you working with Environmental Health?
The Head of Environmental Health chairs our Food Policy Board meetings.

Workshop Four

Duncan Wallace from Glasgow Council for Voluntary Service led a workshop on evaluation and support which looked at what organisations actually do practically to make sure evaluation happens, is developed, analysed and used as an active tool for development.

Duncan started the workshop by giving a brief history of the Healthy Organisations Service's support for 46 organisations in Glasgow. (Handouts were given to all participants – available from Duncan on request.) It was noted that evaluation is a planning tool. It is part of a circular model, e.g. the LEAP framework.

Task 1

Participants were asked to work in pairs to consider the following question:
'As a professional/volunteer, what do you value the most about evaluation?'

Responses were as follows:

- realistic objectives
- value for money
- opportunity for reflection/taking stock
- opportunity to learn from success/mistakes
- providing evidence for continuation of work
- capture evidence of difference to people
- credibility
- opportunity to reflect on change
- knowing what's worked and what's needed
- show pitfalls
- evaluate during and at end of projects.

Task 2

Participants were asked to consider *'**What are the challenges to evaluation**?'*
Responses were themed under the following headings:

Time and capacity
- time
- finding the time to evaluate
- very busy with garden project
- time and budget at start/middle/end
- single person
- unemployed.

Methodology
- how are you going to measure outcomes?
- surveys, questionnaires, whole process from start to finish?
- how to do simple stats?
- measures of clear at outset
- methodology
- knowing the goal or outcomes? Hard or soft?
- do you have to describe what you do in terms of current jargon rather than plain English?

Fear

- how do we know we're asking the right questions?
- motivating other staff to carry out evaluations
- being able to be honest about shortcomings
- finding people to give you feedback
- knowing where to start in new project.

Value

- is it worth doing?
- will the activity have the desired affect?
- are evaluations always acted on?
- whose evaluation - service providers or service users?
- difference between what's useful for funders and what's useful for us
- some projects success only measurable in the longer term
- some things are immeasurable e.g. clients pleasure and achievement
- some paperwork is obligatory so extra for own interest is difficult
- is it worth all the work to keep it going, show pitfalls?
- if we need to invest more it would show
- getting evaluated might show problems that we are not really aware of
- does this mean we could get help before real problems kick in?

Task 3

In groups of three, participants were asked *'**How do you do evaluation and why**?'* with one person representing a voluntary organisation and the others as consultants. As part of this process, participants were asked to come up with ideas to strengthen, enhance or help the client in strategic ways. The following responses were shared:

- ask funders what they use the information for
- number crunching or speaking with people (quantitative versus qualitative)
- find out what voluntary organisation actually wants for themselves and for their funders
- formal/informal evaluation.

Further discussion/comments

- organisations need to take responsibility themselves to share lessons from their evaluations as appropriate with other organisations. It should not be assumed that the funder would share evaluation lessons on behalf of the organisation.

- most people felt evaluation is done to them and not by them

- many equate evaluation as monitoring and don't differentiate between them.

Some examples of evaluation practice and a sample evaluation framework can be found in Appendix Five (page 60).

Other resources organisations can use to work on evaluation include:

LEAP Support Unit
Jane Dailly, jane@scdc.org.uk 0141 248 1964, Scottish Community Development Centre, 329 Baltic Chambers, 50 Wellington St, Glasgow, G2 6HJ

Evaluation Support Scotland
Steven Marwick, steven@evaluationsupportscotland.org.uk 0870 850 1378 6th floor, Riverside House, 502 Gorgie Road, Edinburgh EH11 3AF, www.evaluationsupportscotland.org.uk

Social Auditing
George Clark Tel: 01261 843950; email ggclark@srds.co.uk ; Web: www.srds.co.uk and www.caledonia.org.uk

Workshop Five

Kenny Macdonald from Drumchapel LIFE facilitated a discussion exploring Community Food and Health Initiatives' experiences, and involvement with and within Community Health Partnerships (CHPs**)**

Participants introduced themselves and mentioned briefly any involvement so far with their local CHP and Community Planning Partnerships (CPPs).

First impressions

- Some positive experiences of being quite well involved in the setting up of local CHPs while others had some awareness of the new structures but little involvement, with concerns about not feeling well connected in their local areas.
- Difficult to keep up with all the structural changes within local areas and also how they differ between local areas i.e. in Glasgow CHPs are called Community Health and Care Partnerships, contributing to participants feeling confused and having difficulty in understanding how these structures work in practice.
- Organised roadshows which had targeted communities and groups through specific themes had worked well in publicising CHPs.
- A member of the Public and Patient Participation Group in Angus (PPPG Angus) explained that it took three years for the group to be fully established and work was still being done to build up trust between the group and the public at large. Recent involvement had influenced the setting of nutritional care standards in Tayside highlighting a process of meaningful engagement. Once established, Public Partnership Forums can provide valuable opportunities for involvement in local CHPs.
- However, another participant mentioned how the project he works for had been involved in a consultation process exercise in their local area. The local community had felt intimidated by the process and overall felt that their experience had been bad.
- A participant explained that in Northern Ireland, health services are joined up with social services. At present, public services are being restructured. Changes this will incur are unclear at this point. Council structures are different but links have always been positive.
- CPPs have the potential to provide a more equal spread of funding compared to SIP funding which previously went to small and specific areas.

Getting connected

- Being well connected and knowing the right people to develop partnerships and strengthen influence is crucial to driving involvement in the CHP process. This raised a discussion on how non-conventional organisations, especially those that have mainly social and therapeutic health aspects to their activities, could engage with their local CHP. Such services play a key role in service provision along with other types of more traditional organisations. Some examples of who to approach in local areas were

given: Health Improvement Teams and Service Development Managers; General Manager of local CHP.

- It was mentioned that the changeover from local SIP funding had resulted in some projects finding themselves ‘out of the loop’ and experienced difficulty in trying ‘to get back in the loop’ under the new CHP structure. In one example this had been further hampered by delays in the structuring of their local CHP, impacting on their sustainability and their ability to secure long-term funding.
- Kenny related that when the Glasgow West CHP was being structured, Drumchapel LIFE pushed to be involved and contribute towards the development of local health improvement plans. Being able to make the right contacts contributed to the CHP developing its understanding of the project’s work and local impact. This involved attending meetings they would not normally have been invited to, developing partnerships and working to challenge attitudes and awareness of the wider settings where health improvement activities are taking place. Kenny stressed that CHPs have a responsibility themselves to seek out less traditional settings where health improvement activity is taking place.

Community food and health initiatives can offer lots of opportunities to the CHP process – what are they?

- Can offer and share local knowledge and skills built up over time and should be seen as vital to the community engagement process and the building blocks of strong CHPs.
- Delivering vital services and health improvement activities and therefore meeting local objectives. Awareness raising of these activities should enable CHPs to realise that the themes and objectives that they have identified are being met in traditional and non-traditional ways.
- Well-developed local networks and forums which strengthen community voices, adding value to CHPs' engagement role and providing opportunities for the sharing and distributing of information.
- Both CPPs and CHPs need to engage with local organisations already providing an engagement process locally. This would help with the development of trust in locally identified themes and objectives.
- Local organisations being valued within CHP structures will lead to the development of trust and less apathy being shown towards the CHP process.

Workshop Six

Graham Walker (REHIS Director of Training) and Fiona Matthew (NHS Grampian) led a workshop on the delivery of practical foodskills in the community and how training staff and volunteers and the application of REHIS elementary qualifications in health and food hygiene are supporting this.

The workshop began with a brief outline of two key training courses. The REHIS Elementary Food and Health course is a six-hour theory course which aims to underpin the knowledge required to make changes to improve diet. Confidence to Cook is an on-going project which delivers practical food skills in the community, and is currently building capacity in the community through a series of training-for-trainers courses. The training materials and resource packs for both courses were available for inspection during the workshop.

The session was then opened up for discussion on the theme of turning 'theory into practice' and making training practical, visual and fun. Participants were asked to review community training under four headings: target audiences, learning styles, visual aids and best practice, with personal opinions and behaviour taken into account :

Target audiences

- The general view was that a lack of practical food skills was still a widespread problem in the community, and a sustained effort to continue to address this issue was needed, especially in terms of delivering practical skills in cooking techniques.

- Target audiences are usually women (e.g. young mums) but there is a need to focus on men and boys as well, with the aim of making training more accessible and more attractive to them (several delegates had run cookery courses for men, including one with a very successful incentive – at the end of the course the trainees were allowed to keep the equipment/ utensils used in class).

Best practice

- High standards for training were seen as a priority, both for practical workshops and theory courses; accreditation of training courses is important and trainers themselves should have received training and hold appropriate qualifications.

- Some concern was expressed over the exam requirements for the REHIS course, with suggestions that sample exam papers should be provided for practice, and that the option of an oral exam should be available.

- Language - in the community the word 'diet' is often interpreted as meaning 'slimming diet' and an alternative expression should be used when possible to convey healthy eating (concern was expressed over the damaging effect of 'celebrity diets' on young women).

Visual aids

- There was a strong consensus that the best visual aid for any food training activity was food itself. For example, portion sizes of everyday foods should be demonstrated by using weighed portions of the foods in question; and for a dramatic visual display of fat, sugar or salt content, the ingredient can be shown as the real weight in that item, e.g. the amount of sugar in a can of fizzy drink.

- Training in reading and interpreting food labels should also use real examples of food packets and containers (a magnifying glass helps!) so that learning can be directly related to the real world, and what to look for on food labels when shopping.

- Resources available - shared experience showed that the most useful (tried and tested) visual aids were the Balance of Good Health plate game, the Food Standards Agency Eatwell DVD and the FSA food hygiene video (Bad Food Lies). Also popular were the FSA series of leaflets and some supermarket leaflets.

Learning styles

- The recurring themes in this part of the discussion were ‘participation’ and ‘enjoyment’ with many practical examples of how interactive exercises and audience participation can enhance the individual learning experience.

Workshop Seven

Liz McCombe from Flourish House led a workshop on how community food initiatives are involving people in decision-making around food**.**

The aim of this workshop was to explore why and how organisations involve their stakeholders in decision-making. The session involved identifying who should be involved in the decision-making mechanisms of community food initiatives and why, along with various methods of user-involvement and participation.

Liz kicked off by providing some background on Flourish House which provides vocational, educational and social opportunities to people who have experienced severe or enduring mental health problems, and is run according to the international Clubhouse model. Liz stressed that *all* decisions are made by consensus at *all* times, and that members play a crucial role in the clubhouse's overall operation and management.

A general group discussion took place around who should be involved in decision-making and why. The conclusions were as follows:

Who should be involved?

- project workers/project co-ordinators
- volunteers
- service-users/customers
- all staff
- community groups
- partner agencies
- local businesses (as and when relevant)
- funding partners
- management committee.

Why should these people/groups be involved?

- ownership of the project
- ensure stakeholders' needs and opinions are at the heart of the project
- stakeholder empowerment
- encourage loyalty/commitment
- ensure fresh perspectives are fed into the project
- project sustainability
- help to renew funding
- more effective team work.

Following the general 'idea storm', the workshop participants were split into four groups, with the task of reflecting on what their respective organisations do to involve people in decision-making around food. The groups were asked to think about what the benefits of user-involvement/participation in decision-making are, the potential drawbacks, and finally to list some recommendations for more effective user involvement in decision-making.

The summary of the results is as follows:

‘Good things’

- effective identification of needs
- more effective team discussions
- more effective project planning
- more volunteer dedication/enthusiasm
- feedback from the community
- continued growth of the project (sustainability)
- involvement from a variety of agencies – wider perspective
- promotion of good practice
- user-driven project equals greater user satisfaction
- easier to come to decisions that are satisfying to all.

‘Not so good’ things

- risk-taking
- ineffective communication between stakeholders
- lack of co-operation between partners with conflicting interests
- time-consuming
- resource intensive
- legislative and/or administrative barriers
- continuity i.e. short-term funding, hence difficulty to implement genuine user-participation in decision-making
- funding constraints e.g. insufficient leeway for genuine user-involvement in decision-making
- those with ‘a small voice’ don’t get heard!
- selective consultations with ‘usual suspects’
- hierarchical barriers
- consultation not always followed by implementation.

Recommendations

- ensure that all decision-makers are informed of the wider context and implications of the decisions being made
- clearer methods of communication
- clearer identification of issues at stake
- broaden range of decision-makers
- ensure that feedback from consultations is taken into account and implemented
- evaluation – are those involved in the decision-making process involved in evaluation too?
- feedback from and follow-up of all consultation exercises
- longer-term project funding – takes time to engage a community!
- inclusive/participative methods e.g. greater use of participatory appraisal, drama workshops etc.
- examination of participatory methods used i.e. are they accessible, are they non-threatening, are they fair, creative etc?
- participation activities tailored to groups/individuals
- more training and development opportunities for decision-makers
- decision-making must be facilitated by the professionals and not led by them.

For more information about Flourish House and how they involve people in decision-making, please contact Flourish House, 0141 3330099, info@flourishhouse.org.uk, www.flourishhouse.org.uk

Summing up

Ruth Balmer, Cook it! Co-ordinator/Community Dietician and Lynda Creighton Cook It! Project Officer, Coleraine, Northern Ireland.

Lynda said, “The theme today ‘Bridges’, is interesting as we both come from the ‘Causeway Coast’. I am sure you have heard the legend of the two giants – one Irish, one Scottish and how they started to build a causeway between Scotland and Northern Ireland – the first bridge!!

"We need to build bridges between policy and practice using a true community development approach assessing local needs. REAL local involvement is essential at all stages - from planning, development, evaluation, monitoring and marketing. This conference highlighted the complexity of issues affecting food and health and the importance of meeting people where they are at." Lynda went on to say that, “it’s crucial that local people are at the core, letting local people tell their story."

Ruth added, “We came along with the aim to learn from other projects, who we realise are way ahead of us. We have met our aim here, have networked with many people, from a variety of projects, we know we have a long way to go to achieve what has been achieved here and it is very reassuring to know that we are working in the right in the right direction.

"We would like to thank the SCDP or should I say Community Food and Health (Scotland), for allowing us to come along and participate in your 10th birthday celebration.”

Stella Stewart, Community Food Development Project in Fife

“Coming to the conference has been a mind opening and inspiring experience as I am very new to my post of community food development worker. It has identified to me the frustrations and challenges we all face daily in our working lives. Workshops have been excellent and have armed me with loads of information, highlighted the community, cultural differences and demographic challenges each project faces to meet the need. I have found sharing experiences very thought provoking.

"Loads of information has been available and I am going home with loads of bedtime reading!!

"Networking in the market place has been an excellent way to make new contacts and learn about other projects as everyone has been very approachable and the conference has been well organised.

"In summing up my day for me I can only describe it as excellent. Thank you.”

We would like to thank everyone who took part, contributed, and helped on the day.

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Appendices

Appendix One

Community-Led Supporting and Developing Healthy Communities Task Group - a summary of key findings

1. Support and strengthen community-led health improvement in Scotland by building the evidence base

The evidence review has helped the Task Group pull together a body of evidence to show that community-led health improvement initiatives (be it a food co-op, a community health bus, a stress centre, a community café, a breakfast club or a community gardening project) can address health in ways which would be practically difficult or near impossible using other more traditional or conventional approaches. The unique value of community-led activity includes:

- being needs-led, they tend to be open, responsive and flexible to whatever needs or priorities arise in the communities of place or of interest. Users enjoy not being classified as a result.
- being needs-led, they tend to allow individuals to participate actively in their own health and become empowered to support others
- being needs-led, they tend to understand the central importance of mental wellbeing and the impact that mental health can have on physical health
- being needs-led they tend to work with people in groups, rather than individually, resulting in a social dimension with many health spin-offs
- they help people re-connect to their communities
- they directly tackle wider issues of local importance to health - environment, safety, crime and access to affordable, healthy food.

2. Evidence from practice

The Community Activity Sub-Group and the Community Engagement Sub-Group jointly commissioned the production of six in-depth written case studies of examples of community-led activity across Scotland, four of which were filmed as a DVD. Case studies included Dundee Healthy Living Initiative; Islay Healthy Living Centre; the Beechwood Centre in Paisley; Dumfries and Galloway's Building Healthy Communities Project; Edinburgh Community Food Initiative: and SEAL community health project in the Gorbals, Glasgow.

These case studies reinforced the findings from the evidence review by highlighting that many health benefits can result from getting involved in community-led healthy activity, including:

- increased confidence and a better sense of control
- new friendships and a sense of belonging
- skills and knowledge development
- increased motivation, hopes, ambition and a sense of purpose
- a greater sense of security.

3. Support and strengthen community-led health improvement in Scotland by building capacity

The work of the Task Group has recognised that much of the impact of community-led health improvement is achieved through building the capacity of people to participate in improving their own health, but also via the capacity of local and national organisations, including networking intermediaries such as SCDP and CHEX. The Task Group hopes to make a number of recommendations that will help strengthen the capacity of the community and voluntary sector to more effectively deliver its health improvement role, and help strengthen the capacity of the public sector to better engage with and work with communities via training and the wider implementation of the National Standards for Community Engagement.

The Community Engagement Sub-Group has produced a very useful briefing paper to help raise the profile and application of these National Standards and draws parallels with similar NHS draft Standards on 'Informing, engaging and consulting the public'.

4. Support and strengthen community-led health improvement in Scotland by learning lessons to ensure sustainability

The Community Activity Sub-Group commissioned via Voluntary Health Scotland a review of the community and voluntary health sector's experience of sustainability, as defined in terms of long-term financial and organisational stability.

The Task Group highlighted that much community activity and partnership work is only just beginning to realise its potential when short-term funding begins to run out. The Task Group considered a range of sustainability models including social enterprises.

Funding and structures are needed that accommodate the reality of community activity and the timescales required for health impacts to be detected, as well as partnerships between groups and agencies to be built.

5. Support and strengthen community-led health improvement in Scotland through effective planning and partnership

The Task Group was concerned to promote all types of effective partnership working that can be genuinely community-led, with communities as equal partners. This is important because partnership working was found to have many health improvement benefits.

The case studies suggested that when health improvement structures work in partnership with communities, the health of individuals and the wider community might improve through, for example:

- influencing services to be more responsive to expressed need
- addressing gaps in services, in particular for those who otherwise may be 'hard to reach' or 'hard to hear'
- supporting individuals to take sustained responsibility for their health

- supporting sustained health activity with diverse groups of people
- enhancing relations between the community members and health professions
- sharing information, ideas and skills throughout a community and across organisations working together.

The Task Group hopes to make some powerful recommendations regarding new approaches to the involvement and role of communities in planning and partnership working, and structures both locally and nationally.

Appendix Two

Morning Session: Workshop 1

Group A: a primary school with a tarmac playground

Reasons for growing?

- children, parents and grandparents could work together
- sustainability- learning about the environment
- learn about where food comes from - skills and knowledge gaps
- more practical way of learning.

Issues to consider

- Health and Safety.
- what is possible to grow?
- process – touch and sensory issues.
- who would maintain it during holidays?
- planning permission
- vandalism
- how to engage parents and grandparents
- rota system
- consulting children (involving)
- seasonality
- dig up tarmac
- funding
- disclosure.

Group B: a small community garden in the Highlands, with six regular volunteers and a box scheme for 15 customers

Reasons for growing?

- to improve health of local community
- to improve access to fresh produce
- to improve community cohesion
- to educate young people
- promotion of health and wellbeing – physical activity.

Issues to consider

- funding
- climate
- soil condition
- logistical issues/transport
- community support
- publicity/communication
- catering to local tastes
- knowledge and experience of growing.

Group C: a large established community farm in Glasgow, with 40 volunteers, some with learning difficulties.

Reasons for growing?

- people-centred activity
- therapeutic value
- environmental issues.

Issues to consider

- there needs to be enough tasks for everyone
- a variety of tasks for all skill levels
- some volunteers would need more support than others
- Health and Safety (mobility)
- training.

Group D: a group wanting to start gardening in their communal back green, which is grass/overgrown at the moment

Reasons for growing?

- community connectedness
- being good neighbours
- looking after and developing the environment
- developing new skills
- confidence building
- access to healthy food
- wellbeing – developing/promoting (good mental health)
- engaging and involving children.

Issues to consider

- be clear and realistic about aims.
- where do people source knowledge/skills/experience.
- legal implications (planning regulations/insurance.access/boundaries).
- common consent - involving everyone.

Appendix Three

Morning Workshop: Workshop 2

Supermarket Survey Results

Question 1

Can you tell us where you did most of your shopping in the last fortnight? Please rank in order of where you did most of your shopping i.e. if you shopped mainly in a supermarket rank 1 etc. If you did not use some outlets listed leave them blank.

The responses are given in the table below. The top three rankings are shown.

	1st	2nd	3rd	Not used
Big supermarket (BIG/BIG) (e.g. Sainsbury's, Tesco, Asda, Somerfield, Morrisons)	53	5	4	12
Budget food stores (e.g. Aldi, Lidl)	6	10	3	55
Other high street shops (e.g. Marks and Spencer, Iceland)	1	6	2	61
Small outlet of big supermarket (BIG/SMALL) (e.g. Tesco Metro)	4	9	2	57
Convenience chain (e.g. Co-op, Spar)	4	11	10	38
Independent convenience store	1	2	7	60
Local specialist (e.g. baker, butcher, fishmonger, greengrocer)	4	9	13	40
Garage	0	1	1	69
Market (e.g. farmers, local)	2	6	6	54
Community initiative (e.g. local food co-op)	3	4	4	60
Online	0	1	1	72

The groups commented that big supermarkets scored highly, perhaps illustrating the convenience of one-stop shopping and a wide range of foods. The group also noted surprise at:

- how low the 'budget' category scored. Was this partly due to the lack of availability of these shops in the areas of people surveyed?
- the lack of online shopping, which may have been partly due to not having access to a computer
- the low score of the 'High Street' category.

Question 2

Where would you most like to do most of your shopping? Please rank with your most preferable choice being number 1 and least preferable being number 11.

The responses are given in the table below. The top three rankings are shown.

	1st	2nd	3rd	not used
Big supermarket (BIG/BIG) (e.g. Sainsbury's, Tesco, Asda, Somerfield, Morrisons)	28	4	2	15
Budget food stores (e.g. Aldi, Lidl)	6	8	2	27
Other high street shops (e.g. Marks and Spencer, Iceland)	1	3	5	34
Small outlet of big supermarket (BIG/SMALL) (e.g.Tesco Metro)	3	3	1	34
Convenience chain (e.g. Coop, Spar)	0	4	2	32
Independent convenience store	0	1	5	37
Local specialist (e.g. baker, butcher, fishmonger, greengrocer)	19	14	16	15
Garage	0	0	1	38
Market (e.g. farmers, local)	17	14	9	18
Community Initiative (e.g. local food co-op)	11	11	12	25
Online	1	1	1	37

The group felt that the results here showed that although the majority of people still wanted to shop in big supermarkets, there is a desire to support local specialist shops and markets supporting local producers and growers. These figures illustrate that these types of shopping can be supplementary to the big supermarket shop.

Question 3

What determines where you shop? (Please rank 1-8 with the most important being number one and so on).

The responses are shown in the table below.

	1	2	3	4	5	6	7	8	not rated
Cost	14	13	18	9	8	6	2	0	3
Access	16	7	18	15	14	6	1	0	0
Range of goods	14	18	15	14	9	2	0	0	1
Quality	20	14	14	17	4	0	0	0	4
Time	15	10	7	11	19	6	1	0	4
Food miles	4	4	1	4	11	32	10	1	6
Advertising (TV ad, supermarket flyer etc)	0	0	0	2	8	37	7	5	14
Other – please detail									

These results showed that quality, access, time and cost were the most popular determinants. Many in the group discussed that getting shopping done as fast as possible was important, however availability, cost and access has a strong influence too.

Advertising scored low, generating a discussion on how people are not always aware of advertisements in the form of money-off vouchers, buy-one-get-one-free, end of aisle purchases and in-store promotions. It was discussed that possibly community food initiatives could replicate the principles of marketing in relation to healthy foods in their local areas, ie. packs of fruit and vegetables in mini sizes for children.

Appendix Four

Morning Session: Workshop 6

'So what'

- The community development approach breeds success.
- Taking personal ownership at grass-roots level can improve long-term sustainability (hurrah!).
- Will funders/policy makers listen to qualitative evidence?
- The funding aspect. How long it took to get the project up and running and the barriers that occurred.
- Also, people's life experiences (eg. Jenny) about how her self-esteem and confidence changed and allowed her to go back to work and learn new skills available to her.
- Health inequalities being taken to mean treatment of those already suffering chronic disease and not prevention of the disease in the first place.
- The power of hearing someone's 'story' – the power of the spoken word.
- Translated exactly to my own situation in Fife.
- Refreshed me a bit again – a lot of negativity about, due to funding problems enforced restructuring uncertainty, etc. helped focus back on importance on pluses ie. very positive parent group.
- How other HLIs and community projects could learn from Dundee HLI successes and approaches.
- The importance of honesty with communities and funders!
- HLIs are creating communities – do all community organisations know of their work e.g. churches and other agents of social capital.
- The inspiring story from the community member (Jenny) who turned her whole life around through volunteering and is now in employment. There's a need for more 'good news' stories to be shared to inspire others.
- Continuing process of developing champions.
- Moving people on.
- Look to new partners.
- Reflect on what you did so you know how to do it better next time.
- Reinforcement that constantly chasing funding prevents 'real' work being carried out.
- Mainstream funding of current post would assist me to do more community work.
- Great funding vacuum between what Scottish Executive say they want and what people on the ground are being funded to do.
- People can do things themselves, so encourage them to do more in case we [the project] go away.
- More communication.
- Support at all stages thus allowing individual to reach their potential, what ever it may be.
- Non-judgemental welcoming, caring - this should continue.
- Having a passion for what you do can make a real difference.
- Issues about power imbalance. Those in the statutory sector- who we bend over backwards to 'serve' and impress - are not measured and do not measure any of what they do to anywhere near the extent that we have to. Legislators/policy makers must take action to redress imbalance and support us to do what we do best and acknowledge our credibility

- Be honest from the outset – eg. temporary funding, level of support – be specific about what you can do.
- Role of getting meaningful local involvement.
- Build capacity – health is everyone's business.
- Partners – each needs a specific role/responsibility.
- Perseverance is probably the most important aspect of success – talent, etc. is not enough.
- Why isn't the delivery of good quality work on the ground with local people enough to secure ongoing funding?
- Work of healthy living projects tackle issues on a variety of policy agendas - not just 'health'.

What now?

- Partnerships can equal long-term sustainability - emphasise this more with projects.
- Need to get other people involved – cascade things down. Jump up and down more in front of people with money.
- Evidence success in a different way.
- Rethink the boundaries encountered by HLCs (Ystradgynlais & Trehams Communities first areas in Wales).
- Emphasis on making sure that evidence is collected and available to all (including researchers, NHS etc).
- A variety of institutions/bodies benefit from their work – including employers – made me think – a role for the private sector?
- Keeping forming relations within the local community and giving something back to those that help me.
- Doctors' referral to sport centres who measures body fat and coaches people in the gym.
- A lot of helpful hints and ideas to employ in pursuing sustainability of our work.
- Raise dialogue wherever I can about the wider determinants of 'regeneration' (not just physical) making 'things' shiny is too easy, the shine dulls.
- Share this good practice with others!
- Try and encourage 'healthy living' training to young people and also the community which can be followed on by different groups.
- Explore connections between environmental and health activity to try and ensure longer term sustainability?
- Carers can use sport centres free of charge between 8-5 Monday to Friday. Princess Royal Trust.
- Continuing developing relationships at all levels.
- If staff leave, then find other champions, new partners, new local people involvement.
- Remember Community Development is a process.
- Encourage, develop and promote community courses in Hygiene / food and health with partners, stake holders, government bodies.
- Encourage 'real stories' rather than ticking boxes as success indicators.
- Keep bugging people to do what I want – persevere!
- Develop strategic partners – get 'champions'.
- Use story dialogues/case studies.
- Empower people to know their rights, raise confidence so local people can lobby politicians.
- Organise an informal team meeting.

- Inform people (members) about how to lead a group, how to run specific groups (health and wellbeing).
- Inform people about weekend opening, that it is not going to be a drop-in centre.
- Feedback workshop to parent advisory group, get those that are here to watch DVD. Same to managerial staff.
- Follow up specific initiatives with parents.
- Follow up specific aspects ie. health audits.

Appendix 5

Afternoon Workshop 4

Examples of best evaluation practice

- stakeholder days
- monitoring and evaluation sub-group from board
- staff working group meeting quarterly
- database development group
- service user audits
- peer organisation reviews
- annual report preparation
- quarterly reports from all projects on outcome indicators
- funders meetings
- specific director in charge of evaluation system
- external evaluations
- social audits.

An example of an evaluation framework

Outcome	**Outcome Indicators**	**Where from**	**How**	**Who**	**When**
Healthier self – food image	Choosing food according to desire	Service users	Focus group	Facilitator	Jan
		Service users Partner agencies	Questionnaire 1-2-1 interviews	Admin Development Worker Manager	June to Dec
Increasing community confidence		All stakeholders	Stakeholders day	Manager and board	Feb

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