Community Food and Health (Scotland)

The use of food in promoting health, wellbeing and the development of independent living skills for people experiencing homelessness.

Notes from a roundtable discussion April 2007

The discussion began with general introductions from all participants and an outline of what each person was hoping to get out of the session. Responses captured the thoughts of a small but diverse group representing most areas of homelessness and health. It was felt that the number of apologies could reflect the low priority of food, health and homelessness issues.

A brief presentation by Claire Street, Development Officer with Community Food and Health (Scotland) or CFHS followed, with some background on CFHS and an overview of the origins of and thinking behind the national food, health and homelessness initiative.

Claire emphasised the Scottish Executive's commitment to this work, via a two-year funding grant, but also noted that no formal reference to the initiative currently existed in any Executive policy documents. She highlighted the initiative's focus on promoting the benefits of food beyond its nutritional dimension and expanded on the wider social, therapeutic and general health benefits of good food for homeless people. She explained that the recent mapping exercise had so far helped to direct her work in terms of engaging with the field through a programme of activities and events to build capacity and encourage networking between homeless (or related) organisations. She also emphasised the importance of the mapping recommendations in terms of progressing on policy issues and giving focus to a discussion like this one.

The group agreed that they needed to address the question of where the topic of food sits, if at all, within NHS Health and Homelessness Plans. They also agreed to explore ways of getting decision-makers to commit to placing the issue of food and its wider social inclusion benefits higher on their agendas.

The discussion continued around the apparent lack of momentum at strategic level around homelessness and health-related food issues. Several explanations around issues of understanding, lack of political will, practical barriers etc. were put forward as to why this might be. The whole group recognised and accepted the idea of the wider therapeutic benefits of good food. They agreed, intuitively, that it was fundamental to wellbeing, as well as backed up by research.[1]

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[1] Evans, N., June 1996. What do homeless people eat and can Crisis FareShare help improve their diet? *Nutrition and Food Science* [online], 3 (96). Abstract available from: http://www.emeraldinsight.com/Insight/viewContentItem.do?contentType=Article&hdAction=lnkhtml&contentId=866465

Sandilands, N., Van Zee, D., June 2002. Points taken from research into the dietary intake of hostel residents. Queen Margaret University College, Edinburgh.

Participants discussed the issue of individuals going through a 'homelessness journey', and the subsequent relevance of this in terms of health and wellbeing interventions around food was felt to be crucial. It was felt that the idea of the 'journey' allowed the issue of food to progress depending on where a person might be on the 'journey' i.e. from being solely about meeting hunger needs to improving physical and mental health, through to social inclusion and finally to purely social aspects. The group agreed that this differentiation, along with considerations of gender, ethnicity, literacy levels, etc. needed to be included when applying and promoting the idea of the wider benefits of good food for homeless people.

These discussions were followed by a short exercise. Participants broke into pairs and were asked to identify the various barriers to moving the topic of food and wellbeing up the policy and planning agendas. Responses were put into four main categories/themes, which were not predetermined and emerged gradually from the discussions.

Here is a summary of the comments from each pairing's Post-it notes

Information	**Joined-up thinking/working**	**The 'homelessness journey'**	**Priorities**
Lack of awareness and/or information about local food-related services	Potential lack of radical thinking/lack of dedicated and joined-up leadership and support at strategic levels on this subject	Importance of the timing of food-related interventions targeted at homeless people	Food and its wider benefits not considered a priority for most NHS Boards – hence variable buy-in from Boards
Variable levels of engagement with a wider range of health professionals (eg. occupational therapists etc.)	Levers and systems (e.g. H & H action plans, standards etc.) possibly monitored too loosely, hence not effective enough	Lack of importance given to food and its wider benefits as there is an assumption around the existence of a safety net, which ensures basic subsistence to all	Possible 'homelessness overload' at certain decision-making levels
Lack of information/awareness about what the real issues around health and homelessness are	Too holistic an issue - doesn't slot neatly into budgetary concerns		
Lack of evidence of benefits and cost-effectiveness of interventions	Topic-driven statutory focus often at odds with the more holistic/social/wellbeing perspective of the voluntary sector		
Need for more training for frontline staff	Difficulty in securing sustainable resources + issue of competition around local funding		

The exercise was followed by a discussion about ways of overcoming the barriers identified and looking into how realistic achieving this would be. Overall the group felt that an early planned national funding package on food, health and homelessness was unlikely. They therefore agreed on the importance of demonstrating the relevance of food and health activity in relation to supporting people through, and then out of homelessness, in a bottom-up way. They also agreed that highlighting, supporting and investing in best practice, as well as encouraging local champions, was the best way to make a case for the inclusion of food in Health and Homeless Action Plans and other related local food and health strategies. This approach was deemed to be the best way forward in terms of securing commitment to this issue from decision-makers.

Everyone agreed that this practical approach in no way excluded scope for top-down action. Hence the group suggested that the initiative could approach the Executive Health Department about including a 'food dimension' in the implementation and performance surveys carried out through the Health and Homelessness leads in each NHS Board area.

Finally, participants agreed that Claire would examine each Board's Health and Homelessness Action Plan, focusing on the mention of food and its relation to general health and wellbeing and independent living skills. She will seek advice from one of the SCC policy managers on how best to review policy documents. It was agreed that she would then hopefully approach key players at NHS Board level to discuss ways of including the 'food dimension' in Health and Homelessness Action Plans Scotland-wide.

In conclusion, participants felt that in future the CFHS initiative and all those involved would need to be as specific as possible, without being overly prescriptive, about the types of interventions (i.e. when in the 'journey' described above) advocated by this work. In order to shift the aspirations identified in the mapping exercise into action and to ratchet up support for the national initiative at strategic level, energy would need to be invested in support for existing and developing grassroots work. By demonstrating the value of practice to local, regional and national decision-makers and planners, the group hopes that the paradigm will gradually shift and that 'good food work' will become imbedded in homelessness policy and planning Scotland-wide.