



**community  
food and health**

(scotland)

## Back in Touch

A workshop based conference  
sharing news and views on food and health  
with acquaintances old and new

Murrayfield Conference Centre, Edinburgh  
11 October 2007



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.

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## Introduction

CFHS welcomed participants to the event, which featured the highest single attendance at one of our networking conferences so far. It was highlighted that many faces were well-known and the event would be particularly enjoyable, in that it was hoped there would be plenty of opportunity, in keeping with the theme of today's conference, to not only get 'back in touch' but also to 'keep in touch'. CFHS welcomed new faces and very much hoped new and lasting connections would be made by the end of the day.

The event's varied programme proved that a busy day of activity was expected, with the opportunity to share and learn from the many examples of effective approaches that are being used to address health inequalities through food across Scotland today. Fifteen workshops were available to participants to attend, reflecting not only the wide range and reach of food activities, but also the demand for places at the event this year.

A table discussion on 'What do policy developments mean for us?' also provided the opportunity to consider the policies and plans that drive food and health activity especially with new policies emerging over the following months.



## Programme

- 9.15 - 10.00      **Registration, tea and coffee**
- 10.00 - 10.05      **Welcome and housekeeping**  
Ger O’Riordan  
Development Officer  
Community Food and Health (Scotland)
- 10.05 - 10.15      **Launch of ‘A Taste for Independence’, CFHS’s latest guide on using food to develop skills for life**  
Kim Newstead  
Development Officer  
Community Food and Health (Scotland)
- 10.15 - 10.30      **A brief look at current developments in the world of policy**  
Lizanne Conway  
Health Improvement Programme Manager (Communities and Voluntary Sector)  
NHS Health Scotland
- 10.30 - 11.00      **What do policy developments mean for us?** (table discussion)
- 11.00 - 11.30      **Coffee break**
- 11.30 - 12.45      **Morning workshops**
- 12.45 - 2.00      **Lunch and marketplace**
- 2.00 - 3.15      **Afternoon workshops**
- 3.15 - 3.45      **Summing up**  
Karen Gerrard, Volunteer,  
Community Food Initiatives North East  
  
Sarah Williams, Strategic Manager,  
Newham Food Access Partnership  
  
Janet McVea, Team Leader Food and Health Team,  
Scottish Government Public Health and Wellbeing Directorate
- 3.45      **Closing remarks**

## Launch of 'A Taste for Independence'

CFHS Development Officer, Kim Newstead, launched a new CFHS guide, *A Taste for Independence – using skills for life*, which shows how food activities, such as cooking and food shopping can help vulnerable individuals develop a range of life skills. The guide is based on the experiences of 21 organisations working throughout Scotland with people who are learning (or relearning) to live independently. These included young people and people with learning disabilities or mental health support needs.

*A Taste for Independence* has information on how the various organisations developed food activities, such as how they encouraged people to attend and how they decided what to cook. It discusses the benefits of delivering these food activities, such as participants' increased interest in food and cooking, improved

confidence as well as more skills to live independently. The last section of the guide signposts the reader to other useful resources, such as cookery club guides, healthy eating information and assistance with evaluation.



The guide has ten case studies, including organisations working with young carers or prisoners preparing to leave prison. Kim briefly discussed two of these, including: The Romany Youth Action Group from West Dunbartonshire who were supported by the Youth Information and Support Network to attend an accredited catering course at their local college. Most of this group (all girls between the ages of 12 and 25) had little or irregular experience of formal education. Nine out of the ten girls completed the course and all said they enjoyed it so much that another (higher level) course was arranged for them. This higher level course was also a success and one girl chose to become a 'skill seeker' in the catering industry.

The 'cook and carry out' project in Perth was developed by an NHS Dietitian and a local hostel. This project aimed to ensure that young people living in the hostel were able to cook a range of healthy meals that would suit their limited budgets. They used a range of teaching methods to help maintain the young people's enthusiasm, although the home economist tutor found that the most popular method was a 'Ready Steady Cook!' format as this created some friendly competition. As the result of this work, two people completed the course (out of a total of five) and the hostel staff decided to prepare (with help from the residents) a weekly shared meal in order to maintain and develop the social benefits of preparing food and eating together.

## Policy is all our business

Presentation by Lizanne Conway, Health Improvement Programmes Manager, Communities and Voluntary Sector, NHS Health Scotland.

### All talk and all action

Lizanne was invited to address the conference to give a brief look at some current developments in the world of food and health improvement policy in Scotland. She opened her presentation by referring to a recent headline in Fare Choice, 'All talk and all action' emphasising that, *"it very much captures the energy and multitude of activity, dialogue and developments being made"* by all participants in their different roles across the country and that it aptly described the day's event.

### All talk no action?

Lizanne then went on to say that, *"all too often the very word policy can conjure up the notion of people talking lots, but changing little: people somewhere else making decisions and setting priorities on our behalf, writing reports – in other words, policy being entirely remote and disconnected from what is really happening in the world, in our communities."*



## Policy is all of our business

However, Lizanne indicated that if this has been participants' past experience, she hoped to inspire everyone a little to think differently about policy developments taking place now here in Scotland that are central to our work and will hopefully support our work.

*"Policy is actually all of our business and not just the domain of politicians or other decision makers and strategists - we all need to be at the heart of it to shape it"*

***and take it forward in ways that make sense to the communities we all live in and work with.***

***"Policies are meaningless unless they are informed by and inform local practice."***

Lizanne explained that the need for community involvement and local experience to be at the heart of policy making and policy delivery was one of the powerful themes that cut across all the Community-Led Supporting and Developing Healthy Communities Task Group recommendations<sup>1</sup>, launched in December 2006.

Lizanne then focused on what we can do to ensure that policy for community food and health in Scotland becomes better informed by, and informs, local practice.

Lizanne urged everyone to **do three things**:

**Shape it:** *"Be part of the talk to inform the action/policy, to ensure community food activity is part of the action and policy at every level"*. Participants were urged to comment on a discussion document on health and wellbeing, '**Better Health: Better Care**<sup>2</sup>' which was out for consultation at the time of the conference. Lizanne went on to describe the discussion paper and how our responses would help inform the development of a new Government Action Plan for Health and Wellbeing. Although there was no section on community-led health activity, participants were advised there were numerous opportunities for that sector to get involved in shaping its delivery.

Another new development mentioned is the **Ministerial Task Force for Health Inequalities**<sup>3</sup>, led by the Minister for Public Health, Shona Robison, to identify and prioritise *practical* actions to reduce the most significant and widening health inequalities in Scotland. Another emerging policy highlighted was a National Food Policy for Scotland<sup>4</sup>.

**Support it:** Taking an active part in it by using opportunities to put policy into practice. Lizanne explained the special briefing<sup>5</sup> which was prepared for the conference by Health Scotland, outlining the Community-Led Task Group Implementation Capacity Building Support Programme which will be led by the Scottish Community Development Centre, with input from CHEX and other organisations including CFHS. A range of events will raise awareness of activity already happening with local decision-makers, the community-led health agenda and introduce materials that are being produced for the programme.

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<sup>1</sup> Healthy Communities: A Shared Challenge, is available at [www.healthscotland.com/settings/community-voluntary-background.aspx](http://www.healthscotland.com/settings/community-voluntary-background.aspx)

<sup>2</sup> The Better Health, Better Care Action Plan was launched in December 2007 and is available to download from [www.scotland.gov.uk/Publications/2007/12/11103453/0](http://www.scotland.gov.uk/Publications/2007/12/11103453/0)

<sup>3</sup> At the time of writing there are no immediate opportunities to get involved in the work of this group. Further information is available at [www.scotland.gov.uk/Topics/Health/inequalitiestaskfore](http://www.scotland.gov.uk/Topics/Health/inequalitiestaskfore). Information on as and when future opportunities for involvement arise will also be available from [www.communityfoodandhealth.org.uk](http://www.communityfoodandhealth.org.uk)

<sup>4</sup> The discussion paper Choosing the Right Ingredients: the Future for Food in Scotland was launched on 15 January 2008 and is available at [www.scotland.gov.uk/Topics/Business-Industry/Food-Industry/Discussion](http://www.scotland.gov.uk/Topics/Business-Industry/Food-Industry/Discussion)

<sup>5</sup> The briefing is available at [www.communityfoodandhealth.org.uk/plugins/publications/policy.php](http://www.communityfoodandhealth.org.uk/plugins/publications/policy.php)



**Use it:** *"Use your understanding of policy"* to best effect to ensure a stronger future for community-led action on food and health in Scotland. *"Being policy wise is a powerful mechanism to also influence decisions and change at not only a local, but a national level"*. Lizanne illustrated this by giving the example of Claire Street's<sup>6</sup> work which has *"influenced how information from Government is collected from NHS boards about food in relation to Homelessness and Health Action Plan"*. Being policy-aware can lead to seeing *"real opportunities to influence policy and strategy"* and Claire's work has demonstrated the value of an intermediary organisation's role.

Lizanne stressed that keeping informed about policy developments is crucial, as often local and national policy underpins where new funding opportunities may arise. The power of your own voice is also important in utilising every opportunity to reach decision-makers and ensuring your profile is high by writing to local MSPs and councillors highlighting your effectiveness and local impact. It is also important to keep your funders informed as well as attending national events like the conference today.

Summing up, Lizanne left participants with a line from an Elvis Presley song which hopefully illustrates what policy can be when we all contribute to making it all talk and action:

**"A little less conversation; a little more action please."**

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<sup>6</sup> CFHS Development Officer, Food, Health and Homelessness

## **A table discussion: What do policy developments mean for us?**

Participants took part in a table discussion and each table were asked to discuss and comment on the following questions:

**What policies drive your work?** and either

**How do you feel policies or plans influence your work?**

or

**How do you feel your work influences policies and plans?**

The term 'policy' was interpreted broadly with most responses highlighting that the main food health policies as outlined below are driving food and health activities. Responses also highlighted sources of support and guidance that influence work significantly.

### **What policies drive your work?**

#### **Food and Health Improvement**

*“national policies on healthy living and healthy eating offer everyone the same advantage” (conference participant)*

##### **National**

Scottish Diet Action Plan (SDAP)  
Review of SDAP  
Improving Health in Scotland:  
The Challenge (2003)  
Eating for Health: Meeting  
The Challenge (2004)

##### **Sources of support and guidance**

Community-led Task Group  
recommendations/implementation  
Food, Fluid and Nutrition  
REHIS: Food and Health and  
Food Hygiene  
Food Standards Agency  
Keep Well  
Physical Activity 'Let's make Scotland  
more Active'  
Five-a-day programme  
Breastfeeding – Baby-friendly  
Initiatives

*“...Review [of SDAP] action plan less important for local health projects than original diet action plan - seems that future actions are going to be at national level not local....” (conference participant)*

## Food and Health Improvement

### Local

#### ***“better local access to cheaper food” (conference participant)***

Local and regional delivery plans, JHIP's, ROA's, policies (local authority, CHP, local forum or network, etc.) for example:

West Lothian Food and Health Action Plan;

Glasgow Food and Health Framework;

Healthy Weight Strategies (Tayside)

Area partnerships (Dumfries and Galloway) of community members and advisors.

Many other policies as well as guidelines and standards were highlighted and included the following:

### Children

#### National

'Every Child Matters' (UK)

#### Sources of support and guidance

Sure Start

Health for all Children (Hall 4)

Nutritional Guidance for Early Years  
1-5 (Scotland)

### Schools

#### National

Schools (Health Promotion and  
Nutrition) (Scotland) Act (2007)

Hungry For Success

#### Sources of support and guidance

Health Promoting Schools in  
Scotland

Eco-schools Scotland

Childsmile

### Specific Groups

#### National

Disability Discrimination Act

'Same as you'...

Mental Health Act

(Housing) Scotland Act 2001

#### Sources of support and guidance

Fair for All

Mental Health Plan

on Recovery

Local Homeless Strategies

Health and Homelessness

***“not enough for people with learning disabilities”***

***“a lot of [homeless] work crosses health boundaries” (conference participant)***

### Sustainable Development

#### National

Choosing our Future

#### Sources of support and guidance

Bio-diversity Action Plan

***“drives work.....health improvement is a happy by-product of gardening not focus....”***

<b>Community</b>	
<b>National</b> Locality Plans	<b>Sources of support and guidance</b> National Standards for Community Engagement Working and Learning Together (Community Learning and Development) LEAP

<b>Regeneration and Employability</b>	
<b>National</b> Resettlement/Housing policies Closing the Gap	<b>Sources of support and guidance</b> Employability Strategies Volunteering Strategies Coalfields Regeneration Community Regeneration Fund

<b>Advice and Guidance</b>	
<b>National</b> NHS – QIS, SIGN and NICE	<b>Sources of support and guidance</b> Caroline Walker Trust

<b>Other</b>	
National Adult and Literacy campaign i.e. The Big Plus Allotments Strategy	

## How do you feel policies and plans influence your work?

“[Policies] can influence work both positively and negatively”  
“cost involved in implementing policy.....”

### **Policies influence work by**

- creating a climate where healthy eating is on the agenda of many (rather than a few) [Food and Health policy];
- raising awareness of issues/barriers and how to tackle them;
- [providing] structures and a starting point to work from;
- helping to prioritise and plan work;
- helping to drive focus of work and planning by breaking down aims and goals i.e. target groups and communities;
- satisfying priorities for action leading to more successful funding applications (but often only short term);
- helping develop local initiatives;
- influencing what we do and what support services are provided (driven by communities priorities and settings);
- influencing reporting procedures through Interagency guidelines/organisation guidelines;
- evidencing what works;
- raising profile and importance of work through the support and backing of policy; and
- knowledge and skills to pass to others.

### **Policies challenge work by**

- bringing about political pressures as priorities change [which can] shift funding priorities;
- setting overarching goals but not strategies that are workable; and
- [Bringing together] good ideas but [are] frequently impractical.

Other challenges discussed in responses were

- [some programmes i.e.] Community Regeneration Fund influences who projects/initiatives can engage with – targets set according to % postcode areas;
- the gulf between policy rhetoric and reality of community;
- [some groups] work in response to local need;
- short-term funding can be a barrier;
- ‘new’ policies developed are seen as doing something new – where are long term plans?;
- forced to model project to fit with policy; and
- if policy not linked to work this effects impact.

## How do you feel your work influences policies and plans?

### Work influences policy by

- (small steps can add up to make a difference);
- [making policy makers aware of] research and published evaluations;
- [using methods of engagement such as] participatory appraisal to feed into policy and planning.

Participants provided two examples of positive influences on policy;

- local education policy influenced by local community food and health activity used as evidence to show local authority what works; and
- partnership working where partners meet regularly to feed into and design new initiatives for the area. Regular stakeholder, project group and government feedback on progress.

### Influence of work on policy is challenged by

- positive responses to work but lack of clarity as to how this influences policies and plans directly;
- lack of links with policy-makers;
- change can be slow so impact [of influence] can be hard to see;
- little evidence of feedback from activities impacting on strategic levels;
- not sure if user involvement feeds up the way;
- policies and plans mainly top down to meet pre-determined outcomes;
- policies felt to be too rigid and prescriptive which does not fit with addressing actual needs;
- projects complete complex monitoring and evaluation to achieve continuation of funding – when funding criteria changes this can cause problems; and
- some groups consulted to feed into local community plans but felt responses were shaped to fit with local authority plans.

### What needs to happen?

- lines of communication [between groups and policy makers] needs to be improved (mentioned a lot);
- need to engage with local partnerships that decide policy;
- need for more awareness-raising of the influence of work – important that decision makers visit communities and projects to see benefits [of work]; and
- important to lobby local MSPs and MPs

## Workshop notes

The workshop programme for 'Back in Touch' gave a broad range of community-based food and health projects an opportunity to share examples of effective approaches that are being used to address health inequalities through food across Scotland today. Participants also had an opportunity to look informally at policies, strategies and national priorities that rely in part on community activity as well as a look at some examples of social research which might be of value to community food and health projects.

An extended programme reflected not only the wide range and reach of food activities but also the demand for places at this event this year. Most of the workshop themes were suggested by respondents to our 'Bridges' conference evaluation as well as others.

We are very grateful to all our workshop presenters and scribes as without their enthusiasm and involvement participants' ability to share and learn from their experiences would not have been so successful.



# Morning workshops





# Workshop One: Valuing volunteers

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**Dave Simmers, Karen Gerard and Billy Arthur, Community Food Initiatives North East (CFINE)**

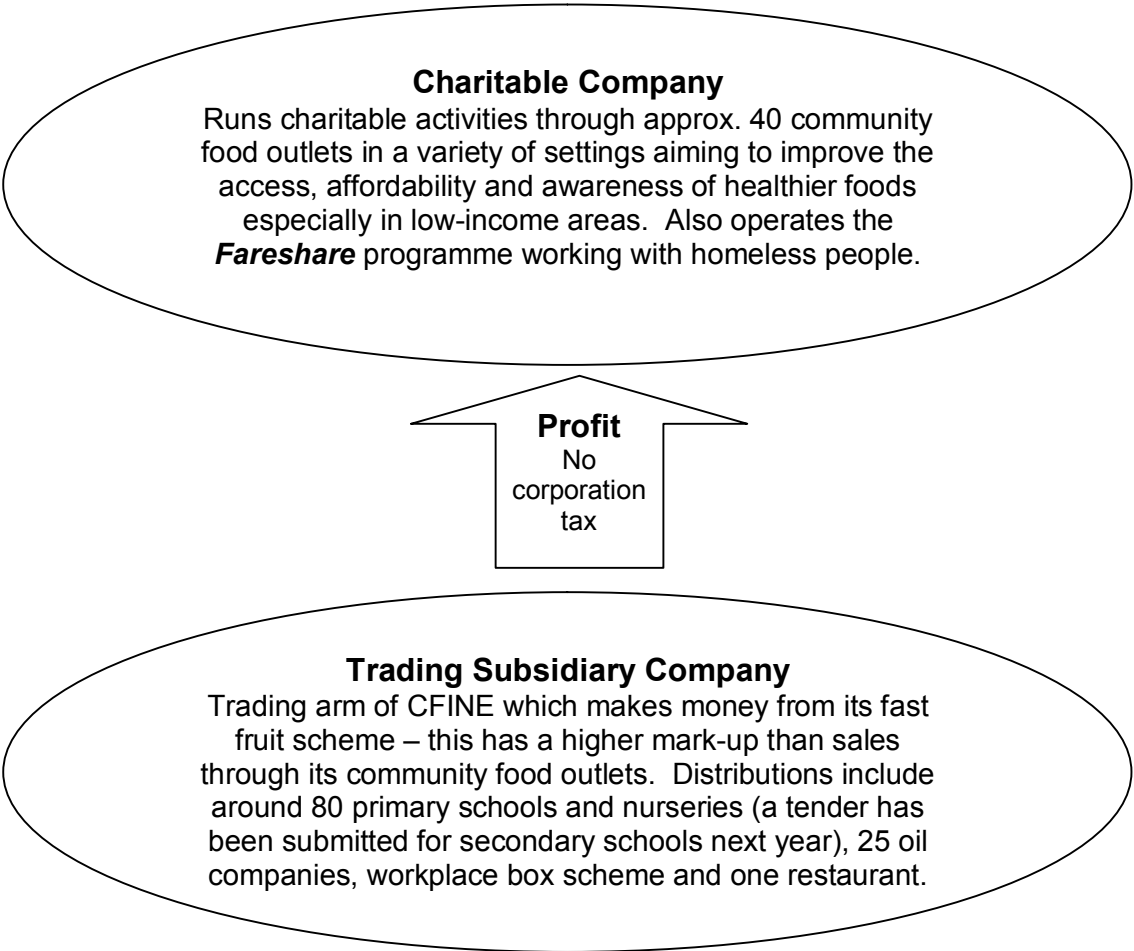
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This workshop outlined the aims of CFINE, the important role of volunteers, the process of recruitment, retention and development of volunteers and the range of personal, family and community benefits this role brings. CFINE volunteers contributed what volunteering meant to them and there were also opportunities for workshop participants to share their experiences.

Dave kicked off by outlining the content of the session, advising that he would provide an overview of the work of CFINE and that the workshop would conclude with a Question & Answer session.

### Overview of CFINE

CFINE is a small network combining the activities of seven food co-ops in Aberdeen. The network is structured as follows:



CFINE’s aim is to be completely self-sufficient in five years – to have no dependency on grants and thereby giving it greater independence.

The organisation has a backbone of 40 volunteers, ten of these form its board of directors (for both companies) and a further five are brought in from elsewhere. The latter group are brought in from outside to help improve the organisation on its processes. For example, a businessman with financial expertise challenges financial figures, budgets, etc. Dave mentioned that while it was good to bring in such expertise, it was important for these individuals to be sympathetic and respectful to the aims of the organisation.

### **Volunteering**

Dave explained that volunteering was not all about helping others – there were other benefits that apply to the individual:

- improved confidence
- greater self-esteem
- providing responsibility to the volunteer => better status
- learning skills => better employment prospects.

Due to these inherent attractions, recruiting volunteers was not an issue but CFINE works hard to retain volunteers by:

- providing health and hygiene inductions
- reviewing their training needs – what do the volunteers want
- £1 free fruit at cost price each month as a thank you gesture
- awards ceremony
- payment of expenses
- ensuring that staff in the outlets are kept in touch with the organisation.

Dave emphasised that above all, volunteering should be fun. It's at the core of CFINE's ethos.

### **Volunteering – personal views**

Dave Simmers asked each of the volunteers to provide the group with their own impressions of volunteering. They mentioned a number of factors – that it was a worthwhile use of their time following retirement, it was constructive and that they valued the social interaction with other volunteers and customers. There were development opportunities with volunteering both within CFINE and for those moving on to full-pay employment.

### **Open Session**

There were several points raised in the Question & Answer session:

#### **1. Commitment to Service**

This was seen as an important part of CFINE's business and its customers. The quality of the food (bought through Total Produce), market research and competitive prices all had a bearing.

#### **2. Finding out what motivates companies**

Companies looking to gain recognition for Healthy Working Lives status are using CFINE to give staff free fruit. Healthier employees = greater productivity and it helps companies to meet corporate responsibility targets.

### **3. Improving access to funding**

By tapping into a variety of policy areas, e.g. Healthy Working Lives, policies on sustainable development and health improvement, it is easier for the organisation to access funding streams, e.g. Big Lottery Fund.

### **4. How do you attract and retain volunteers?**

Advertising was suggested as a means but CFINE have not found formal adverts useful. Rather, clubs in the relevant locality would be approached or an event organised to attract volunteers. It was also important to:

- make people feel welcome as volunteers and identify jobs that would fit the skills of the volunteer;
- note that people are not as apathetic as you might think: you just need to find the hook that motivates them;
- network with local groups such as youth clubs, churches, and perhaps ex-offenders or those with learning difficulties;
- make the work enjoyable;
- create job opportunities – for example, CFINE works with Aberdeen Foyer to do this;
- broaden the experience of people, including (ex)professionals and those who have struggled in society;
- bring in high school pupils to help with their work experience and confidence;
- set out realistic expectations for volunteers;
- consult with volunteers to understand what they want out of volunteering
- spell out that you do need dedication to be a volunteer; and
- consider how to address interpersonal skills for those who have little experience of working in a team.

## Workshop Two: Children and parents

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**Cathy Hamilton, Midlothian Sure Start and Sheila Johnston, Inverness Family Project**

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Cathy kicked off the workshop by sharing her work with Midlothian Sure Start which has focused on healthy eating/cooking skills development with parents in Midlothian. Participants were able to discuss areas to consider when working with vulnerable parent and children groups.

**Midlothian Sure Start** supports families with children 0-3. Cathy had a number of display boards with photos to illustrate their work. There are six centres across Midlothian offering a range of services, for example Gorebridge Food Initiative/Healthy Start. In response to parents' requests for information on food and weaning, a number of activities are offered, such as Homelink where support with cooking is provided in the home, and a breastfeeding support group with backing from health visitors and midwives. This group has run as a six-week 'café' pilot with two mums groups. They are hoping to encourage mums-to-be to attend as they may have more time and can learn early from others.

Midlothian Sure Start funding comes to an end in March 2008.

Discussion took place on the following:

### **What to consider when working with families with young children**

- Links with health visitors are important to encourage families to attend cookery groups especially those that need it.
- Building relationships with referral source and families involved.
- Although it can be time consuming, it is worthwhile to consider going to peoples homes (NB safety issues).
- Try different approaches and link with existing group to share experience.

### **Parents and toddlers groups**

Participants commented that in some areas there is a lack of provision. Some young parents can be unsure of attending when there is no staff/worker there. Having someone there makes it easier to settle in. It was also noted that it was important for parents to have an input into how the group is run. An example of good practice was given where a health visitor encouraged young parents to attend by holding a baby clinic at the same time. This group is supported by a children's trust and parents have gone on to attend other more independent groups also. The project also mentioned that they often offer food activities at the same time, which gives informal encouragement to the parents around cooking and eating.

### **Funding**

The workshop identified that 50% of the 23 participants are unsure about their project's funding and futures in 2008. In Midlothian, Sure Start funding will stay in the region but it is unsure at present what shape services will take. It has been very important to train volunteers/parents to carry on activities and sustain relationships.

Sheila began her part of the workshop with an exercise looking at participants' knowledge and beliefs about Gypsies/Travellers. Following this she shared the work she has been doing in Inverness.

**NCH Inverness Family Project** work with families referred to the project by social work, health visitors and self-referrals. Their approach is on a needs-led basis. Some children may be on the child protection register. The project has less than a year's funding left and as a new Sure Start centre is being built locally, the project is uncertain of its future at present. It is hoped that this work will be absorbed into NCH.

### **How did the work with Gypsy traveller families come about?**

A local health visitor approached the project and asked if they could work with families living on a static site. Work started with pre-school children in a portacabin. All family members wanted to be involved including teenage relatives, aunts, uncles etc. It was thought this was due to not having had the opportunities themselves and a different session was organised to enable the teenagers to participate. As more families wanted to be involved this introduced a range of issues (i.e. numbers, facilities, health and safety, relationship-building, cultural issues) for the workers which had to be addressed. This was worked out with the families and there was an acceptance of 'rules' in the portacabin. Workers also explained that as in any situation, if there were any child protection issues these would have to be acted on. The project see its approach with this group as being an example of true social inclusion, in that families can access resources where they are, not where others want them to be. A larger portacabin is now on the site and other services are available such as health and dental care and teaching support for children accessing mainstream school.

Sheila shared photographs of the families, which generated a lot of discussion. This exemplified an event in Sheila's work where she had also shared photographs with the families from Gypsy travellers across Scotland. This created a lot of interest on the site with families recognising family members and talking about issues arising from their experiences.

A summary of some final key points can be found in Appendix One.

## **Workshop Three: Social Enterprise - the means to sustainability for community food initiatives?**

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**Ian Shankland, North Lanarkshire Federation of Food Co-ops (now Lanarkshire Community Food and Health Partnership, or LCFHP)**

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This workshop allowed participants to discuss how suitable the social enterprise model is in funding, sustaining and ensuring sustainability for community food initiatives. Other issues relating to the social enterprise economy were touched on, and there were also opportunities for participants to share their own experiences.

Ian opened the workshop by posing four questions for discussion:

- Relating to sustainability, what benefits and disadvantages do social enterprises bring?
- What issues are faced by projects that start off as or become social enterprises?
- If operating as a social enterprise, how can an organisation maximise the benefits for communities without detracting from their core values and principles?
- Do social enterprises need different skills from grant-funded organisations?

Participants were asked for their expectations of the workshop, which were:

- to hear about experiences of social enterprises involved in community food activity;
- to identify the differences between operating as a business or a voluntary organisation;
- to resolve ethical issues relating to operating as a social enterprise;
- the financial and legal implications that organisations wanting to become social enterprises need to be aware of;
- how to set up or evolve into a social enterprise;
- recognising if the social enterprise model is not right for an organisation; and
- how to maintain an organisation's focus and purpose.

Ian spoke about LCFHP's work. He stated that their funding had remained static for the last 10+ years, and ends in March 2008. He added that the development of Health Promoting Hospitals has provided LCFHP with an opportunity to develop a new, income-generating service – Fruits and Roots – which sells fruit and vegetables to staff in three acute hospitals in the area. However, Ian added that the additional staff time required has left LCFHP struggling to maintain its network of food co-ops.

Participants were asked to share their experiences of social enterprise. This included a community gardening project setting up a gardening service for private gardens.

In the general discussion that followed, a number of common themes emerged:

- **Becoming a social enterprise is not a choice**  
Some of the participants stated that they felt that the loss or lack of funding has left them with no option but to consider becoming a social enterprise. Others suggested that most community food activities were unsuitable for social enterprises, and that income-generating activities contribute to an organisation's funding but do not replace core funding
- **Maintaining the focus and purpose**  
One view expressed was that genuine and successful social enterprises were those where the business activity and the social mission were one and the same. The danger of starting activities that are not complementary to the core values and activities of organisations was also raised.
- **Community capacity building**  
Participants suggested that organisations risk losing building community capacity by going down the social enterprise route. There was a general agreement that organisations becoming social enterprises require a range of skills which may require attracting different people to the management body. One participant highlighted that becoming a social enterprise gives volunteers an opportunity to take control of the services they are delivering. However, the time in staff supporting community food activity and in volunteers delivering it was raised.
- **Making it work financially**  
One participant suggested that to make a financially sustainable social enterprise, organisations needed to massively scale-up their activities to benefit from economies of scale, and identify complementary activities and different markets that could generate income. Others echoed this, sharing their experiences. Developing or expanding services into areas that can afford to pay was recognised as one means of generating income, as long as this was not detrimental to core customers. The danger in relying on contracts for complementary projects sustaining a social enterprise was raised, as the whole organisation may be danger of collapse if the funding for these projects ceases.

To finish the workshop, Ian asked everyone what advice they would give organisations considering becoming a social enterprise. This included:

- Be realistic about the time it takes to become a social enterprise.
- Becoming a social enterprise brings control and ownership to the people involved.
- Develop activities and services that you are currently doing.
- Must deliver quality services as competing with the private sector.
- Know your market and have a marketing plan.
- Make income generating activities complementary to the organisation's core values and activities.
- Need to tell policy-makers that some activities cannot be income-generating.
- It's all about balance.....

## Workshop Four: Setting up a new initiative

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**Pamela McKinlay and Margaret Senior, Roots and Fruits East Lothian**

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This workshop aimed to describe the journey that Roots and Fruits has taken, including developing new growing spaces within local schools and nurseries, and highlighting the challenges along the way, allowing participants to contribute to the discussion through the sharing of their experiences.

Pamela McKinlay outlined the history of setting up the Roots and Fruits' community garden and also gave a brief overview of Roots and Fruits. Roots and Fruits started up ten years ago and delivers food and health activities. Its current work includes cookery sessions with young mums, delivering fresh fruit and vegetables to food co-ops and schools and running a mobile shop service as well as the community garden in Tranent.

Roots and Fruits started developing the community garden seven years ago. A local Catholic church owns the grounds and does not charge for the use of the site. In the early stages of the project, there had been some confusion about who owned the site and this took some time to be resolved. The garden survives on small amounts of funding, although Roots and Fruits' core funding is used to employ a part-time gardener to maintain the garden and co-ordinate community access to the garden. Scottish National Heritage provides some additional funding. Roots and Fruits works with various partners, including the council's Ranger service to ensure that work is consistent and not duplicated, particularly with work in schools

The community garden consists of a three-quarter acre of gardens as well as some other open ground. The site is accessible as it is on a bus route, although it is about half a mile from any built-up areas. Volunteers, people using mental health services (who are referred or self-referred), a local home-school education group and seven local primary schools all take part in using and maintaining the garden. Each school has its own raised bed and apple tree to look after.

Schools access the garden for around two hours, once per fortnight each during the term time. Each school brings a small group of children and aims to make sure that each child in their school will have a chance to visit the garden once per term.

Overall the garden has had many successes and has featured on the TV programme 'The Beechgrove Garden'. However, difficulties with one of the few local residents in the area, a long-term plan to help the local schools develop their own school gardens and village expansion has resulted in plans to leave the current site and to concentrate on developing school gardens. Local schools are keen and work has already started. Pamela emphasised the importance of ensuring that the head teacher is committed to the idea of a school garden, as this increases the rate of success.

Delegates discussed their own experiences of developing community or school gardens. These experiences included growing a variety of produce with children and communities as well as growing herbs and spices for consumption or as part of



sensory gardens. Delegates were concerned about several issues, including: vandalism, maintaining gardens over school summer holidays and environmental health issues.

Delegates had experienced various ways of addressing problems of vandalism. One project with a garden on an isolated site had just accessed funding to put up a fence around the garden. Another project preferred to ensure that their community garden was accessible to all residents living in their local built-up area and kept the garden open at weekends, despite having to clean up after vandals on a regular basis. Several projects had found that involving local young people in garden activities, such as decorating the garden, did help prevent vandalism, even if this was sometimes only for a short period of time.

Roots and Fruits has plans to work with the after-school clubs to try to make sure that school gardens are maintained over the school summer holidays. Other delegates said that they had experience of either involving local volunteers in the school garden over the summer, or school janitors had offered to maintain gardens.

Some delegates had experience of teachers or environmental health officers who were concerned that produce in the garden might be contaminated or not cleaned properly prior to consumption. Some delegates addressed these concerns by washing and using the produce in the school kitchen. Other delegates said that children took the garden produce home with them. Others made sure that children washed produce before consumption. Many of the delegates agreed that there appeared to be some inconsistent messages about health and safety/environmental health issues across Scotland and were keen for CFHS to raise awareness of this with the appropriate agencies.

## Workshop Five: Policy - at your assistance

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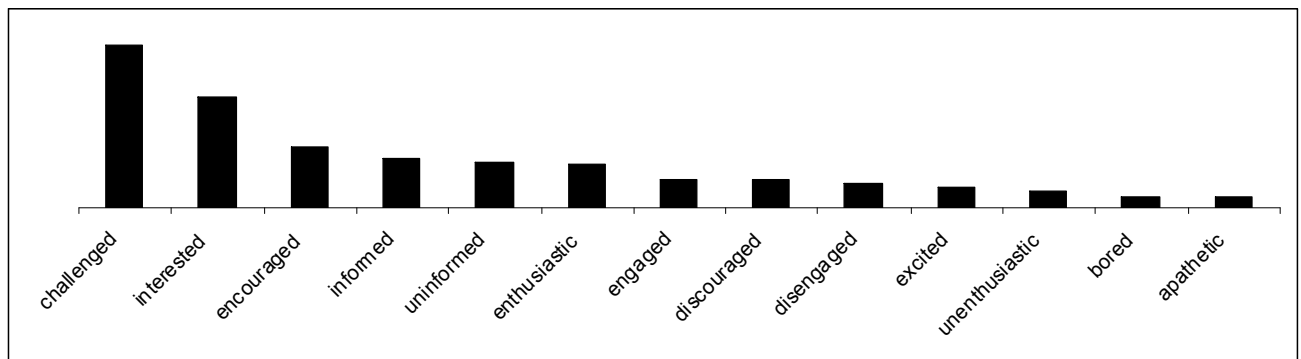
**Bill Gray, Community Food and Health (Scotland), and Lizanne Conway, NHS Health Scotland**

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A key aspect of this workshop, which was held twice, was the large interest both sessions attracted. The well-attended workshops reflected both the enthusiasm and frustration felt over the links, or lack of, between policy and practice.

All the participants were able to name a policy they felt their work was driven by. Although many chose the Scottish Diet Action Plan it was notable that as many felt closer to their local Regeneration Outcome Agreement or Joint Health Improvement Plan.

When asked to select words that best described how they currently felt about linking policy and practice, responses ranged from 'excited' to 'bored', but 'challenged' was by far the most common choice with other positive terms encouragingly highly placed.



Both workshops continued with a visual representation, using a sticky wall, of how Community Food and Health (Scotland) saw its origins through to its current workplan, informed by and informing the policy context. In the morning West Lothian Food and Health Development, and in the afternoon Have a Heart Paisley, volunteered to similarly place their endeavours within local and national policy frameworks.

The discussions that followed raised a number of key common concerns:

- The current Better Health, Better Care and National Food Policy consultations were short-term and immediate opportunities to inform future policy development.
- Aspects of the deliberations by the government task group looking at support for community-led health improvement were recognised as good practice, having been informed by local action as well as having effectively communicated back to the field. It was hoped that the implementation of the task group's recommendations would further strengthen the process.

- Apparent contradictions and inconsistencies that arise between policy objectives, research findings, funding priorities, and the support for practical action on the ground can be both frustrating and demotivating.
- While recognising the importance, it can be difficult for front-line initiatives to prioritise engaging with government or contributing to national policy development.
- Intermediary organisations, such as Community Food and Health (Scotland) and CHEX, have a major responsibility in encouraging and enabling both policy-makers and community initiatives to engage appropriately and effectively and to be as well-informed as possible.
- Unsecure funding within community initiatives, and career developments within government agencies, can both weaken often very productive relationships and put at risk invaluable 'organisational memory'.
- Perceptions of isolation and being 'out of the loop' highlight the constant need to support networking, sharing and collaboration.
- The energy and enthusiasm currently expended by initiatives sharing practice needs to be encouraged in terms of policy and planning.
- Policy priorities should drive practice but it is not unknown for practice to be ahead of policy, particularly when displaying 'joined-up thinking'.

In conclusion, there appeared to be no disagreement over the importance of ensuring that community-based activity around food is informed by, and informs, policy development, but a desire from some for greater assistance in doing so, and a frustration from others in the inconsistent outcomes when they do, was also evident. It was generally agreed however that it was in everyone's interest, as well as being everyone's responsibility, to contribute to the improvement of a difficult but essential process.

## Workshop Six: Help in store

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**Joanne O'Suilleabhain, Have a Heart Paisley**

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Joanne shared her experiences of working with Have a Heart Paisley (HaHP), allowing participants the opportunity to learn about and discuss experiences of working with small and independent retailers. Opportunities were also provided for participants to share their experiences with others on what types of guidance and support would best support their work in this sector.

HaHP has been funded as a national demonstration project through the Scottish Government originally receiving £6 million in 2000 to target heart disease in Paisley (population ~80,000).

The first phase from 2000 to 2004 worked across all settings with all age groups. Following this, the Scottish Government funded a second phase of the project, but with a more targeted approach. The second phase of the project therefore focused on middle-age and those with existing coronary heart disease and was granted a further £4 million.

The project has explored new ways of supporting adults with heart disease such as rehab programmes taking place in local leisure centres, rather than hospital units. A primary prevention project has been working with those aged 45-60 aiming to improve overall heart health. Eight health coaches have been trained with clients and have offered their support for a year. The process is client-led and includes smoking cessation, physical activity and diet, which all also include mental health and wellbeing.

In 2005, HaHP carried out a needs assessment with its clients to find out what they needed to support improvements in their health. Overwhelmingly clients stated that they needed support with practical skills such as cookery classes and weight management. 32% reported that they wanted fruit and vegetables to be more affordable. While aware that there was a need to keep the primary prevention project work within their remit, the team felt that there was scope to work more widely with retailers based in the community. By working with small, local, independent retailers the team found it could be more targeted and have a greater impact on supply and demand of produce to its client group.

All clients working with health trainers and requesting dietary advice and support are offered £2-off vouchers for fruit and vegetables to use with retailers on a weekly basis (to create a habit of purchasing fruit and vegetables as a part of weekly shopping). Clients have an ID card which they have to present with the voucher and vouchers are completed by the health trainers, including the dates for use during the eight weeks of the voucher programme. The scheme was piloted in seven shops in the Paisley area and there are now 30 shops in which the vouchers are accepted, many of whom are one-off independents. Retailers were recruited through cold calling and invoice HaHP for the cost of the vouchers used in their shop.

The project formed closer links with retailers, for example by supporting a local retailer to improve the take-up of its home delivery scheme. HaHP asked the retailer to produce a smaller vegetable box for £2.75 which was then delivered free of charge to a client and advertised through the primary prevention project. The retailer charges HaHP £1 for delivery of each box.

HaHP has also connected their retail work with the Scottish Grocers Federation Healthy Living Programme to improve displays and layout inside the shops and promote fruit and vegetables; this has in turn helped them gain access to small retailers.

This 'signposting to affordable fruit and vegetables' project of HaHP is evaluated on a regular basis through a project diary, interviews with retailers, focus groups with health trainers and data analysis which looks at the uptake of vouchers.

The work of Have a Heart Paisley draws to a close at the end of February 2008.

Learning from Have a Heart Paisley will continue to be disseminated, under the umbrella of Anticipatory Care, by Health Scotland and a wide range of learning materials relating to all aspects of Have a Heart Paisley's work will be available from the Heart Health Learning Network (HHLN) at [www.healthscotland.com/hearthealth](http://www.healthscotland.com/hearthealth). This includes the final report for 'Signposting to affordable fruit and vegetables within Have a Heart Paisley Phase 2'.

Formal evaluation of the project is being undertaken by the Research Unit of Health Behaviour Change at the University of Edinburgh. These documents will also be available from the HHLN.

Feedback from workshop discussions can be found in Appendix Two.

# Workshop Seven: Working in a community

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## Michelle Murdoch, Milton Food Project

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The purpose of this workshop was for participants to learn more about the experience of the Milton Food Project in Glasgow: how it has developed over the years, the challenges it has faced, how these challenges have been overcome and where the project sees itself going in the future.

### Background

Michelle kicked off with an ice-breaker 'bingo' game to get everybody to introduce themselves and start chatting. She then spoke about the history of the project and the reasons behind its establishment.

The very beginnings of the project go back ten years when the volunteer-led food co-op at Milton Resource Centre, after high demand in the community, received extra funding to set up a community shop and community initiatives. The project expanded into a community shop selling fresh fruit and veg, bread, milk and household goods. From then on the project went from strength to strength, its weaning pack was rolled out in North Glasgow and in 2003 fruit barras in schools and community venues were launched. In 2004 the project started to work alongside the oral health promoters. In 2005 the 'Waist Winners', a weight management programme, was set up as a pilot. This eight-week programme aims to help participants get to grips with nutrition messages and better manage their weight. The programme has been so successful that the NHS has now taken it over as part of their 'Keep Well' programme.

### Why Milton Food Project came about?

Michelle went on to explain how the lack of local shopping facilities and very limited access to fresh affordable produce in this area of high deprivation had led to the Food Project being set up. Other determining factors included a high incidence of tooth decay in the under 5s, along with the results of a 2003 residents' survey which revealed that only 28% of local people said they ate one piece of fruit a day, with only 9% saying they ate five portions of fruit and veg a day.

### What does Milton do?

Michelle then focused her talk on the project's current initiatives and its impressive range of activity in the community.

Here is a taste of what Milton do:

- Free deliveries of fruit and veg to:
  - elderly and/or housebound people
  - community groups
  - nurseries.
- Community shop, which as well as functioning as a retail facility, also delivers to cafés and fruit barras

- Initiatives in local schools such as Healthy Heart Healthy Body. This teaches the children about the heart and factors that affect it such as, diet, exercise, smoking, etc. The children also get a chance to sample healthy tasters. Along with the Active Schools co-ordinators the project runs Healthy Transitions within local primary schools. The children take part in a health talk, then taste a variety of foods, trying to tell which is the healthiest.
- Weaning sessions. These have now been rolled out across the city. The weaning packs include a blender, a masher, an ice-cube tray, a bowl and spoon (cost £5 per pack).
- Cookery demonstrations within local community venues as well as one-off sessions at community events, open days, fun days etc. and participation in Men's Health Day.
- Toddlers and parents healthy eating workshops.
- Waist Winners weight management programme which offers sessions three times a week in the community for eight weeks.
- Cookery courses, namely the Food and Mood classes.
- Fruit barras in local sheltered housing, schools and nurseries.

### **What next for Milton?**

Michelle updated the group on recent developments and future plans for the project. She explained that Milton was currently organising a leaflet drop in partnership with other organisations to raise awareness of the project as widely as possible across the local area. Another ambition is to encourage greater ownership of the community shop by local people, which is seen as crucial in encouraging maximum use of the service. To do this, Milton has been considering involving local young people in the creation of a mural or banner to decorate the outside of the shop and promote the service. It has also received funding to start a community garden, where it will be growing small amounts of fruit, vegetables and herbs and also promoting wildlife. The aim is to involve the local nursery and primary schools.

Michelle concluded her talk by explaining what she believed Milton was good at and how this had helped to sustain the project so far, despite only yearly funding. A crucial element of Milton's success, according to Michelle, has been its capacity for joined-up working, its pro-active approach to new challenges and its close links to the Health Board. Milton is now thinking of looking at potential business developments for the project.

### **Group exercise**

Each workshop participant was asked to think about an idea they would like to develop in relation to their project/organisation, how they would go about doing it and what challenges they might encounter. The group was then split in two, with half the participants taking on the role of 'consultants' who were expected to advise on ways of overcoming the challenges to their 'client's' idea. The exercise was based on 'speed dating' and after three minutes the 'client' would move on to a new 'consultant' and then the groups would alternate so that each participant got a chance to be both client and consultant. The aim of the exercise was for participants to test new ideas with others who are not necessarily familiar with their organisation, look at things differently, be inspired and learn from others.

For more information about Milton Food Project, contact Michelle Murdoch, project manager at [michelle\\_murdoch@anniesland.ac.uk](mailto:michelle_murdoch@anniesland.ac.uk) or on 0141 772 7423.

## Workshop Eight: Mental health, wellbeing and the bigger picture

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**Alex Gilmour and John Brodie, Hamilton Connect Service and Jill Alexander, a Community Dietitian, with Carla Hulbert, Jean Love, Lorraine Stewart and Lyndsay Davis from Mansfield Resource Centre**

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Alex and John led a discussion on the difficulties that people who are experiencing mental health problems have in making changes to their diet and also looked at the potential for improving areas of their wellbeing.

Adults who use Mansfield Resource Centre and attend cookery sessions talked about how the **healthyliving award** is being introduced there and their involvement in this process. Some resources to assist communication with adults with learning disabilities were also discussed.

**The Richmond Fellowship Scotland Hamilton Connect Service** supports people experiencing poor mental health. RFS provides support to people in their homes as well as facilitating day activities. The Wellbeing Group is a men's health pilot project and men can join the group according to their need. Historically, men have been a difficult group to engage with around their health and wellbeing. Some of the activities in the group focus on community learning activities, Braveheart programme, diabetes, blood glucose, blood pressure checks, alcohol, alternative therapies and physical activities.

The healthy eating element of the group focuses on identifying healthy choices, as well as support to prepare healthy meals. A tutor visits the group every month for a cooking demonstration using recipes selected the previous session. About four dishes are prepared during this session including starters, main meals and low fat versions of snacks like scones and muffins. The tutor, through discussion, supports the group to look at the health benefits of the various ingredients being used and at cooking methods, as well as looking at how food can impact on wellbeing through the Food and Mood pack which generates a lot of discussion.

During the demonstration discussion continues, with practical questions like how do you remove the skin from ingredients, where to purchase items and issues around price and quality.

The main aim of these sessions and their format is to increase the motivation of the group and also to look at how what is put into food can be monitored and controlled. Group members can take the dishes home along with the recipes and benefit from tasting and sampling the food. Outwith the sessions, RFS staff support group members to shop for and try out the recipes in their own homes. Using and purchasing fresh ingredients is emphasised. Members have enthusiastically prepared meals at home from a wide range of recipes including healthy breakfasts like porridge, and stir-fries, mince and tatties and spaghetti bolognese. They are also encouraged to freeze extra portions to eat at another time. Issues around food safety and hygiene are integral to the learning, and representatives from the local environmental health office came to visit the group and supported learning on food



preparation, storage etc. Assistance was also welcomed during Adult Learners week to support members to read recipe ingredients more easily themselves.

The food and health element of this project has been evaluated with evidence of positive qualitative outcome indicators.

'Wee changes, big outcomes!!!'

**Mansfield Resource Centre:** Jill Alexander explained a bit about her partnership work with Mansfield Resource Centre in East Lothian, what they do and how they became involved in healthier eating. Starting in June 2007 one of their first activities was to run a REHIS Food and Health Training Course.

Following this members of the **healthyliving award** (hla) team came along to the centre to:

- tell the users and staff about the award.
- help them to understand the changes that would be required to their menu.
- talk in general about healthy living and healthy eating.

The service users wanted to see an improvement in their menu choices by having more healthy choices available to them to help improve their diet. Four clients were involved in working with staff to prepare foods and these individuals practised preparing foods and developing healthier alternatives to the existing menu items.

The workshop then heard from two of the clients and the staff about their experiences of working towards the hla and the changes that they made to the foods they enjoyed:

"Enjoyed healthy eating and the development of a healthier cheesecake."

"We hoped that people didn't notice the changes we made to their favourite dishes, for example the apple crumble is a favourite but we have made it healthier by adding oats and making other broad changes."

"The hla is very searching and comprehensive and working towards achieving it has helped the diet of clients and their understanding of the food that they eat."

"The language and information used with clients is very important and getting them to eat more healthy options is the priority – we can educate them about more detail if required but after we have reached the goal of getting them to make healthy choices."

"We really are experiencing a culture change away from pie and chips to healthier eating – this is massive and cannot be underestimated."

"The whole centre is using the hla and this framework is excellent."

For more information about the **healthyliving award** visit [www.healthylivingaward.co.uk](http://www.healthylivingaward.co.uk)



**Afternoon workshops**



## Workshop Two: Practical skills, healthy communities

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**Libby Nimmo and Laurie Campbell, Building Healthy Communities, Upper Nithsdale, with support from the cookery project leader Lynn Forsyth and course participants (Primary 6 schoolchildren and their parents/carers)**

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This workshop introduced the work of Building Healthy Communities (BHC), describing its journey, its work with parents and children and how the schools and other agencies have been involved. Some of the parents/carers and children involved were on hand to tell their stories, with a DVD presentation bringing their story alive. There was also an opportunity for discussion, learning and sharing on work with parents and children.

This workshop highlighted a local programme to improve the health and cookery skills of the local population through the provision of cookery classes for Primary 6 children **and** their parents/carers.

The BHC programme was initially funded by the Big Lottery Fund but this ran out in 2003. NHS Dumfries and Galloway has been its core-funder since last year.

BHC carried out a Participatory Appraisal (PA) exercise on streets and in schools etc. and found that there had been a loss of cooking skills. It was suggested that this was due to lifestyle changes with more parents/carers out at work. The PA report recommended that a cooking project should be run.

Cooking classes with P6 children and their parents/carers were held at Academy School (which reduced health and safety barriers). This age-group was targeted as it supported their transition from primary to secondary school. They recruited three dedicated cookery leaders. Each pupil with their parent/carer was able to do four weeks of cooking (soup, main meal, old-fashioned tea and pudding). They ran seven groups in the last year, i.e. 28 weeks of cookery classes. The largest group was 10 adults and 10 children at one time.

One barrier they came up against was that some children did not have parents available (due to work or family breakups). Six S6 pupils were recruited as trainers for children who could not have parents/carers there. Children were asked at the very beginning what they wanted to make. This was listed and worked against.

The project commenced in September 2006 and so far 60 families have participated. At the end of the first block, there was a celebration of the project. They did a feast celebration at the end of the 28-week course and provided for 150 people.

CFHS has part-funded this project. Now other schools are looking at this model and hopefully it will be rolled out nationally.

Locally, there has been a real will to make this project happen and it is supported across a number of agencies. There are no plans to let this project go. One workshop participant suggested BHC track the impact of this course with the P6 pupils in a

couple of years' time to see the difference it has made to them. Laurie hopes this programme will still be around in 15 years time.

A definite outcome is that the parents and children are using the recipes at home. BHC have printed and distributed 150 'Rooky Cooky' A4 recipe books.

**Other key points:**

- This project has cost £4,000 for a 12-month project for 60 families.
- It is a child friendly, comfortable environment for parents to be in.
- It has been a good way for parents to show children that it is not wrong to ask for help if they are unsure about something.
- The leaders were central to the success and enthusiasm of the cooking project.
- Adult Literacy and Numeracy have offered to continue funding this project this year.
- A participatory appraisal approach to identify the community's needs was successful in demonstrating that this project came from the bottom up.
- Evaluation of the mentors has also been really positive, helping boost confidence.

## Workshop Three: Managing change

Linda MacDonald, The Hidden Gardens, Glasgow

Linda from The Hidden Gardens, a public garden and community resource in Glasgow, provided insights into the factors that have influenced their evolution from public gardens to community resource, in particular 'What are the drivers of change in third sector organisations and how do we manage them rather than them managing us?'.

The workshop started with a very apt quote from Lord Palmerston (*'Change? Change? Why do we need change? Things are quite bad enough already!'*) and then went on to use the example of The Hidden Gardens to show what changes they have undergone in the last four years, the factors that have driven them and how they have tried to be in control of these changes (rather than the other way about).

The Hidden Gardens was built by arts' organisation NVA on a brownfield site in Pollokshields, Glasgow, in 2003 after two years of consultation work with local communities. This area of Glasgow has a very high Black Minority Ethnic (BME) population (48% compared to 2% average for Scotland).

<b>The Hidden Gardens in 2003</b>	<b>Reason for Change</b>	<b>The Hidden Gardens in 2007</b>
Initial remit from community consultation and NVA: <ul style="list-style-type: none"> <li>•peace/integration work</li> <li>•arts project</li> <li>•'Scotland's sanctuary garden'</li> <li>•managed space that worked with people – more than just a physical space.</li> </ul>	Consulting communities about a hypothetical space is very different from actually engaging them in using it. Conflict of interests between being a national greenspace or a local community resource for Glasgow.	Still focus on integration work and still a managed space. New mission statement is 'to improve quality of life through improving people's integration, wellbeing and skills'. All their work has to fit one of these aims.
Lack of local strategic support structures (eg. no Community Health Partnership).	Limited partnership working.	Development of long-term relationships with partners; development of local strategic structures (CHCP and CPP have been set up) and proactive involvement with them.
No clear governance and management structures. Only two staff and no board.	No long-term strategy. If you don't know what difference you are trying to make it's difficult to know if you are doing it well	Clear sense of vision and aims; creation of the Hidden Gardens Trust; 17 staff and board with co-opted specialists.

No indoor space.	Limited how the Hidden Gardens was able to work	Creation of workshops and office space.
Programme of large scale public events ('festivals of light').	Big events sucked resources from other projects, didn't help achieve the garden's aim (to change people's lives) and visitors not re-engaging with the gardens after events	More focussed approach – regular sessions for cooking, allotments, addiction recovery instead of large one-off events.
One-off taster events with target groups.	Scatter-gun effect – no way of knowing how effective this is.	
Focus on generating revenue funding through trusts and foundations.	Ongoing treadmill – no time for planning	Business plan to look at long term funding strategies and diversification of income streams.

### Group Discussion:

After the presentation, the main topic of discussion was around management committees:

- General agreement that a strong board is essential – no room for 'passengers'. Some members on the board may be resistant to change – important they all share the same vision as the rest of the organisation. If possible encourage new members to join to avoid stagnation.
- Also recognised that boards are voluntary and sometimes lacking specific skills. Therefore, boards need guidance (eg. code of conduct), training (eg. board development day with facilitator) and sometimes co-opted specialists. Good communication with boards also essential.

### Take home messages:

- Funding should not be a driver for change – find funds to fit your strategic plan, not the other way around.
- Change is not optional – you need to respond to changes in your organisation's internal needs and in the external environment – accept it as a good thing rather than seeing it as a threat.
- Become a *learning* organisation – there are no *failures* just *learning opportunities*.
- Change doesn't have to mean expansion.
- Make sure you have solid management and governance structures.
- and...PLAN PLAN PLAN! Be proactive rather than reactive (The Hidden Gardens have found the LEAP monitoring and evaluation process very useful – [www.greenspacescotland.org.uk](http://www.greenspacescotland.org.uk))
- Learn when to say no. Don't just respond to requests – make sure all your work addresses your core aims.
- Communicate, consult and be consistent.

## Workshop Four: Community action and social research

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Sue Gregory, University of Edinburgh, and Debra Gimlin, University of Aberdeen

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Sue and Debra were representing SCOFF (Scottish Colloquium on Food and Feeding) which promotes the sociological study of food and health issues. The workshop looked at different kinds of social research that might be of value to community food and health projects. Real and potential projects and activities were examined and a discussion looked at some of the issues raised.

Sue and Debra described sociology as the branch of inquiry that looks at patterns and connections in social life and the ways in which people make sense of and negotiate both the public and private institutions of life. The relevance of sociology to food and health are apparent when we think of the food choices that are available to people and the reasons people make choices about food. Many of the people at the workshop were involved in projects that were either trying to widen the choices available to people, or influencing choices that people made about food.

Being involved in 'evaluation' or 'research' is unavoidable for most community food and health projects. Whether it is knowing what impact your project is making, persuading funders that you are doing what you said you would do, or simply deciding how best to make a difference, you will need to use or access research skills. Sue and Debra gave a whistle-stop tour of the following research methods and participants in the workshops discussed in groups how they could apply it to their own situations.

**Quantitative research** which asks the 'what' question and is usually carried out by using survey methods in sociological studies.

**Qualitative research** which asks the 'why' question and has a range of methodologies in sociological studies including participant observation, focus groups and one-to-one interviews.

A wide range of potential research questions were discussed in the small groups.

Some of the issues raised were:

- Validation of the research/evaluation that is undertaken by community health projects. It was felt the degree to which work needed to be validated depended on who it was for.
- Dissemination of research – should it only go to funders or be more widely shared?
- It is important to know why you are doing research and who the audience for it is, as this might determine what you do and how you do it.



## Workshop Five: Happy Heart - practical lessons from five years' work in Edinburgh

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Jill Alexander, Dalbir Kaur and Rozina Mohammed, Khush Dil (Happy Heart) South Asian Project

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This workshop described the work of Khush Dil within Black Minority Ethnic (BME) communities in Edinburgh, how it has been shaped, what has been achieved, where it is now and future developments. It also included small group work looking at food issues, the barriers to healthy eating and accessing services. Experiences of running activities within this community were also shared.

Jill opened the workshop by talking about Khush Dil, which was established in 2002 in recognition of the significantly increased risk of developing coronary heart disease among the South Asian population in Edinburgh.

Jill spoke about the different aspects to Khush Dil's work. The main focus of the work was the clinical screening of community members for factors that indicate an increased risk of developing coronary heart disease. The screening was used as a means of bringing people into the project. Community workers have been employed to build strong links with the South Asian community which has resulted in a range of culturally-sensitive services and activities being developed. These have included an exercise programme, training in basic life support, cookery workshops, weaning workshops, promoting the **healthyliving award** with caterers, development of an allotment, and encouraging shops run by South Asian community members to participate in the Scottish Grocers' Federation Healthy Living Programme. Members of the South Asian community value the services because they are culturally sensitive.

Jill added that the funding for Khush Dil is finishing next year, with some of the services being incorporated into the work of MEHIP (Minority Ethnic Health Improvement Project).

The workshop participants were then split into three groups. The groups discussed one of the following:

- How healthy is the Asian diet?
- What are some of the barriers to South Asian people eating more healthily?
- What are the barriers to accessing services – what might prevent people getting involved?

The workshop participants were then given an opportunity to try two typical South Asian dishes, prepared for the day – Imlı Pani (tamarind juice) and Channa Chaat (a chickpea dish).

Following the tasting session, the participants were again split into three groups to discuss one of the following:

- What advantage is there in having a multicultural allotment?
- How are cooking sessions helpful to women who already cook well?
- Planning an event – at a family health fair, how would you make the food appealing?

The feedback from both sets of workshops is included in Appendix Three.

## Workshop Six: Participatory Appraisal (PA) and planning

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**Irene Scott Johnston, NHS Dumfries and Galloway, and Anne Jepson, Bridgend Community Allotment Health Project, Edinburgh**

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Irene gave the group examples of her experiences of using participatory approaches with a wide range of groups in the Stewartry area of Dumfries and Galloway. Anne spoke about her experience of using participatory approaches within a community garden setting in Edinburgh.

To kick off the session, the pair introduced a participatory appraisal method - a bean swapping game. Each individual was given five beans, half the participants were given one colour bean and the other half were given another colour (counters or any other small items can be used instead). For this activity, participants discussed their ideas and expectations of this workshop with another person in the room with a different colour bean to them. When they had finished swapping ideas, they swapped beans and then each met with another person. The aim was that individuals would finish the activity when they had a completely different set of beans from when they started the activity.

The group was then introduced to another PA tool. They were asked to write their ideas and expectations on individual Post-it notes and to then place them on a 'sticky wall' (a piece of special fabric hung on a wall that has been treated with 3M spray mount to make it sticky). Two individuals volunteered to sort the Post-it notes into groups of notes with similar themes. This was explained as being a useful method for sorting out ideas in meeting or other situations. Inviting each individual to write their ideas on Post-it notes can also be a useful way of avoiding one or two members of a group dominating discussions. Several workshop delegates had experiences of using these types of methods in their communities and workplaces.

Irene presented the background to PA. She explained that many participatory appraisal approaches had initially been developed in Third World countries. This is because the visual or active methods involved in PA are useful for engaging with people and can help ensure that the whole community get involved in shaping development and making changes.

Anne discussed her use of PA approaches in the Bridgend Allotment Health Project, for example, in starting up and developing this community-based project. Irene explained how she had used PA approaches to involve people in decision-making in various situations, including discussing transport and food access issues with elderly groups. As well as involving people in decision-making, Irene has also used visual PA tools to promote healthy eating.

Other delegates shared their experiences and ideas of using PA approaches. Several people had used 'H diagrams' to find out people's views and others had used Post-it notes to find out people's ideas in meetings. Some had used PA approaches in their partnership work and with community groups whereas others had less experience of this. The discussion gave delegates the opportunity to learn new ideas for introducing PA into their workplaces and communities.

## **Workshop Seven: Food, health and homelessness**

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**Lisa Fallowfield, Aberdeen Foyer**

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The aim of this workshop was for participants to share their experiences of food and health work with homeless people, based on the activities of Aberdeen Foyer with young homeless people (aged 16-25) living in supported accommodation.

Lisa Fallowfield, Health Projects Manager at the Foyer, kicked off the session with an introduction to the Foyer concept and some background on the project.

Aberdeen Foyer is one of three Foyers in Scotland and one of over 130 operating throughout the UK, all of which work to enable homeless and disadvantaged young people gain social and economic independence. The Foyer concept was introduced to the UK from France in the early 1990s, in response to escalating youth homelessness and unemployment. Foyers seek to break the 'no home, no job – no job, no home' cycle, which entraps many young people, and provides specialist support across a wide range of services aimed at developing skills and independence and a move into employment, training, education and independent living.

### **Health Promoting Foyer**

Lisa went on to discuss the Foyer's health promotion work. She explained that the 'Health Promoting Foyer' concept promoted by Aberdeen Foyer is based on a partnership between a variety of local homelessness and health agencies. Its principles lie in recognising and addressing the crucial links between health issues and the chaotic lifestyles, homelessness and unemployment experienced by most of the young people who engage in Foyer services. Lisa explained that, due to a high incidence of poor diet in Foyer residents, the main areas of work within the Health Promoting Foyer programme involved raising awareness and understanding of healthy food choices; improving practical skills around cooking, budgeting etc; improving access to healthy food choices; providing information, support and advice; and supporting local and national campaigns and local policy. Lisa went on to explain how the integration of health, and therefore food work, in all strands of Foyer Learning had been key to the success of its health promotion activity so far. She gave workshop participants a range of practical examples of how food and health play a key role within Foyer Learning, namely within the Princes Trust, Lifeshapers Programme, Get Into Life Programme and the ICDRS (Integrated Community Drug Rehabilitation Service) Wellbeing Programme.

### **Group exercise**

Participants then broke into small groups to work on a series of case studies based on real-life examples from Lisa's work. The aim of the exercise was to offer participants a chance to reflect on the information provided by Lisa and to think about the different ways in which they can support their own service-users to make changes in relation to food and healthier lifestyles.

Each case study described the situation of a young homeless person i.e. their living arrangements, their food and health issues, their family context etc. Each group was asked to identify what some of the issues might be for that individual in relation to food and possible ways of supporting them to address those issues.

As each case study was very specific, here is a summary of some of the common themes/interventions suggested by the groups:

- introduce service-user to cooking skills and 'healthy eating' workshops
- offer taster sessions and healthy samplers
- offer input from a dietician
- one-to-one support if group environment not suitable
- help with budgeting skills
- work with a support worker on a care plan that addresses various aspects of the service-user's health issues, including food ('holistic' approach)
- support service-user to engage with other services
- support service-user to access food co-ops, food projects, subsidised fruit and vegetables through homeless projects, growing projects etc.
- provide subtle health messages – start where people 'are at'
- encourage socialising around food by organising cooking sessions where people eat together afterwards

For more information contact Lisa Fallowfield, Health Projects Manager, Aberdeen Foyer, email [LisaF@aberdeenfoyer.com](mailto:LisaF@aberdeenfoyer.com)

## Summing up

### **Karen Gerrard, Volunteer, Community Food Initiatives North East**

It has been a good opportunity to meet new people and find out what happens from where they're from. This time the volunteers have their say, in putting across what they do, in their communities.

Hope you have enjoyed the day as much as we have.

Thank you all.

### **Sarah Williams, Strategic Manager, Newham Food Access Partnership**

A report produced for Community Food Enterprise in Newham stated that 'food is a battle fought on the edge of many maps' and for once it was great to be amongst so many people for whom food is the core of their passion and work.

It was interesting to see what is going on in Scotland - and to see where England will be in a few years time! What was of particular interest was:

- the quality of the individuals and the understanding of the complexity of food;
- the fact that often as workers and professionals we have to take a leap of faith to get things moving and to change the status quo;
- the good work that is going on with retailers through the **healthyliving award** and Have a Heart Paisley; and
- the strength of the community sector and network in Scotland.

It seems now that it is important to consolidate the work and roll out the pilots across the board. Also to recognise the challenges that exist in Scotland, England and everywhere - which is partly because food is so holistic and links to everything so it is sometimes understandable that we can feel confused and overworked!

Finally the event confirmed the importance of networks and partnership, trying to bridge the gap between policy and practice and helping community groups to talk the talk and get policy makers to understand how to walk the walk.

### **Janet McVea, Team Leader, Food and Health Team, Scottish Government Public Health and Wellbeing Directorate**

Janet summed up her general impressions of what she had heard on the day using the words "energy, optimism and realism" and welcomed the "breadth of work, experience and responsiveness to communities" that participants had shared during the day. Janet emphasised the priority that new Ministers attach to tackling health inequalities and to the food and health agenda. She reiterated the importance of participants taking part in the consultation on 'Better Health, Better Care' and in due course to discussions regarding the proposed National Food Policy for Scotland; and noted that future food and health action plans will continue to focus on the key areas of improving access to affordable healthy food in lower income and vulnerable communities, in particular for families with young children.

## Participants List

(contact details given where permission received)

Jill Alexander (now left)	Khush Dil	0131 537 4585
Vicky Allen	Broxburn Family Centre	01506 857158 vicky@broxburnfamilycentre.org
Mahmud Al-Gailani	Health Strategy Group	0131 467 7678 info@healthstrategygroup.org.uk
Jane Anderson	Milton Food Project	0141 772 7423 Jane.Anderson@anniesland.ac.uk
Heather Apsley	NHS Health Scotland	0131 537 4722 heather.apsley@health.scot.nhs.uk
Rhonda Archibald	West Lothian CHCP	01506 771848 Rhonda.Archibald@wt.scot.nhs.uk
Kate Barlow	NHS Health Scotland	0131 537 4736 Kate.Barlow@health.scot.nhs.uk
Denise Beattie	Have a Heart Paisley	denise.beattie@renver-pct.scot.nhs.uk
Monique Beetge	Pilton Community Health Project	0131 551 1671 admin@pchp.org.uk
Clare Bell	WELFHED	01506 775631 clare.bell@westlothian.gov.uk
Lynne Belton	Denny Community Flat	01324 824623 staff@thecommunityflat.org.uk
Jay Berry	Food Standards Agency Wales	02920 678953 jay.berry@foodstandards.gsi.gov.uk
Paul Bridges	Getting Better Together	01501 825800 paulgbt@fsmail.net
John Brodie	Richmond Fellowship Scotland	01698 455532 hamilton@trfs.org.uk
Beryl Brooks	Jannys Hoose Healthy Living Centre	01463 226348 jean.jannyshouse@scotnet.co.uk
Gillian Brown	Healthy Valleys	01555 880666 julia@healthyvalleys.org.uk
Jane Bunting	REHIS	0131 225 5444
Joanne Burns	healthyliving award	0141 226 5261 jburns@scotconsumer.org.uk
Moyra Burns	NHS Lothian	0131 536 3542 moyra.burns@lhb.scot.nhs.uk
Joan Cairnie	Elmwood College	01334 658815

		jcairnie@elmwood.ac.uk
Laurie Campbell	Building Healthy Communities Upper Nithsdale	01659 67701
Liz Campbell	Stirling Health and Wellbeing Alliance	01786 445760 info@shwastirling.freereserve.co.uk
Myra Campbell	Jannys Hoose Healthy Living Centre	01463 226348 jannyshoose@scotnet.co.uk
Sarah Cannon	The Food Access Network	0207 837 1228 sarah@sustainweb.org
Louise Capaldi	Glasgow Learning Disability Partnership	0141 276 3600
Lyndsay Clark	NHS Fife	01592 226498 lyndsay.clarke@fife-pct.scot.nhs.uk
Jeannie Collier	Edinburgh Cyrenians	0131 554 3900 goodfood@cyrenians.org.uk
Lizanne Conway	NHS Health Scotland	0141 300 1010 lizanne.conway@health.scot.nhs.uk
Ellen Crossan	South Dennistoun Neighbourhood Centre	0141 554 5315 ellen-sdnc@btconnect.com
Alex Cunningham	Anam Cara Living Centre	0141 336 8093 al.anam-cara@btconnect.com
Lyndsey Davis	Mansfield Resource Centre	0131 665 9309 drowse@eastlothian.gov.uk
Mary Deans	NHS Lothian	0131 672 9530 mary.deans@lpct.scot.nhs.uk
Sharon Dickens	Scottish Churches Housing Action	0131 477 4556 sharon@churches-housing.org
Lesley Dible	South Edinburgh Healthy Living Initiative	0131 664 0555
Sarah Donaldson	The Health Strategy Group	0131 467 7678 info@healthstrategygroup.org.uk
Nan Dougal	Coalsnaughton Fruit and Veg Barra	01259 759099
Lynne Drysdale	Stirling Health and Wellbeing Alliance	01786 445760 info@shwastirling.freereserve.co.uk
Julian Duncan	Good Beginnings	01324 411802 juliand046@hotmail.com
Peter Faassen de Heer	Scottish Government	0131 244 3574 peter.faassendeheer@scotland.gsi.gov.uk
Lisa Fallowfield	Aberdeen Foyer	01224 252366 lisaf@aberdeenfoyer.com
Maureen Farquhar	Sainsbury's	01224 209821
Donna Feehan	Childcare First	0141 848 9664



Maureen Finch	Building Healthy Communities Upper Nithsdale	01659 67701
Karen Gerrard	Community Food Initiatives North East	01224 596166
Tracy Gibson	Tullibody Healthy Living Initiative	01254 724374
Alex Gilmour	Richmond Fellowship Scotland	01698 455552 Hamilton@trfs.org.uk
Debra Gimlin	SCOFF	01224 272771 d.gimlin@abdn.ac.uk
Carol Golightly	NHS Lothian	01875 810901 carolanne.golightly@lpct.scot.nhs.uk
Susan Grace	North Lanarkshire Council	01236 812725 graces@northlan.gov.uk
Dawn Graham	3D Drumchapel	0141 944 5740 dawn.graham@hotmail.co.uk
Susan Gregory	SCOFF	0131 650 6199 s.gregory@ed.ac.uk
Kathy Guinnee	Food Standards Agency Scotland	01224 285113 Kathleen.Guinnee@foodstandards.gsi.gov.uk
Cathy Hamilton	Midlothian Surestart	01875 825826 cathyhamilton@tiscali.co.uk
Elizabeth Hamilton	Glenboig Community Café	01236 875054
Wendy Handley	Eurohouse	01786 431155 wendy.handley@nhs.net
Moira Haston	NHS Lothian	01968 671521 moira.haston@lpct.scot.nhs.uk
Claire Holmes	Western Health Action Zone	028 7188 0221 claire@westernhaz.org
Julia Howatson	Healthy Valleys	01555 880666 julia@healthyvalleys.org.uk
Carla Hulbert	Mansfield Resource Centre	0131 665 9309 drowse@eastlothian.gov.uk
Tracey Hunter	North Lanarkshire Federation of Food Co-ops	0141 771 9043
Carrie James	The Salvation Army	01324 627425
Anne Jepson	Bridgend Community Allotment Health Project	07789 500388 anne.jepson@lpct.scot.nhs.uk
Annette Johnson	NHS Grampian	01224 558671 annette.johnson2@nhs.net
Irene Johnston	NHS Dumfries and Galloway	01556 505705 ijohnston@nhs.net

Sheila Johnston	NCH	01463 712572 Sheila.Johnston@nch.org.uk
Sara Kane	Jannys Hoose Healthy Living Centre	01463 226348 jean.jannyschoose@scotnet.co.uk
Dalbir Kaur	Khush Dil	0131 537 4585 Dalbir.Kaur@lpct.scot.nhs.uk
Linda Kay	Health Strategy Group	0131 467 7678 info@healthstrategygroup.org.uk
Ellen Kirk	Space 44	0131 652 0999 elkirk77@gmail.com
Naomi Knights	Federation of City Farms and Community Gardens	0131 623 7058 naomi@farmgarden.org.uk
Ellen Leckie	Rainbow Nursery	0141 840 4080 rainbow@childcarefirst.com
Ann Lolley	Broughty Ferry Environmental Project	01382 436932
Jean Love	Mansfield Resource Centre	0131 665 3909 drowse@eastlothian.gov.uk
Kirsty MacColl	Forward Scotland (now with the Community Retailing Network)	01967 431611
Jean Mackay	Jannys Hoose Healthy Living Centre	01463 226 348 jean.jannyschoose@scotnet.co.uk
Marjory Macleod	Khush Dil	07879 433228 marjory.macleod@lpct.scot.nhs.uk
Elaine McAlinden	Glenboig Neighbourhood House	01236 875054
Campbell McDermid	Salvation Army	01324 627425 dropin.falkirk@btconnect.com
Avis McDonald	WELFEHD	01506 429000 avis123@welfehd.co.uk
Linda McDonald	The Hidden Gardens	0141 433 2722
Charlie McKay	Rainbow Family Centre	01475 715724 chn284@inverclydeschools.gov.uk
George McKie	Community Food Initiatives North East	01224 596166
Pamela McKinlay	Roots and Fruits	01873 616337 roots.fruits@btinternet.com
Margaret McLaren	Bield Housing Association	0131 273 4092 m.mclaren@bield.co.uk
Blair McNeil	Gorgie City Farm	0131 337 4202 garden@gorgiecityfarm.org.uk
Janet McVea	Scottish Government	0131 244 2678 Janet.Mcvea@scotland.gsi.gov.uk

Anne Marie McVey	Healthy eating tutor	01698 814816 setis@bigfoot.com
Kate Malcolm	SureStart West Lothian	01506 775826 kate.malcolm@westlothian.gov.uk
Kate Marshall	West Lothian Council	01506 771790 kate.marshall@westlothian.gov.uk
Elizabeth Maxwell	Beth Strathdee	01294 602239 bethstrathdee@btinternet.com
Elsie Megginson	Community Food Initiatives North East	01224 596166
Elaine Milne	Colinton Community Compost	0131 4413479
Anne Mitchell	East Glasgow CHCP	0141 277 7460 Anne.Mitchell@ggc.scot.nhs.uk
Fiona Mitchell	Barnardo's Scotland	0131 334 9893 fiona.mitchell@barnardos.org.uk
Rozina Mohammed	Khush Dil	0131 537 4585 Rozina.Mohammed@lpct.scot.nhs.uk
John Molyneux	North Glasgow Community Food Initiative	0141 558 2600 ngcfi@yahoo.co.uk
Angela Moohan	West Lothian Council	01506 771724 angela.moohan@westlothian.gov.uk
Catriona Morrison	Kersiebank Community Project	01324 508720
Michelle Murdoch	Milton Food Project	0141 772 7423 Michelle_Murdoch@anniesland.ac.uk
Francis Murphy	Healthy Valleys	01555 880666 julia@healthyvalleys.org.uk
Gail Neill	Edinburgh Community Food Initiative	0131 467 7326 g.neill@ecfi.org.uk
Linda Newlands	Edinburgh Community Food Initiative	0131 467 7326 admin@ecfi.org.uk
Libby Nimmo	Building Healthy Communities Upper Nithsdale	01659 67701 libbyhc@btconnect.com
Joanne O'Donnell	Glasgow City Council Education Services	0141 582 0130 JO'Donnell@hyndland-sec.glasgow.sch.uk
Joanne O'Suilleabhain	Have a Heart Paisley	0141 587 2479 joanne.o'suilleabhain@renver-pct.scot.nhs.uk
Amy Palmer	Thistle Foundation	0131 661 3366 apalmer@thistle.org.uk
Pamela Parlak	WELFEHD	pamela.parlak@westlothian.gov.uk
Anne Parr	Glenboig Neighbourhood House	

Diane Patrick	Kersiebank Community Project	01324 508750
Marie Claude Reid	Colinton Community Compost	0131 441 3479
Lyndsey Renfrew	NHS Tayside	01738 473507 l.renfrew@nhs.net
Kirsty Rice	Scottish Nutrition and Diet Resources Initiative	0141 331 8479 kirsty.rice@gcal.ac.uk
Angela Robertson	St Peter's Primary School	01224 485611 arobertson@st-peters.aberdeen.sch.uk
Michael Robinson	The Shore	01382 435435
Emma Roe	The Children's Garden	
Nuala Roger	Edinburgh Community Food Initiative	0131 467 7326 nuala@drsleith.org.uk
Debbie Ross	NHS Forth Valley	01259 724324 deborah.ross@nhs.net
James Ross	Getting Better Together	01501 825800
Eirini Roussi	Queen Margaret University	0131 3173532
Sarah-Jayne Rowles	Food Standards Agency Wales	02920 678963 sarah-jayne.rowles@foodstandards.gsi.gov.uk
Alison Sampson	Sainsbury's	Alison.Sampson@sainsburys.co.uk
Greig Sandilands	North Glasgow Community Food Initiative	0141 558 2500 ngcfi@yahoo.co.uk
Clementine Sandison	The Hidden Gardens	0141 433 2722 clem@thehiddengardens.org.uk
Margaret Senior	Project Scotland	01873 616337 roots.fruits@btinternet.com
Rose Sehkzinka	North Glasgow Community Food Initiative	
Ian Shankland	North Lanarkshire Federation of Food Co-ops (now Lanarkshire Community Food and Health Partnership)	0141 771 9043 nlfedfood@btconnect.com
Marjorie Shepherd	East Lothian Council	01620 827236 mshepherd@eastlothian.gov.uk
Dave Simmers	Community Food Initiatives North East	
Dorothy Simpson	Balerno Food Co-op	0131 449 5105 dorothy.simpson@tiscali.co.uk
Lois Smith	Westfield Community Centre	01324 508520
Dimitros Spanos	Glasgow Learning Disability Partnership	0141 276 4900
Moirra Stalker	healthylivingaward	0141 226 5261 mstalker@scotconsumer.org.uk

Lorraine Stewart	Mansfield Resource Centre	0131 665 9309 drowse@eastlothian.gov.uk
Stella Stewart	Fife Community Food Project	stella.stewart@fife.gov.uk
Susan Strain	Enable Scotland	0141 225 1656 susan.strain@enable.org.uk
Janette Taylor	Coalsnaughton Fruit and Veg Barra	01259 759099
Jeanette Thacker	Denny Community Flat	01324 824623
Caroline Thomson	Food Standards Agency Scotland	01224 285163 Caroline.Thomson@foodstandards.gsi.gov.uk
Celeste Thomson	Fife Community Food Project	01592 411266
Lora Thomson	Bridges Project	0131 665 1621 lthomson@bridgesproject.org.uk
Robert Thomson	Edinburgh Community Food Initiative	0131 467 7326
Deborah Vanstone	All Round Care	01383 505314 d.vanstone@nhs.net
Amanda Wainwright	Children First	Amanda.Wainwright@children1st.org.uk
Rachel Wallace	Whitehills Health and Community Care	01307 475161 rwallace@nhs.net
Alasdair Watt	Anam Cara Living Centre	0141 336 8093 al.anam-cara@btconnect.com
Hugo Whitaker	South Edinburgh Healthy Living Initiative	0131 664 0555
Sarah Williams	Newham Food Access Partnership	020 8536 8882 sarah.williams@east-potential.org.uk
John Worsley	NHS Dumfries and Galloway	01387 344410 john.worsley@nhs.net
Steven Wray	East Lothian Council	01620 627509 swray@eastlothian.gov.uk
Denise Young	Balerno Food Co-op	0131 477 7733 denise.young@balernochs.edin.sch.uk
Ama Bibiana Zirra	Pilton Community Health Project	0131 551 1671 dramazirra@yahoo.com

# Appendix One

## Workshop Two (am) Children and parents

### Inverness Family Project

To start the session off Sheila led an exercise aimed at helping people think about discrimination. The exercise particularly focused on how people from the Gypsy travelling community have been discriminated against for example offensive words used towards them.

#### **Names/expressions used by people for Gypsy travellers**

*tinkers/tinks*  
*migrant workers*  
*pikies*  
*lucky white heather*  
*gypos*  
*come to your door and you feel obliged to buy from them*  
*scroungers*  
*mingers*  
*pegs and lace*  
*hawkers*  
*fortune tellers*

*"Tink, tinker, tank. Mink, manker, mank."* A children's rhyme not meant with malice but perceived as so to those it is directed at. The correct term is 'Romany' with an individual person known as a 'rom'. The term for a non Romany person is 'gadgy' which means unclean.

The workers learned about the culture and lifestyle of Gypsy travellers from the families the project worked with. This was difficult at times due to cultural differences. This prompted discussions about the Gypsy traveller way of life. However, having an awareness of cultural differences helped build a deeper understanding of this group, their needs and expectations.

#### **Prejudices (experienced by gypsy traveller community)**

- Irish travellers do not see themselves as Romany or gypsy travellers.
- A lot of negative press and views of Gypsy travellers. Often singled out.
- A lack of will to understand this group.
- Untidiness of areas solely blamed on this group.
- If something negative happens, the whole group judged on that experience.

#### **Some points on Romany culture and customs**

- Families are very hospitable and visitors are invited in. To not accept this invitation implies that they are thought to be unclean.
- Most homes will not have running water which can be an issue for food hygiene.
- Romany use separate soaps for upper and lower parts of the body.
- Romany live in three settings called familiars (family groups) or Kampnya (unrelated groups).
- Menstruating women are not allowed to prepare food.

- Young girls have a lot of freedom until they reach puberty when more restrictions are placed on them.
- Males expect to be and are waited on by women.
- Romany has a language/dialect of its own; however there is no written language. Romany speak English and their own language very fast which requires patience and good listening skills if you are a non-speaker.

**Some general key points highlighted in relation to working with vulnerable parent and children groups**

- It takes time to build relationships.
- It is important to consider working within parents'/families' own environment as well as at their own pace.
- Short-term funding is not helpful.
- Delivery and implementation of work depends very much on other workers, volunteers, other agencies, health boards and local authorities.
- It is important to link work to local plans.
- There can be a lot of barriers to overcome but these can be addressed over time.
- Planning activities can be difficult as sometimes attendance can be erratic or families not at home when visited.
- Issues of lone working.

## Appendix Two

### Workshop Six (am) Help in store

#### 1. What areas of information or support would help you to work with this sector better and overcome some of the challenges you face?

- the need for a toolkit for food access workers to support their relationship and approach with local food retailers, giving information on the language of profit and loss, wastage, suppliers etc;
- the need for case-studies of successful collaborations with local retailers. When working with community food projects, there is not a 'one-size-fits-all' approach, but rather the need for tailored schemes;
- the need for partnership working with other agencies;
- information on the health improvement outcomes of similar schemes;
- small business guidelines, such as language, marketing, promotion, sales etc; and
- information on legal issues, such as state funding of private enterprise.

(The feedback score for the Scottish Grocers' Federation programme was 10, and for case studies was 8.)

#### 2. What are the challenges of working with small retailers?

- ensuring there is one in every village
- balancing profit/loss/wastage
- getting over ingrained conservatism
- boosting demand and supply
- encouraging healthy sales to children e.g. promoting fruit instead of sweets.

#### 3. What are the opportunities of working with small retailers?

- working more closely with the Scottish Grocers Federation – working in partnership to engage community food projects with small retailers;
- understanding the 'mindset' of the small retailer – understanding that profit is a driving factor, and working with this in positive ways to address food access;
- working more closely with wholesalers to support efficient distribution processes and more efficient 'stock management';
- developing a toolkit for small retailers addressing issues such as picking out perishable items such as rotten fruit from displays to keep stock fresher for longer, keeping displays attractive, bright and fresh; and
- small retailers are often reliant on 'health and food' people, to boost demand among local people for healthy food, so that the shop in turn can increase the supply of fruit and vegetables that they stock.



## Questions to Joanne from workshop participants

1. *How do you monitor what people buy and/or the variety of what people are buying?*

Joanne said that one of the challenges of working with small retailers is that it can be hard to get sales figures – the fear that you are a tax inspector runs deep! However, 15 out of the 30 shops they are working with are members of the Scottish Grocers Federation project, through which useful sales data is available. These kinds of figures are essential for monitoring how successful the project is.

2. *How do you know if people are using the fruit and vegetables they buy?*

There are various evaluation methods such as telephone interviews, a life-style questionnaire, and health coaches who give support in aspects such as cooking skills and healthy eating recipes.

The voucher database tracks the use of vouchers (there is a membership number on each voucher). Socioeconomic data on each client is traceable, plus details of spend across age/gender/deprivation category and when/where vouchers are spent.

3. *Does the use of vouchers ever get abused?*

Mechanisms are in place such as the use of ID cards. Joanne did say that some shopkeepers can be a bit strict about them, and sometimes this has negatively hindered the success of the scheme.

## Appendix Three

### Workshop Five (pm)

#### Happy Heart – Practical lessons from five years' work in Edinburgh

Feedback from workshops

#### How healthy is the Asian diet?

- Diet is high in fat although no higher (and lower in some cases) than the Scottish diet.
- Oil is not measured or used with caution.
- Ghee still being used and butter is added to food such as dhals (less so in Sikh community).
- Fried food such as samosa and pakora are eaten at parties and as snacks at informal gatherings.
- Sweetmeats such as mithaee, jelabi, rasmalai etc. are eaten at celebrations and as snacks.
- Salt is used in all meals.
- Vegetables are cooked for a long time.
- Fish tends to be fried.
- Fruit is not eaten regularly.
- Salad or raw or lightly cooked vegetables are not always served as an accompaniment to meals.
- Western and Eastern foodstuffs are eaten increasingly by the younger generation.
- Fewer meals are cooked from scratch as more young women go to work, with children receiving more convenience food and fewer traditional curry dishes.
- Fizzy drinks are favoured above water/juice.
- There is regular eating in temples and mosques, where members of the community are cooking meals on rotation.
- Ramadan can be a lavish affair in between fasting although the Koran states stomach should be one third food, one third water and one third air.
- There is a good use of herbs and spices, many of which are digestive aids, or anti-inflammatories.
- The typical meal pattern is one meal a day, with snacks eaten throughout the day e.g.  
*Breakfast - tea and rusk/jam and toast or paratha*  
*Lunch - nothing, or late afternoon snack such as tea and biscuits*  
*Evening meal - curries with chappati/rice – pulses, meat, fish*
- Portion control at evening meal.

#### What are some of the barriers to South Asian people eating more healthily?

- Tradition – women doing most of the cooking and may not like change.
- Younger women having to seek permission to change from elders.
- Men not wanting change and not being part of the discussion around change.
- Meat is favoured by men. There is also an expectation that meals will consist of freshly-prepared food each day.

- Islam does not favour food waste and so all food at meals should be eaten.
- Families eating very late especially man and wife due to work patterns.
- Men eating at work e.g. in shop or in restaurant.
- People at home missing meal at lunch time and only having one meal a day, with snacks eaten at other meal times.
- Social isolation which means that people have no information about healthy eating e.g. elderly people living alone and reliant on lunch club once a week, low income families (for example Bangladeshi women).
- Women are working, so more convenience foods are used, with no coherent food pattern for children.
- Exercise and diet are not linked. Asian women take less exercise. Pakistani women are heavier. The waist/hip ratio is higher in Bangladeshi women.
- Events are always marked with food which tend to be high in fat/sugar/salt e.g. birth of a boy will be celebrated with mithaee – people may feel it is impossible to change.
- Belief that health is in God's hands.

### **What are the barriers to accessing services – what might prevent people getting involved?**

- Not mixing with men.
- Fear of rejection.
- Language barriers.
- Lack of confidence.
- Clothing type worn e.g. in sports classes by others – may not be suitable or be too revealing.
- May need permission from family member to attend.
- May need to be accompanied.
- May need childcare.
- May not use toilets i.e. if no jug to cleanse with.
- Exclusive female positions i.e. lifeguards would remove a barrier.
- Different culture – doesn't include clubbing/pubbing/TV programmes.
- Hard to reach some South Asian groups i.e. Bangladeshi women.
- Belief that health is in God's hands.

### **What advantage is there in having a multicultural allotment?**

- Sharing information within and between cultures e.g. rape leaves collected by women to cook mustard leaf curry or using fat hen, viewed as a weed here, in a vegetable curry.
- Encourages traditional cooking skills to be passed on to more people e.g. using traditional tool to cut/shred leaves .
- Bringing traditional seeds to the allotment and sharing how to grow, cultivate and cook them e.g. Bangladeshi seeds.
- Shared cooking sessions with other (non-Asian) groups e.g. different ways of cooking cabbage other than boiling it.
- Bartering produce between the various vegetable patches.

### **Other benefits:**

- extending exercise class beyond the “comfort zone” and into something new;
- offers an insight into community growing schemes and links people from different backgrounds, faiths and colours together;
- builds confidence among women;
- offers new opportunities and an activity to take up at home;
- may help with weight control if more vegetables are incorporated into meals and regular gardening undertaken;
- better use of own garden space and may lead to more private gardens being used to grow food which neighbours may see.

### **How are cooking sessions helpful to women who already cook well?**

- increasing their knowledge of nutrition;
- increasing their knowledge of the relationship between food, nutrition and coronary heart disease/diabetes;
- sharing their knowledge of healthier cooking methods which can be used in the group;
- being able to try traditional dishes in a safe environment, and being able to taste, discuss and trial at home;
- sharing recipes that work with other groups;
- demonstrating that modified recipes have worked with other groups;
- experimenting with variations on a theme i.e. fish/soups/different vegetables/salads;
- spreading this knowledge to other schemes i.e. lunch clubs for Asian people including elderly through healthy living award;
- experimenting with foods that group are not so familiar with but want more knowledge of e.g. pasta, oily fish;
- working with specific groups i.e. nursery children – food to increase choice/ trial with children in front of mothers, or, with Sikh women who regularly cook at the temple; and
- food policy work e.g. in Sikh temple – use of photos in kitchen to indicate to all groups using it that they should be aware of their use of salt and oil.

### **At a family health fair how would you make the food appropriate and appealing?**

- Use women who you have worked with in groups to come up with healthy menu.
- Hold a meeting with a group of women who are to be involved and explain the theme of the event and what activities are planned. Give them the opportunity to outline what their thoughts are. Find out how they would modify the meal and how long this might take.
- Pay women you know who will do the cooking but use guidelines with them so that they know what is expected.
- Pay a restaurant that you have connections with or that the community respects to supply the food – have meetings beforehand to make sure they understand what you want.

- Get volunteers on the day to help with the food and be very specific about what they are to prepare.
- Train a group of women over time and use them at events ie. Mela, temple event, health fair.
- Ensure more volunteers are available to distribute plated meals – sometimes men may come and wish to be served first.
- Make an announcement at the start of the event and again, if needed, before eating that the food will have less salt and oil and more vegetables than may be offered at home or at other large events. The caterer may be unhappy if his name is used and the recipe has been altered so it is important to let them know that the caterer has been involved in preparing meal according to guidelines.
- Check out the venue for cooking equipment as there are few places that have appropriate equipment. People may be happy with the caterer because s/he prepares halal food but be sensitive to non-halal eaters e.g. Sikhs.
- Make sure you understand the cultural make up of the group e.g. vegetarian/ halal/non-halal. Label as such and place apart

## Notes



**community  
food and health**

(scotland)

c/o Scottish Consumer Council  
Royal Exchange House  
100 Queen Street  
Glasgow G1 3DN  
Tel: 0141 226 5261  
Fax: 0141 221 0731

[www.communityfoodandhealth.org.uk](http://www.communityfoodandhealth.org.uk)