



**community
food and health**
(scotland)

Making a Difference

A workshop-based conference discussing the latest developments in food and health activities relating to policy and practice in Scotland

Thistle Hotel, Glasgow
11 November 2008

**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 these; 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

The Community Food and Health (Scotland) networking conference has become a welcome annual event for anyone working in community food and health in Scotland (and further afield). Events like the networking conference are important to develop our understanding, and insight to how groups and organisations are tackling health inequalities through food, and the difference each other's work is making.

The majority of our conference participants are working on the frontline and making a difference locally. Community and voluntary organisations are increasingly recognised as key partners in achieving health improvement nationally. There are also many systems being developed to track and record progress towards achieving national priorities and making a difference nationally. As this is not an easy task for anyone, CFHS encouraged participants to use every opportunity to take as much learning from the event's speakers and workshops as possible, to focus on how their local actions are contributing towards national priorities.

A wide variety of topics and subjects were suggested when developing the conference and were incorporated where possible into the event. A broad variety of community and voluntary organisations were represented, from Dumfries to Orkney, and the Western Isles. Attendance also included representation from the government's health directorates, local government and the NHS. This presented a great opportunity for those working at all levels to hear about work happening on the ground and to capture a picture of participants' contribution to delivering health improvement outcomes.

Programme

- 09.30 – 10.00** **Registration**
Tea and coffee
- 10.00 – 10.05** **Introduction and housekeeping**
CFHS
- 10.05 – 10.20** **Conference overview**
Moyra Burns, Health Promotion Manager, NHS Lothian
- 10.20 - 11.00** **Morning plenary**
Policy making a difference
Kay Barton, Deputy Director, Scottish Government Chief Medical Officer and Health Improvement Directorate
- Measurement making a difference**
Michael Craig, Public Health Advisor, Evidence for Action Team, NHS Health Scotland
- Activity making a difference**
Ian Shankland, Lanarkshire Community Food and Health Partnership
- 11.00** **Armistice Day** (two-minute silence)
- 11.02** **Table exercise**
leading to morning break 11.30 – 12.00
- 12.00 – 1.00** **Morning workshops**
- 1.00 – 2.00** **Lunch and marketplace**
- 2.00 – 3.15** **Afternoon workshops**
- 3.15 – 3.45** **Final plenary**
Dave Simmers – Strategic Director, Community Food Initiatives North East, and Food Champion for Food Access and Affordability: Food and Drink Leadership Forum
Kate Barlow – Co-ordinator, Food and Health Alliance, NHS Health Scotland
- Summing up**
‘What have you heard?’

Welcome

Moyra Burns, Health Promotion Manager and CFHS steering group member, welcomed participants to our conference. She emphasised that the theme of the event would focus on 'making a difference' and the important contribution from community food and health initiatives working towards achieving local, regional and national priorities.

Introducing the morning speakers, Moyra explained that they had been invited to give an insight into current thinking and developments in food and health. This, together with opportunities throughout the day to hear, listen and share experiences, was intended to provide an opportunity to:

- learn about some key policy drivers;
- learn about the different structures for measuring outcomes on health improvement;
- learn how these structures relate to work and activities on the ground; and
- learn how practice links to national priorities and targets.

Moyra acknowledged that this is not an easy task for anyone and encouraged participants to use every opportunity to take as much learning as possible from the event.

Moyra welcomed Ruth Campbell, the Scottish Government's Infant Nutrition Co-ordinator, to the conference and talked participants through her request for help with developing a Maternal and Infant Nutrition Strategy. Participants' attention was drawn to details of an online questionnaire in the conference delegate pack, which was established to map what activity is already underway around early years activity. Ruth is keen to hear from the community and voluntary sector as its contribution is recognised as crucial in taking the future strategy forward. Moyra appealed to participants to let the researchers know about work they are doing or planning which covers this topic.

Moyra also welcomed Dave Simmers, Strategic Co-ordinator Community Food Initiatives North East, in attendance as a food champion for food access and affordability on the Food and Drink Leadership Forum overseeing the next stages of a national food and drink policy for Scotland.

Moyra indicated that there was a graffiti wall available for participants to comment on anything they had heard throughout the day or anything else relating to the theme of the conference. She concluded by reiterating opportunities for networking and that CFHS was keen that no-one left at the end of the day without the opportunity to comment on what was heard or shared.

Morning plenary

The main focus of the **Making a Difference** conference was to consider the important contribution from community-based food and health initiatives working towards achieving national priorities on health improvement.

To set the scene Kay Barton, Deputy Director of the Scottish Government's Chief Medical Officer and Health Improvement Directorate, gave an overview of the big policy drivers currently in operation in Scotland, with tackling inequalities being a top priority.

Equally Well: Report on the Ministerial Taskforce on Health Inequalities published last summer established that tackling inequalities is a top priority for government that requires a cross-government approach. In the same way, a long-term approach to tackling obesity shares similar causes as inequality and contributes to some of the 'big killers' such as heart disease, stroke and cancer, as well as Type II diabetes. The **HEAL (Healthy Eating, Active Living)** action plan was also launched last summer and is building on previous policy in 'Let's Make Scotland More Active' and the 'Scottish Diet Action Plan'. This new policy involves a range of settings and delivery partners across all life stages.

Key to delivering improvement on all priorities, but particularly on health, will be the focus on putting policy into practice. Kay acknowledged a range of initiatives already in place as well as the valuable partnerships between local government, statutory agencies and the community and voluntary sector that are being developed through community planning and Single Outcome Agreements.

Considerable investment over three years has been committed by the Scottish Government as well as building the capacity and capability of all partners involved. This presents many opportunities to not only build on current good practice but also to shift practice where needed. Kay concluded that we are all in this for the long haul.

Michael Craig, Public Health Advisor, Evidence for Action Team with NHS Health Scotland, followed Kay and guided the conference through a whistle-stop tour of some of the top-level outcome frameworks for health improvement that are being developed by government, the NHS and local government to measure what is '**making a difference**'. Some of the national outcomes that relate to groups and organisations tackling health inequalities through food were highlighted:

- We live, longer, healthier lives.
- We have tackled the significant inequalities ...
- Our children have the best start in life ...

Michael focused on outcome themes relevant to participants, e.g. activities to promote healthy weight, and work with early years.

The overall aim for national performance frameworks is to:

- develop outcome-focused performance reporting;
- encourage more partnership working (community and voluntary sector included);
- harmonise performance management; and
- simplify external scrutiny.

An example of a performance framework for healthy weight is in Appendix 1.

Ian Shankland, from Lanarkshire Community Food and Health Partnership (LCFHP), concluded with a presentation about how LCFHP activities are making a difference and how they are working to demonstrate this to others.

Ian kicked off by mapping out how the availability of projects developed through LCFHP are located throughout the whole of North Lanarkshire. These include: food co-ops; fruit stalls (including NHS stalls); school and nursery schools (High Five for Fruit); community cafés; cooking classes; growing projects; home deliveries and more.

Ian explained that currently LCFHP is asked to measure and collect information such as: activity; size; turnover; cost benefit; surplus; number of customers and clients; and ethnicity.

Posing the questions:

'Do these indicators properly measure our outputs?'

'Can we prove that we are making a difference?'

Ian proposed these measurements to improve our evidence that we are 'making a difference':

- increases in knowledge and skills;
- behaviour changes; and
- changes in attitude and empowerment.

Ian concluded by suggesting ways we could be making more of a difference:

- closer partnership working between projects and areas;
- using outcomes/results to directly challenge funders' commitments; and
- closer integration between Third Sector and mainstream.

The speakers' presentations are available in full at www.commmunityfoodandhealth.org.uk

Table discussion: Confidence that activities are making a difference

To assist participants with networking and to measure views around the conference theme 'making a difference', participants took part in a short table discussion. Below is a summary of the main responses.

Participants were asked to discuss and comment individually on the following questions:

**How confident are you that your work activities make a difference?
Why or why not?**

and

**How confident are you that your work activities will make a difference in the future?
Why or why not?**

Given the short period of time in which to complete this exercise there was a very strong response, which highlighted many common attitudes and themes.

How confident are you that your work activities make a difference?

Participants were asked to indicate on a scale from 1-10 how confident they felt that their work is 'making a difference'. Participants responded mostly marked the high end of the scale indicating that they were feeling confident about the difference their work is making. The following comments elaborate more on why participants are feeling confident or not.

Why confident?

Feedback and evaluation. Many participants responded that their confidence rating was based on evaluation and monitoring, both internal and external, of their activities and services. In describing their evaluation activities, many commented that feedback was verbal and observational in relation to changes in behaviour and attitudes as well as increased skills, knowledge and confidence. Also highlighted as an indication of activities making a difference is the number of people engaged with, attending, and accessing local activities.

Community support and local buy-in is significant. Many commented this was as a result of engaging with communities about identifying local need, responding through good community links and partnership working, and the level of access to activities. Some participants added that this buy-in contributes towards empowered communities, leading to repeated contact with community members as they move within and on from activities.

Short-term outcomes are visible. However, some participants referred to the fact that longer-term outcomes are harder to measure and that support to measure both would be beneficial.

Embedding policy agenda in community initiatives for greater alliance with practice and activities around community food and health.

Secured funding achieved by some participants through mainstreaming to secure longer-term future.

Why not confident?

Evaluation. Some participants highlighted that it can be difficult to evaluate and evidence outcomes both in the short term (in some areas) and long term. Many reasons were given, e.g. it is difficult to follow up groups depending on their context and situation.

Short-term funding. Participants highlighted the difficulty of planning and developing work due to insecurity of funding. Some commented on their frustration: “high demand [for activities], little resources therefore difficult to increase participation.”

Lack of mainstreaming and endorsement of activities where there is confidence in impact.

Policy changes

Attitudes and behaviour. Many commented that it is still difficult to challenge ingrained habits and attitudes. ‘Hard to reach’ are still hard to reach.

How confident are you that your work activities will make a difference in the future?

Participants were asked to indicate on a scale from 1-10 how confident they felt that their work would ‘make a difference’ in the future. Participants who responded mostly marked the high end of the scale indicating that they were feeling confident that their work would make a difference in the future. The following comments elaborate more on why participants are feeling confident or not.

Why confident?

Community support. Participants responded that high local demand and participation in activities encourages confidence in future impact. Continuing commitment from partners can lever increased access to funding. If local communities experience services that are well-utilised, this will encourage more people to be involved and sustain the activities.

Policy. Some participants highlighted that agendas are becoming more aligned demonstrating increased government backing, e.g. Equally Well and more community and voluntary sector involvement in Anticipatory Care programmes. “More confidence that government is listening”. There is an expectation that work will inform policy more and could lead to programmes and remits expanding and being rolled out.

Partnership working and policies. Confident only if partnerships are sustained.

Why not confident?

Funding: Always an issue and mentioned frequently. Some participants focussed on impending funding concerns especially where projects funding was only secured to March 2009 (possibly Healthy Living Centres implied). Participants highlighted that sourcing funding can be a continual struggle and the accompanying frustration as it takes time away from work activities.

Economy. All sectors feel insecure in the current economic recession especially the community and voluntary sector. Local authority budget cuts are expected, as priorities compete for funding [and funding cuts]. There are hard decisions being made on frontline services. There are also concerns about how policies could change if the political leadership were to change.

Resources. Many participants referred to feeling stretched or lacking in resources, which is putting a strain on their ability to deliver activities and services. Many felt that resources need investment in order to deliver on policies and to demonstrate targets [locally, regionally, nationally] being met.” Without investment in resources it is difficult to drive objectives [forward].”

Time. The time required to change behaviours and attitudes can be frustrating. Several participants mentioned that some groups continue to be hard to engage with.

Impact measurement. Participants were unclear about how to do this in the long term due to insecurities mentioned previously and through loss of key people and projects, asking “What happens to the information?”

Capacity building. Participants indicated that building the capacity of staff and communities required resources and time, and as mentioned previously this was often in short supply.

Endorsement: support from others is not always forthcoming (some funders, some policy makers).

Private sector food providers. Participants referred to popular and well-known food providers that do not provide nutritional information in the same way other providers do. They felt this created or added to conflicting messages about healthier food options being promoted to consumers.

Morning workshops

Workshop One: Meeting the Shared Challenge programme

Elsbeth Gracey, Community Health Exchange (CHEX), Scottish Community Development Centre (SCDC), Glasgow

In this workshop participants had the opportunity to learn about a programme of work being led by SCDC and funded by NHS Health Scotland. A key theme of the support programme is developing a shared understanding of the outcomes of a community-led approach to health improvement and the link between these outcomes and national priorities. Participants also discussed this theme in relation to their work in communities.

The introductions highlighted the wide range of organisations, locations and responsibilities represented within the workshop.

Elsbeth began by giving the background to Meeting the Shared Challenge, from its roots in a government task group, through to the current support programme for community-led health improvement. She explained how the programme is facilitated by CHEX and the Scottish Community Development Centre, managed by NHS Health Scotland and funded by the Scottish Government.

The establishment of regional development groups was described, as was the disaggregation within many of them, and the development of a range of activities, from seminars and training to case studies, which each have, or are planning, based on what has been identified locally.

Lists of area leads and the first edition of the programme's quarterly magazine were circulated.¹

Participants then split into pairs and later fours, to look at what national priorities people are delivering on, why this is the focus of their work, and how they get others to recognise the difference they are making. Feedback identified a number of common themes including:

- The interaction between national and local priorities including the challenge to include both representative and participative decision-making (e.g. from government manifesto commitments to community questionnaires). This included the positive and negative aspects of work that is solely policy and/or funding driven.
- The importance of genuine and effective cross-directorate working where objectives relate in practice but not always in policy (e.g. environmental and social justice). The need for recognition and support for an increasingly integrated approach to work and joined-up thinking on the front line was identified.
- The importance of raising the profile of good grassroots evaluation and ensuring it has the influence and impact it merits.

"We're not just about health but also the environment and employability."

"It feels more joined up now but we need integrated working at all levels."

"We've got to show off a bit more and blow our own trumpets."

¹ Further information on the programme including the quarterly magazine is available from <http://www.scdc.org.uk/shared-challenge>

Workshop Two: Partnerships and evaluation

Ian Shankland, Lanarkshire Community Food and Health Partnership (LCFHP)

The aim of the workshop was to provide an opportunity to learn about an evaluation of, and the results from, the High Five for Fruit Project in North Lanarkshire by the University of Glasgow. Ian also discussed the benefits and spin-offs to partners involved as well as some of their thoughts on this evaluation.

Lanarkshire Community Food and Health Partnership found that an evaluation carried out by postgraduate students from Glasgow University gave its work a push forward. Ian, the manager of LCFHP, explained that he had worked in partnership with the students and the University to ensure that the evaluation delivered relevant information to inform the future direction of LCFHP.

The evaluation came about from discussions with NHS Lanarkshire and the University of Glasgow. Ian made contact with the University and it was decided that the evaluation would focus on the Fruit and Roots project run by the LCFHP in three Lanarkshire hospitals to increase fruit and vegetable consumption by patients and staff. Fruits and Roots operate a mobile food co-op near the main entrance of each hospital for one day a week. The project was promoted within the hospitals and it was hoped that staff and visitors as well as the patients would take the opportunity to purchase the fresh produce. The food co-ops open from early in the morning to catch the night staff going home as well as patients and visitors during the day.

Ian already knew from sales figures that the stalls were busier during the summer than the winter and trade was weather dependent. He wanted to know more about who was buying the produce and why.

To make sure the evaluation worked for all the partners involved: Ian, the students and the University had to work in partnership which involved more staff time from the LCFHP than first anticipated. Ian worked with the students to ensure the questionnaire was usable. Initially the students wanted to categorise users' body mass index; however Ian explained that this might put off some of his customers and so was not appropriate. Together Ian, his staff and the students put together a suitable questionnaire. LCFHP staff time was also given to helping the students carry out the questionnaire.

Lanarkshire Community Food and Health Partnership

is a community-based charity that aims to overcome barriers to healthy eating by working in disadvantaged communities across the area

LCFHP opened its first food co-op 18 years ago. It now supports 33 food co-ops, supplies nurseries with fruit, and works with 25 other groups in Lanarkshire on projects such as supplying fruit for sports days.

Fruit and vegetables are sold at a 10% mark-up. This covers the cost of unsold produce, and produce damaged in transit.

LCFHP currently has eight full-time staff and a turnover of half a million pounds, half of which is buying and selling fruit.

While the evaluation process took up much more staff time than Ian had anticipated, he found that the evaluation gave him access to techniques that generated statistical results, which had potential to be useful to the long-term future of the project.

The students learned from putting their knowledge to the test in a real-life situation. They were keen to publicise the results well because they wanted their work to be acknowledged.

Glasgow University found that working in a real-life situation demanded more time than they had allocated. The students struggled to deal with inconsistent data and to analyse some of the long answers to open questions. While the students found this frustrating, Ian was pleased to see a range of information gathered and saw the data, which did not correlate, as something, which could be used, as the basis for the next evaluation.

Ian found that the funders he worked with appeared to put more trust in research carried out by an academic body. He noticed that after reading the evaluation some funders wanted to move on from number-crunching the statistics and became more open to talking about other issues such as the underlying reasons for low fruit and vegetable consumption in Lanarkshire. The evaluation helped the funders to better understand the work of the project. There was also an acknowledgement from the funders that projects should not simply be rolled out across Lanarkshire but worked up to meet the needs of each particular area.

Useful links

Community Food and Health Scotland
Evaluation Support Scotland

www.communityfoodandhealth.org.uk
www.evaluationsupportscotland.org.uk

Workshop Three: Maternal health - how can we help?

Barbara Jessop, Food for Tot Development Worker, Greengables Nursery School and Family Centre

In this workshop, Barbara gave participants a look at how 'Food for Tot', an Edinburgh-based project, targets and works with pregnant women. It also explored how the project works together with other professionals and voluntary organisations to engage with pregnant women and families and gives them the skills and information to make their own informed choices.

Barbara began the workshop by giving some background to the Food for Tots project:

- The project began in 1999 with Sure Start funding (funded bi-yearly).
- A forum was established with its roots being in community education and cooking skills classes in Craigmillar.
- The project is hosted within an adult education base with nursery attached.
- The focus of the project is to address the wider issues via workshops – it's not just about learning to cook.
- The project's main focus is to begin with slightly older tots. However, the cooking classes have given attendees the opportunity to ask questions about foods that can be prepared for their babies too.
- A toolkit/resource pack called 'Food for thought' has been developed via Sure Start funding. (Barbara offered to send a copy of the manual to anyone interested, email: barbara.jessop@greengables-nur.edin.sch.uk)

The workshop then focused on the current approaches Food for Tots uses in engaging families:

- The project mostly works with parents with older tots but also focus on diet during pregnancy. However, it has been difficult to engage people during pregnancy.
- Most parents become involved with the project following the birth of their child, following close involvement with health visitors and post-natal clinics at point of weaning.
- Until recently, it has been rare for women to engage with the project during their pregnancy.
- Eighteen months ago, Craigmillar ran a pilot project with a range of staff across various agencies. They invited women in week 22-28 of their pregnancy to an antenatal fair that included book stalls, food, midwives, health visitors, displays with tasters/bags of free fruit, etc.
- It focused on the 'why and how' of food for tots, and antenatal food.
- The project offers the opportunity to talk to others in similar position as themselves, e.g. breastfeeding.
- The project covers 'bump to baby' as all services are in one place and then parents are invited back again post-natally to another fair.
- Although small scale, it seemed to make a huge difference to those participating.
- Greengables is currently in the process of setting up a Breastfeeding Café support group. So far, one girl from the local community has undergone breastfeeding support training.

Discussion on how this project is meeting targets

- The Scottish Diet Action Plan focused on the main themes of early years and maternal nutrition. Barbara reported that she works 11 hours each week with two hours supervision provided.
- Following the announcement of Scottish Government priorities for maternal and early years' nutrition Greengables aims to address these areas in their own little way.
- It was expressed that this is long-term work, e.g. local authorities are often looking for individual facts and figures about successful breastfeeding; however, it might be six years down the line, after three births, before breastfeeding post six months is successful with one individual.
- Families themselves are valuable for the ripple effect of knowledge, learning and practice with others.
- It was suggested that Youth Clubs could be a good setting to do awareness-raising with young people. Some queried whether breastfeeding information should be given to girls only or both genders.

Update from Ruth Campbell, Scottish Government Infant Nutrition Co-ordinator

Ruth announced earlier in the day an online mapping survey for the community and voluntary sector that aims to assist the development of an infant feeding strategy.

A letter to NHS Board Chief Executives recently announced that £19m is available across all Health Boards to improve the nutrition of women of child bearing age, pregnant women and children under five in disadvantaged areas. Ruth encouraged participants to contact their local groups in order to influence what that money is spent on.

Other discussion topics

Benefits of practical cookery classes

Cooking classes are a great vehicle to break down barriers and to enable discussion on wider areas. Classes help participants to pass on their knowledge to others and share cooking skills. It was felt that in order to impact change, opportunities to discuss diet and practice cooking skills are both required.

When is the best time to target on ante-natal nutrition?

Within Greengables women in week 22-28 are targeted; however, this is perhaps too late to look at folic acid and pregnancy. Suggestions made looked at raising awareness of folic acid and vitamin D in school settings, thereby making connections with diet now and how it can impact later in life. It was seen as difficult to know where to begin, e.g. with teenagers. It was suggested that family-planning clinics should have information more widely available on diet.

An interesting question was raised during the workshop session asking, "Where is the line between good nutrition generally and maternally?" It was perceived as important that diet during and after pregnancy should be discussed in the context of the wider family unit that many people live within.

'Books for Babies' project

It began as a Communications project but over the months it has been used to develop conversations about food for babies. The consequences of certain types of food for the health of the child were discussed, e.g. sucking a lolly or drinking a bottle of juice; this can lead to conversations about 'What's a good snack'? As a result, healthy eating messages can be delivered through other health professionals. However, attached to this is the importance of delivering a consistent message from all professional staff. Greengables is

also working with schools and nurseries to try and get them to consider the types of picture books they purchase, e.g. promoting the use of books with breast feeding pictures rather than bottle-feeding.

Budgets

Most people accessing support from Greengables are on benefits and always need to keep to a tight budget. Barbara aims to hand out recipe cards for healthy eating for the whole family and give examples of a bag of ingredients and how much it costs.

One problem noted was about how you plan for long-term outcomes when working in short-term funding.

Childcare is also a huge issue, as many projects are not allowed to use their funding to pay for childcare. This has been frustrating to many as they can't access the people they wish to attract to the sessions. The importance of face-to-face contact was noted.

OVERALL QUESTIONS FROM SESSION

- Is it good to separate maternal from general health?
- How and when should we engage regarding maternal health?
- How do we reach the people we're not yet reaching?

Workshop Four: Early years

Kenny Macdonald, DrumchapelLIFE, Glasgow

The aim of the workshop was for participants to hear and learn about 'The Food Dragons' programme led by DrumchapelLIFE, a Healthy Living Initiative in Glasgow. The workshop explored its work, its experience of partnership, and how the programme is fitting in to national priorities, as well as its involvement in the Early Years Self-evaluation Collaborative led by Community Food and Health (Scotland) and Evaluation Support Scotland.

DrumchapelLIFE has no physical 'centre' as such; activities take place in local resources already available in the area. The initiative's main aim is to build local capacity, work closely and in partnership with a variety of local groups and agencies to develop and facilitate a broad range of activities that address health improvement priorities such as food and diet, physical activity, drugs and alcohol.

The Food Dragons is a partnership project, developed by DrumchapelLIFE and carried out in association with local pre-five establishments and local businesses; Sainsbury's, Drumchapel Learning Community and, in the past, Drumchapel Fruit Barra' Network. Dragon characters are used to engage children, parents and adults and to brand the activity: Fruit, Soup, Snack and Pizza. Fundamentally, it is designed in a fun way to take simple messages about a healthier diet to children and their parents, supporting them to develop basic food preparation skills that they can use together at home.

The activity has two elements, taking place over two consecutive days.

Day one: Nursery staff work with children and available parents to develop ingredients lists and visual shopping lists, using cut-outs from magazines, etc. Children, nursery staff and parents go on a group-shopping trip to the local Sainsbury's.

Day two: A chef works with the children, nursery staff and parents in the nursery to prepare and cook simple balanced meals with an emphasis on health.

DrumchapelLIFE is in the process of developing a funding programme so that this activity can continue in the future. Several of the nurseries continue to carry out the activity, mainly with children and small numbers of parents (many others are working parents), using the recipes and equipment provided for the project.

Policy

The Food Dragons programme fits within a number of key national policies which highlight early years as a priority: Better Health, Better Care; Healthy Eating, Active Living (HEAL); Early Years Framework; and Equally Well.

Evaluation

At the outset of the project the initiative had developed a very simple tool for evaluation, recognising later that it was lacking in some important elements. Although feedback from the activity was overwhelmingly positive, its approach needed to be more systematic.

Being involved in the Self Evaluation Collaborative gave an opportunity to further develop the project by taking a more systematised approach with a clearly defined overall aim, a set of clear outcomes and indicators and a variety of ways of gathering information about indicators.

Discussion

Kenny posed the group some questions to kick start the discussion:

How do you decide what you can deliver? and **How are you going to get others to recognise the difference you make?**

Participants emphasised the importance of exploring local need so that the activities are right for the communities you work with. In order to have the capacity to facilitate similar activities it is really important to have a range of delivery partners working together. All agreed that getting parents involved can be a challenge for various reasons. Kenny spoke about parental involvement with the Food Dragons and its unexpected knock-on effect: getting parents leading and involved in other nursery activities, take up of training opportunities, and increased employment prospects.

It is important to consider and embed evaluation processes before you start so that you can track learning and skills before, and what has been developed during, and after, the activities. This can inform how you work with different groups and what works for them, how you might develop and change programmes, as well as gathering information and evidence about the impact of activities. Having this information is important for getting others to recognise the difference your work is making and sharing effective practice.

Participants also touched on what they had heard earlier in the morning about measuring outcomes, particularly in the long term. In relation to delivering on priorities this centred on how confident they are of their ability to cope with what appears to be quite complex outcome frameworks. This is a real challenge for many. The group expressed their understanding in that they do not feel they have been asked to do anything different but need support to reduce their anxieties about translating the language of outcome frameworks at ground level. They felt aware that evidence of impact will be needed to secure funding and pursue sustainability, but they require guidance on how to demonstrate this effectively and meaningfully.

Workshop Five: Designed to deliver

Michelle McCrindle, Chief Executive, and Bill Brack, Board Member, The Food Train, Dumfries and Galloway

This workshop described the work of 'The Food Train' a grocery shopping, befriending and household support service in Dumfries and Galloway, helping older/disabled people to live longer, healthier and more independent lives

Michelle began by outlining what she aimed to cover in the workshop and, in addition, workshop participants were asked to consider:

- What national priorities are being delivered by your organisation?
- How do you decide what you can deliver?
- How are you getting others to recognise the difference you make?

Origins and design

Access to good quality, affordable food is an increasing problem for older people in rural areas because of:

- many village shops closing;
- large out-of-town supermarkets dominating;
- poor transport links;
- financial reasons;
- tightening criteria of local health and social work departments; and
- undernourishment amongst older people.

Ageism, discrimination and inequality are real for Scotland's current older population and the Food Train provides services free from form-filling with instant access regardless of location, means or criteria with branches currently in Dumfries, Annan, Kirkcudbright, Wigtown, Stranraer and Sanquhar.

The Food Train

- Set up in 1995 as a non-profit making company limited by guarantee.
- A direct result of a community survey highlighting food access as an increasing problem for older people.
- Runs 52 weeks a year and provides additional services including carrying out small household tasks and befriending.
- Also a community group, social enterprise and voluntary organisation service-provider

Over 180 volunteers are involved with the participating 19 local shops contributing 4000 hours of social contact in a 200-square-mile area.

The service designed by the Food Train involved:

- establishing a need;
- listening to those in need; and
- involving stakeholders.

Experience

The grocery delivery service is kept simple – customers make up shopping lists, volunteers collect it, shops make up orders, volunteers then deliver, unpack and collect money. The home-service support, also known as Food Train EXTRA, provides social contact and befriending, support with home safety, and a variety of household tasks such as tending gardens, keeping house, small repairs etc., which may not be covered by current personal care packages.

This unique partnership of local volunteers, local grocery retailers and a wide variety of community partners allows the Food Train to make over 15,000 grocery deliveries each year, provide over 1,000 home support visits and collectively provide 4,000 hours of social contact every year to between 500 and 600 older people living in Dumfries and Galloway. Listening to customers and their needs has shown that a successful service needs to:

- be prepared;
- sell itself differently;
- listen to those in need - be their voice; and
- be patient.

National Priorities

Crucial to the Food Train's operations is the awareness and understanding of local, regional and national priorities and outcomes for health improvement and older people. In Scotland national policy documents have made reference to healthy ageing: "We will live, longer healthier lives" *Scottish Government, national outcome 6* describes what the government want to achieve; "Reduce proportion of people aged 65 and over admitted as emergency inpatients two or more times per year" and "Increase the % of people aged 65 and over with high levels of care needs who are cared for at home" *Scottish Government national indicators* that enable government to track progress on achieving outcomes.

The 'Independent Review of Free Personal and Nursing Care in Scotland' the Lord Sutherland report, published in April 2008, states that "there should be specific reference to securing the wellbeing of older people included within the Scottish Government's 15 National outcomes set out in its National Performance Framework"². The Food Train believes that older people have not figured prominently on political or funding radars in the past. Current priorities do lend themselves to the work of the Food Train but could be more specific to an older population.

Making a difference

There is a lot at stake if the population of Scotland is to age successfully:

- improved quality of life: better food access promoting greater independence;
- promoting good health with support;
- improved partnership working at all levels across all sectors;
- benefits for social/health care systems and budgets;
- community ownership, value and pride benefitting community.

It is important that the roles older people engage in are recognised: carers, employees, volunteers, consumers, investors and learners. Support and services should enable people's lives through choice and dignity, and current standard practices need to change.

² 'Independent Review of Free Personal and Nursing Care in Scotland' a report by Lord Sutherland, April 2008 www.scotland.gov.uk/Publications/2008/04/25105036/3

Overall benefits

The Food Train benefits customers in that access to food is improved; isolation is reduced; customers feel more independent and able; support is available to carers and family; other services can be accessed; and regular contact is maintained, which all lead to better wellbeing as a whole. Volunteers benefit in that they develop new skills and relationships, improve knowledge and confidence in a supportive environment, and can access training.

The views of the workshop participants are highlighted in Appendix 2.

Wider impacts on the community consist of: ownership by local people and local partners; economic benefits through private retail; more joined-up services, economic impact on social work and health-care budgets.

These impacts prove that the idea works, has proven results and is of value to a wider group of people – and that support should be provided.

The Food Train is planning to make a difference nationally in the months to come as the idea could be replicated across Scotland

For more information about the Food Train and its activities contact
Michelle McCrindle, Chief Executive, at everything@thefoodtrain.co.uk or on 01387
270800 www.thefoodtrain.co.uk

Workshop Six: Communities: healthy eating programme

Lesley McCranor and Julia Howatson, Healthy Valleys, South Lanarkshire

This workshop looked at the healthy eating programme delivered by Healthy Valleys, a Healthy Living Initiative operating in rural South Lanarkshire. Lesley and Julia divided the workshop participants into two groups. The following is a note of the presentation and discussion in one of these groups. However, the input into the second group was very similar.

Julia began by outlining the work of Healthy Valleys. She emphasised that the main themes of all the work fit into local and national strategies and contribute towards meeting their targets. She added that Healthy Valleys were now working in more communities in the area. She emphasised the importance of evaluation, and spoke about how the organisation tracks the progress of everyone who takes part in their activities to find out the impact that the activities have had on their health and wellbeing.

She then spoke in detail about the healthy eating programme offered by Healthy Valleys and the three main courses delivered: the Healthy Weaning initiative; 'Ready, Steady, Get Cooking'; and 'Feeding the Family'. The programme uses a peer education model i.e. recruiting course participants to become course volunteer tutors. The programme activities are delivered through partnership working (e.g. with the local authority or NHS meeting some of the associated costs, such as childcare).

- The **Healthy Weaning initiative** runs in community venues, training parents to deliver the course. The initiative has been adopted by NHS Lanarkshire who delivers the course in other areas. This programme is based on the book - 'First Food Fast for Babies' - using trained staff.
- **Ready, Steady, Get Cooking** is a cooking course delivered by Health Visitor trained volunteers in schools to Primary 7 pupils.
- **Feeding the Family** is a cooking course that is targeted at the most vulnerable families. While most are run for adults, three courses have been piloted with families with children in the first two years of secondary school.

In addition, Healthy Valleys has been running two weekly community food markets on a pilot basis. The volunteers involved are becoming a constituted group and taking over the management of the food markets, with support from Healthy Valleys.

Julia emphasised that the passion of the community volunteers is what makes the difference. William, one of Healthy Valleys volunteers, talked about why he had become involved in the healthy eating programme.

The workshop ended with a group exercise. One group considered setting up a growing scheme; the other establishing an early intervention programme for lone parents and children. Both groups were asked to discuss the following questions, relating to their topic, and then feed back to the other workshop participants:

- What do you want to achieve?
- What will this local food project looking like?
- Who will be involved?

Both groups treated the exercise differently, which is reflected in the feedback below.

Gardening scheme

- Wanted to achieve production of seasonal, local produce, which could be used in healthy eating classes. The scheme would also give people an opportunity to handle and taste fruit and vegetables, leading to behavioural change and encourage them to increase their intake of both.
- The project would encourage the growing of produce in all available growing space, including window boxes, particularly in schools. It would also encourage the growing of fruit and vegetables in council house gardens and at other council premises.
- The project would involve all relevant local agencies, food workers, community members (especially young people) and project volunteers

Early intervention programme

- A range of interventions would be used.
- The model used would make the most of the strength of volunteers i.e. new mums.
- The programme would be targeted at mums in ante-natal classes. Parents would be able to self-refer.
- Transport would be provided to ensure parents could attend.
- The success of the programme would be measured against the following outcomes: healthier babies; building of social networks; improved mental wellbeing amongst parents and children; reduction in social isolation; reduction of post-natal depression; and parents and babies having a healthy weight.
- The programme would link in with other health initiatives e.g. smoking cessation.
- The planning of the programme would be vitally important to ensure that it linked into national and local policies, strategies and frameworks (e.g. health improvement performance management framework). There would be a need to collect baseline information, and to use a range of evaluation techniques and tools to collect both quantitative and qualitative information.

Workshop Seven: Making a difference in Dumfries and Galloway

Tina Gibson, Public Health Practitioner, Karen Lewis, Director of Nithsdale Council of Voluntary Services (NCVS) and John Worsley, Senior Health Promotion Officer, NHS Dumfries and Galloway

This workshop highlighted some of the food and health activities that are being delivered in Dumfries and Galloway. The activities discussed were a newly opened social enterprise 'The Allotment'; and 'Train To Train' nutrition and cooking skills courses. Information about both of these activities is in the recently launched 'Food and Health Strategy and Action Plan for Dumfries and Galloway 2008-2013'.

The social enterprise

Tina and Karen started the workshop by talking about a new social enterprise in the area. 'The Allotment' is a new fruit and vegetable shop in the main shopping area in Dumfries, which opened in early October and is managed by one staff member and volunteers. It sells a wide range of fresh fruit and vegetables to the public but unlike the usual small shop, it has a 'loyalty' card scheme and sophisticated till system. The project has invested in an EPOS till which is able to target additional subsidy to low-income households who register with the shop. It helps the business to keep track of who is making use of the shop and thus provide evidence of meeting local needs, as well as allowing monitoring of consumption of fruit and vegetables within households. It also enables secondary marketing opportunities for other interventions.

The loyalty card scheme is open to all customers and those registered are entered into a free monthly prize draw. The loyalty card scheme also invites low-income households with additional support to apply for a 20% discount off all goods. The shop is registered to receive 'healthy start' vouchers and is the only venue in the local area that also provides vitamin drops for those using these vouchers.

The Allotment was set up as the result of participatory appraisal community work in the area, which highlighted a need for better access to affordable quality fruit and vegetables as well as advice on cooking. The shop is a partnership between NCVS and Nithsdale NHS Health Improvement Team. It is set up as a trading subsidiary of NCVS and has a Community Interest Company structure. Any surplus money made will be reinvested into anti-poverty activities. So far, the shop has been very popular with a wide range of local residents.

Future plans for The Allotment include investigating the possibility of rolling out similar shops to other towns where they are needed and providing placements and accreditation for those who wish to build their employability skills.

Train to Train cooking courses

John followed the presentation by telling the workshop about a project that is increasing cooking skills locally, particularly amongst disadvantaged groups. The 'Train To Train' cookery course actively promotes an interest in and enjoyment of cooking and eating healthy food by teaching cooking, nutrition and training skills. Individuals attending the course are encouraged and enabled to pass their skills onto others. Many of these will be

people working within support agencies who can pass their skills onto those that they work with.

Each course lasts 35 hours and includes nutrition skills awareness/training, practical cooking sessions and a one-day accredited elementary food hygiene course. Trainees are provided with ongoing support through a local network, and practical backup support as required. There is also a network newsletter to link and inform activities and ideas.

The project has been running for around two years and has provided training for 100 people. Over 90% go on to deliver and support one-to-one and small-group nutrition and cookery skills training within their support agencies. Others have become part of a small bank of community-based nutrition and cooking skills trainers within their communities.

Questions from the workshop

These included issues such as:

- ensuring that 'hard to reach' groups access activities;
- minimising fruit and vegetable waste in the community shop; and
- Fair Trade stock.

Good partnership working between organisations has helped to ensure that activities are accessed by a wide range of local people, including those who are sometimes 'hard to reach'.

So far, The Allotment has experienced very little food waste and it works closely with their supplier to ensure this.

The Allotment aims to sell 20% local produce. At present the shop does not stock Fair Trade or organic produce.

The Food and Health Strategy and Action Plan for Dumfries and Galloway 2008-2013 can be downloaded from www.nhsdg.scot.nhs.uk/dumfries/176.html

Afternoon workshops

Workshop One: Early years self-evaluation collaborative

Jacqui McDowell, Evaluation Support Scotland (ESS), Ger O’Riordan, Community Food and Health (Scotland) and some participants from the collaborative: Aileen Wilson and Gillian Neish, Burnfoot Community School, Hawick; Kate Smith, Edinburgh Community Food Initiative (Little Leithers); Stella Stewart, Fife Community Food Project; and Michelle Murdoch, The Hidden Gardens, Glasgow

This workshop provided an opportunity to hear about and learn from some of the groups involved and for participants to consider how their learning can help others show the difference their work is making.

Jacqui and Ger gave the participants some background on the Early Years Self-evaluation Collaborative which is supported by both their organisations and involves six community-based projects working with parents and children to develop and apply self-evaluation processes to their work. The three-stage collaborative has been developed in response to demand from local groups committed to raising their profiles and promoting the difference they were making.

- **Stage one** involved providing support to improve the group’s self-evaluation skills through joint training, site visits and one-to-one sessions. Groups reflected on their current practice and were introduced to various resources and tools, particularly the ‘weavers triangle’³
- **Stage two** involved how to use the evaluation information that is being gathered. Drafting mini-evaluation reports based on the information gathered so far has been a key component of this stage.
- **Stage three** will look at the impact gathering and applying evidence has had or will have on the groups themselves and their funders.

It was noted that the first stage was written up, the second was about to be disseminated and the final report due next summer⁴.

There already appears to be indications of increased skills and confidence as well as changes in practice. However, there have also been clear challenges around getting out of an outputs mindset, as well as ensuring there is adequate commitment from staff and line-management to the time, resources and energy required to evaluate adequately.

The session was completed with some speed-networking, allowing all the participants to discuss in small groups and in more detail, how the initiative has been used by four of the groups involved.

“Evaluation is important but it has also to be proportionate.”

“You’ve got to balance internal and external evaluation.”

³ www.evaluationsupportscotland.org/uk/downloads/WeaversTriangleadaptedfromCES.doc

⁴ The stage one interim report which gives information on the background to the initiative and the six participating projects as well as future reports from this project are available to download from www.communityfoodandhealth.org.uk

Workshop Two: Food, health and homelessness

Mandy Ramage and Diane Hendry, Randolph Crescent Hostel, Edinburgh

This workshop allowed participants to hear about the Randolph Crescent Hostel which provides support to people who are in recovery from alcohol and drug addiction. Mandy delivers a participatory education programme around cooking skills, budgeting for food, and basic nutrition to people using the service. The hostel is also developing a market garden and this workshop provided an opportunity to learn and share experiences from this work.

This workshop focused on sharing information regarding their programme of support, a 12- week programme for recovery and support which began in 2007. To obtain a placement on the programme, the residents must have a referral from their GP, harm protection worker, social worker or a through a court referral. People are unable to self-refer and must be over 18 years of age.

Activities begin every morning of the programme and include alternative/natural therapies; discussions such as reasons for developing an addiction; physical activity; and a participatory education programme.

Participatory Education Programme

The following is an example of activity in this programme: Food Skills Course. At the beginning of the programme it is common that residents are unable to cook. However after a period of experimenting with cooking different recipes each night their skills develop and improve. Sometimes the residents experience tasting some food items for the first time, e.g. fish such as salmon, or vegetables such as peppers. The residents are also shown how to budget their money for spending on food by planning their daily meals and writing their own weekly shopping list. The hostel currently has facilities to grow herbs in window boxes and is planning to develop a market garden in order to plant and grow seasonal organic vegetables in 2009. Due to limited resources, the staff are currently unable to formally monitor or evaluate the food skills course. However, staff have received excellent feedback from the participants about how helpful and beneficial the programme is in gaining a life skill.

The success rate of the whole programme is high, with residents generally going on to be re-housed and live independently. The realisation of positive outcomes from the participatory education programme around cooking skills, budgeting for food, and basic nutrition occurred to the team when the participants were re-housed. Previous participants reported that they have been cooking with friends and passing on their recipes.

Workshop Three: Networks and partnerships - using the links to make a difference

Susan Kennedy and Debbie Ross, Community Food Development Workers, NHS Forth Valley

This workshop enabled participants to look at how partnerships and networking can make a difference and benefit the community and/or projects. The workshop encouraged interaction using participatory appraisal methods and discussion stimulators.

Debbie and Susan explained that their roles are to support and encourage community food activities. They work with local people to try and break down barriers related to availability, culture, skills and affordability of food. They described the setting up of networks in Falkirk, Clackmannan and Stirling and the need for local discussion as to what a network can achieve.

Using a sticky wall (an approach which they highly recommended) they outlined their approach to networks:

Aim

To help organisations and communities working around food to link together and to act as a forum for the sharing of information and resources

Objectives

- to provide network opportunities;
- to encourage the sharing of good practice and ideas;
- to inform people about where they can access practical resources and materials including local produce; and
- to provide resources and information e.g. sources of funding, web site addresses, literature and training.

Key Elements

- Meetings are informal.
- Each meeting should have a focus e.g. resources or local produce.
- Aimed at ground workers.
- Does not target one organisation.
- Involve men's groups.
- Have guest speakers from local projects.
- Interactive meetings – not just listening and no PowerPoint presentations!
- Timings important - think about start time, allow time for meet and greet and comfort breaks.
- Have lunch so people can chat – use local resources e.g. community cafe.
- Venue should be in community area.
- Provide feedback to the group – e.g. report in newsletter.
- Use delegate packs – use freebies (seeds, pencils, bookmarks).
- Put posters up in room and provide information on resources, websites, application forms for grants, information about library resources.
- Have activities as discussion stimulator, e.g. making newspaper/posters on topics.

The group then split up into two groups to discuss a set of questions. These were then presented back to the group as a whole using the interactive sticky wall. Paper plates were useful for displaying comments and relationships. Answers were summarised as follows:

Who do you work with and who do you support?

Participants worked with and supported a wide range of bodies and individuals including CFHS; healthy living award; Church of Scotland; Barnados; Community Planning; Environmental Health; credit unions; NHS, e.g, speech and language therapy, health improvement teams, dietitians, health visitors; Stepwell; HEAL; Food and Health network; local Council; private sponsors; trusts; health development officers; local food projects; social workers; leisure providers; community halls; Get Cooking; food co-ops and markets; schools, nurseries and colleges; community orchards; allotments; jogging buddies; learning disability; 'ready steady get cooking'; 'feeding the family'; volunteers; domestic abuse groups; drug-related projects; access 2 health group; breakfast clubs; food strategy groups; homeless people; 'get-cooking-get-shopping'; old people; and young families. The connections between these groups were numerous.

Why did you come to the workshop?

Participants came for a variety of reasons, including;

- being new in post and wanting to meet like minded people/new friends;
- inspiration and sharing of ideas and experiences;
- confirmation that what they were doing was good practice – often feel isolated;
- to know how to evaluate what they are doing;
- to find out more about networking and partnerships;
- it's free and here will be friendly approachable people;
- to learn about networks to inform policy;
- to promote their own project;
- to find out what is happening elsewhere;
- to present at workshop and introduce volunteers
- to learn more about food;
- for ideas on where to take forward own work;
- to find out how networking is used as a tool; and
- met facilitator at another workshop and was taken with their enthusiasm.

How are you going to use it?

Ideas were as follows:

- help future planning;
- look at next year's project and use ideas learnt;
- consider new opportunities from expanding networks;
- explore longer-term funding -10 year plans, but three year funding;
- build on enthusiasm gained and new ways to do things.

Hopes, dreams and realities over the next 6-12 Months

Participants shared the following:

- follow up on contacts made;
- establish a network;
- enthused to do more, reinvigorated;
- lots of ideas to take back to work on;
- Scottish Government recognises the good work and practice of the voluntary sector and continues to invest.

Workshop Four: Food projects and social enterprise

Martha Wardrop and Greig Sandilands, North Glasgow Community Food Initiative

This workshop looked at social enterprise and how this business model can be applied to community food and health projects.

Martha began by asking everyone about their expectations of the workshop. Many participants stated that they wanted to find out more about social enterprise, including what has worked for other organisations, what the key drivers were, and how they have made their enterprise sustainable.

She then asked everyone what the term 'social enterprise' meant to them. A wide range of answers were given, including:

- It's a business with social aims.
- It generates income and reduces dependency on grants.
- Social enterprises reinvest profits into the business.
- It means being more accountable and having a recognised structure.
- It's about thinking who you'll sell to.
- It's about being in control of your own destiny.

Martha then spoke briefly about a number of organisations that operate using different social enterprise models, including Greencity Wholefoods (workers co-operative), Loch Fyne Oysters (employee ownership model), Forth Sector (social firm), the Big Issue, Kibble, and Coin Street Community Builders (development trust).

Greig then spoke about North Glasgow Community Food Initiative. Established in 2001 by Glasgow University students, it was initially set up to support asylum seekers that had been housed in the North Glasgow area. Since then, the organisation has grown and developed, helped by having a young and dynamic board. In the process of completing a business plan, the organisation is looking to expand, particularly into market gardening. They have produced a feasibility study, funded through the Big Lottery's 'Investing in Ideas' programme, which has identified a number of potential brownfield sites. NGCFI plans to buy land, which will be an asset for the organisation, then generate income from selling the crops grown on the land.

He spoke about the issues that NGCFI have identified relating to developing social enterprises, which include: having the capacity within the organisation to expand; the need for specialist support, ideally from a dedicated worker within the organisation; the need to play to the organisation's strengths; the need to have a vision to work towards; and the need to have a supportive board.

The participants were then split into four groups who were asked to consider the following four questions relating to developing ideas for social enterprises and to feed back their responses to the other participants.

- What do you want to achieve?
- How can social enterprise help you to achieve this?
- Where do you want your organisation to be in five years?

- What do you need to make this happen?

There were a number of common themes identified around the needs of organisations setting up as social enterprises, including:

- to remember why they were established and who they are serving;
- to have a clear business plan;
- to have enough capacity to take the business plan forward;
- to network with other social enterprises and learn from their experiences, including what has not worked;
- to consult with their clients and customers before making any decisions;
- to seek appropriate business support and advice; and
- to have a contingency plan to ensure consistency of service delivery.

It was suggested that CFHS could update 'Minding Their Own Business' and produce a new resource for community food initiatives considering setting up a social enterprise which includes examples of what has, and has not, worked for other organisations.

Workshop Five: Food distribution

Kirsty MacColl and Martin Meteyard, Community Retailing Network

Community-owned shops across Scotland are making a real difference – through access to fresh, healthy food, the hidden social functions that they play, and in supporting the local economy. Food distribution to small-scale remote shops can be difficult but this has partly been overcome through a partnership with the Co-operative Group which enables community co-operatives to access the Group's buying and distribution network. This workshop will discuss community-owned shops, the Community Retailing Network and food distribution.

Food distribution costs are often overlooked when community food initiatives plan their activity. Pricing is often based on the cost of produce when it is collected, with no allowance for transport costs. Experience shows that many community-based projects dealing with food struggle to get a good price for quality fresh produce with convenient delivery terms. Purchasing food can take up valuable time and the transport cost of food can be substantial, especially when fuel prices increase.

Many community-owned shops in the rural areas, particularly the Highlands and Islands, have been purchasing food from the Co-operative Group supermarket chain through a membership scheme which gives them direct delivery on the same terms as the Co-op's own shops.

The shops can also use the Co-op's Community Food Discount Card to get a 10% discount on items bought from their nearest Co-op store. This scheme is available to all community food initiatives with a nearby Co-operative Group store: covering the North, West Coast and some of the Central Belt. Martin explained that community food initiatives have flourished in rural areas where they have established a relationship with the Co-operative. Rural areas often have a less transient population, so a community shop can more easily build up a loyal customer base there than in urban areas.

Over the years many rural community food initiatives have had the opportunity to learn and network with each other. The Community Retailing Network has grown out of this work and the commitment of a founding group of community co-operatives. The Network was set up to support existing shops and set up new shops. Kirsty, who is the main point of contact for the Network, explained that the Network can also give advice on training and legislation. The Network offers a membership scheme for established shops and fledgling projects. The Network's regular newsletter helps members keep in contact and carries the latest news on support and member developments.

Kirsty explained that many community shops struggle with using multiple suppliers, maintaining a regular supply of perishable products and working on a much smaller scale than commercially run supermarkets and stores. Where community-based shops, co-ops and projects have secured a regular supply of good fresh produce, fruit and vegetable consumption has increased locally.

Participants in the room who were involved in community food initiatives were keen to share their experiences.

Eid Community Co-op Ltd

Based 20 miles from Lerwick in Shetland, Eid initially rented the ground floor of an old knitwear factory to set up a community co-op. It is now more than a shop and supplies the fruit in the local school and after-school club. By diversifying and increasing its customer base, it can now purchase whole boxes of fruit and vegetables which are then split up and sold between the shop and other customers such as the school.

Co Chomunn Na Hearadh (Harris Community Co-op)

Based 60 miles from Stornoway, this community shop started trading in 1979. Its turnover is now £782,000 a year, which includes not only groceries and produce but also a craft shop, tearoom, and delivery service to the elderly. The shop has noticed sales rise with the latest fuel increases, which makes the 60 mile drive to Stornoway a considerable expense for locals.

Girvan and District Food Co-op

This community food initiative in South Ayrshire retails fruit and vegetables and supports the Best Fed Babies scheme. It is run by 10 volunteers. The initiative would like to better support its volunteers so it can provide an improved service.

Community Food Initiatives North East (CFINE)

This network started by supporting food co-ops, which trade for an hour a week in low-income areas in and around Aberdeen. The network is a social enterprise and has recently successfully pioneered a differential pricing policy. The network has expanded its services and now trades with oil companies, schools and fast food outlets. To ensure that prices are affordable for the food co-ops in low-income neighbourhoods, CFINE charges its services at a higher rate to commercial companies.

For many community food initiatives the key question is: how do you scale up your modest and fragile service into a stand-alone business? Eatwell Scotland is a project just getting off the ground to help community food initiatives source good quality fresh produce at better prices. Eatwell is the product of six community food networks from across Scotland coming together with the help of Community Food and Health (Scotland) to work out how they can use their collective purchasing power. This project is in its early stages and aims to set up as a social enterprise with a turnover of more than £1 million worth of produce. It is currently working with West Lothian Food and Health Development (WELFEHD) to develop a central purchasing and distribution point.

The Allotment, Dumfries

Martin mentioned that he had been to a workshop in the morning run by this newly established social enterprise, which sells fruit and vegetables from a high street shop front. The project has been ambitious in setting up in a high street location instead of using an existing community building, and seems to be attracting more customers as a result.

Useful links:

The Community Retailing Network	www.communityretailing.co.uk
The Cooperative supermarket	www.co-operative.coop
The Scottish Grocers' Federation	www.scottishshop.org.uk

Workshop 6: Community food skills

Shiona Jenkins, Community Health Development Officer 'Get Cooking', and Rhonda Archibald, Food and Health Development Officer, West Lothian Health Improvement Team

This workshop offered participants the opportunity to get to know the Get Cooking project, which delivers a cooking skills programme, including budgeting skills, aimed at vulnerable groups and specific localities in West Lothian.

The workshop looked at the development of the project since receiving mainstream funding and how the integration of the project into statutory services is influenced by both local government and national priorities.

Shiona and Rhonda started the workshop by building the 'Get Cooking tree' on a sticky wall: see Appendix 2.

The **delivery of local cooking groups** is the main element of Get Cooking. The project is not advertised as the team work with established groups such as community groups, day centres, support groups, community houses and others. The team specifically work with targeted vulnerable groups.

Get Cooking also delivers **a training course** to give people the knowledge to deliver Get Cooking in the community, thus building capacity across West Lothian. This involves training staff to deliver Get Cooking as part of their job. A new course is being developed to provide a more flexible and accessible course. Get Cooking is also in the process submitting the training course for SQA accreditation.

The overall aim of Get Cooking is to put healthy eating on the agenda in West Lothian. Its objectives include:

- increased skills, confidence and knowledge in cooking;
- increased awareness and understanding of healthy eating, healthy cooking techniques and how to create healthy, balanced meals; and
- encouraging people and their families to eat and cook a wider range of foods

Get Cooking continually looks for opportunities to work in partnership with other departments and agencies in the area. This helps the team fund projects they would not normally be able to and opens the way for other possible funding streams. It also helps establish Get Cooking in other services, e.g. homelessness work, through and aftercare, housing support, inclusion teams, community education and mental health organisations. The project has also proved popular across all life stages, from parent and child groups, after school clubs, High School 'skills for life', to adults and 'golden oldies'.

Where we fit? Meeting national policy priorities ... to mention a few

- Equally Well – reducing health inequalities in healthy life expectancy and wellbeing generally.
- Healthy Eating, Active Living (HEAL) – an action plan to improve diet, physical activity and tackle obesity.

- Single Outcome Agreements (SOAs) – joint commitment between Community Planning Partnerships/Local Authorities and the Scottish Government to deliver an agreed set of 15 outcomes. A menu of 45 national indicators has been developed to track progress. Locally developed indicators can be used alongside national indicators.
- Better Health, Better Care – an action plan setting out the Government's programme to help people sustain and improve their health, especially in disadvantaged communities.
- Meeting the Shared Challenge Programme – to help public bodies and the community and voluntary sector to work together on strategies and activities that support communities to address health issues.
- Skills for Scotland – highlighting the value and wider benefits that learning can bring to individuals, society, communities and the economy.

How do these make a difference locally?

The West Lothian Food and Health Steering Group, supported by West Lothian Community Healthcare Partnership and West Lothian Health Improvement Fund, works with a range of partners to improve the nutritional status of the local population, particularly focusing on health inequalities.

A local Food and Health Action Plan was developed in response to policies outlined above, and priorities identified locally. The action plan particularly focuses on areas of deprivation and addressing health inequalities. One of its key objectives is to improve skills, confidence and knowledge in the preparation of healthier food. That is where the Get Cooking project comes in. Participants in the project not only gained these food-related skills through their involvement but also acquired wider abilities such as life skills, numeracy and literacy, and employment opportunities. A 'catering for health' module has also been developed to help local businesses look at healthier ways of catering which supports their efforts in achieving national awards such as the healthy living award.

Much of the workshop discussion focused on what 'mainstreaming' has meant to the project

- + provided security for the project;
given Get Cooking the ability to plan ahead;
the opportunity to create longer term impact.
- less money - our resources are restricted to an annual budget;
tighter criteria of who Get Cooking can work with;
additional work in developing systems and paper work to bring project in line with council procedures and policies.

The session was completed with a short exercise getting participants to work in the style of 'speed dating'. In two circles (one circle within the other), participants had the opportunity to present a problem to their opposite in the circle and receive advice or a solution back.

Workshop Seven: Young people

Ernie Skea, Orkney Islands Council, and Scott Grieve, Orkney Association of Youth Clubs - 'Heel and Weel' project

This workshop provided the opportunity to learn about the development of a peer education health project in Orkney. Members of youth clubs are being supported to plan, organise, participate in and deliver this project aiming to raise awareness, develop skills and knowledge amongst young people around healthier food choices, basic preparation and cooking skills.

Ernie started the workshop with an ice-breaker exercise then split the workshop into four groups. Groups one and two were asked to discuss the 'reasons and causes of unhealthy eating among young people'. Groups three and four were asked to discuss ways of 'tackling unhealthy eating among young people'. All groups fed this information back to the workshop. The following summarises the discussions:

Reasons and causes of unhealthy eating among young people

- access and affordability of buying or cooking healthier food
- lack of facilities
- social changes/culture (less time, less skills, wide choice of convenience food available, fewer family meals, more snack eating)
- advertising and marketing (both healthy and less healthy food)
- skills to read food labels
- can't/won't cook
- lunch money or pocket money available to buy fast foods.

Tackling unhealthy eating among young people

- Using existing agencies/organisations/interventions (e.g. health promoting youth services, colleges and further education) to implement healthy eating.
- Increasing availability of leaflets, cooking classes and food hygiene classes. Also use word of mouth to deliver messages.
- Also work with young mums, young carers and looked-after children.
- Make sure activities are fun, use stealthy approaches, make sure kids are involved and encourage them to 'try something new'.

Further details of these sessions are available in Appendix 3.

Ernie and Scott outlined the food and health work of the Orkney Association of Youth Clubs.

The Orkney Association of Youth Clubs (OAYC) is made up of 16 affiliated youth clubs throughout the Orkney Islands. Ten clubs are on the main island and six are on the other islands. OAYC receives support from the Orkney Islands Council's Community Learning Service and from Youth Scotland.

In the last year, OAYC has started to develop the 'Heel and Weel' project. This builds on previous healthy eating activities 'A lemon is a confused melon' delivered in the youth

clubs in previous years. They plan to build the capacity of young people so that they can deliver peer education activities in their clubs or elsewhere themselves. Many of the senior members of the clubs have an interest in food preparation, cooking and a healthy diet and many of these have expressed an interest in learning more and passing this information on to others in their youth clubs or the wider community.

Heel and Weel initially started in 2007 when four young people came together to start developing the project. However, their other commitments, such as school exams prevented them from progressing the project throughout the school term. This peer education programme will be relaunched and will start again with planning sessions attended by all stakeholders, including the young people, who will be key to developing the project. The young people will attend short courses and get involved in promoting activities.

Questions included:

Issues on achieving standards in peer education

It is very important that the peer educators have ownership of the project. However, they will be expected to have food hygiene skills and will be supported to achieve a high standard throughout the course. Peer educators will be able to take as long as they need to train to ensure they have the confidence and skills to teach their peers. They will also have the option to help others lead programmes instead of leading their own programme if they are not ready to do this.

Healthy issues particular to remote islands

Although access to a wide range of foods, including exotic fruit, has improved in recent years, there remains poorer access to a wide range of fruit and vegetables in some parts of the islands. There is also no access to fast food outlets such as McDonalds, although there are local fast-food shops such as fish and chip shops. Households still have a tradition of eating together, perhaps more so than on mainland Scotland.

See Appendix 3 for workshop groups responses to tasks.

Workshop Eight: Older people

Margaret McLaren, Catering Officer at the Bield Housing Association Ltd, led a workshop on older people

Bield Housing Association has a long history in providing a variety of food services to older people. This workshop focused on what it has done in the past, what it is doing now in line with current policy and guidelines, and what they aspire to achieve in the future.

Margaret opened the workshop with a brief introduction to the Bield Housing Association, the largest organisation of its kind in Scotland. To set the tone for the afternoon she cited the Bield's value statement, that:

"Older people should be able to live with dignity and security, have freedom of choice and independence in their daily living, enjoy privacy, and be able to realise their potential in diverse ways as respected members of society."

The practical aspects of catering cover a wide range of food service, from the 24-hour provision of all food and drinks for residents in Care Houses, provision of a three-course main meal, evening snacks and drinks to Very Sheltered Housing and Day Care projects, plus organised lunch clubs within Sheltered Housing.

The core policy under-pinning all catering operations is the interim Nutrition and Hydration Policy which is currently being developed and tested across the organisation. The policy aims to incorporate the guidance, recommendations and care standards being developed by a wide range of Scottish and UK organisations including:

- NHS
- Food Standards Agency
- Scottish Executive, Care Standards (Eatwell Standard 13)
- Community Food and Health (Scotland)
- National Association of Care Caterers
- Caroline Walker Trust
- Help the Aged
- Age Concern
- Alzheimer's Society.

There was a considerable challenge in developing a client-centred Nutrition and Hydration Policy from scratch. Margaret explained in detail how the key instrument, a one-to-one questionnaire interview, was developed for clients, and how the replies are used to inform catering staff. The interview covers all aspects of food and drink, from food preferences to special dietary requirements and assistance needed at mealtimes. It is reviewed regularly and the collated information is tabulated for each catering unit. Cooks and chefs can see at a glance what their individual clients would like to eat.

In the discussion session that followed, the group was asked to consider each of the following questions in turn.

What has helped you the most in providing good nutrition for older people?

- making food look really attractive;
- asking people what food they like and meeting their food preferences;
- care with portion sizes, serving the appropriate amounts of food;
- making sure that food is available when people want to eat, even if this is outwith normal meal times;
- skill in budgeting, making the most of limited funds;
- having access to fresh food of high quality;
- good staff training, catering with the needs of the individual in mind.

What are the barriers in working to provide good nutrition for older people?

- lack of catering staff with the appropriate level of training;
- a shortage of volunteers to help with food service;
- lack of suitable equipment and utensils e.g. to provide pureed food;
- communication failure e.g. where relief staff are not informed about a client's special dietary needs; and
- the initial anxieties of new clients who feel everything is changing and uncertain

The third question brought the workshop together and the discussion moved beyond the short-term aspects of nutrition for older people to the longer-term changes needed for 'making a difference'.

In an ideal world, what single change would bring most benefit to the nutrition of older people?

- better funding - more money to improve staffing levels and staff training, upgrade kitchen facilities and improve dining areas;
- better food – more variety, more fresh seasonal foods, being able to cater for individual tastes and enjoying a little bit of luxury;
- a better understanding of the processes of ageing and how to maintain optimum health in later life;
- a commitment from the Scottish Government to fully support successful ageing; and
- a change in society's attitude to growing old, with older people valued more.

Summing up

The conference concluded with a summing-up of the day from Dave Simmers, Strategic Co-ordinator, Community Food Initiatives North East, and Kate Barlow, Co-ordinator of the Food and Health Alliance within NHS Health Scotland. Dave is a food champion for food access and affordability on the Food and Drink Leadership Forum, which is developing a national food and drink policy for Scotland. He complimented everyone on all the positive activities he had heard about, despite the difficult financial climate we are now in. He commented that finding money is a challenge and current priorities such as health inequalities are as important as ever.

Kate commented on a variety of points that had struck her throughout the day including the importance of partnership-working in achieving health improvement outcomes, the issues of timescales when measuring medium and long-term outcomes, and the importance of having networking events such as those offered by CFHS and others on a regular basis.

Acknowledgements

CFHS would like to thank everyone for their participation at our 'Making a Difference' networking conference. We would also like to thank our chair, Moyra Burns, and speakers: Kay Barton, Michael Craig, Ian Shankland, Kate Barlow and Dave Simmers for their contributions to the event which have been greatly appreciated. A big thank-you to all our many and tireless helpers and scribes who took notes and kept everyone on track throughout the day. Finally, many thanks to the CFHS team who helped plan, co-ordinate and manage the event, especially Alice Baird and Rita Campbell.

We hope to see you all again this year at the Carnegie Conference Centre in Dunfermline on Thursday 22 October 2009.

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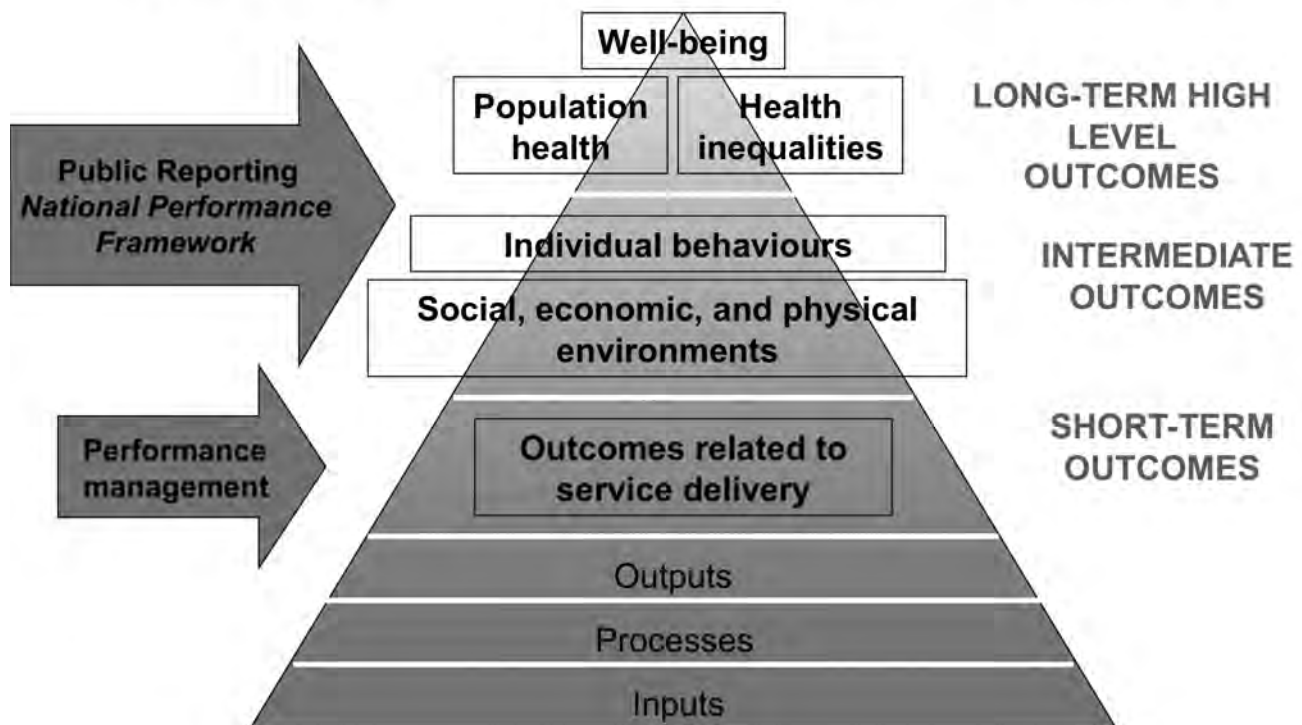
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Appendix 1

Slide from Plenary – Healthy Weight Performance Framework

Healthier Scotland

to help people sustain and improve their health, esp. in disadvantaged communities ensuring better, local and faster access to health care.



Appendix 2

Workshop Five am Designed to deliver: Older people

Views from workshop participants

Benefits

Workshop participants were asked what they thought the benefits of the Food Train were to customers and the responses were:

- company
- makes shopping easier
- location helps
- choice/fresh/affordable
- opportunities
- general wellbeing
- customers would go without if no service
- service to remote areas
- more than just a shop
- try something new: education/confidence
- holistic approach
- raising standards/choice
- wide range of products – weight/variety.

Wider benefits

The wider benefits were considered to be :

- respect for customers
- impact on mental health
- equality for everyone involved
- affordability of shopping
- variety of food available
- guidance to practice
- social link to food
- changing documentation
- inclusion
- support to volunteers / sector
- funding
- break down barriers
- sustainability
- partnership linking
- accountability
- after care
- evaluation/quality

Appendix 3

Workshop Six pm: young people

Reasons and causes of unhealthy eating among young people

Group one

accessibility and affordability and cost of living
social aspect of eating – people don't eat together
marketing of 'lunch box' type products
short school lunch breaks
cost of trendy healthy food
lack of knowledge about products marketed at children, i.e. fruit shoots are not very healthy
parents can't/won't cook
young people having too much money at lunch-time to spend in local shops
lifestyle
ease of access to less healthy fast food
home environment/parents issues
lack of practical knowledge
advertising and marketing
culture – don't have much of a food culture in Scotland
access to food-making facilities

Group two

too many ready meals and takeaways available
childhood trauma – comfort eating
lack of cooking skills
more working mums – less time available
too much choice – no more 'eat up or do without!'
rushing meals – not sitting down to eat – so not eating ever feeling 'full'
perceived cost – can't afford to cook from scratch
or more money – bigger portions. Replace cupboard stock without thought
free-for-all – help yourself from fridge and cupboard
advertising – kids easily swayed – adults don't always know what a product contains!

Tackling unhealthy eating among young people

Group three

APPROACHES:

leaflets
word of mouth
organisations
referrals (i.e. school teachers, school nurses)
youth group

METHODS:

have fun (very important)
informative
education by stealth
safe environment

try something new
kids involvement

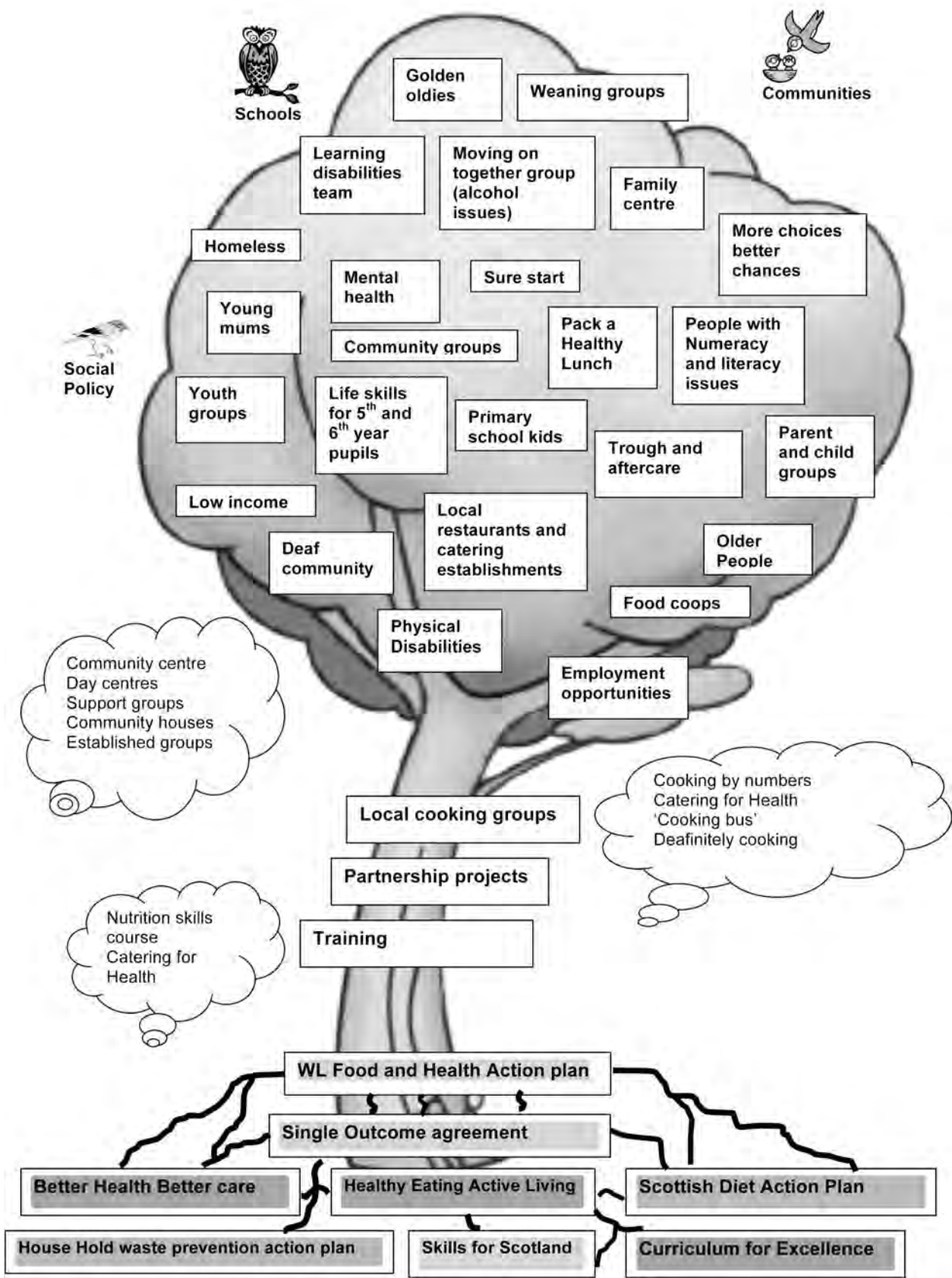
Group four

health promoting youth services
young carers project
teen issues project
cool kids food awareness
colleges and further education
healthy weight interventions
healthy eating and looked after children
increasing knowledge and capacity
young mums
food handling/food hygiene
substance misuse
practical cooking courses
health promoting school and other models

Appendix 4

Workshop six pm: Community Food Skills

‘Get Cooking tree’



Notes



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