SUMMARY REPORT

Community Food and Health Initiatives with Minority Ethnic Communities in Scotland – A Mapping Study

May 2010

REACH
COMMUNITY HEALTH PROJECT

Recommendations

There is a wide range of food-related work taking place in Scotland with minority ethnic communities. This work requires ongoing support in terms of long-term funding, support with evaluation, opportunities for networking and learning.

There is considerable demand from minority ethnic community organisations (whose remit is not food and health) to work on food issues. Organisations will need targeted resources and support to do this.
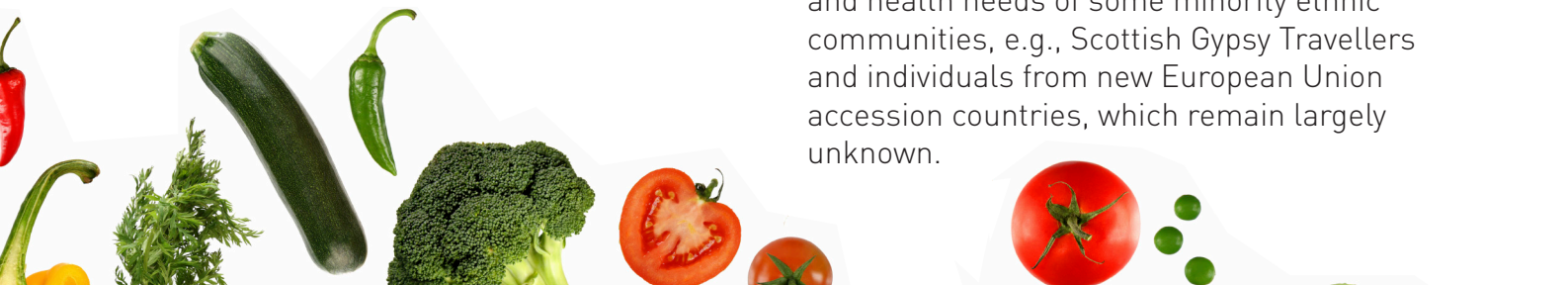
Mainstream community organisations working on food and health with minority ethnic communities need support to raise awareness of the diversity of communities, their specific requirements and how to incorporate these into their work. Funders should also insist on ethnic monitoring as a condition of funding.

Organisations need easy access to a range of materials to support work with different minority ethnic groups. Work is required to collate and develop materials on preparing healthy, authentic-tasting ethnic foods, healthy eating advice, and good distribution channels, e.g. database of good practice.

Funding that moves beyond short-term, one-off project funding is required to support sustainable work around food and health within minority ethnic communities.

A programme to develop expertise among chefs in services in preparing healthy food choices, adapting traditional ethnic recipes and cooking a wide range of dishes to suit the needs and tastes of different service users is required.

Further research is required on the food and health needs of some minority ethnic communities, e.g., Scottish Gypsy Travellers and individuals from new European Union accession countries, which remain largely unknown.

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Key Findings

Existing work

- 79 community organisations were identified that are working on food and health with minority ethnic communities. While clearly not all organisations could be reached within the timescale and resources available, this is considered to be a good representation of the range of organisations working in the field.

- The work is mainly based around Scotland's central belt with some work in Fife, Dundee and Aberdeen. This reflects the concentration of more settled, visible minority ethnic groups who are also the focus of published research on food and health issues among minority ethnic communities.

- Organisations are working across the range of food work - 31 provide support on cooking either as classes, demonstrations/recipes; 33 are involved in retailing – food co-ops, community cafés, providing meals, 16 are involved in community gardens/allotments; 64 provide some form of training/learning in relation to food and five provide free food, either distributing surplus food, free lunches or tasters.

- Organisations described being involved with food work for varying reasons; 28 in relation to health promotion, 22 as a community development tool, 19 as a means for promoting equality and integration and 12 as a component of care service provision.

Unmet needs

- There is evidence of substantial unmet need with organisations looking to do more food and health work within minority ethnic communities. Healthy cooking classes, improving access to healthy/ethnic food, and work around growing food are all highlighted. Some 26 organisations indentified the need for training on food and health, including bi-lingual food safety training and training for voluntary sector day centre cooks. There is also a need for food activities for vulnerable groups, older people, people with disabilities and those with long-term conditions, e.g. diabetes.

- While a number of organisations undertake work with vulnerable client groups, this tends not to be with people from minority ethnic communities. Two organisations had a focus on minority ethnic carers and two organisations focused on mental health issues. There appears to be less work on maternal and infant nutrition than might be expected due to its high public health importance, and also the demographics of minority ethnic communities.

- A number of organisations do not monitor ethnicity and are thus unable to indicate the extent to which they include people from minority ethnic communities in their food work. Organisations outside of Glasgow, Edinburgh, and Dundee were least likely to undertake ethnic monitoring and most food co-ops, cafés and some projects offering large, open-to-all services did not see how they could undertake ethnic monitoring.

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Challenges

- Organisations fund their work on food within minority ethnic communities from a wide range of sources, including voluntary sector grants and foundations, and local and central government sources. The majority of organisations received fairly small sums on a short-term basis and food work is often covered from broader project funds rather than being specifically funded.

- Challenges that organisations face in delivering their existing work include insufficient staffing, childcare and interpretation costs, the challenges of working with very multicultural groups with diverse needs, trying to devise appropriate healthy ethnic menus and resources for working with minority ethnic communities.

"With regard to growing, while some projects reflected the delight of service users when they succeeded in growing traditional vegetables, the Scottish weather and short growing season came as a shock to many."

- The main factors that influence what people eat are identified as:

  Cost Three organisations felt that this was particularly the case for asylum seekers with two mentioning the difficulties for those living on vouchers

  Accessibility Chinese communities outside Glasgow and African communities particularly identified a lack of availability of fresh traditional food stuffs

  Food knowledge There is a lack of information on healthier ways to produce traditional tasting food and to ensure effective food labelling on nutritional and salt content across food outlets.

- Hands-on work and not just watching demonstrations; medical and religious inputs that may have particular authority with particular communities; literature that is adequately geared to different communities' needs; and improved confidence in cooking and shopping were all cited as factors that could help to effect change.

- The support that organisations are looking for includes support with high-level lobbying for funding, networking opportunities around food and health, training, information and resources relating to healthy eating and cooking for minority ethnic communities and insight into what is being looked for in working with minority ethnic communities.

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Background

Community Food and Health (Scotland) commissioned the study to provide an updated picture of the current range of initiatives working on food and health within black and minority ethnic communities in Scotland, and also to gain an initial picture of the kinds of support groups and organisations are looking for. It forms part of a programme of developmental work to increase the reach of the CFHS's work across low-income communities in Scotland.

REACH Community Health Project was approached to carry out the study given its track record of producing high quality research, its knowledge and expertise in the field and commitment to support the development of 'right services and policies' for minority ethnic communities in Scotland.

Approach and methods

There was a small budget available for the study. This determined the choice of a desk-based methodology, consisting of a literature search, internet search, and telephone interviews. In order to maintain consistency in the interviews, yet allowing participants to express their views, a semi-structured questionnaire was designed with key themes, and was used for all the interviews. A short literature review located Scottish and UK research relevant to the study. This together with a population profile, and major policy context is written up in the final report.

A database of voluntary, community and local government organisations was compiled from existing directories, newsletters, search engines, REACH's and CFHS's databases. Snowballing techniques were used with interviewees to reach out to groups not listed in databases and check for major gaps. The researcher recorded and tabulated data and also recorded qualitative data including opinions and important suggestions.

Acknowledgements

Thanks are due to all the individuals, community groups and organisations who gave their time to participate and provide information for the study.

Additional information

The full report can be accessed at **www.communityfoodandhealth.org.uk** and also at **www.reachhealth.org.uk**

As well as greater detail on the findings, the full report includes a detailed bibliography, a section on relevant policy and also a section on useful publications and resources to support work around food and health with ME communities which were identified as part of the research.

It also includes contact details for those organisations that agreed to be included.