

## Evaluation of Fife's Community Kitchen



## NHS Fife

Blake Stevenson's Final Report

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Appendices are included in a separate document.

## 1 Introduction and Context

### Introduction

- 1.1 In November 2011, NHS Fife commissioned Blake Stevenson Ltd to evaluate Fife's Community Kitchen, located at Adam Smith College's Levenmouth campus.
- 1.2 The Community Kitchen is led and funded by NHS Fife and is run in partnership with Adam Smith College, Fife Council and Fife Community Food Project.
- 1.3 The Community Kitchen aims to improve the health of the local population by delivering cookery courses including theory and practical elements. These aim to improve the skills, knowledge and confidence to shop for and prepare healthy meals among vulnerable groups in Fife. A range of partner organisations use the Community Kitchen to deliver group-based cookery courses to their service users.
- 1.4 The evaluation aims to identify the health and social impact of the Community Kitchen on participants, including any changes in the way they shop, cook and eat, as well as investigating long-term sustainability and funding options. The objectives are to:
- identify the short and medium term impact of the various courses on participants;
  - consider if the barriers to healthy eating within the community have been reduced for participants;
  - determine whether the practical food skills sessions have resulted in a change in participants' diets;
  - identify any health benefits from attending these sessions;
  - identify options for sustainable development of the service; and
  - assess the acceptability of these options to clients and stakeholders.
- 1.5 This report outlines the findings of the evaluation.

### Context

#### *Healthy eating and health*

- 1.6 The diet of Scotland's population is relatively poor and the nation has one of the highest levels of obesity in the world. In 2010, 65% of adults aged 16-64 and 30% of

children in Scotland were obese or overweight<sup>1</sup>. Among OECD (Organisation for Economic Co-operation and Development) countries, only the USA and Mexico have higher rates of obese and overweight people<sup>2</sup>. In Fife, obesity has trebled in the past 20 years and NHS Fife is leading partnership work in schools, nurseries and communities to reduce this<sup>3</sup>.

- 1.7 Obesity and overweight is linked with several health problems including type 2 diabetes, hypertension, heart disease, some cancers and premature death. The total cost to Scottish society of obesity has been estimated at £457 million including approximately £175 million in direct NHS costs. Obesity can also affect employment, production levels, and mental health<sup>4</sup>.

### *Barriers to healthy eating*

- 1.8 To address this trend, people living in Scotland are being encouraged to eat a healthier diet. However, there are several barriers that hinder individuals' ability to eat healthily, including:
- a lack of awareness of what constitutes a healthy diet;
  - a lack of skills, confidence and knowledge to shop for and prepare healthy meals;
  - a lack of available and affordable healthy produce, particularly among low income communities; and
  - cultural habits and traditions.
- 1.9 The above contribute to diets that are high in fat, salt and sugar but low in fruit and vegetables. The Community Kitchen seeks to address these issues in Fife.
- 1.10 Recent evidence suggests that lower income families in the UK are actually reducing their consumption of fruit and vegetables. Statistics released by DEFRA show that lower income families in the UK reduced their fruit and vegetable consumption by nearly a third to an average of 2.7 portions per day. It has been suggested that the recession and rising food prices have contributed to this trend<sup>5</sup>.

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<sup>1</sup> Bromley, C and Given, L (eds), Scottish Centre for Social Research (2011), *The Scottish Health Survey 2010: Volume 1: Main Report*, Scottish Government, Edinburgh

<sup>2</sup> Scottish Government (2010), *Preventing Overweight and Obesity in Scotland: A Route Map Towards Healthy Weight*, Scottish Government, Edinburgh

<sup>3</sup> Fife Partnership (2009), *A Stronger Future for Fife: Single Outcome Agreement between Fife Partnership and Scottish Government 2009-2012*

<sup>4</sup> Scottish Government (2010), op cit

<sup>5</sup> Harvey, Fiona and Jowit, Juliette (2012), *Fruit and vegetable consumption by poorer families falls 30%, figures show*, on The Guardian website, <http://www.guardian.co.uk/lifeandstyle/2012/jan/22/fruit-vegetable-consumption-poorer-families>, accessed 24 January 2012.

## Methodology

1.11 Appendix 1 contains details of the methodology we used to complete this evaluation. This included:

- extensive desk-based research including a review of similar initiatives, which can be found in Appendix 2;
- collecting and analysing data from partner organisations about people who have attended classes at the Community Kitchen;
- an online and postal survey of Community Kitchen participants, from which we received 64 responses;
- three focus groups with participants;
- interviews with 21 stakeholders; and
- analysis and report writing.

## The report

1.12 The remainder of this report is set out as follows:

- Section 2 provides a description of the Community Kitchen;
- Section 3 discusses the impact of the Community Kitchen on participants and organisations; and
- Section 4 discusses the future sustainability and development of the Community Kitchen and presents our conclusions and recommendations.

## 2 Description of the Community Kitchen

2.1 This section describes the Community Kitchen and is organised under the following headings:

- identifying the need for the Community Kitchen;
- development;
- funding;
- aims;
- links between the Community Kitchen and national and local policies;
- management and operation; and
- activities, usage and monitoring and evaluation.

### Identifying the need for the Community Kitchen

2.2 Before the Community Kitchen was developed, NHS Fife and the Fife Community Food Project had identified a lack of suitable facilities to meet the significant need for basic cookery classes for people in deprived areas of Fife to help them develop the awareness, knowledge and skills to prepare healthy meals.

2.3 Although development workers used kitchens at schools, community halls and other community venues to deliver cooking classes, these were reportedly ill-equipped or too small to deliver classes effectively, and the workers had to transport a significant amount of equipment, supplies and foodstuffs between venues because they did not have a base to store these.

### Development

2.4 At a meeting of Fife's Food and Health Strategy Group<sup>6</sup> in September 2009, a Senior Health Promotion Officer with responsibility for Food and Health from NHS Fife suggested developing a Community Kitchen where people could learn about food and health in the Levenmouth area<sup>7</sup>.

2.5 The Strategy Group agreed to this proposal and, in September 2009, NHS Fife invited local organisations to apply to host the Community Kitchen. Applications were received from Adam Smith College, Methil Community Flat and Frontline Fife. After a thorough appraisal

<sup>6</sup> A list of the members of this Strategy Group is included in Appendix 3.

<sup>7</sup> Levenmouth was selected as the location due to the significant deprivation levels in the area including high unemployment, poor economic growth and low youth achievement levels.

of all three, Adam Smith College's Levenmouth campus was selected as the most suitable venue on the grounds of experience, expertise and space.

2.6 After preparation and refurbishment, the Community Kitchen opened in May 2010.

### Funding

2.7 The Food and Health Strategy Group contributed a one off amount of £20,000 to develop the Community Kitchen and Fife Community Food Project contributed £11,500 in 2010 to purchase a Smartboard, to upgrade the equipment and work surfaces, and to purchase light equipment. Any items that are lost or broken are replaced by Fife Community Food Project and this is absorbed in their core budget.

2.8 On-going costs such as electricity, cleaning, equipment maintenance and booking administration are met by Adam Smith College's main budget.

### Aims

2.9 The overriding aim of the Community Kitchen is *"to improve the skills and knowledge of vulnerable groups in Fife by providing groups of participants with an opportunity to cook together simple healthy meals made from raw ingredients, thus enabling and empowering them to make informed choices about the food they buy and eat"*<sup>8</sup>.

2.10 The project's specific aims are to:

- reduce barriers to healthy eating and increase awareness, skills and knowledge around healthy eating for targeted individuals, families and communities;
- increase the quality of life and mental wellbeing of local people engaging with the Community Kitchen; and
- develop team-building through practical activities.

2.11 By encouraging people to prepare healthy meals from raw ingredients, the Community Kitchen aims to reduce dependency on high fat high sugar foods and promote healthier eating habits and lifestyles which will contribute to reducing obesity levels.

2.12 The Community Kitchen is available for any public or voluntary sector organisations (referred to as 'partner organisations') in Fife to use with its service users.

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<sup>8</sup> Clark, Lyndsay (2011), *Fife Community Kitchen Leven*, NHS Fife



### Links between the Community Kitchen and national and local policies

- 2.13 This section discusses national and local policies and plans to promote healthy eating and how the aims of the Community Kitchen fit with them.
- 2.14 The Scottish Government has confirmed its commitment to reducing and preventing obesity through national policies and strategies such as **'Healthy Eating Active Living'** (2008) and **'Preventing Overweight and Obesity in Scotland: A Route Map Towards Healthy Weight'** (2010). These publications outline the Government's desire to reduce demand for high calorie and unhealthy foods and improve the ability of people to prepare healthy meals; goals which the Community Kitchen aims to contribute to.
- 2.15 At a local level, the Community Kitchen aims to contribute to the achievement of several Fife-wide priorities. **'Fife's Community Plan 2011-2020'** identifies three high level outcomes:
- reducing inequalities;
  - increasing employment; and
  - tackling climate change.



- 2.16 The work of the Community Kitchen fits most directly with the reducing inequalities outcome, which includes an outcome to ‘improve the health of Fifers and narrow the health inequality gap’. The Plan notes the importance of improving the health of Fife’s most deprived and vulnerable households, an aim which the Community Kitchen shares.
- 2.17 The Community Kitchen also aims to help participants to improve their skills, including cooking and life and employability skills such as teamwork, thereby helping to move participants closer to work, education or training and contributing to targets related to increasing employment.
- 2.18 The Community Kitchen is also directly linked to several national and local outcomes identified in ‘**A Stronger Future for Fife – Single Outcome Agreement between Fife Partnership and Scottish Government 2009-2012**’. It is most closely linked to the outcomes and indicators listed in Table 2.1.

**Table 2.1: National and local outcomes relevant to the Community Kitchen**

National outcomes	Local outcomes	Relevant local indicators
We live longer, healthier lives	Healthier lifestyles (fewer people developing long-term conditions)  Healthier environments and community wellbeing (increase in the opportunities people have for a healthy lifestyle)	% of the population eating at least five portions of fresh fruit and vegetables every day

- 2.19 Fife’s community planning partners are committed to reducing health inequalities by tackling the underlying causes of health inequalities, focusing on early intervention, tailoring action across communities to suit people’s life circumstances, and strengthening the role and impact of preventative health interventions within the most disadvantaged communities. ‘**Fife’s Health and Wellbeing Plan 2011-2014**’ sets out how the partners intend to reduce health inequalities. The work of the Community Kitchen fits particularly well with one of these – ‘people have the personal skills, strengths, knowledge and opportunity to improve their health and wellbeing’, which includes an action to ‘work with key target groups to improve knowledge and skills around healthy eating’.
- 2.20 This shows that the Community Kitchen fits well with several national and local priorities and outcomes, and the contribution that the Community Kitchen can make to the achievement of these must be publicised and emphasised in future bids for funding or support.

## Management and operation

- 2.21 NHS Fife is the lead partner in managing the Community Kitchen and has a Service Level Agreement with Adam Smith College which outlines the College's responsibility for day-to-day management and operation of the Community Kitchen including dealing with bookings, collecting monitoring data, collecting payment where necessary, security, maintenance and cleaning.
- 2.22 Fife Community Food Project has an important role in promoting the Kitchen among local organisations and in organising and delivering healthy eating classes.
- 2.23 Appendix 4 contains more details about the day-to-day management and operation of the Kitchen. Below are some key points to note:
- **Costs and fees:** The Community Kitchen is available free of charge to partner organisations and service users from the 20% most deprived SIMD neighbourhoods. The Kitchen aims to have 25% of its use as income generating activity and 75% as non-income generating services for vulnerable groups.
  - **Awareness raising:** The Community Kitchen is promoted among organisations in the area by Fife Community Food Project. The main method of awareness raising is word of mouth, for example presentations at team meetings, and leaflets have been distributed among organisations.
  - **Target groups:** The Community Kitchen is available for partner organisations to use with any of their service users, but the main target is disadvantaged or vulnerable members of the community including young families, teenage parents, homeless and low income groups.
  - **Delivering healthy eating sessions:** a development worker or one of two sessional workers from the Fife Community Food Project and/or a member of staff from the partner organisation organising the session, tend to deliver the healthy eating classes in the Community Kitchen.

## Activities, usage and monitoring

- 2.24 The Community Kitchen is used by a variety of partner organisations, as detailed in Table 2.2. This Table also indicates the number of service users who have attended classes at the Community Kitchen. Some of these classes are one-off sessions while others are series of workshops over a number of days or weeks.

**Table 2.2: Partner organisations and client numbers**

Organisation	Programme title	Client group(s)	Number of participants
Adam Smith College	Get Ready for Work	Young people Unemployed people	8
Adam Smith College	Family Learning Days	Families	55
Adam Smith College	Step In	Unemployed people Low income people	61
Contact Point	Contact Point Cooking Classes	People with mental health issues	7
Enable	Enable Cooking Classes	Young people People with learning disabilities	7
Fife Council	16+ Lifeskills	Young people	5
Fife Council	Family and Community Support – various sessions	Families Unemployed people	41
Fife Council	Savoy Tasters	Young people	14
Fife Council	Viewforth Nursery	Young parents	13
Fife Council	Kirkland High School	School pupils	90
Fife Council	Cooking classes for criminal justice clients	Offenders and ex-offenders	2
Fife Council	Dads and Lads	Young people Unemployed people Families	4
Fife Council	Eating for Work	Unemployed people	6
Fife Council	Cook and Eat	Homeless people	5
Fife Council	Family Fruits	Families	29
Fife Diet	Fife Diet	Community	25
Fife Gingerbread	Teenage Mums	Young parents Unemployed people Lone parents	57
Levenmouth Men's Health Group	Levenmouth Men's Health Group	Men	8
NHS Fife	Kids in the Kitchen	School pupils	119
Prince's Trust	Get the Balance Right	Young people	60
Rathbone	Lifeskills	Young people	6
<b>Total</b>			<b>622</b>

2.25 The number of participants given in Table 2.2 is based on monitoring data that we requested from partner organisations. This indicates that the total number of participants is 622. However, this is an estimate and is lower than the estimated 700 participants identified in the evaluation brief. This highlights the need to develop and implement a robust monitoring system to accurately record the numbers and types of people using the Community Kitchen. This issue is discussed further below and in section 3.

#### *Challenges associated with collecting monitoring data*

2.26 We encountered significant challenges in collecting monitoring data related to the Community Kitchen, including:

- partner organisations record participant data to a varying degree but in some cases there appears to be no formal way of recording which service users have attended the Community Kitchen;
- there is a paper-based sign-in sheet which course leaders are supposed to complete with details of the date and time of the session and the number of participants that took part. However, this is not always completed and counts the total number of people at each session rather than each unique individual who attends the Community Kitchen, i.e. if a person attends multiple sessions of one programme, he/she will be counted more than once;
- there is no formal system for collating, storing and analysing participant data centrally; and
- some partner organisations did not respond to our requests for information.

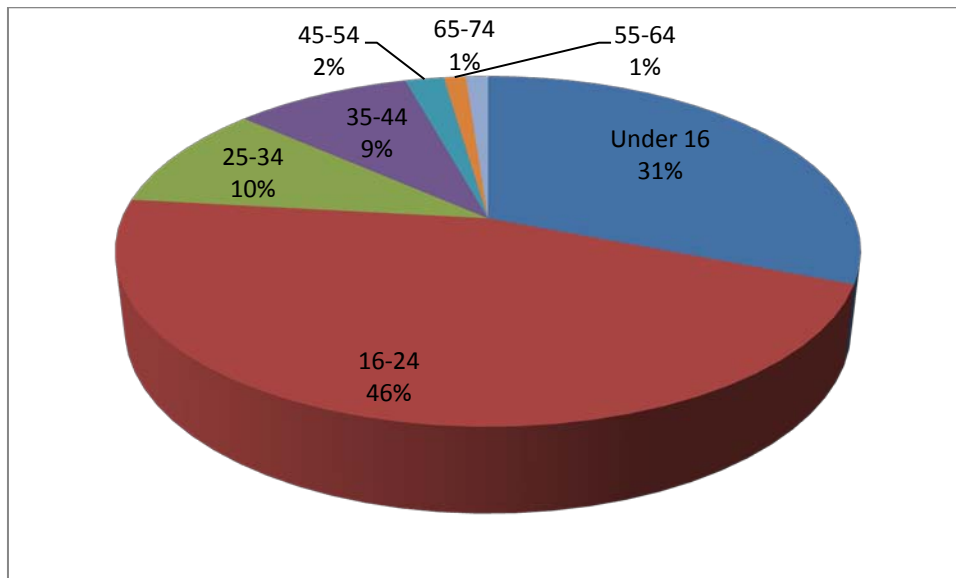
2.27 Most partner organisations who took part in our evaluation provided numbers of their service users who have attended the Community Kitchen but there is a large amount of information related to participants' age, gender, location, ethnicity and client group that is unknown, not recorded and/or was not provided to us. The level of unknown data illustrates that more perhaps needs to be done to gather more in-depth data about the number, types and characteristics of people who use the Community Kitchen.

#### *Profile of participants*

2.28 Below we analyse the characteristics of service users who have participated in classes at the Community Kitchen, based on the data supplied to us by partner organisations. This data should be treated with caution given the amount of information that is unknown.

#### *Age of participants*

- 2.29 Partner organisations provided data related to the ages of 350 participants. Figure 2.1 illustrates that, where the age of the participant is known, most are young. 46% of participants are aged 16-24 years and 31% are under 16. This is perhaps not surprising as two of the Kitchen's target groups are teenage parents and young families but these figures indicate the scope to widen the Community Kitchen's use among people aged 25 years and over.

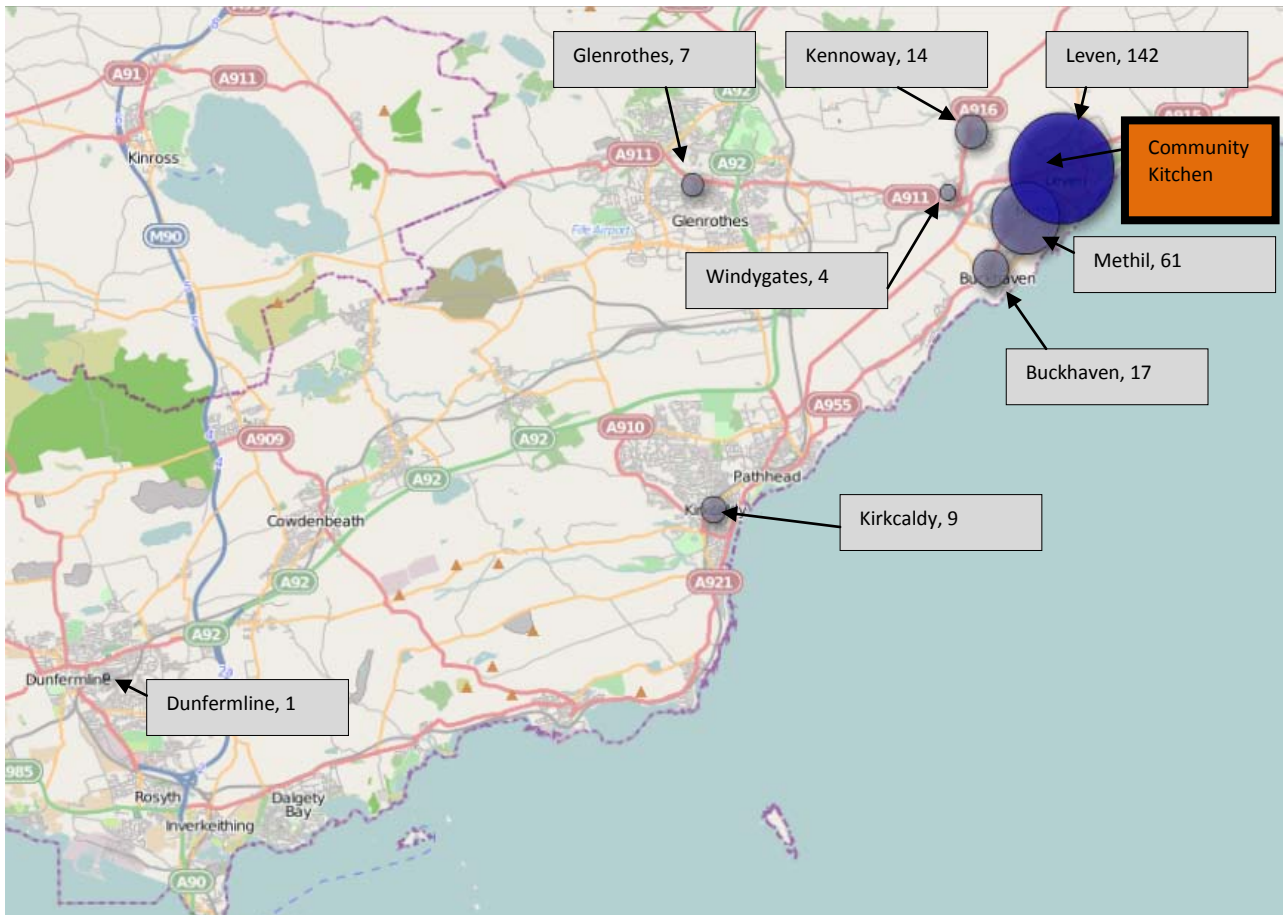


**Figure 2.1: Age of participants (n=350)**

### ***Gender***

- 2.30 We received data about the gender of 268 participants and found that most (71%) are female and 29% are male, which suggests scope to increase participation among males.

### Location



**Figure 2.2: Heatmap showing location of Community Kitchen participants (heatmap produced with the assistance of [www.openheatmap.com](http://www.openheatmap.com))**

2.31 It appears that the vast majority of Community Kitchen participants live in the Levenmouth area. Figure 2.2 illustrates that 93% of participants (238 of the 255 for whom partner organisations provided location data) live in the following Levenmouth communities:

- Leven (142 participants, 56%);
- Methil (61, 24%);
- Buckhaven (17, 7%);
- Kennoway (14, 5%);
- Windygates (4, 2%).

2.32 A handful of participants live in other nearby towns in north east Fife within a ten mile radius of the Community Kitchen:

- Kirkcaldy (9, 4%); and
- Glenrothes (7, 3%).

2.33 Partner organisations that were able to provide location data reported that only one participant (<1%) came from further afield (Dunfermline).

### ***Ethnicity***

2.34 Partner organisations provided ethnicity data for 255 participants. Nearly all (253, 99%) are white, one is Asian and one is black. This means that 0.8% of participants are from a non-white background, compared with 1.3% in the overall population in the Kirkcaldy and Levenmouth CHP area according to the 2001 census<sup>9</sup>.

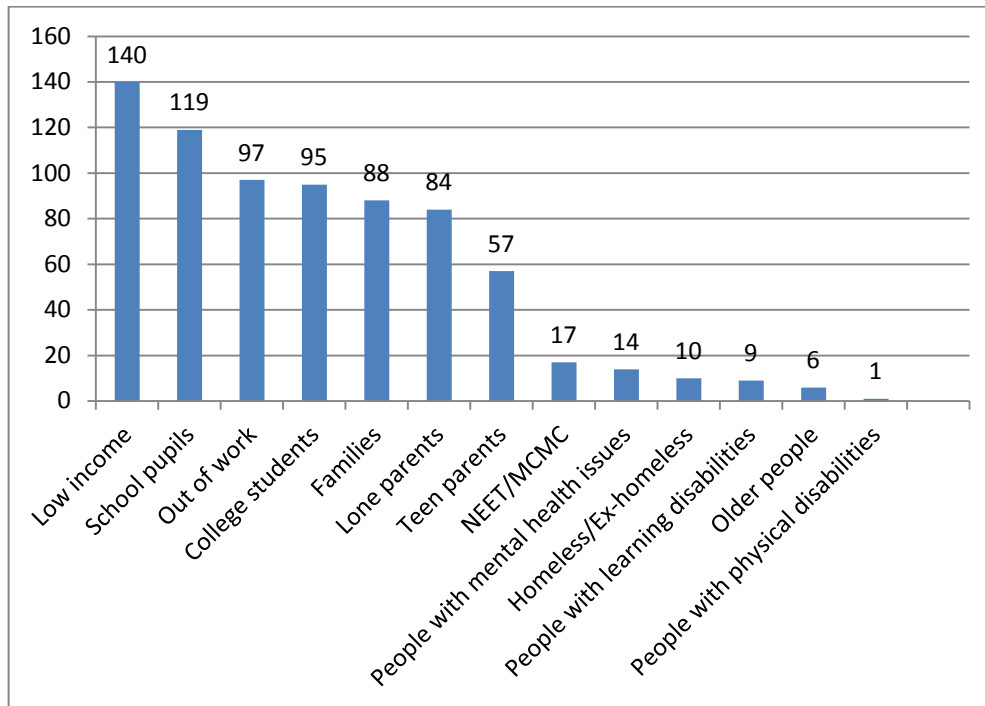
### ***Client group***

2.35 Partner organisations provided details about which client group(s) 514 participants belong to<sup>10</sup>. Figure 2.3 shows a variety of groups have been engaged. The largest groups of participants are people with a low income (140 participants, 27%), school pupils (119, 23%), people who are out of work (97, 19%), college students (95, 18%), families (88, 17%) and lone parents (84, 16%).

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<sup>9</sup> Fife Partnership, Know Fife online dataset, <http://knowfife.fife.gov.uk>

<sup>10</sup> NB: Some participants have been recorded in more than one category



**Figure 2.3: Client groups (n=514)**

### Train the trainers

- 2.36 As well as delivering courses directly to members of the community, Fife Community Food Project has also used the Community Kitchen to deliver a train the trainer course (known as 'Cooking in the Community') to workers from partner organisations to enable them to facilitate healthy eating classes themselves. The impact of this is discussed in the following section.

### Previous and on-going evaluation

- 2.37 NHS Fife completed a self-evaluation in June 2011<sup>11</sup>, after the Kitchen had been open for one year.
- 2.38 Fife Community Food Project provides pre- and post-programme evaluation questionnaires for cookery programme participants to complete, as well as questionnaires for participants to complete at the end of each individual session. However, the results of these surveys are not included in this report because around one-third of respondents to this survey attended cookery programmes at venues other than the Community Kitchen, and it is not possible to isolate Community Kitchen participants' responses from those of participants who attended the programme elsewhere.

<sup>11</sup> Clark, Lyndsay (2011), *Fife Community Kitchen Leven*, NHS Fife



### 3 Impact of the Community Kitchen

#### Introduction

3.1 The results of our evaluation laid out in this section indicate that the Community Kitchen is highly-valued by stakeholders and has a significantly positive effect on people who participate in classes and on partner organisations. This section analyses the impact of the Community Kitchen on participants and organisations, drawing on evidence we have gathered through stakeholder interviews, our survey of participants and focus groups with participants.

#### Impact of the Community Kitchen on participants

3.2 The benefits for participants of attending the Community Kitchen include:

- reducing barriers to healthy eating – increasing awareness, knowledge, skills, experience and confidence around healthy eating;
- improving eating habits and consequent health benefits; and
- other, non-diet related benefits.

3.3 We discuss each of these benefits below.

#### *Reduced barriers to healthy eating – increased awareness, knowledge, skills, experience and confidence around healthy eating*

3.4 People encounter many barriers to healthy eating including:

- lack of awareness and knowledge of healthy eating issues, including the perceived cost and time involved with preparing healthy food; and
- lack of skills and confidence to prepare healthy meals.

3.5 Participants reported that attending classes at the Community Kitchen has helped them to overcome these barriers, particularly in terms of:

- increasing awareness and knowledge of healthy eating issues;
- improving skills and experience related to preparing healthy food; and
- building confidence in preparing healthy food.

***Increased awareness and knowledge of healthy eating issues***

3.6 Classes at the Community Kitchen have helped participants to increase their awareness and knowledge of healthy eating issues. In particular, it has increased participants' awareness of the following.

- **What constitutes a healthy diet**
  - 89% of survey respondents either strongly agreed or agreed with the statement that going to the Community Kitchen had helped them to understand what a healthy diet is.
  - A stakeholder commented on the importance of raising awareness of healthier alternatives to common ingredients – for example showing participants to use half-fat instead of full-fat cheese when making pizza.
  - Participants commented that they are now more aware of the content of food and had a greater understanding of what constitutes healthy levels of salt, sugar and fat. Participants commented that:
    - *“I’m more aware of what’s in food”* (male focus group participant).
    - *“It has made me more aware of the food we eat and its influence”* (male survey respondent aged 75+).
    - *“I look at what has fat... and I do try and make home made healthier meals”* (female survey respondent aged 35-44).
    - *“I am more inclined to spend more time reading ingredients on packaging before buying”* (male survey respondent aged 75+).
  - Both Kids in the Kitchen participants who returned a questionnaire said they liked learning about how to eat healthily.
- **The importance of eating healthily.**
  - 89% of survey respondents said the Community Kitchen had made them more aware of the importance of eating healthily.
- **How easy it can be to prepare healthy food.**
  - Participants increased their awareness of how easy it can be to prepare healthy food. 88% of survey respondents agreed that going to the Community Kitchen had given them ideas for easy-to-prepare healthy meals and 86% agreed that it had given them ideas for healthy meals that are quick to prepare.

- One participant commented that *“I know how easy it is to make a healthy and tasty meal”* (male survey respondent aged 35-44) and a stakeholder said that the Community Kitchen shows participants how to *“make good food easy”*.
- 84% of survey participants reported that they received a recipe book from the Community Kitchen. This appears to be useful for participants as 63% of these participants had used the book either 'a lot' or 'a little' and focus group participants praised the book for its uncomplicated recipes and easy-to-follow instructions.
- 67% said it had made them more aware of where to shop for healthy food.
- **How to prepare affordable healthy food.**
  - 77% of survey respondents said the Community Kitchen had given them ideas for affordable healthy meals.
  - Comments from participants include:
 

*“It’s made me enjoy cooking meals from scratch and it does tend to work out cheaper”* (female survey respondent aged 35-44).

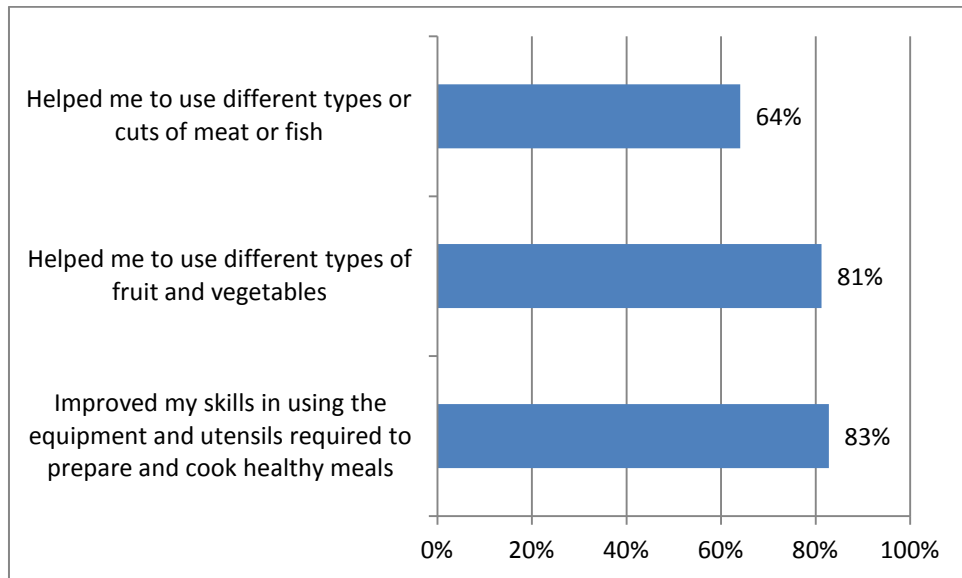
*“It’s shown me that healthy cooking does not have to be expensive”* (female survey respondent aged 55-64).

*“It made you realise you can do it cheaper”* (male focus group participant).

### ***Improved skills and experience related to preparing healthy food***

- 3.7 Our findings indicate that the Community Kitchen plays an important role in providing training and an opportunity to gain experience in cooking homemade healthy meals, thereby enhancing participants’ skills in various aspects of cooking including:
- using utensils like peelers – as one Kids in the Kitchen participant said, the main thing he learned was *“how to use kitchen utensils properly”*;
  - basic cooking techniques such as chopping vegetables;
  - hygiene;
  - making accurate measurements; and
  - following recipes.
- 3.8 Figure 3.1 shows that 83% of participants said that they improved skills in using equipment and utensils required to prepare and cook healthy meals, 81% reported that it improved

their skills in using different types of fruit and vegetables, and 64% have improved their skills in using different types or cuts of meat or fish.



**Figure 3.1: The Community Kitchen's impact on participants' cooking skills**

### 3.9 Participant comments include:

*"I'm able to cook more for myself"* (male focus group participant).

*"(Going to the classes) has helped me find my way around a kitchen"* (male focus group participant).

*"(Going to the classes) has opened my eyes how to use fresh ingredients and make food from scratch"* (male focus group participant).

### 3.10 Stakeholders identified the positive impact that the Community Kitchen has on participants' ability to plan, shop for and prepare healthy meals for themselves and their families. As one interviewee said, one participant *"went from having no cooking skills at all to being able to budget, look at nutritional value of food and prepare things from scratch."*

#### ***Increased confidence in cooking***

By providing instruction in cooking techniques and providing an opportunity to practice these, the Community Kitchen has a positive impact on participants' confidence to prepare fresh healthy meals themselves. 89% of participants reported feeling more confident about cooking meals from basic ingredients and 89% felt more confident about following a simple recipe. Comments from participants included:

*“The course gave me the confidence to try and make meals”* (male focus group participant).

*“I learned how to cook without getting into a tizzy”* (female focus group participant).

Going to the Community Kitchen has *“encouraged me to cook quick healthy meals”* (female survey respondent aged 25-34).

*“It gave me more confidence in preparing and cooking my own meals”* (male survey respondent aged 65-74).

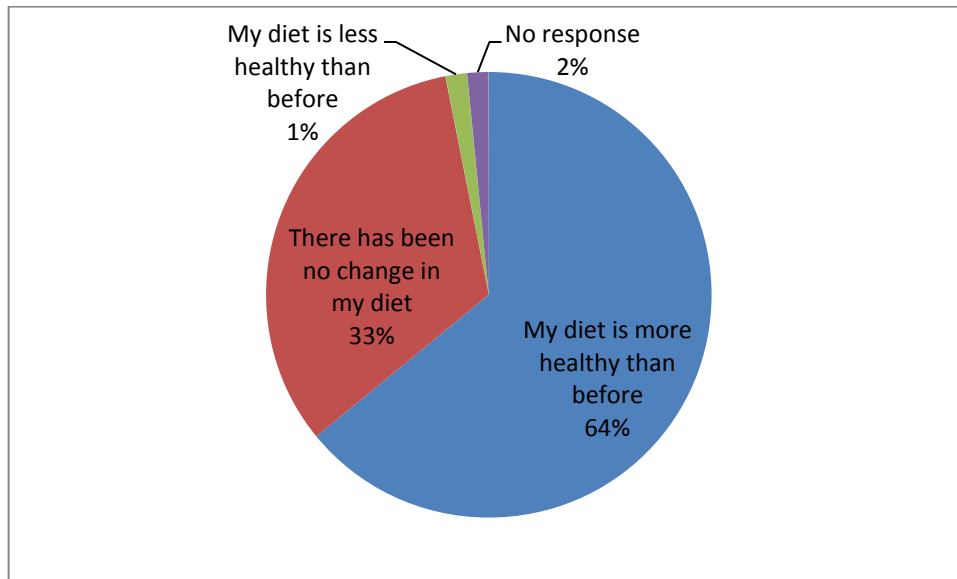
*“It has made me explore more in the food world”* (male focus group participant).

- 3.11 A stakeholder said that the Community Kitchen helped people to *“believe in themselves – they are able to make their own food rather than buying ready meals”*.



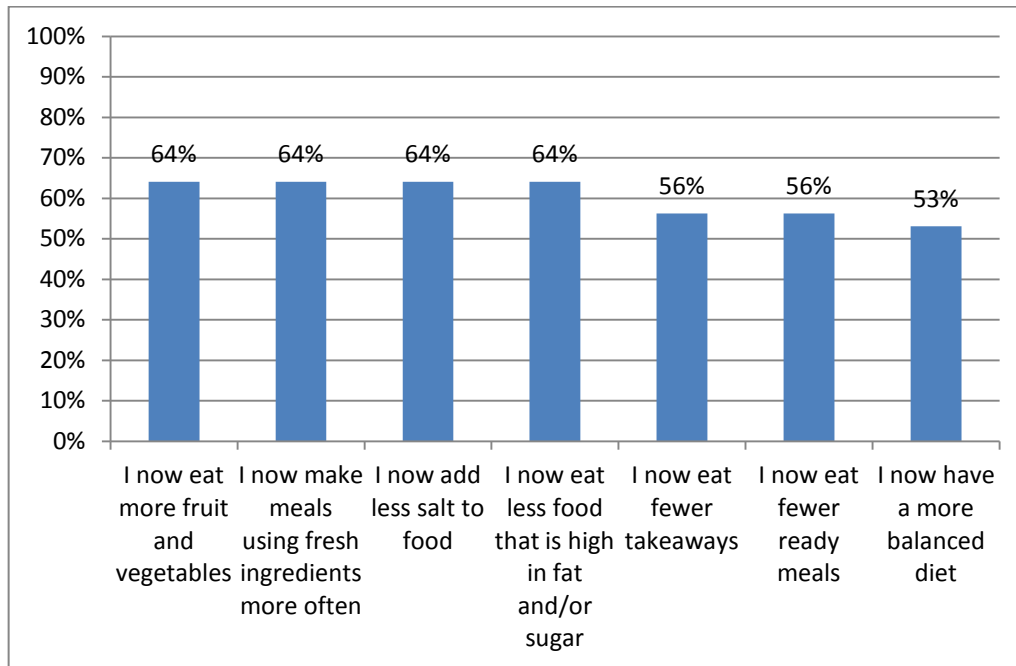
### *Improved diet and health*

- 3.12 This increase in awareness, knowledge, skills and confidence related to healthy eating appears to have translated into improvements in diet for a substantial proportion of survey participants. Figure 3.2 shows that 64% of participants feel their diet is now more healthy than it was before they went to the Community Kitchen.



**Figure 3.2: The Community Kitchen’s impact on participants’ diet**

- 3.13 However, 21 (33%) said that there has been no change in their diet and one participant said that their diet had got worse since going to the Community Kitchen. Stakeholders are aware that, while the Community Kitchen aims to empower people to eat more healthily, whether or not that translates into lasting changes in diets depends on the individual participants. As one stakeholder said, “*we give the information but we can’t force them to make changes*” and another said “*we give them the know how but we can’t go shopping with them*”. The fact that approximately two thirds of participants reported a more healthy diet suggests that the Kitchen does have a lasting impact.
- 3.14 Figure 3.3 provides further evidence that the majority of participants have improved their diet since going to the Community Kitchen.



**Figure 3.3: The ways in which participant’s diets have improved**

3.15 Figure 3.3 shows that a large proportion of participants have made significant improvements to their diets. Nearly two-thirds of survey respondents:

- eat more fruit and vegetables;
- make meals using fresh ingredients more often;
- add less salt to food; and
- eat less food that is high in fat and/or sugar.

3.16 Just over 50% eat fewer takeaways and fewer ready meals and have a more balanced diet.

3.17 Many focus group participants said that previously their diets consisted largely of processed, fried and microwaveable food but that going to the Community Kitchen had improved their ability to prepare healthy meals and that their diet had improved as a result.

3.18 One stakeholder noted that participants she works with have started to experiment with healthy meals and another has observed “*reduced reliance on ready meals and takeaways*”.

3.19 There also appears to have been a knock-on effect on the diets of participants’ families. 79% of survey respondents said that going to the Community Kitchen has helped their

family eat more healthily. As one survey respondent commented, “*I can make more healthy meals for my kids*” (female survey respondent aged 25-34).

### ***Influences on diet***

3.20 Of the 41 survey respondents who reported an improvement in their diets, 59% (24) said the Community Kitchen helped them ‘a lot’ and 39% (16) said it helped ‘a little’.

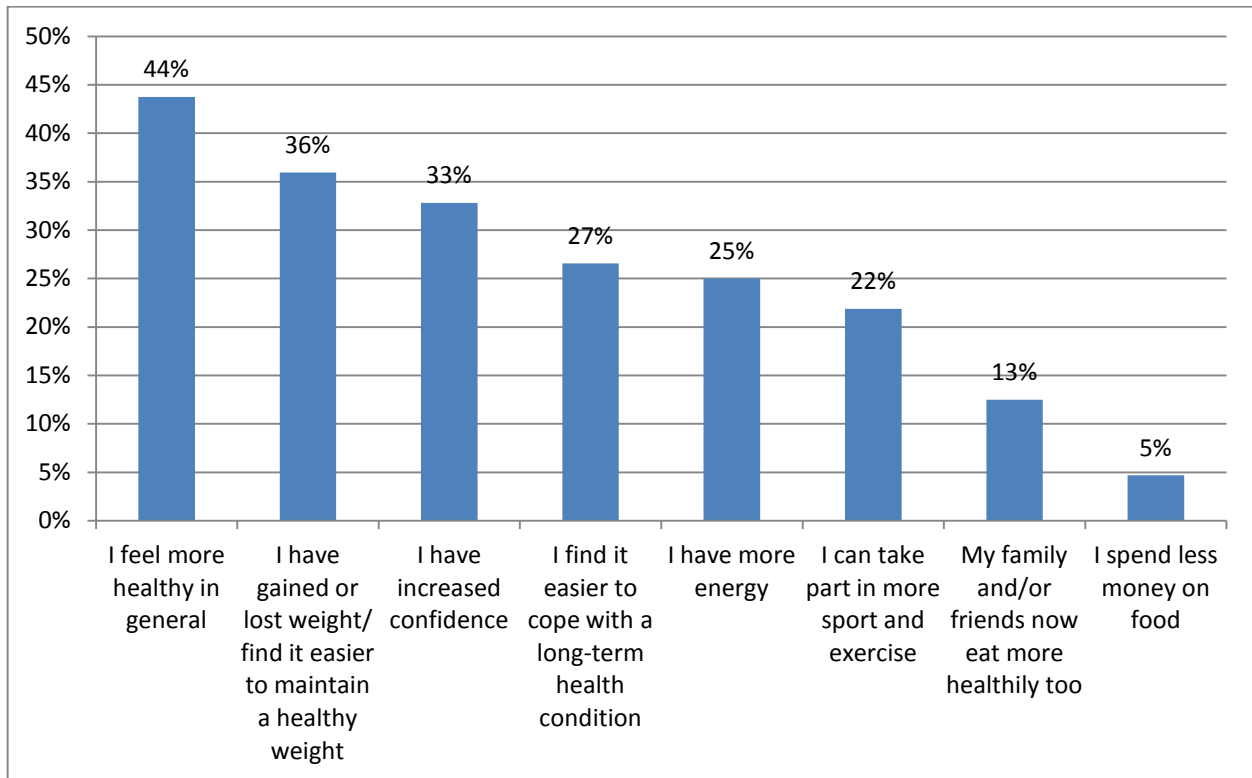
3.21 Other influences that led to participants improving their diet include:

- family and friends (25 participants, 61% of those who reported an improvement in diet);
- doctors and other health professionals (14, 34%);
- teachers and lecturers (13, 42%);
- colleagues (7, 17%); and
- the media (7%).

### ***Benefits of eating healthily***

3.22 Figure 3.4 displays the benefits of eating more healthily as reported by the 41 survey respondents who said their diet had improved.





**Figure 3.4: Benefits of eating more healthily**

- 3.23 Figure 3.4 shows that 44% of respondents whose diet had improved reported feeling more healthy in general. 86% of survey respondents described their health in general as good or very good after going to the Community Kitchen, compared with 66% before. This is higher than the proportion of Fife residents (71%)<sup>12</sup> who reported their health to be good or very good in the 2009-2010 Scottish Household Survey, which suggests that Community Kitchen participants feel more positive about their health than the general population of Fife.
- 3.24 A participant said that she had *“more colour about my face”* (female focus group participant) as a result of eating more healthily. 36% have experienced weight benefits (gaining weight, losing it and/or finding it easier to maintain a healthy weight), and a third said they felt more confident in general. Focus group participants also reported enjoying healthy food more than the food they previously ate.
- 3.25 A third of survey respondents reported an increase in confidence as a result of eating more healthily, 27% said that eating more healthily made it easier for them to manage a long-term health condition, a quarter said that they have more energy<sup>13</sup>, and 22% said they can take part in more sport and physical activity.

<sup>12</sup> Scottish Neighbourhood Statistics, [www.sns.gov.uk](http://www.sns.gov.uk)

<sup>13</sup> One participant said she now has *“more energy to play with my grandchildren”*.

- 3.26 Smaller percentages of respondents reported other benefits as a result of eating more healthily:
- 13% said their family and friends now eat more healthily as well; and
  - 5% reported spending less money on food.

3.27 Although these benefits of eating more healthily were reported by relatively small percentages of survey respondents, we should note that higher percentages identified these as benefits of going to the Community Kitchen. 79% said that going to the Community Kitchen helped their family to eat more healthily and 56% said it helped them to spend less money on food. So, although these may not be benefits associated with healthy eating by large percentages of respondents, they have been reported as positive outcomes of attending the Community Kitchen.

#### *Other benefits for participants*

- 3.28 Participants reported a range of other benefits as a result of going to the Community Kitchen. These are discussed below.
- **Socialising.** The sociable nature of cookery classes was identified as a benefit of the Community Kitchen by many participants. Nearly three-quarters of survey respondents said that they had made new friends as a result of going to the Community Kitchen. One male focus group participant commented that *“we had a couple of laughs”* and a stakeholder noted that the Kitchen *“brings the community together in a positive way and people meet new people”*.
  - **Budgeting.** 56% of survey respondents said that going to the Community Kitchen had helped them spend less money on food and one participant said that *“we learned to make our budget stretch”* (male focus group participant).
  - **Promotes life and employability skills.** The Community Kitchen helps participants to improve various skills including team working, budgeting, independence and following instructions. 80% of survey respondents said they had learned new skills from the Community Kitchen, 31% said it had helped them get into education or training, and 20% said that going to the Community Kitchen helped them find a job.
  - **Introduction to college.** Stakeholders remarked that, by attending the Community Kitchen at Adam Smith College, participants realise that college *“is not a scary place”* and it *“informalises a formal institution”*. Stakeholders gave several examples of participants who had entered study at the College having been introduced to it through the Community Kitchen. As a participant said, *“going to the Community Kitchen in college has helped me to feel confident about going into college”* (female survey respondent aged 16-24).



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- **Sense of achievement and increase in confidence.** Stakeholders observed the importance of the Community Kitchen in giving people a chance to cook something from scratch, giving them a sense of achievement and *“a quick confidence boost to cook something quickly and see the results immediately”*. A participant said *“I have gained a lot more confidence in myself especially (as a result of) cooking from scratch. Meeting new people has helped as well”* (female survey respondent 55-64).



### Impact on organisations and staff

3.29 The Community Kitchen is an important resource for local organisations in a number of ways. The Community Kitchen:

- **is a resource that enables organisations to run healthy eating classes.** Although there are other community venues with kitchen facilities that organisations could use to deliver healthy eating classes, stakeholders reported that the Community Kitchen *“makes it a lot easier”* because of its size, accessible location and the equipment, storage space and supplies it has available. This is especially significant for the Food Development Workers, who previously had to carry supplies and equipment between venues with them and has *“allowed programmes to run more easily and more consistently”*. As a stakeholder from Adam Smith College said, *“Step In students couldn’t do cooking if the Community Kitchen wasn’t here... we need access to the Kitchen to build life skills and healthy eating skills”*.
- **allows partner organisations to engage with service users.** Stakeholders told us that the Community Kitchen provides a non-intimidating and stigma-free venue for professionals to meet service users who may be reluctant to attend meetings at more formal venues.

- **provides staff from partner organisations the opportunity to deliver healthy eating classes themselves.** Just over half of the 21 professionals who attended train the trainer training at the Community Kitchen have gone on to deliver healthy eating sessions to their service users independently. One participant in this training said that *“it increased our confidence (in delivering healthy eating sessions)”*.

3.30 Overall, the results of our evaluation indicate that the Community Kitchen provides a well-equipped, pleasant and non-intimidating venue to promote healthy eating among service users and to engage with service users on other issues as appropriate.

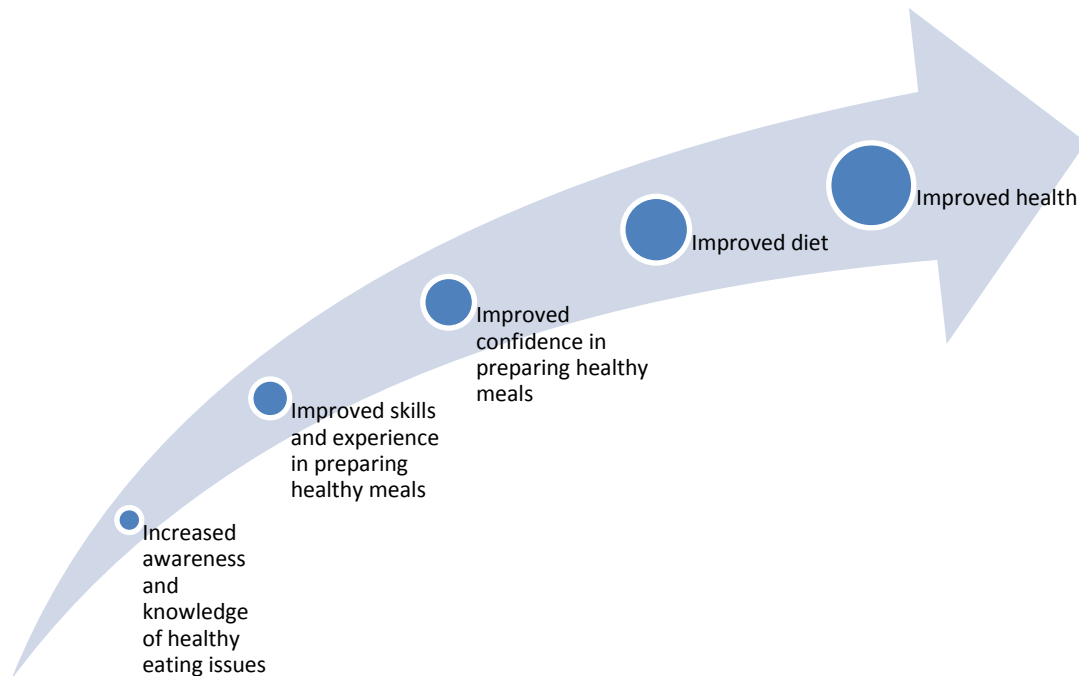


## 4 Conclusions and Recommendations

### Impact of the Community Kitchen

- 4.1 Based on evidence reviewed during this evaluation and opinions expressed by stakeholders and members of the public who have attended classes at the Community Kitchen, we conclude that the Community Kitchen is a highly valuable resource that promotes healthy eating among members of the community, and supports partner organisations in their work to promote healthy eating among service users.
- 4.2 The results of our evaluation provide evidence that the Community Kitchen has had a highly positive impact on participants who took part in our research. Participants reported **improvements in their awareness and knowledge related to healthy eating issues**. In particular, they reported being more aware of what constitutes a healthy diet, the importance of eating healthily, and how easy and affordable it can be to prepare healthy food.
- 4.3 They also reported **improvements in their skills and experience related to healthy eating**. Participants said that going to the Community Kitchen helped them **improve their skills and experience in various aspects of cooking** including using basic equipment and following recipes. This in turn led to an **increase in confidence in cooking healthy meals**. This is typified by the comment from one participant who said that going to the Community Kitchen has *“encouraged me to cook quick healthy meals”* (female survey respondent aged 25-34).
- 4.4 By increasing participants’ awareness, knowledge, skills, experience and confidence related to healthy eating and cooking, the Community Kitchen gives participants the know-how and ability to prepare and eat healthy food, and helps to remove barriers associated with eating healthily. Although this does not *always* translate into actual improvements in eating habits, our evidence indicates that, more often than not, it does. 64% of survey respondents reported having an **improved diet** after attending the Community Kitchen, which led to **improvements in their wider health and wellbeing** including:
- feeling more healthy in general;
  - improvements in weight management;
  - increased confidence;
  - increased ability to manage long-term health conditions;
  - an increase in energy; and
  - the ability to take part in more sport and physical activity.

- 4.5 These are very positive outcomes and all survey respondents who reported an improvement in diet said the Community Kitchen had at least some influence on this change, alongside other external influences such as family, friends and health professionals. Figure 4.1 illustrates the impact of the Community Kitchen on participants.



**Figure 4.1: Community Kitchen's impact on participants**

- 4.6 Participants who attended classes at the Community Kitchen reported several other, non-diet related, benefits. Most notably, going to the Community Kitchen promotes **life and employability skills**. 80% of survey respondents said they had learned new skills from the Community Kitchen, 31% said it had helped them get into education or training and 20% said it had helped them find a job. Stakeholders identified several examples of participants who had become comfortable and familiar with the college environment as a result of going to the Community Kitchen and had since enrolled in college courses. Other benefits for participants include: the opportunity to **socialise** and meet new people; and **improved confidence**.

### Strengths of the Community Kitchen

- 4.7 Based on feedback from stakeholders and participants, we highlight several effective aspects of the Community Kitchen below.
- 4.8 The Community Kitchen has a **domestic, homely environment**. The Kitchen contains equipment and appliances similar to those that people would use in their kitchen at home, making it easier for them to apply what they learn at the Kitchen in their own home. This

also helps participants to feel comfortable when in the Kitchen. As a stakeholder said, *“it is homely and not intimidating”* and another said it was a deliberate intention to *“keep it as domestic as possible”*.

- 4.9 Interviewees noted that the Community Kitchen is **well-equipped and facilitates the delivery of healthy eating sessions**. Stakeholders reported that the Kitchen offers several advantages over other community cooking venues, including the ability to use it as a base to store equipment, supplies and foodstuffs without having to carry these between venues. This is an important point, because although it is the facilitators of the healthy eating sessions delivered in the Community Kitchen, rather than the Community Kitchen itself, that provide participants with the skills and knowledge to eat healthily; the value of the Community Kitchen lies in making the delivery of these sessions possible. Several stakeholders commented that the Community Kitchen makes it far easier to run healthy eating sessions, and many others said that it would not be possible to run healthy eating sessions at all if the Community Kitchen did not exist.
- 4.10 Stakeholders and participants were very positive about the **staff who deliver courses at the Community Kitchen**. Fife Community Food Project workers (including the two sessional workers) who deliver a large proportion of the sessions have been described as *“excellent”* and praised for their ability to engage with vulnerable groups. As one female focus group participant said, *“they don’t make you feel stupid”*.
- 4.11 **The Community Kitchen has social benefits for participants**. Going to classes helps participants, who may be socially isolated, to meet other people. The dining table in the Kitchen allows participants to sit and eat together, enhancing the social benefits of the Community Kitchen.
- 4.12 **The management model of the Community Kitchen** minimises on-going costs and overheads. Locating the Community Kitchen in a college building means that Adam Smith College staff take care of the on-going maintenance and administration of the Kitchen, as laid out in the Service Level Agreement between the College and NHS Fife. There are no permanent staff based at the Community Kitchen which further reduces overheads and costs.

**Recommendation 1:** We recommend that NHS Fife, Adam Smith College and Fife Community Food Project (the ‘managing partners’) emphasise the positive findings of this evaluation and positive comments from participants and partner organisations in future marketing and awareness raising activity and in any applications for funding for developing the existing or additional Community Kitchens in Fife or elsewhere.

### Areas for consideration

- 4.13 Our evaluation revealed very few weaknesses associated with the Community Kitchen. However, there are a few areas for consideration when planning the future of the Community Kitchen.

### *Barriers to accessing the Community Kitchen*

- 4.14 Survey participants encountered very few barriers to accessing the Community Kitchen. A small number of survey respondents said that it was sometimes difficult to find a parking space and a few others said they found it difficult to get to the Community Kitchen using public transport.
- 4.15 However, we found that the location of the Community Kitchen might be a barrier to access for people from other areas of Fife. We found that the vast majority of participants come from Levenmouth. This appears to be the result of the awareness raising undertaken by project stakeholders and the distance involved for groups from other parts of Fife to access the Kitchen.

**Recommendation 2:** We recommend that the managing partners consult with existing partner organisations to identify the reasons why people from other areas of Fife have not accessed the Community Kitchen. It would also be beneficial to speak to other organisations across Fife which have not used the Community Kitchen so far to identify why they and their service users have not used the Community Kitchen. This will inform decisions on the need for additional Kitchens elsewhere.

### *Improving the Community Kitchen*

- 4.16 Participants and stakeholders identified a few areas for improving the Community Kitchen:
- extend sessions and programmes;
  - extend opening times to include evenings and weekends;
  - increase capacity of the Community Kitchen<sup>14</sup>; and
  - one trainer said it would have been helpful to have had an orientation meeting with Fife Community Food Project before she delivered a session there to cover issues like where equipment is stored. We are aware that this is available to partner organisations on request, but perhaps more needs to be done to raise awareness of this.

**Recommendation 3:** We suggest that the managing partners consider how the Community Kitchen could implement the above suggested improvements. While increasing the capacity of the Community Kitchen may not be feasible, we anticipate that the others may be.

<sup>14</sup> Stakeholders felt that the Community Kitchen is preferable to other community cooking venues, a few focus group participants commented that they preferred another venue, at Kirkland High School, because it is more spacious.



### *Reaching target groups*

- 4.17 The Community Kitchen's main target groups are young families, teen parents, homeless people and low income groups. Based on data provided by partner organisations, it appears that the Kitchen is reaching low income groups, young families and teen parents, but more could be done to target homeless people.

**Recommendation 4:** We recommend that the managing partners explore how they could increase participation in the Community Kitchen among homeless people and other under-represented groups such as older people.

### *Monitoring data*

- 4.18 We estimate that approximately 600 people have participated in healthy eating sessions at the Community Kitchen since it opened in May 2010.

- 4.19 However, this is an estimate because:

- there is no formal system for collecting, storing and analysing data on participant numbers or participant profile data such as age, gender, location and so on; and
- partner organisations currently vary in the extent to which they record monitoring data.

**Recommendation 5:** To accurately record how many people access the Community Kitchen and to analyse the types of client groups that are using the Community Kitchen, we recommend that the managing partners implement a robust monitoring system. This should capture the following information:

- the number of participants taking part in each programme – each individual should be recorded once, rather than as a separate participant each time he/she attends an individual session;
- participants' contact details; and
- participants' profile data such as age, gender, location (their postcode or town they live in), ethnicity and client group as a minimum, along with any other data the partners would find useful.

We suggest that NHS Fife, Adam Smith College and Fife Community Food Project develop a spreadsheet or database to record and analyse this data, and that they ask each partner organisation to provide this data for each programme they run at the Community Kitchen as a condition of using the Community Kitchen.

This is very important because it will allow the managing partners to: analyse which groups are using the Community Kitchen and which are not (thereby helping them to target future awareness raising activity); provide evidence of the number of people that the Community Kitchen works with; and support any applications for funding from external funders.

### *Evaluation*

- 4.20 Fife Community Food Project distributes and collects evaluation questionnaires from cookery programme participants. This provides important evidence of the impact of the cookery programme on participants. However, the programme is delivered at a number of other venues, and the survey does not record which respondents have attended which venues. An interim evaluation of the Community Kitchen completed by NHS Fife in June 2011 identified the need to gather further evidence to measure the impact of the Community Kitchen on participants' purchasing, cooking and eating of food as well as any other health, social and economic. We agree with this and recommend the following actions to refine and augment existing evaluation processes.

**Recommendation 6:** We recommend that the managing partners review the evaluation system linked to the Community Kitchen and make any necessary amendments. We recommend that the evaluation system consists of the following as a minimum:

- as a first step, the managing partners should identify a few intended outcomes for participants (that is, the impact that going to the Community Kitchen has on participants). For example:
  - participants will have increased awareness of healthy eating issues;
  - participants will have improved skills and experience related to preparing healthy meals;
  - participants will have improved confidence in preparing healthy meals; and
  - participants will have healthier diets and feel more healthy.

**Recommendation 7:** We recommend the managing partners design user-friendly evaluation tools to capture evidence of whether or not these outcomes are being achieved. We suggest the tools include:

- a pre-programme questionnaire to capture baseline information from participants;
- a post-programme questionnaire to capture information about the progress participants have made;

- a mid-point questionnaire for participants to complete half way through their programme; and
- a follow-up questionnaire or telephone interview<sup>15</sup>, when the partners contact a sample of participants six months or so after the end of a programme to identify any long-term and lasting impact of the programme on the participants and his/her diet and that of his/her family.
- If these tools are being used with participants who have attended cookery classes at the Community Kitchen **and** other venues, it is important to record which venue the participant attended so that responses from participants in Community Kitchen classes can be analysed separately from responses from participants in cookery classes at other venues.

**Recommendation 8:** We suggest the managing partners also collect feedback from partner organisations that use the Community Kitchen to determine its impact on the organisation and service users.

**Recommendation 9:** We recommend that the managing partners analyse the evaluation data gathered regularly to review the impact of the Community Kitchen on participants and to identify any aspects of the Community Kitchen that need improved.

- 4.21 Having these processes in place will help the managing partners to gather evidence of the impact of the Community Kitchen on participants and partner organisations, which will be helpful with marketing and awareness raising activities, will strengthen the Community Kitchen’s case for continued or increased funding from existing partners or for new funding from external funders.

### *Income generation*

- 4.22 The Community Kitchen is available for use free of charge to partner organisations and service users from the 20% most deprived SIMD neighbourhoods. It charges a fee for other use of the Community Kitchen and aims to use 25% of its time for income-generating work and 75% as non-income generating activity. However, it appears that this aim has not been achieved in that there has been less income-generating activity than expected.
- 4.23 From our literature review, we are aware of other similar initiatives that have made effective use of income generating activity. For example:

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<sup>15</sup> It is important that participants’ contact details are recorded to enable this follow-up questionnaire/interview to take place.

- Durham Community Kitchen runs a community café and plans to deliver training for hospitality businesses;
- the Community Training Kitchen in Inverurie charges a fee to organisations using the Kitchen but ensure that the classes are free for the service users; and
- some initiatives such as Knowle West Health Association Community Kitchen and Community Kitchens Northwest (USA) run classes for members of the public, for which there is a nominal charge, on various topic including:
  - one pot meals;
  - food on a budget; and
  - diabetes and weight control.

4.24 The Cyrenians Good Food Programme operates a social enterprise model whereby it generates income through food distribution and other activities to fund its health promotion work with people experiencing disadvantage, isolation, poverty and homelessness.

4.25 Others rely on grant funding from sources such as the Department of Health, the Fairer Scotland Fund, Community Food and Health (Scotland) and Edinburgh Community Food but the dangers of this are illustrated by the Get Cooking Course at Pentland Community Centre in Edinburgh, which is experiencing difficulties with continuation due to its reliance on grant funding.

4.26 The Community Kitchen has undertaken three separate programmes of one income generating initiative: Kids in the Kitchen, when primary school age children participated in ten hours of classes during school holidays for £15.

4.27 NHS Fife plans to run more income-generating activity including a series of masterclasses where members of the public would pay a charge to attend a class delivered at the Community Kitchen by a specialist chef on topics such as cooking fish, cooking certain types of meat and baking.

**Recommendation 10:** We recommend that the managing partners consider any income-generating activities that could be delivered at the Community Kitchen as a priority, with the aim of making the Community Kitchen as self-sustaining as possible. This could include classes for members of the public, classes for professionals working in the hospitality. Catering or similar sectors, and/or selling produce made at the Community Kitchen.

### *Sustaining impact*

- 4.28 Fife Community Food Project currently has an important role in organising and delivering healthy eating sessions at the Community Kitchen. However, the Project has recently experienced a significant reduction in its funding and this will restrict the volume of work it can carry out. This could reduce the availability of facilitators who can organise and deliver healthy eating sessions. A train the trainer session has already been delivered to 21 workers from partner organisations, 11 of whom have since gone on to deliver healthy eating sessions with service users at the Community Kitchen independently.
- 4.29 Similarly, Fife Community Food Project currently promotes the use of the Community Kitchen among partner organisations. The Project's capacity to undertake this role may be reduced following its reduction in funding, so another body may have to take on this role.

**Recommendation 11:** We recommend that the managing partners assess the demand for further train the trainer training and deliver further sessions if there is demand. This will help to build the capacity of partner organisations to deliver healthy eating sessions themselves and will help to sustain the impact of the Community Kitchen given Fife Community Food Project's reduced capacity.

**Recommendation 12:** We recommend that the managing partners develop a plan to specify who will take over the roles of Fife Community Food Project where necessary, particularly in terms of promoting the Community Kitchen, organising and delivering classes.

**Recommendation 13:** We recommend that the managing partners further raise awareness of the Community Kitchen among partner organisations by, for example, contacting organisations that may be interested in using the Kitchen by post, email or telephone. NHS Fife previously ran a launch event at the Kitchen with a well-known chef. A similar event might help to further raise awareness of the Kitchen. Raising awareness of the Kitchen could promote greater use of the Kitchen which would contribute to widening and sustaining its impact.

### **Future development**

- 4.30 Stakeholders we interviewed were very positive about the Community Kitchen and are keen that the existing Kitchen in Levenmouth is retained. Interviewees are in favour of the idea of developing further Community Kitchens in other areas of Fife to allow residents from elsewhere to benefit from the Community Kitchen concept<sup>16</sup>. Stakeholders suggested various towns across Fife that could benefit from a Community Kitchen including Kirkcaldy, Lochgelly, Dunfermline and Glenrothes.

<sup>16</sup> Our analysis of participant data in section 2 of this report shows that the vast majority of people who have attended the Community Kitchen come from Levenmouth.

4.31 We have identified two options for the future development of the Community Kitchen concept in Fife. We discuss these below.

***Option 1: Retain existing Levenmouth Community Kitchen and increase the catchment area***

4.32 This option would involve retaining the existing Community Kitchen in Levenmouth but developing it further by, for example:

- implementing more income generating activity to make the Community Kitchen more self-sustaining and reducing reliance on grant funding and support in kind from NHS Fife, Fife Community Food Project and Adam Smith College;
- directing resources to provide transport for people from other areas of Fife to access the Kitchen; and
- further raising awareness of the Kitchen among public and voluntary sector organisations in Fife.

***Option 2: Retain existing Levenmouth Community Kitchen and develop additional Community Kitchen(s) in other areas***

4.33 This option would involve retaining the existing Community Kitchen and implementing more income generating activity at this facility, as well as developing additional Community Kitchen(s) elsewhere in Fife. This could involve building a new facility from scratch or refurbishing existing community facilities into a Community Kitchen.

4.34 Developing additional Community Kitchens would be costly, whether it involves building new facilities or refurbishing existing community facilities, in terms of capital required for building/refurbishment work, and in terms of staff time and costs required to develop and run the new Kitchen(s). Although income generated from the existing Kitchen could contribute towards these costs, it is likely that at least some grant funding will be required to fund the development of the additional Kitchen(s)<sup>17</sup>.

4.35 However, developing additional Kitchen(s) could produce greater return on investment, given the increased numbers of people that will be able to access a Community Kitchen and gain the associated benefits such as increased awareness and skills related to healthy eating. It would also increase the volume of income generating activity by providing another base for delivering charged-for activities.

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<sup>17</sup> The Community Training Kitchen in Inverurie has found that, although organisations pay to use the Kitchen, it still needs grant funding to survive.

**Recommendation 14:** We recommend that the managing partners consider the options for further developing the existing Community Kitchen and the possibility of developing additional Community Kitchen(s) elsewhere in Fife. We suggest that there are various issues to consider when making this decision including the following.

- There would **be significant financial implications of developing additional Community Kitchen(s): in the current financial climate**, it might be more feasible to invest any additional resources in transporting service users from other areas of Fife to Leven rather than develop new Community Kitchens.
- Balanced against this, however, is the possibility that service users may be less likely to attend the Community Kitchen if they need to travel outside their home town to get to it, even if the transport is paid for them.
- If additional Kitchens are developed, should these be built from scratch or based in existing facilities which require refurbishment or re-development?

**Recommendation 15:** To further develop the existing Community Kitchen and to develop any new Community Kitchen(s) we feel it would be beneficial for the managing partners to decide which organisation is to take overall responsibility for doing this. For example, one organisation could take ownership of the Community Kitchen(s) and take responsibility for promoting it/them, using it/them, managing it/them, developing it/them, implementing income-generating activities, monitoring it/them, evaluating it/them and developing any new Kitchen(s), with support from partner organisations where appropriate.

### Concluding remarks

- 4.36 This evaluation has demonstrated that the Community Kitchen has had a considerable and positive impact on participants and partner organisations. NHS Fife, Fife Community Food Project and Adam Smith College deserve great credit for their work to develop and run the Community Kitchen, which is very highly regarded by stakeholders.
- 4.37 This evaluation has identified several areas for consideration when planning the future of the Community Kitchen and the potential development of further Community Kitchens elsewhere in Fife. NHS Fife and its partners must consider these carefully in order to determine the optimal way to maintain and increase the impact of the Community Kitchen concept in Fife.