What's cooking in Scotland?

Part Two

How community food initiatives are finding out about the impact of cookery courses

community food and health
(scotland)

tomato, orange and basil soup

the eatwell plate

community food and health

(scotland)

About CFHS

Community Food and Health (Scotland) or CFHS aims to ensure that everyone in Scotland has the opportunity, ability and confidence to access a healthy and acceptable diet for themselves, their families and their communities. We do this by supporting work with and within low-income communities that addresses health inequalities and barriers to healthy and affordable food.

Barriers 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 also getting to the shops

Skills – improving confidence and skills in cooking and shopping

Culture – overcoming ingrained habits

Through our work we aim to support communities to:
• Identify barriers to a healthy balanced diet
• Develop local responses to addressing these barriers, and
• Highlight where actions at other levels, or in other sectors are required.

We value the experience, understanding, skills and knowledge within Scotland's community food initiatives and their unique contribution to developing and delivering policy and practice at all levels.

Acknowledgements

CFHS would like to thank everyone who helped with this publication by taking part in the cookery skills survey and roundtable discussion, by submitting small grant evaluation reports, or by taking part in the cookery evaluation project.

"I have cookery books at home but it makes so much difference when someone shows you. It seems so easy when they do."
Participant on cooking course

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Who is this for and what is it about?

Community cooking skills courses for adults are promoted by Scottish Government policies and are popular with community food initiatives. But, what evidence is there that they make a difference to diet-related health? What other benefits do they bring?

This publication gathers information from policies, research, and community food initiatives in Scotland to find out what difference community cookery makes to people in low-income communities.

Gathering credible evidence or evaluating cookery activities can be a difficult task for community groups or community food initiatives with limited resources, and those working with vulnerable communities. This publication shows how these groups have addressed some of the challenges of evaluating their cookery activities.

This publication is for anyone who wants to increase the impact of community cookery and find out how community food initiatives are using innovative evaluation methods that meet the needs of participants, funders and themselves. Information about how community food initiatives address the basic challenges of developing cookery courses can be found in our earlier publication: **What's cooking in Scotland? Part One**.

Where our information comes from

We gathered information from community food initiatives from four main sources:

1. From analysing the application and evaluation forms of 24 CFHS annual small grant scheme recipients reporting back on their activities throughout 2011. These groups used the grant to run cookery activities; their reports gave us information about what their work had achieved and what they learned.

2. From an online survey we conducted in early 2011, with over 50 groups responding. Nearly all of these groups delivered regular cookery sessions, including 33 groups delivering cookery sessions most weeks of the year. The survey provided us with information about how cookery courses were delivered, their impact and how they were evaluated.

3. From a CFHS fact sheet. 'Healthy eating and beyond – the impact of cookery sessions' (February 2011) is based on a roundtable discussion about cookery skills attended by 21 participants. Most had taken part in the online survey and had been involved in managing or delivering cookery sessions for several years.

4. From in-depth face-to-face or telephone semi-structured interviews with 11 groups from a CFHS cookery evaluation project. All had received CFHS funding in 2011 to develop their evaluation methods for their cookery courses. All the case studies in this publication are from this project.

"It renewed my interest in cooking. The course was run on an informal basis and was good fun."
Participant on cooking course

About the CFHS cookery evaluation project

In summer 2011, CFHS awarded funding of up to £600 to 11 community food initiatives to develop evaluation methods for cookery courses. They were encouraged to develop simple and effective methods suitable for the groups that they worked with, and from which they and others would be able to learn from and use again. Most gathered information at the beginning of a course (baseline information), and during or at the end of a course, and followed up participants around three months after it had finished. Three groups did not gather baseline information and followed up participants around a year after they had completed a course. All the groups delivered cookery courses on a regular basis and found out the impact of cookery courses, including and beyond improving nutrition. Most had used some evaluation methods prior to receiving funding, but none had carried out formal follow-up evaluation after a course had finished. Most of the 11 groups undertook the cookery courses in late 2011 and completed the three-month follow up evaluation by March 2012. Between them they delivered and evaluated 22 courses which were completed by 314 participants, and they followed up 119 participants three months or more after the courses had finished.

About the groups that received funding

Biggar Youth Project in Lanarkshire is a voluntary organisation that works closely with its local secondary school. It has run four nutrition and cookery courses over the last few years. Each course combined theory and practice, and included a basic accredited nutrition course, the Royal Environmental Health Institute of Scotland (REHIS) Elementary Food and Health course, and hands-on practical cookery sessions. Each course took six hours over three sessions and was attended by some parents and carers as well as young people. The Project carried out follow-up evaluation of two of these courses around a year later. Twenty-six people had completed the two courses and the Project followed up 13 of these. By popular demand, it continues to deliver informal cookery activities at its weekly drop-in youth club.

Broomhouse Health Strategy Group in Edinburgh has a volunteer-run shop that has been open since 1995. In the last few years it has run cookery courses in the area, in various local venues. It evaluated a parents' cookery group. Four parents completed a two-hours-a-week, five-week course and two of these took part in follow-up evaluation three months later. Recently the Group has developed a new kitchen facility next to the shop and uses this to run regular drop-in cookery sessions.

East Lothian Roots and Fruits has been delivering a range of food activities across East Lothian since 1997, including a gardening project, fruit and vegetable co-ops and cookery courses. It evaluated two cookery courses, one run for a vulnerable young mums' group, and another for a young unemployed men's group, some of whom had experienced homelessness. Each course ran for two hours a week over five weeks in a community centre. Five participants regularly attended each course. All five from the young mums' course and three of the young men took part in the follow-up evaluation.

Edinburgh Community Food was set up in 1996 and delivers a range of food activities across Edinburgh, including training, support for community cafés, food co-ops and cookery courses. It evaluated three cookery courses: one for a group of women using a mental health support needs service; an older men's group; and a carers' group. Each course was delivered for two hours a week for five weeks in a kitchen within or near where the groups met. Sixteen people took part in the three courses and 14 people took part in follow-up evaluation activities around three months later.

Lanarkshire Community Food and Health Partnership has been running a range of food activities across Lanarkshire since 1990, such as food co-ops, food activities in schools and cookery courses. Two of its development officers evaluated two cookery courses each. Two existing youth groups, an older male carers' group and a Mosque's young women's group took part. Each course was delivered for two hours a week for six weeks. A total of 28 people regularly attended the courses and 14 of these took part in evaluation activities around three months later.

NHS Ayrshire and Arran Community Food Workers (CFW) Team has been delivering community cookery courses since 2000. Since 2010 it has also focused on building the capacity of those working in the Early Years sector by delivering training. This aims to raise awareness of the importance of early years nutrition and increase the confidence and skills of staff and volunteers to teach practical food skills to parents or children. The CFW Team runs one-day or two-day Nutrition and Food Skills for Early Years courses for childminders, nursery workers and family centre workers throughout Ayrshire and Arran. From September 2010 to November 2011, 83 people completed the one-day course and 94 completed the two-day course. All participants completed an evaluation at the end of the course. Thirty-five took part in evaluation activities around a year after they had taken part in training.

Pilton Community Health Project was set up in 1984 and runs a range of services for people in the area, including walking groups and counselling services. Its healthy eating project, Barri Grub, delivers cookery courses. It evaluated one course delivered to 10 people; three mums and seven of their children, two hours a week after school for six weeks. The course aimed to build family relationships and parenting skills as well as improving nutrition. All the mums and most of their children took part in evaluation activities around three months after the course had been completed.

North Perth Community School runs a range of activities for adults and has delivered cookery courses to support local parents for several years. It evaluated a cookery course that was delivered over two hours after school, weekly for four weeks. Nine members of four families attended; two dads, two mums and their five children. All families took part in the follow-up evaluation three months after the course had finished.

Urban Roots in Glasgow aims to raise awareness about environmental issues within the local area by delivering activities such as arts projects, community gardens, walking groups and cookery workshops. It followed up four out of 12 participants that had attended a cookery course a year earlier. The course aimed to raise awareness of environmental issues relating to food, such as packaging, food waste and food miles, as well as to improve nutrition. It also gathered baseline information from two new courses that it had recently started.

Get Cooking is a community project based within the West Lothian Council Health Improvement Team. It has been delivering cookery courses within the community since 2003. It also delivers a Scottish Qualifications Authority Certificate in Community Food and Nutrition Skills course, credit rated through the Scottish Credit and Qualification Framework that is used to train tutors for the project. It evaluated four cookery courses, each run by different Get Cooking tutors, that took place once a week for a couple of hours for four to six weeks. These included a young mums' group, a weight-management group, a mixed adult group that included people with learning disabilities, and one group that aimed to build numeracy skills as well as to improve nutrition. Sixteen people completed the four courses and eight of these took part in follow-up evaluation.

YWCA Glasgow was established in the 19th century and aims to support women who are disadvantaged. It organises a wide range of learning activities in its Family Learning Centre including cookery courses delivered by **Clarity Nutrition**. It evaluated a cookery course attended by six women. All had literacy and numeracy support needs and many also had young children. The course ran for three hours a week for five weeks. As well as aiming to improve nutrition, the course aimed to improve literacy and numeracy skills and the health of the women's families. Three of the women attended a follow-up evaluation three months after they had completed the course.

Section One – Policy, research and impact

Why run community cookery courses?

There are three main food and health policies in Scotland, two of which highlight the importance of cookery skills or practical food skills for adults. The **Preventing Obesity Route Map (2011)** and its **Route Map Action Plan (2011)** includes cooking skills for adults using affordable ingredients as one of its action points in its drive to reduce levels of obesity. **Improving Maternal and Infant Nutrition: A Framework for Action (2011)** focuses on improving nutrition for pregnant women and families with children or babies under the age of four years. Its actions suggest that the voluntary sector (as well as many others) has a role in developing practical food skills activities around weaning and healthy eating and to ensure that consistent healthy eating messages are promoted. Some organisations might require training and resources or other capacity building activities to achieve this.

The Scottish Government also funds the Healthier Scotland **Cooking Bus** initiative. This mobile training kitchen has been delivering cookery sessions to school pupils and adults across Scotland since 2008. Its work includes building a legacy into the programme by training teachers and community groups and providing them with a Cook Kit so they can run their own cooking clubs.

As well as being supported by national policies and initiatives, cookery activities are very popular. Between a third and a half of the applications (of a total of 150 to 250 applications annually since 2005) to the competitive CFHS small grant scheme each year are from community groups or agencies that plan to run cookery courses. Local Authorities, NHS boards, charities and trusts also fund cookery skills initiatives, throughout Scotland and the UK.

What evidence is there that community cookery courses make a difference to nutrition?

It is not within the scope of this publication to complete a full literature review. However, the government policies and initiatives have been shaped with evidence from research and there is some recent or Scotland-based research work about cooking skills courses with adults that can be drawn on.

The **Preventing Obesity Route Map (2011)** makes reference to the **Foresight Report – Tackling Obesities: Future Choices – Project report, 2007** where it shapes the actions that it hopes will address concerns about rising levels of obesity over the next few decades. The Foresight Report says only a little about cooking skills courses directly because its focus is mainly on a more strategic level, such as actions for governments, industry, town planners and the NHS across the UK. However, it does discuss evidence that community food initiatives may learn from and use to increase the impact of their food activities and cooking skills sessions.

This includes:
- being aware that it is very difficult for people to break habits detrimental to their health that have been developed over a lifetime. It is also difficult to maintain any new positive habits. It is easier to maintain new habits if the environment where people work, live or spend time provides opportunities that support this, for example, by ensuring that affordable healthy food options are available or by offering other activities to enhance any new skills or, overall, ensuring that a health-promoting lifestyle is **embedded** within places such as community centres, clubs and support services.
- working with people on food activities when they are making other lifestyle changes – such as becoming a parent, changing schools or workplaces, or after being diagnosed with a

medical condition. People at this stage in their lives might find it easier to develop and maintain habits that will help them towards a healthier lifestyle as they are already making other changes in their lives or are at a **transition** period.

• being aware that one-off, single, short-term interventions are not enough to reduce levels of obesity. However, the report does say that activities that are popular, such as developing cooking skills, are worthwhile trying.

The report warns against activities that are likely to increase health inequalities, for example using ingredients in cookery skills courses that are not **affordable** for people on low-incomes.

The Healthier Scotland **Cooking Bus** initiative was recently evaluated. The evaluation focused mainly on improving the effectiveness, legacy and reach of the Bus. It included interviewing a small selection of pupils and adults (eight of each) that had taken part in one of the cookery sessions in the previous three years. They were asked to recall information from the session that they had attended. They recalled knife skills and food safety messages and half reported that they had used, or continued to use, some of the recipes they had learnt during the session.

Last year, the **Evidence for Policy and Practice Information and Co-ordinating Centre (EPPI-Centre)** was funded by the Department of Health in England in 2011 to conduct a systematic literature review of cookery interventions aimed at adults in the UK. Its literature research initially found over 11,000 potentially relevant reports. However, most of these were not UK based, or did not focus on adults. The Eppi-Centre had a further range of criteria of what types of research it would include in the review. The cookery interventions had to have used a comparison group design to evaluate the impact and only 13 studies met this criteria. The researchers also assessed the studies for selection, attrition and reporting bias. Because this criteria resulted in a shortage of studies, it concluded that there is currently not enough evidence to show that cookery courses for adults are beneficial.

Let's Get Cooking is a Big Lottery-funded cooking club project that has operated across all English local authority areas since 2007. Most of the cooking clubs are based in schools, but are also attended by families and adults as well as school-aged children. They are run by volunteers or school staff who have completed a two-day training course. The project evaluated a selection of clubs that were set up over a three-year period until late 2011.

Over 1750 people took part in the evaluation by completing a questionnaire at both the beginning and end of the course. The questionnaire included a list of foods (considered by the project to be healthy or less healthy) and participants were asked to indicate the foods that they had consumed in the previous 24 hours, with 58% of the participants choosing healthier foods from the list compared to the beginning of the course. The project also carried out evaluation activities with 326 people three months after the course. Of these, 91% reported that they continued to use the cooking skills they had learnt on the course at home. When asked to recall what they could remember from the course, most recalled at least one activity or message and around half of these recalled safety messages.

In 2011, **City University London** conducted an evaluation of the Liverpool-based **Can Cook Studio**. The Studio is run by the Five Children and Families Trust and is a social enterprise. It has been running cookery courses since 2007 to school-aged children and adults. The research team collected data from 59 adults (mainly female) who had completed half-day or full-day cookery sessions. Participants were asked about their confidence levels on a range of cooking skills before and after the cooking session. Overall, they reported an increase in their level of skills after the course. They reported new skills, such as learning how to include vegetables within a range of dishes aimed at children, and being more aware of how to use fresh foods.

Finally, the Food Standards Agency Scotland-funded cooking skills research and intervention project, **CookWell**, took place between 2000 and 2001. This project is particularly relevant to this publication because some of the groups within the cookery evaluation project used the CookWell

evaluation materials to evaluate their own activities. The CookWell project delivered cookery courses in eight low-income communities across Scotland. Each course ran for two hours each week, for seven weeks. It involved the local communities in shaping the project by running focus groups with potential participants to find out their needs, such as finding out what kinds of recipes they would like to learn. After participants were recruited, around half were allocated to a delayed intervention group, and were used as a control group, that is, they completed all the evaluation activities, including the six-month follow-up before they took part in a course. The delayed intervention group's results were compared with those of participants who took part in the intervention straight away. The project used a wide range of evaluation methods with both groups.

The results showed that by the end of the course, the intervention group had increased their fruit intake compared with the control group. However, this was not maintained when they were followed up six months later. The intervention group reported that they were more confident at following a recipe and more confident with their cooking generally, compared with at the beginning of the course. The qualitative research methods found that they also reported they were more adventurous with their cooking, compared to before the course. Twenty-four people from the intervention group and 17 people from the control group completed all parts of the evaluation.

The CookWell project recognised that dealing with any one barrier to dietary change, such as cooking skills, is unlikely to alter eating behaviour that has developed over a lifetime, but that cooking skills might be a useful starting point in which to address dietary change. It also suggested that **community ownership or involvement** is an important feature of food projects to ensure that these are relevant to participants.

Evidence from community food initiatives

Scottish policies support cookery courses for adults, but the current research evidence is mixed or is unable to conclude on their longer-term impact due to a lack of scientifically creditable evidence. However, community food initiatives have been running cookery courses for years. Some of these try to evaluate their activities and find out what impact they have. Information from those that took part in our online survey and from CFHS small grant recipient's shows that over 90% of these believe their work has a positive impact on cookery course participant's awareness, skills and confidence to prepare healthy meals. The small grant recipients also reported that they had met outcomes beyond nutrition, such as confidence-building, increased food hygiene awareness, and social benefits.

Evidence from the CFHS cookery evaluation project

All 11 groups that took part in the cookery evaluation project reported that their cookery courses had made a positive impact on some or all participants. The groups all had a wide range of intended outcomes before the courses started.

We have grouped these **planned outcomes** into five main themes:

1. **Increased knowledge about food and health**. Planned outcomes included: understanding of the Food Standard's Agency eatwell plate (see picture below) and knowledge around weaning.

2. **Increased confidence around healthy eating**. Planned outcomes included: increased confidence to try new foods, and follow or adapt recipes.

3. **Improved cookery skills**

4. **Participants will attempt to change their behaviour to improve nutrition.** Planned outcomes included: eating fewer takeaways or ready meals, eating more fruit and vegetables, consuming fewer fizzy drinks, changing cooking habits by reducing fat, salt and sugar.

5. **Outcomes beyond nutrition.** Planned outcomes included improved family relationships, improved social skills, increased confidence and self-esteem, literacy and numeracy.

The chart overleaf shows what the cookery evaluation project groups planned to achieve before the courses began, what they reported they had achieved by the end of the courses and by the follow-up evaluation.

The eatwell plate

Use the eatwell plate to help you get the balance right. It shows how much of what you eat should come from each food group.

Fruit and vegetables

Bread, rice, potatoes, pasta and other starchy foods

Meat, fish, eggs, beans and other non-dairy sources of protein

Foods and drinks high in fat and/or sugar

Milk and dairy foods

Food Standards Agency eatwell.gov.uk
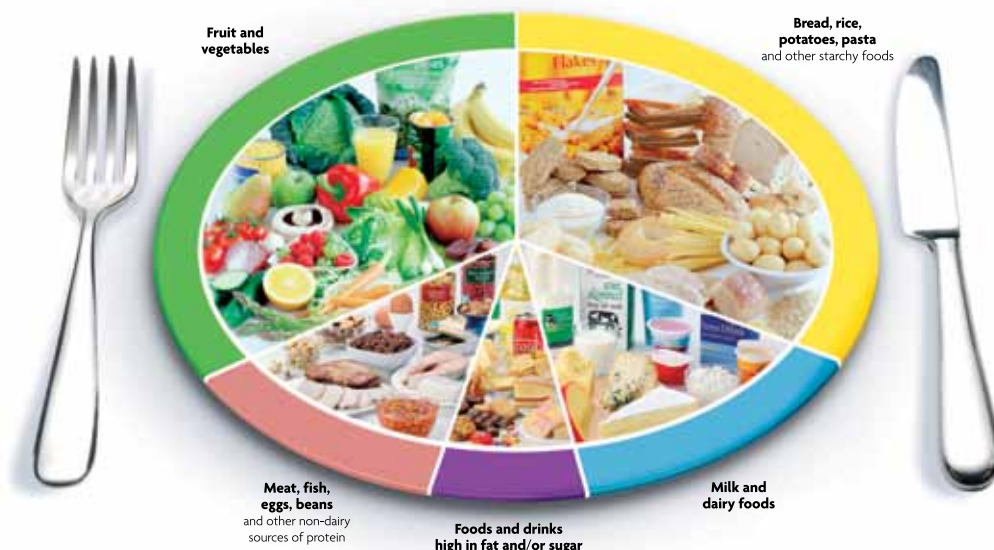
Cookery evaluation project outcomes (11 groups)

Legend:
- Number of groups planning to meet this outcome
- Number of groups that reported that some, most or all participants met this outcome by the end of the course
- Number of groups that reported that some, most or all participants met this outcome at the follow-up evaluation

Chart data:

Outcome	Planning to meet	Met by end of course	Met at follow-up
Increased knowledge about food and health	9	7	4
Increased confidence around healthy eating or cooking	8	4	4
Improved cooking skills	6	4	3
Attempts to change behaviour to improve nutrition	7	10	9
Outcomes beyond nutrition	7	4	4

There is a discrepancy between what groups intended to achieve with the cookery sessions and what their evaluation methods showed they achieved. There could be several reasons for the mismatch between the planned and actual outcomes:

- the courses did not meet some of these outcomes;
- the groups tailored the planned outcomes to the needs of the participants once the course had started and this changed the focus of the course;
- the evaluation methods did not measure the planned outcomes at each stage of the evaluation; or
- the groups started off with more modest plans to meet outcomes such as increased confidence and knowledge, but by the start of the course changed to focusing on the more ambitious outcome of trying to change behaviour.

Some of the methods used made it difficult to measure how many participants in each group made or maintained changes in their behaviour.

The reported outcomes included:

Increased knowledge about food and health
- Participants passed the REHIS Elementary Food and Health course exam (one group, 26 people).
- Children recognise a wider range of fruit and vegetables (one group).
- Participants have an increased understanding of the FSA eatwell plate (two groups).
- Participants have increased understanding about weaning (one group).

Increased confidence around healthy eating
- Participants are more confident trying new foods or ingredients in recipes (three groups).
- Participants are more confident about their skills to cook healthy recipes (four groups).

Improved cookery skills
- Participants can follow a recipe (two groups).
- Participants can adapt a recipe (two groups).
- Participants have tried new recipes after the course (one group).
- Participants have developed their cooking skills (six groups).

Reports of changed behaviour reported at the follow-up evaluation included:
- Participants report that they are using less salt, fat and butter (one group).
- Fewer takeaways and sweets are being brought into the project by young people (one group).
- Participant reports consuming fewer sugary drinks (one course, one person).
- Participants report increased fruit and vegetable consumption (two groups).
- Participants report less dependency on takeaways or ready meals (one group).
- Families report they eat at the table more often (two groups).
- Participants report that they have prepared recipes from the course again (four groups).
- Children are more involved in cookery at home (two groups).
- Participants report that they and their families are enjoying tasting and trying a wider range of foods (one group).
- Participants prepare a shared lunch for their support group (one group).
- Participants report that they check food packaging labels when shopping (three groups).
- Participants report that they are preparing more meals 'from scratch' more often (two groups).
- Participants who completed a training course have begun teaching cookery skills to children and parents (one group, around eight participants).

Outcomes beyond nutrition
- Participants have improved parenting skills or family relationships (one group, two families).
- Participants enjoyed the social aspects of the course (three groups).
- Participants have improved numeracy by being able to measure ingredients using scales and following a recipe (two groups).
- Participants have improved literacy by learning how to follow a recipe (two groups).
- Participants have improved their food-budgeting skills (one group).
- Participant has started volunteering in community café (one group, one participant).
- Participants understand more about food hygiene and food safety (two groups).

"All recipes were easy and I have already made all of them at home."

Participant on cooking course

What barriers do people experience with maintaining new healthy eating practices?

Five groups within the cookery evaluation project used qualitative methods at the follow-up evaluation to find out why participants were finding it difficult to continue to use or develop their cooking skills, or maintain any changes they had made to improve their diet. Participants attending a roundtable discussion about cooking skills also concluded that people living on low incomes face a range of barriers when attempting to improve their diet. Between them, they highlighted the following barriers:

Personal or family barriers
- motivation for self to change habits;
- peer pressure from other children;
- not in control of diet (parents shop for, and prepare food);
- the time and effort required to cook when also caring for small children;
- lifestyles – health issues might not be prioritised by people living on low incomes;
- pressure from children to get toys from fast foods restaurants; and
- lack of confidence and skills.

Structural barriers
- poor access to fresh fruit and vegetables in local shops;
- affordability of fresh fruit and vegetables;
- poverty and fuel poverty; and
- lack of access to affordable healthy foods within rural communities.

Other barrier
- conflicting messages within the media about what healthy eating means.

The findings from the cookery evaluation project and roundtable discussion complement some of the information within research. The Foresight Report and the CookWell Project emphasised the difficulties that individuals have with maintaining eating habits that they have recently learnt over habits developed over a lifetime.

The Foresight Report also indicates that overly simplistic health messages can be a barrier to improving diet. People who are ambivalent about healthy eating messages or changing their habits are less likely to change their diet if healthy eating messages appear to be too simple or contradictory.

Biggar Youth Project

Biggar Youth Project found that two out of five participants who attended a follow-up evaluation interview reported some barriers to improving their diet. Both were school-aged boys living with their parents. They explained that they had little control over what the family bought. However, they also said that they did not always choose to eat healthier lunches during the school day – they wanted to buy foods from the same shops or takeaways as their friends, and these were less likely to offer healthier options.

What helps people to maintain new healthy eating practices?

Many community food initiatives use **community involvement** methods to tailor the course or choose recipes that meet the needs, tastes and wishes of the group. This encourages participants to attend and complete cookery courses and use the recipes afterwards. Many community food initiatives also ensure that the ingredients used on a course are **affordable** for those on low incomes and are likely to be available locally.

Most of the 24 small grant recipients delivered cookery activities within their own groups or communities. Organisations such as youth groups, drop-in groups, family support centres or parent and toddler groups are ideally placed to help participants continue any healthy eating habits that they have developed as the result of cookery courses by **embedding** healthy eating opportunities within their organisations. They can do this by making sure that any food their organisation provides or sells includes affordable healthy options, or they may deliver other activities around food, such as further cookery activities or food growing. This requires commitment from management committees, staff, volunteers, and those using the project, as well as suitable facilities and resources.

Biggar Youth Project

Biggar Youth Project had success with helping some young people develop or maintain healthier eating habits. Following on from the popularity of its cookery courses, the Project runs cookery sessions at the weekly drop-in club. This provides a light meal or snack for around 25 young people attending the club that evening. The cookery sessions are led by a nutrition student and emphasise healthy eating and trying new foods. The club staff and volunteers have observed that fewer young people bring in foods such as takeaways, crisps or sweets, as the young people know they will get something to eat. The staff state that healthy eating is integral to the project.

"It has given me confidence reading recipe books; I now know what I should be doing."

Comment by participant during a course.

East Lothian Roots and Fruits

East Lothian Roots and Fruits (ELRF) delivered two cookery courses at a local community centre to established groups. Both groups had taken part in ELRF cookery courses several months before and were keen to attend more. One group consisted of five unemployed young men (aged 17 to 21). The second group was attended by five young women (all under 25), all with at least one child under the age of five years. Some of the women had been referred by social services to the group. Many of the participants in both groups had difficulties with literacy and numeracy.

Each course followed a similar format; participants learned to prepare soups, main courses and desserts, but each group was involved in shaping the course. Each individual chose what he or she would each like to prepare from a range of recipes, with an emphasis on healthy, affordable foods (£5 or less for a family meal) that could be bought in the local shops. Participants were discouraged from choosing recipes with ingredients that they would be unlikely to be able to afford.

The women were particularly interested in discussing and learning how to encourage their children to eat fruit and vegetables when on a limited budget. The young men prepared food and ate most of it straightaway, whereas the women took the food home to share with their families. Each participant took recipes home with them.

By the end of the course, seven of the participants said they had learnt new skills, six had enjoyed using the recipes and nine had appreciated help with food budgeting. The trainers observed that participants became more confident at following (and adapting) recipes and at measuring ingredients.

At the follow-up evaluation, eight participants (the five from the women's group and three from the men's group) agreed they:
- had tried some of the recipes again at home;
- were still using the cooking skills that they had learnt on the course; and
- were more confident with their cooking skills.

They also informally discussed some of the recipes that they had used again and said that the recipes were easy to use as they included 'everyday' ingredients.

Following the course, the women's group started bringing in a shared lunch to their support group to eat with the children at a dining table. The women felt that if they each brought a dish they had made to share, the children would not be distracted by what the other children were eating. They also felt that eating at the table would improve the children's table manners. The women reported that the children were eating better as a result. This idea was led by the women's group and encouraged by their support worker.

Some groups and agencies in Scotland deliver training courses to staff or volunteers so that they can deliver cookery courses to those they work with. **Building the capacity** of organisations to deliver cookery or other practical food activities is another way of supporting organisations to **embed** food activities within their organisations.

Four of the groups within the cookery evaluation project and 18 of the 50 groups that took part in the CFHS online survey delivered cookery activities to early years groups. The Foresight report suggests that working with families with babies or young children, or those who might be at a **transition** stage of their lives, can be effective.

NHS Ayrshire and Arran Community Food Workers Team

NHS Ayrshire and Arran Community Food Workers (CFW) Team delivers one and two-day training courses to staff and volunteers working in the Early Years sector in Ayrshire. The planned outcomes of the courses came under the themes of:

- increased knowledge around food and health (specifically around weaning and feeding babies and children under five; this supports aims within the Maternal and Infant Nutrition Framework); and
- improved cooking skills (including shopping, cooking and budgeting).

The courses include practical food skills with the aim of building the capacity of staff and volunteers to prepare healthier meals for children, and if their role allows it, to deliver cookery courses to groups of parents. Participants are offered resources to support their work after the course, including a cookery-course training manual and the 'Munch Crunch 2' recipe book, both developed by the CFW Team.

In all, 177 participants completed a short questionnaire after they had completed one of the courses. They were asked to write down three things they had learnt from the course. The blend of information and practical skills was shown to be important, as 91% cited improved knowledge and 86% cited improved skills. Between them, the participants reported that they worked with over 2800 children or families.

The follow-up evaluation took place a year later. Thirty-five of the 177 participants responded to an online survey, which found that:

- 31 recalled that information relating to food and health knowledge had been useful in their *work*, with information about the FSA eatwell plate and free support resources rated the most useful;
- 31 recalled information relating to food and health knowledge that was useful to them *personally*, with information about the FSA eatwell plate, fat, sugar and salt and food labelling rated the most useful;
- 13 said they felt more able to provide healthier meals to children in their care; and
- 14 said they had delivered cooking skills training to parents since attending the course.

The participants were also invited to attend a follow-up event to find out how they were getting on with food and health activities at work and if they were coming up against any barriers when doing so. Some reported barriers included a lack of: suitable premises or equipment for cookery activities; funding for cookery courses; support to carry out risk assessments and address any concerns from this; and support in their workplace to start delivering activities.

Three of the cookery evaluation project groups delivered cookery courses to family groups, or children with their carers. Four groups that took part in the CFHS online survey also delivered cookery courses to family groups. The research highlighted within this publication does not discuss the benefits of family cookery courses. However, the Foresight Report does suggest that changes in family behaviour are required to address concerns about obesity. Might it be more effective to teach cooking skills to family groups rather than individuals? This is an area that might require more research.

North Perth Community School Adult and Family Learning Team

North Perth Community School Adult and Family Learning Team delivered a cookery course to members of four families, including their children aged between six and 15.

In the first week of the course parents and children worked together to make soup and then the group discussed what recipes they would like to learn over the remaining three sessions. Popular recipes included pizzas and pasta dishes. Each family prepared their own meal and tasted what the other families had made at the end of the session. They took a family-sized meal home to share with the whole family.

At the end of the course the co-ordinator attended the final cookery session and repeated a wide range of evaluation activities that had been used to gather baseline information. The family also agreed to a range of healthy eating targets or healthy eating goals that they would achieve by the follow-up evaluation. The co-ordinator suggested some of the targets using information from the baseline discussion and the families added their own. They were encouraged to agree to as few or as many targets as they wished. They chose targets such as 'drinking fewer fizzy drinks', 'eating at the table more often as a family' and 'buying fewer takeaways'. The target agreements were written up and laminated with a picture of the family to put up in their kitchen. The children also received a certificate to show they had completed the course.

The co-ordinator arranged to meet up and interview each family for a follow-up evaluation. The families repeated the same evaluation activities that they had completed during the baseline meeting and discussed what targets they had achieved.

The families reported that they had met some or all of the targets they had agreed to and were open about what they had or had not achieved. (For example, one woman had tried to reduce the amount of fizzy drinks that she had consumed and had found this difficult, but had switched to drinking sugar-free varieties.) The evaluation activities showed that the children were more aware of, had tasted, and said they liked, a wider range of fruit and vegetables. The 15-year-old boy said he was eating chips less often.

Outcomes beyond nutrition

Four groups from the cookery evaluation project used the cookery activities to meet outcomes beyond nutrition. Many of the small grant recipients and most of the groups that completed the CFHS online survey also used cookery activities to meet other outcomes or to help them engage with new participants.

Section Two – The challenges of evaluating community cookery courses

What does the research say about the challenges of evaluating community cookery courses?

The **Eppi-Centre** review of cooking skills courses excluded many interventions or cookery courses from its review, including any that relied on qualitative methods. It made recommendations on what cookery interventions could do to gather suitable evidence on the impact of cookery courses. These included: allocating participants to a comparison or control group, less reliance on participants self-reporting the impact, and using methods such as observation combined with other approaches. The reviewers had concerns about self-reporting as a method of evaluation, because participants may overestimate the positive changes they have made to their diets as the result of the cookery courses. This is evident because some studies had taken blood samples from participants at the beginning of courses and at the follow-up evaluation. These were used to measure nutritional intake such as carbohydrates, fat, salt, mineral and vitamin levels in the blood. These showed no improvements.

What are qualitative and quantitative methods?
Qualitative methods are used to explore participants' views or ideas about a subject. This type of in-depth research can be time-consuming and tends to be carried out with a small number of participants, but it provides useful information about why or how something is happening.
Quantitative methods gather information that can be measured, such as how many participants have completed a course, passed a test, or how many questions they have answered correctly. If adequate numbers of participants are involved, this can provide information that can be statistically analysed to show the impact of courses.

The **CookWell** project used a wide range of qualitative and quantitative methods to find out the impact of its cookery skills research and intervention project. These included food diaries, focus groups and questionnaires. The project recognised that using a wide range of methods puts a significant burden on participants and contributed to participants dropping out from the project, either before the end of the course, or before the follow-up evaluation that took place six months later. It suggested that attempting to carry out a wide range of evaluation methods could also be a burden to those running cookery courses, such as community groups, because of the resources that are required. As a result of these concerns the CookWell project produced and validated a questionnaire suitable for a wide range of adult groups and encouraged community groups to use this, although it was recognised that the CookWell questionnaire might not be suitable for those with low literacy skills. The questionnaire was designed to be used at baseline and the end of courses to measure participants' reported levels of confidence, skills, knowledge and behaviour change.

The evaluation activities of the Healthier Scotland **Cooking Bus** and the **Let's Get Cooking** projects asked participants what skills they had learnt or what information they could remember from taking part in the cookery sessions. This method could be a useful way of evaluating the knowledge that has been retained since attending cookery sessions and might be useful if relevant baseline data was not collected.

What do community food initiatives say about the challenges of the evaluation process?

What did community food initiatives that took part in the roundtable discussion and small grant recipients say about the challenges of the evaluation process?
Community food initiatives highlighted the challenges of both the process of evaluating, and the methods used, to evaluate cookery courses.

Some small grant recipients expressed concern about the process of gathering baseline evaluation with participants, particularly when using questionnaires that participants must fill in themselves. Baseline information must be gathered at a very early stage of a cookery course and some groups feel that this does not allow them enough time to build up trust with participants, particularly with those who might be considered hard-to-reach. However, many of the small grant recipients deliver cookery courses to participants with whom they have regular contact, so are ideally placed to try out follow-up evaluation. Some groups indicated in their evaluation reports that they are aware of participants continuing to use recipes or improve their diet after completing a cookery course.

Participants at the cookery skills roundtable discussion discussed the challenges of following up participants after a course. Few thought that phoning or sending letters to participants that they no longer had contact with was worthwhile because of the likely low response rates. Like the small grant recipients, some roundtable participants said that they continued to have informal contact with cookery course participants after the courses or with partner agencies working with them. They thought it may be useful to develop this further and use these contacts in a more formal way, such as requesting evaluation information from partner agencies or arranging to meet some participants some time after a course.

What was the cookery evaluation project groups' experience of the evaluation process?
The community food initiatives involved with the cookery evaluation project tried a range of methods to engage participants with the evaluation process, particularly for follow-up three months or more after completing the course.

Their methods of contacting participants included:
*   phoning participants to interview them;
*   sending an email to participants or putting a message on facebook or a website to encourage them to complete an online survey;
*   asking partner agencies to make sure that participants completed evaluation questionnaires; and
*   inviting participants back to attend:
    *   a focus group or discussion
    *   a lunch and discussion
    *   another cookery session and discussion
    *   a one-to-one or family interview
    *   a training session to teach someone else to prepare a meal.

On average the groups reached 37% of participants at the follow-up evaluation. Those contacting participants a year or more after a course had a much lower success rate, 23%, compared to those following up participants around three months later, which had a success rate of 67%.

Apart from following up participants sooner, there was no one method that stood out as increasing the success rate of follow-up contact. What seemed to help was maintaining links informally with participants or those working with them, running another cookery session or lunch event, or following up groups of participants who attended existing community groups. Lower follow-up rates were generally associated with participants that had never been part of, or were no longer involved with, a community group or organisation.

Urban Roots planned to develop participants' IT skills as well as cookery skills and encourage behaviour change around food and environmental issues. It uses its website to promote its activities, encourage discussion and the contribution of recipes, and to collect evaluation information from participants. During the first cookery session, participants were asked to complete an **online survey**, with support if required. The trainer felt that participants with poor literacy skills would feel less stigmatised about asking for help with IT skills than with a paper-based questionnaire.

For the follow-up evaluation of participants that had attended the course the year before, a message was put on the website to encourage them to complete the online survey. About a third responded. Some had made changes and reduced the amounts of foods that they ate that are considered to impact on the environment; others had not changed their habits. Some participants enjoyed contributing recipes to the website and getting involved in discussion.

What do community food initiatives say about the challenges of the evaluation methods?

What did the community food initiatives that took part in the online survey and roundtable discussion say about the challenges of evaluation methods?

Those groups that took part in the online survey reported that they used:
- informal discussion (98%)
- questionnaires (91%)
- photos (72%)
- food diaries (22%)
- formal discussion.

Some groups also used activities such as the FSA eatwell plate mat game, or TV formats to assess participants' skills at the end of a course such as 'Come Dine with Me' or 'Ready Steady Cook'. The 24 small grant recipients used a similar range of methods.

At the roundtable discussion, participants discussed some of the methods that they had used. They thought that informal **discussion** was a useful way of capturing views and experiences of participants, and involving them in shaping a cookery course. However, this qualitative method provides more information about the group rather than individual participants and it can be difficult to ensure that all participants are involved in discussion. The roundtable participants thought that **questionnaires** were useful, but were a challenge to use with groups that may include people with low literacy skills. However, questionnaires are ideal for measuring any changes, if they are used to gather information at baseline and at the end of a course. They considered photos to be a useful and easy method to use, but these need to be combined with other methods. Overall the roundtable participants' discussion concluded that evaluation activities should include a range of methods and that these should be tailored to the needs of the trainer and participants. The evaluation should be fun, relevant and useful.

Using a range of methods, both qualitative and quantitative, can begin to address some of the concerns that the Eppi-Centre review had with evaluation methods. Although most community food initiatives would be unable to use research methods appropriate to the level of scientific research, such as allocating participants to a control group or taking blood samples, there are some methods that they can use. Some community food initiatives used observation methods such as taking notes of informal discussion and skill development during courses; or by gathering information on **sales** or food choices within existing organisations. These methods do not rely on participants self-reporting, which was a concern for the Eppi-Centre review.

However, those carrying out evaluation of their own work, whether through observation or other methods should also try to address any concerns about reporter bias or their own subjectivity. For example, a trainer might be tempted to focus only on one aspect of the course, such as how it can be improved, rather than noticing participants developing their skills or what impact the course is making. A way to improve evaluation is to triangulate the methods, or use a mixed method approach and not rely solely on one person or one method.

Example of triangulating methods to improve the evaluation of cookery courses
Using different methods to evaluate a course is a way of cross-checking information, or of making sure that information gathered from one method or by one person is accurate by checking it by using two other methods or sources. One example of using three methods that would cross-check information – or triangulate methods – is using:
1. a questionnaire: this provides information that the participant has self-reported;
2. trainer notes: this provides qualitative information that the trainer has observed throughout the course; and
3. a quiz: this assesses an outcome of participants' knowledge.

What evaluation methods did the groups in the cookery evaluation project use?
The 11 groups used 20 different evaluation methods between them. They used between three and eight methods each and all used a mixture of qualitative and quantitative methods. These came under the themes of 'writing activities' for participants, such as **questionnaires** and **food diaries**; 'talking methods' such as **focus groups** or **interviews**; 'visual methods or games', such as the FSA **eatwell plate mat game** and **quizzes**; and 'observation methods', such as **trainers' notes** and **sales**.

"The informal focus group was a good way to get to know people; it lets people know that you are interested in them."
Cookery course trainer

The three most popular methods were:
- questionnaires (nine groups);
- trainers taking observation notes of participants' comments and skill development (seven groups); and
- interviews with individuals or family groups (six groups).

The '**At-a-glance**' section in this publication provides brief information and the advantages and disadvantages of the range of methods used by groups in the cookery evaluation project. Here we look at the most popular methods.

Questionnaires were used by the groups to gather both qualitative and quantitative information at all stages of the course and evaluation. Three of the groups used the **CookWell questionnaire** as they wanted to use a validated questionnaire. The CookWell Questionnaire was useful for measuring all the planned outcomes on knowledge, confidence, skills and behaviour change.

The groups gave mixed feedback about both the CookWell questionnaire and other questionnaires. All three groups that used the CookWell questionnaire found it easy and useful to use with most groups, but less so with young people. The trainers were not convinced that the young people had completed these accurately. Some groups felt that participants provided honest information on questionnaires if these were anonymous and participants completed these themselves. A few groups read out the questionnaires to individuals and completed the answers for them to address any concerns about literacy. They also felt that this was more informal, friendly and helped them to get to know participants.

CASE STUDY 7

Get Cooking

The West Lothian Get Cooking programme evaluated four Get Cooking courses. Each course was delivered by a different trainer and used a similar course format, although tailored to the needs of each group.

Each tutor asked participants to complete an adapted version of the **CookWell Questionnaire** at baseline and at the end of the course. One of the Get Cooking sessional nutritionists followed up participants three months later and analysed the CookWell questionnaires.

A total of 16 people completed the CookWell questionnaire at both the beginning and end of the course and statistical tests on the data were conducted. There were positive results for all the planned outcomes around increased confidence and skills and behaviour change.

The results highlighted:
- an increase in knowledge on how to follow a healthy diet (69.3% reporting increase in knowledge);
- a statistically significant increase in participants' confidence to cook using basic ingredients and follow a simple recipe (87.5% reporting an increase in confidence);
- a statistically significant increase in the portions of fruit and vegetables eaten per day (62.5% reported eating more than four portions a day, compared to 18.75% at baseline);
- a statistically significant decrease in how many times during the week participants eat sugary or salty snacks (56.3% of participants reporting eating three or less of these a week, compared with 56.3% reporting eating these five or more times a week at baseline); and
- a statistically significant increase in confidence to taste foods that participants had not eaten before (with 75% of participants rated confident in this by the end of the course compared to 23% at baseline).

Three months later participants received a letter to remind them that that they would be contacted by phone and they were interviewed using the questions from the adapted CookWell questionnaire. The nutritionist researcher also asked participants open-ended questions to find out how they were getting on more generally with cooking and healthy eating after the course.

Eight people took part in the follow-up evaluation. It found:
- that confidence around cooking using basic ingredients and follow a simple recipe was maintained;
- knowledge of healthy eating was maintained;
- fruit and vegetable consumption had decreased, but not to levels below the baseline; and
- participants reported that they continued to buy ready meals less often compared to at baseline.

Participants explained the barriers they faced when trying to attempt to change their behaviour around healthy eating. These included 'not having enough time to cook from scratch when caring for small children' and 'healthier foods are more expensive or not available in the local shops'.

Lanarkshire Community Food and Health Partnership

Lanarkshire Community Food and Health Partnership (LCFHP) used a range of evaluation methods with the four different cookery course groups. The trainers used an adapted version of the CookWell questionnaire with the four groups to collect baseline information, information at the end of the courses, and at the follow-up evaluation with the three young people's groups.

The trainers felt that the CookWell questionnaire had worked well with the male carers group, but that it had variable success with the young people's groups. They felt that the forms were not always completed accurately and they found that methods such as the FSA eatwell plate mat game and the circles diagram worked better with these groups. The eatwell plate mat game was useful for assessing food and health knowledge, and engaged the interest of the younger people in the groups. The circles diagram allowed individuals to add comments to three basic statements on a flipchart. This was quick and easy to do with young people and asked them directly what they had learnt; this worked well with the older youths in the youth groups. Writing up observation notes during the sessions picked up information from participants about what they were learning, their intentions to try recipes again and their growing confidence. These methods helped to confirm that LCFHP had met its planned outcomes for the course.
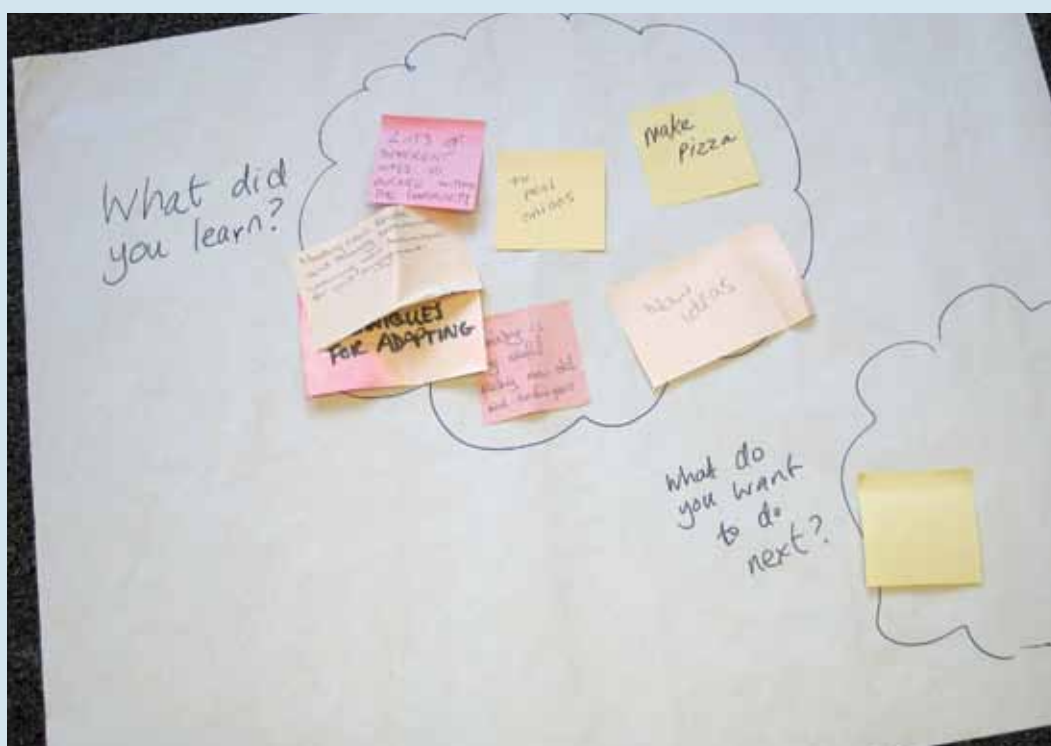
Seven groups took **observation notes** of participants' comments or skill development throughout a course. These were sometimes taken and written up by co-workers or nutrition students. Taking notes requires little input from participants, other than their consent to these being taken. However, the amount of information gathered will depend on how talkative or sociable the groups are, although it might be possible to facilitate discussion. Taking observation notes is also dependent on the memory of the note-taker and requires time and skills after a course to analyse these and write up.

Broomhouse Health Strategy Group

Broomhouse Health Strategy Group used the observation method of taking **trainer notes** of comments and discussions by participants, as well as methods that rely on self-reporting, such as an adapted version of the **CookWell questionnaire**, which included information about what fruit and vegetables participants regularly bought, and an **H-Diagram**.

Participants were informed that a student would assist them and take notes from any discussions during the course. The participants were all mothers with children of primary school age and the cookery course focused on teaching recipes using a wide range of fresh fruit and vegetables and wholegrain foods. The women enjoyed discussing the recipes and food issues while they took part in the course. The range of methods used showed that the course had met all its planned outcomes, including participants reporting buying a wider range of fruit and vegetables.

Three months later two of the four women who completed the course returned to complete a follow-up evaluation. On a one-to-one basis they **discussed** how they were getting on with cookery and healthy eating. They also completed the **CookWell questionnaire**. Both women reported that they had attempted to make changes in their behaviour, but had found it difficult to alter their habits. One woman felt that she was providing better food for her children. They both reported that they had retained their skills, confidence and knowledge around cookery or healthy eating.

Since the evaluation of the cookery course, the group has developed regular drop-in cookery sessions in the kitchen next to its volunteer-run fruit and vegetable shop. They have started to develop further observation methods – checking the day's **sales** of fruit and vegetables used in the cookery session that day and later bought by participants.
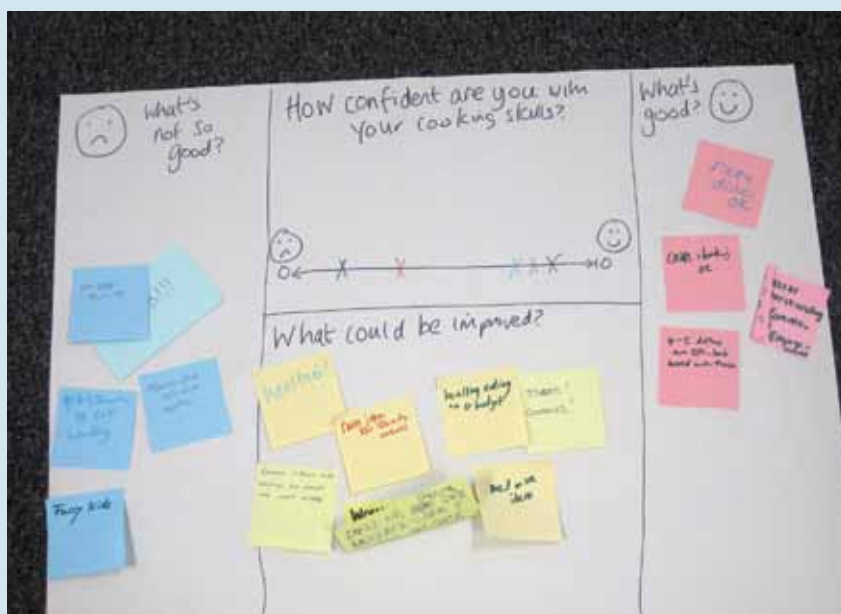
Some groups carried out **interviews** with participants or family groups. These were used at the beginning, end and follow-up stages of the evaluation to gather qualitative information from participants. Two groups highlighted that these were a useful and friendly way of getting to know participants before a course started.

Some groups also used a wide range of **visual methods and games**. These were particularly useful for engaging with children, young people, families and those with low literacy skills. But many of the methods are useful for engaging with a wide range of participants and age groups. Some of these methods can be used both as a teaching tool and to assess knowledge. These provide qualitative and quantitative information, depending on the method.

Pilton Community Health Project

Pilton Community Health Project used a wide range of evaluation methods with the parents and children who took part in a cookery course.

The parents completed **short questionnaires** at the beginning and end of the course and took part in **one-to-one interviews** at the follow-up evaluation session. The children **drew their favourite foods** at the beginning of the course and again at the follow-up evaluation. The foods they had made during the course had been drawn onto **paper plates** and the children were asked to use colour-coded stickers to indicate which recipes they did or did not like and which recipes their family had made again at home. All the families also drew a **body map**. The **trainers observed and took notes** from the cookery course and met together with the staff member leading the evaluation project to discuss the course process and its impact.

All the families and most of the children took part in the three-month follow-up evaluation, which included another cookery session. The follow-up evaluation activities were carried out by a staff member who had not been involved in the cookery course. The Project hoped this would encourage the participants to express what impact the course had made, rather than saying what they thought the trainers might want to hear. The three families reported that their children were more involved with cookery at home, partly because the parents felt more confident that the children could work safely in the kitchen. The parent-support teacher who worked with the families throughout the course reported that parenting skills and family relationships had improved, and that some of families were involved with school activities for the first time.

Project staff found that the evaluation methods that were easiest and that provided the most useful information from the families were the **one-to-one interviews, body maps, pictures** and **trainer notes**. The children did not accurately complete the paper plates exercise, because some were too young to fully understand this (the children's ages varied between five and eight years) and were more absorbed with drawing pictures. Providing another cookery session at the follow-up evaluation may have helped encourage the families to attend. However, running both a cookery class and all the evaluation activities side by side was difficult. In future, project staff will consider inviting a selection of previous cookery course participants to a shared lunch in order to carry out evaluation activities.

One of the challenges that the cookery evaluation project groups had was with using evaluation methods that would show whether they had met their planned outcomes, and using these, or other appropriate methods, at all stages of the evaluation. Some of the methods proved to be more useful for some outcomes than others. For example, quizzes or asking participants to teach another person a recipe provided information about what participants have learnt, but less information about whether they have attempted to change their behaviour.

CASE STUDY 11

Lanarkshire Community Food and Health Partnership

Lanarkshire Community Food and Health Partnership developed intergenerational work as part of its follow-up evaluation activities with a male carers' group. The group was asked to attend another cookery session three months after completing a course to **teach a recipe to another person** (the trainer's younger sister) and to provide health messages appropriate to that recipe. Three out of the five men took part, giving instructions to the young person as she made a vegetable lasagne. No one in the group had made lasagne before, but had learnt to make pasta dishes during the course. At the end of the session the young woman scored the men on how well she thought they had taught her. They all agreed that the lasagne tasted good and the trainer observed that all three men had demonstrated skills and knowledge learned on the cookery course. An informal **discussion** at the end of the session found that all of the men had been using some of the recipes that they had learned on the course.

Most of the groups involved participants in shaping the course in some way. This helps make the course relevant and interesting to participants, can boost attendance rates and can improve the process of the course. However, this flexible approach may result in planned outcomes and planned evaluation methods having to change. This is a challenge that many community food initiatives will struggle to address – how can they state what their planned outcomes of cookery courses are if these change with each group? This also presents a challenge to those wishing to develop or fund cookery courses. The success of a cookery course with one group might not be replicated with another, as each course requires trainers to engage with and involve participants in shaping or adjusting the course as it progresses.

CASE STUDY 12

Edinburgh Community Food

Edinburgh Community Food (ECF) delivered cookery courses to three groups. Two of these were with established groups; the third group continued occasional cookery sessions with ECF at their own request after the course had officially ended. The trainer used a range of evaluation methods to tailor the process and outcomes of the course to the needs of each group as well as measure standard outcomes of improving knowledge, confidence and skills around cookery, food and health.

Baseline information was gathered through a short **discussion** at the beginning of the course. This was used to find out what participants would like to learn, their cooking habits, and their confidence around cookery. At the end of the discussion the trainer asked the participants to answer between four and six questions each on a laminated sheet. They were asked to indicate their levels of confidence or skills on cookery or healthy eating topics by putting a sticker on a **scale** between 1 and 10 for each question. The discussion was also used to find out if participants

had any specific topics they would like to learn about or skills they would like to develop. If so, the trainer tailored the evaluation to the group, by writing up an additional **scale** and would then tailor the course to meet any new planned additional outcomes.

During the course/end of course
The trainer informally **discussed** with groups their thoughts or intentions to use recipes again during the meal held at the end of each session.

The groups completed the laminated **scales** again a few weeks into the course and at the end. They could see where they had placed their sticker before, so could indicate if they felt their confidence or knowledge had improved on any of the topics. Participants each completed a short **questionnaire**, which asked them what they had learnt, whether they planned to use recipes again at home, and about how the course was run.

Follow-up evaluation
The trainer arranged to meet up with each group for a 'cup of tea and a chat' or informal **discussion**. Participants were also asked to complete an **evaluation wheel**. On this, participants were asked to draw a line indicating their confidence and understanding on a small selection of food and health topics.

Outcomes
The evaluation found that:
• Most of the participants had increased their knowledge around food and health.
• All had increased their confidence around healthy eating or cooking.
• In addition the **discussions** that took place at the follow-up evaluation found that some of the participants reported attempts to make changes in their behaviour around healthy eating. Some had reduced the amount of salt, butter or oil that they used in their food preparation by the end of the course and had continued to try to do this. Other participants said that although they changed their habits during the course, they had gone back to some previous cookery habits that they thought were less healthy later on.
• The outcomes were similar across all three groups.
• An additional outcome was that one of the older men had started volunteering in a local community café kitchen. He reported that the cookery course had given him the confidence to do this.
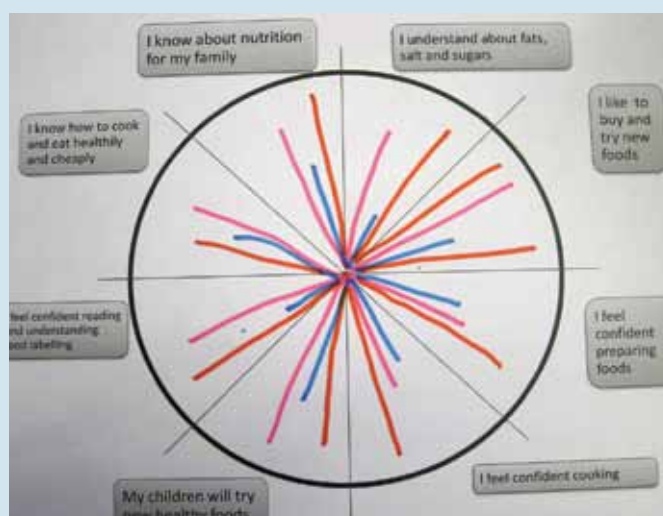
Glasgow YWCA

The YWCA arranged the delivery of one course which was open to all women with young children using the YWCA Family Learning Centre. A trainer from **Clarity Nutrition** ran the session and designed the evaluation methods. In addition to planned nutritional outcomes, the YWCA planned outcomes around developing literacy and numeracy.

The courses were advertised at one of the YWCA's open days. The trainer had a stand at the event and recruited women onto the course. She used this to collect baseline data by conducting short, **semi-structured interviews** with each woman. She used open-ended questions in order to explore their knowledge, views and habits around food.

Each week, during the course, the trainer asked the women to place a green (yes), amber (maybe) or red (no) token into three jars, to **vote** on three questions. The questions included asking if participants would cook the recipes again at home and if they had enjoyed the session. The trainer explained the questions and categories beforehand. If participants put in a red (no) token, they had the option of discussing their voting choices on a one-to-one basis. Participants were also asked to complete **food diaries** each week. This was used to develop literacy skills as much as to measure any changes in eating habits. The trainer also observed and took **trainer notes** during the session and wrote these up afterwards. The trainers' notes gathered during the course were compared with the information that had been gathered during recruitment.

The YWCA arranged for the women to attend a follow-up evaluation workshop at the Centre. Three of the six participants attended this. They took part in several evaluation activities, including:
- **one-to-one interviews** using the same set of questions that they had been asked during the baseline interview;
- a group **eatwell plate mat game** activity;
- an **eatwell bingo game**; and
- adding colour-coded notes next to **images of food** and fast food restaurants on the sticky wall, to indicate whether they had increased or decreased the frequency of consuming these foods. This activity included a **discussion** about difficulties with maintaining or developing healthier eating habits.

The evaluation activities showed that participants had increased their knowledge about food and health, but that some had difficulties maintaining healthier eating habits after the course had ended. However, the evaluation activities gained useful information about the course process. Participants used the activities to give feedback about some of the tasks on the course. As a result, some of the literacy and numeracy tasks were reduced or adapted to meet their needs. Clarity Nutrition continues to use the colour-coding voting technique with other groups, as it has proven to be a quick and easy method to receive feedback from participants.

"I like coming to the class to get out of the house and learn."
Participant

What were the groups' and participants' views of the evaluation methods?

The groups that took part in the cookery evaluation project plan to use many of the same evaluation methods and processes in future cookery courses. Some thought that it would also be worthwhile trying to continue carrying out follow-up evaluation activities, although few would have the capacity to do this regularly or for all courses. Some groups asked participants their views on evaluation methods. Overall, participants who were less confident with their literacy skills tended to prefer the 'talking methods' whereas others were happy to complete questionnaires or other written tasks. Groups reported that methods such as discussions, games and activities 'did not feel like evaluation' and were a useful informal way to get to know participants and their needs. Some of these methods seemed to be an unobtrusive way of finding out the impact of cookery courses.

CASE STUDY 14

East Lothian Roots and Fruits

The eight participants who attended a follow-up evaluation lunch were asked for their views about a range of different evaluation methods, including those they had taken part in as part of the cookery course. Overall, they said they were happy with the **questionnaire** as it asked direct questions. They were not comfortable with the idea of writing on flip charts or sticky notes because other people would be able to see what they had written. They enjoyed taking part in the informal **discussions** throughout the course as they felt that they could express themselves better this way.

ELRF felt that the short **questionnaires** and taking notes of the informal **discussion** worked well as evaluation methods and were not too time-consuming. However, they did find that participants found it difficult to answer questions about their expectations at the beginning of the course. The trainers found that the women's group were keen to be involved in the informal discussions during the course and were keen to hear tips on how to improve their children's diet and on food budgeting. The men were keen to chose and learn recipes but were less involved in discussion during the course.

How can community food initiatives improve how they evaluate cookery courses?

Recommendations from those that took part in the roundtable discussion and from those that took part in the cookery evaluation project can be summed up as follows:

- Make it fun, simple and easy to do for participants and yourself.
- Match the methods to your planned outcomes and funders' outcomes.
- Gather baseline information as well as at the end of a course.
- Make time to plan it and do it.
- Consider tailoring the methods to each group.
- Use a range of methods, or triangulate the evaluation methods, to make the evidence more robust.

Finally, it is also worthwhile seeking help from others. This could be hands-on help, such as assistance from students or volunteers, or advice or training from funders or others.

Conclusion

Community food initiatives are already using a range of evaluation methods, often with limited resources, to show what difference their cookery courses make to people living on low incomes. Many of the community food initiatives that we have learned from in this publication developed robust evaluation approaches, such as triangulating methods or cross-checking information to show what impact their work has made. Some used these same methods to tailor cookery courses to each group to make sure that they were relevant and interesting to participants. Likewise, some groups tailor the evaluation methods to each group. This can ensure that evaluation methods are useful, rather than a burden, to participants or groups. Using these approaches showed that their cookery courses had a positive impact on some participants.

The research highlighted in this publication shows that individuals find it difficult to maintain any new positive lifestyle habits and that a short-term intervention, such as a short cookery course, might not always be enough to change participants' lifelong habits. Some community food initiatives had the opportunity to assist participants to maintain or develop the impact of cookery courses by providing ongoing food activities, a supportive culture throughout their organisation, or by building the capacity of other organisations to support participants to do this. Those remaining in contact with participants, or those working with them, also have the opportunity to carry out longer-term evaluation activities to measure the impact of courses. Many community groups use cookery skills sessions to meet other non-nutritional outcomes related to their work; this provides a further opportunity to embed food activities throughout an organisation.

The inside back cover of this publication shows a 'mind map' which highlights all the main points from this publication.

Section Three – Resources for evaluation

At-a-glance guide to evaluation methods

The community food initiatives that took part in the CFHS cookery evaluation project used around 20 methods. Here is a short guide to these, including their advantages and disadvantages.

Writing tasks for participants

Questionnaires

Questionnaires are a traditional and popular research method and can be used to collect quantitative and qualitative information from individual participants. Participants are asked to provide answers to a set of questions. Quantitative questions are 'closed', that is participants provide 'yes' or 'no' answers, tick boxes or indicate their responses on a scale. Qualitative questions are 'open-ended', where participants write in their opinion or thoughts. Questionnaires can be used to collect a wide range of information – participants' background, their views about the course, and their knowledge, skills, confidence, habits, or intentions to attempt to change their behaviour. They are suitable for collecting information at the beginning, at the end and after a course.

How many groups used them?
Nine

Advantages
- can be anonymous, which may encourage participants to provide more honest answers;
- short questionnaires using closed questions can be quickly completed by participants; and
- closed questions can provide information that can be measured.

Disadvantages
- can be difficult to make sure that all participants complete these;
- can take time to design and analyse; and
- can be difficult to make sure that questions are easily understood and not misinterpreted by participants. It is a good idea to try out a new questionnaire on colleagues or friends, before asking participants on a course to complete one.

Food diaries

Participants are asked to write down what they have had to eat and drink over a set period, such as 24 hours or a week.

How many groups used them?
One

Advantages
- useful for participants to reflect on what they have eaten throughout the day.

Disadvantages
- difficult to fully analyse, without dietetic training; and
- to be fully accurate a great deal of work is required from participants, such as awareness of portion sizes or weighing and measuring ingredients for home-cooked meals.

Questionnaires – CookWell Questionnaire

This is a validated questionnaire developed as part of a large research and intervention project. It was designed to be used at the beginning and end of a cookery course and for any follow-up evaluation. Participants fill in the form by themselves, anonymously. Most of the questions require participants to tick boxes or complete scales. It includes questions about confidence, skills, habits and intentions around cookery and eating a healthy balanced diet, income and background. Each form can be analysed so that the baseline and end of course or follow-up forms can be compared and measured. It can be used to measure changes in confidence around cooking, knowledge of nutrition and attempts to change food and health behaviour.

How many groups used it?
Three out of the nine groups that used questionnaires

Advantages
- tried and tested with a vast range of groups as part of a research project across the UK; and
- because it is mainly tick-box questions, participants can answer the form quickly.

Disadvantages
- some groups adapted or reduced the questionnaire because they thought it had too many questions or they needed to add their own;
- might be less suitable for individuals with poor literacy skills or English as a second language;
- one trainer found that the questionnaire was not correctly completed by young people; and
- analysing baseline and end-of-course questionnaires can be time-consuming.

Questionnaires – online survey or website based

Online surveys, such as SurveyMonkey, can be signed up to online and a link can be sent to the participants' email addresses. Community food initiatives can also put questionnaires on their websites and ask participants to complete these.

How many groups used them?
Two

Advantages
- an online survey is a web-based package that collates the data and analyses the result of a survey, so that you don't have to; and
- participants can complete the questionnaire at home or elsewhere.

Disadvantages
- IT literacy and literacy is required if participants complete the form alone;
- it is difficult to use the online survey to analyse qualitative data;
- skills and time are required to develop an effective online survey; and
- likely to have low levels of completion.

Visual methods, games or tasks

Teaching others or intergenerational work

Teaching can be carried out between peers, different age groups or different cultures. One of the groups within the cookery evaluation project asked a group of older men to teach a recipe to a younger person after the men had completed a cookery course. They were asked to teach the young person how to prepare a recipe and to give health messages appropriate to the ingredients. The young person and the trainer provided feedback to the older men at the end of the session. This method can be used by the trainer to observe knowledge, confidence and skills. It can be used at the end of a course or as a follow-up activity.

How many groups used it?
One

Advantages
- participants are able to demonstrate and celebrate their skills, knowledge and confidence;
- the trainer reported that the men enjoyed the friendly competitive nature of this task; and
- can be used to further enhance the skills of the group.

Disadvantages
- requires commitment and confidence from the participants and those they teach.

Scale

This is essentially a single question which asks participants to place a mark or sticker on a scale to indicate their level of knowledge, confidence or opinion about a topic. Scales are often included within questionnaires and can be completed as a group activity. They can be used for participants to self-report their levels of knowledge, skills, confidence and behaviour change. They can be used to collect baseline, end-of-course and follow-up information.

How many groups used it?
One group used it as a group activity

Advantages
- quick and easy to use;
- can be used with individuals or groups;
- flexible – a scale can be made up on the spot to suit the expectations of the group or individual; and
- can be used to collect baseline information and at other times of a course to measure change.

Disadvantages
- can only use a limited number of scales effectively with groups;
- may be difficult to monitor individual progress on a group scale, unless individuals add their name or a mark that will identify them; and
- a group scale is not anonymous – individuals indicate their outcomes on a group chart.

Evaluation wheel

Questions or statements are added to the outside or to each spoke of the wheel and participants draw a line to indicate where they think they are in relation to the statement. Numbers or scales can be added so that the information can be measured. It can be used for participants to self-report their knowledge, skills, confidence and behaviour change. It can be used to gather baseline, end-of-course and follow-up information.
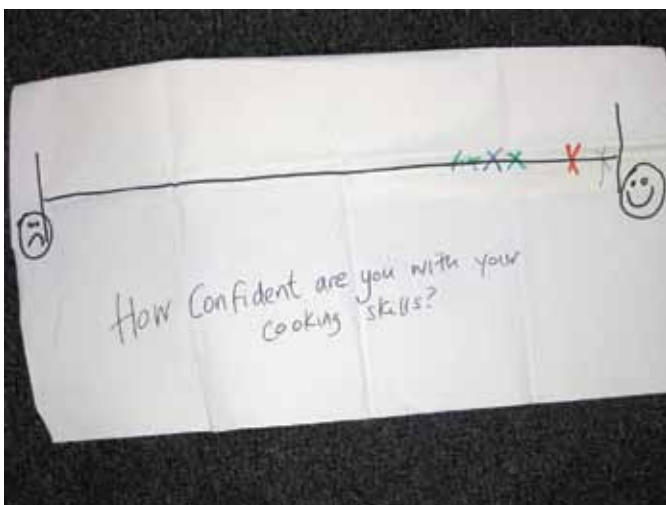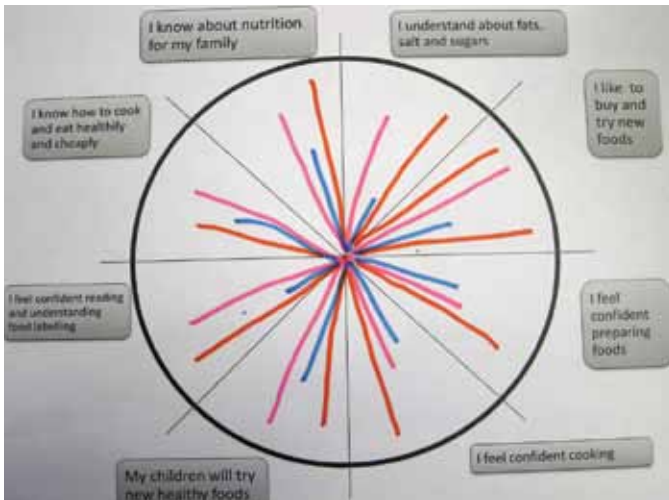

How many groups used it?
One

Advantages
- quick and easy to use; and
- flexible – participants or trainers can add new outcomes on the spot.

Disadvantages
- may be difficult to monitor individual progress on a group scale, unless individuals add their name or a mark that will identify them; and
- is not anonymous – individuals indicate their outcomes on a group chart.

Evaluation circles or speech bubbles

This is essentially a short pictorial, group questionnaire. A small number of statements or questions are placed next to speech bubbles or circles on flip chart paper. Participants write their comments in the circles or bubbles or add sticky notes. This method can be adapted and used for participants to self-report knowledge, skills, confidence and behaviour change. It can be adapted and used to collect baseline information, end-of-course and follow-up information.

How many groups used it?
One

Advantages
- quick and easy to use;
- statements can ask participants directly what they have learnt; and
- can be adapted to different outcomes and tailored to groups.

Disadvantages
- does not suit participants with low literacy skills; and
- is not anonymous – participants add their comments to a group chart.

H-Diagram

The H-Diagram consists of a single statement on a diagram. Individual participants or groups add their comments on sticky notes or directly onto the diagram. One side of the diagram is for positive comments; the other is for negative comments. The lower middle section is for comments on changes that could be made. The top section can have a scale and participants can indicate where they are on this scale in relation to the statement. The H-diagram can be used for participants to indicate their knowledge, skills, confidence and behaviour change. It can be used to gather baseline, end-of-course and follow-up information.
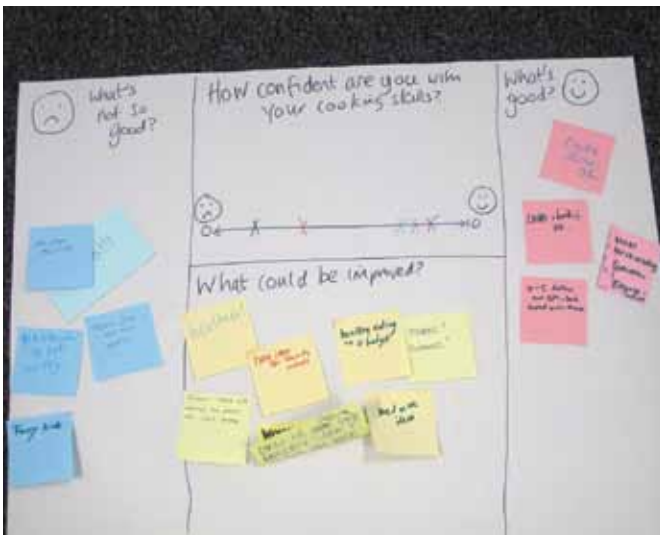
How many groups used it?
One

Advantages
- useful as a method to explore participants' thoughts on a single topic;
- can be used to gather participants' views about the course, or process evaluation; and
- useful as a group exercise.

Disadvantages
- participants will need clear instructions on how to use the H-Diagram;
- requires literacy skills;
- is not anonymous; and
- can be difficult to measure change within individuals.

Token or voting method

Participants put colour-coded tokens red (no), amber (maybe), and green (yes) into a container or jar to indicate their views or knowledge on a small range of topics. It can be used for participants to self-report their knowledge, confidence, skills and behaviour change. It can be used to gather self-reported baseline, end-of-course, during course and follow-up evaluation information.

How many groups used it?
One

Advantages
- can be used to quickly find out participants' views; and
- useful to find out if the course needs to be changed or adapted – good for process evaluation.

Disadvantages
- cannot be used to measure change within individuals as participants add their tokens to a collective container.

Quiz

Essentially this is a questionnaire that assesses knowledge. It can be used as an informal activity with groups, with either individuals or teams in a friendly competition. It can be used as a baseline, end-of-course and follow-up assessment to observe and measure knowledge.

How many groups used it?
Two

Advantages
- useful for assessing the knowledge of a group or individual; and
- can be suitable for groups with varied literacy skills as it can be read out.

Disadvantages
- will not be able to measure individuals' progress if done as a team activity; and
- the trainer needs to check that all participants are comfortable with this type of activity.

Catching confidence tool

The catching confidence tool is a simple diagram for individuals to complete. It allows participants to indicate or self-report their confidence levels on a small range of topics. It can give an indication of knowledge, skills, confidence and behaviour change. It can be used to gather baseline, end-of-course and follow-up information.

How many groups used it?
One

Advantages
- it can be used at baseline and at other times throughout the course so that participants can indicate and see their progress throughout the course.

Disadvantages
- might be time-consuming to complete more than a handful of these at one time.

Food Standards Agency eatwell plate mat game

Group participants are asked to place food items, images of food or food packages in the correct section of the Food Standards Agency eatwell plate mat. The game can be used to observe and assess knowledge, confidence, and skills. It can be used to gather baseline, end-of-course and follow-up information from the group.

How many groups used it?
Two

Advantages
- can be used as a group or team activity with all age groups; and
- also a useful teaching and discussion tool.

Disadvantages
- might be difficult to measure change in knowledge at individual level; and
- individuals might influence each other's choices.
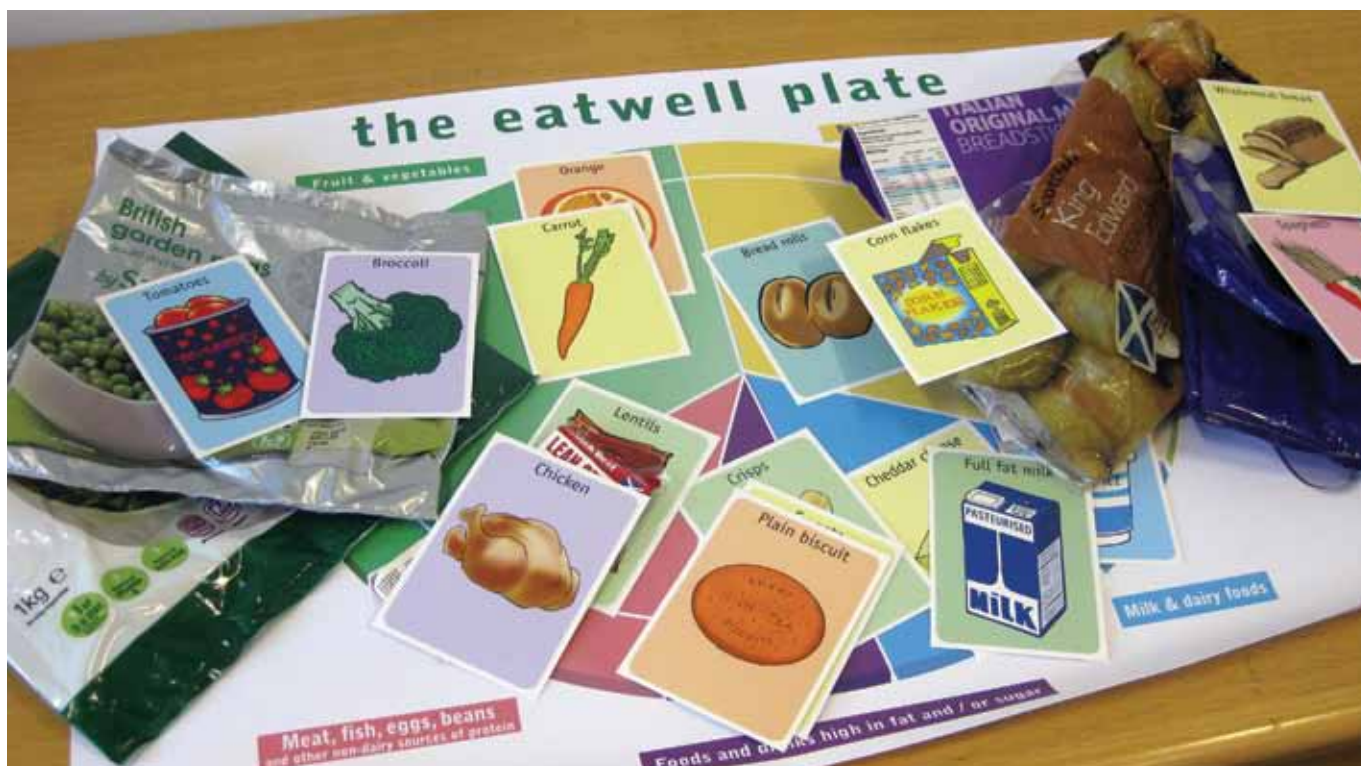
Food Standards Agency eatwell bingo game

The trainer provides participants with 'bingo cards' that show a selection of images of foods. These are colour-coded to indicate where they would be placed on the eatwell plate. The trainer (or a participant) picks and calls out card images and includes nutritional messages for some of the foods. The participants cross off the images as they are called, in the same way as a traditional bingo game and win a game once a line has been crossed off. The game can be used to observe participants' knowledge and confidence around the FSA eatwell plate and can be used at any stage during the evaluation.

How many groups used it?
One

Advantages
- a useful teaching tool as well as evaluation method.

Disadvantages
- may be difficult to accurately measure participants' knowledge.

Photos, images and drawings

Pictures, photos and cards can be used for a range of purposes – to stimulate discussion within a group or with individuals, to assess knowledge of foods and to find out tastes. They can be used to indicate knowledge, behaviour change, skills and confidence and can be used to gather baseline, end-of-course and follow-up information.


How many groups used it?
Three

Here are some examples of how groups on the cookery evaluation project used visual methods:

1. **Images** of foods, such as takeaway meals, fruit and vegetables, and images of fast food restaurants were **placed on a sticky wall** and participants were encouraged to place colour-coded stickers next to these to indicate if they were eating these foods less often, as frequently, or more often than before they had completed the course. They were encouraged to explain and discuss their responses. If literacy is not a concern, participants could also be encouraged add their comments onto sticky notes and place these next to the images.

2. Another group used **picture cards** of fruit and vegetables and asked children who were about to attend a course to identify these and say if they had tasted and liked or disliked these. The group repeated this exercise at the end of the course and at the follow-up evaluation to see if the children recognised and enjoyed a wider variety of fruit and vegetables.

3. Recipes that had been taught on a cookery course had been drawn onto **paper plates**. Primary school-aged children were asked to use colour-coded stickers to indicate if they had liked or disliked the recipe, or had made the recipe again at home.

4. Children were asked to **draw** their favourite foods.

5. **Body map** – an outline of a body was drawn onto several large pieces of paper and each family group wrote about or drew pictures onto one of the body outlines to show what impact food can have on the body. This could be used at baseline and at the end of a course to assess what each family or group has learnt about food and health.

Advantages
- can suit all age groups, but some techniques might be particularly useful with children;
- methods can be tailored to suit people with limited literacy skills; and

- can be used to explore views on a topic.

Disadvantages

- can be difficult to analyse and collate information gathered from some pictorial methods;
- the tasks must be explained clearly to participants as some of the methods can be misinterpreted; and
- not all participants are comfortable with pictorial methods and these types of group activities. Flexibility is required to change the methods if participants do not seem comfortable with them.

Target setting or pledges

Families or individuals discuss and agree to make specific changes in their behaviour or habits by an agreed date. These can be tailored to each family or individual and can consist of simple changes that are measurable (eg. we will try a new healthy food item each week) or general (eg. I will be more aware of labels on food packaging).

How many groups used it?
Two

Advantages

- can be tailored to, and discussed with, each individual or family, so will be relevant to their needs and wishes;
- can bring a sense of achievement if some or all of the targets are met; and
- if a family agrees to changes, they can motivate each other to meet these targets.

Disadvantages

- targets need to be achievable – trainers and enthusiastic individuals might get carried away and risk failure;
- might be too daunting for some individuals to commit to making changes in behaviour;
- must be followed up at an agreed date – this requires a commitment from participant and capacity from a trainer or group; and
- requires trust to have been built between trainer and participant before it can be carried out successfully.

Talking methods

Focus group or discussion

A focus group is a group interview. One person (or sometimes more) facilitates a discussion between a small group and takes notes, or records the group's answers. Focus groups are a traditional research technique and there is a wide range of published and web-based information on how to run them. They can be run with an existing group, or individuals might come together solely for the purposes of the focus group. Usually, they might take 45 minutes to over an hour. The cooking course groups ran these as a much shorter and more informal session at the beginning of a course to find out about current cooking habits and views, and to find out what members of the group would like to learn on the cookery course. Focus groups can be used to gather information about knowledge, skills, confidence and behaviour change and to gather baseline, end-of-course and follow-up information.

How many groups used it?
Five

Advantages
- does not require individuals to have literacy skills;
- useful to explore participants' needs and thoughts, and the varying views of the group;
- useful for finding out what participants would like to do on the course and for the group to agree on recipes, etc. that they will learn throughout the course; and
- some groups reported that this method had social benefits.

Disadvantages
- can be difficult to make sure that everyone has their say and that no one dominates the discussion;
- can be difficult for one person to both facilitate discussion and take accurate notes;
- might be difficult to gather accurate, measurable baseline information from all individuals in the group;
- unlikely to get contributions from all members of the group if the group is too large (i.e. more than seven people); and
- takes time and skills to analyse the information that has been gathered.

Interviews (one-to-one or family groups)

Interviews are a traditional qualitative research method. The interviewer asks the participant(s) questions and takes note of their answers. Interviews can ask closed questions (with 'yes' or 'no' answers) and use this as a quantitative method. They can be used as a qualitative method for exploring participants' views by using 'open' questions. Interviews can be structured – that is, the same questions are used with each participant, or semi-structured, where additional questions can be asked depending on the participant's answers. Interviews can be used to find out about knowledge, confidence, skills and behaviour change and can be used to gather baseline, end-of-course and follow-up information.

How many groups used it?
Six

Advantages
- no literacy skills required by participants; and
- can be completed by phone or in person.

Disadvantages
- can be time-consuming to interview participants and write up their answers; and
- requires skills and time to analyse the information.

Observation methods

Taking notes during the course/ trainer observation

The trainer, or another person (nutrition students in two groups took this role) observes the cookery sessions and takes notes of what is happening or what people are saying. They might observe individuals skills and how these change over a course, what people say about food and health, and their intentions to use the recipes. They might look for information about how to improve the course. These comments and observations are written up and can be themed around the planned outcomes of the course.

How many groups used it?
Seven

Advantages
- a direct observation method, so does not rely on participants self-reporting;
- requires no input from participants, except their agreement to be observed;
- can be unobtrusive and comments can be written up anonymously; and
- can be useful to carry out throughout a course and capture the comments of those that do not regularly attend, or do not complete a course.

Disadvantages
- might be difficult for a sole trainer to do on a thorough basis without assistance;
- relies on memory if the session is busy or participants require a great deal of support;
- reporter bias – for example, it might be tempting to remember more positive, rather than negative, comments, or notice ways of improving the course instead of outcomes; and
- can be difficult to get information about individuals that is measurable – information might just provide an indication of what participants are gaining from the course.

Sales or shopping information

This method is suitable for those with a shop on the premises. It could also be used with those supporting participants on a one-to-one basis to develop their independent living skills. A group within the cookery evaluation project ran a cookery course next to its fruit and vegetable shop. It was able to monitor sales and observe if participants bought ingredients that had just been used in the cookery course.

How many groups used it?
One

Advantages
- can work well directly after a course to show if participants buy ingredients that they were taught to use in a recipe.

Disadvantages
- might not be able to show evidence that sales are linked to a cookery course; and
- participants might shop elsewhere.

Resources and further information

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Rees R, Hinds K, Dickson K, O'Mara-Eves A, Thomas J (2012) **Communities that cook: a systematic review of the effectiveness and appropriateness of interventions to introduce adults to home cooking**. London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London. Available from http://eppi.ioe.ac.uk/cms/Default.aspx?tabid=3322 (accessed 12 July 2012)

Caraher M, Lloyd S, Seeley A, Davison R, Parkes L, Carpenter R (2011) **Report on a cooking initiative in Liverpool: a study of the activities of Can Cook, CIC**. Centre for Food Policy, City University, London and Can Cook. Available from www.cancook.co.uk/wp-content/uploads/2012/01/Report-on-a-Cooking-Initiative-in-Liverpool-a-study-of-the-activities-of-Can-Cook.pdf (accessed 12 July 2012)

The Children's Food Trust (2011) **A recipe for healthier communities. The impact of Let's Get Cooking**. www.letsgetcooking.org.uk/Howtheprogrammeworks/Evaluation Available from (accessed 12 July 2012)

Information about the CookWell project

Wreiden W, Anderson A, Longbottom P, Valentine K, Stead M, Caraher M, Lang T, Gray B, Dowler E. (2007) **The impact of a community-based food skills intervention on cooking confidence, food preparation methods and dietary choices – an exploratory trial**. Available from https://dspace.stir.ac.uk/bitstream/1893/1552/1/The%20impact%20of%20a%20community-based%20food%20skills%20intervention.pdf (accessed 12 July 2012)

Wreiden W, Anderson A, Longbottom P, Valentine K, Stead M, Caraher M, Lang T, Dowler E. (2002) Final technical report to Food Standards Agency. **Assisting dietary change in low-income communities: assessing the impact of a community-based practical food skills intervention (CookWell)** www.foodbase.org.uk//admintools/reportdocuments/83-1-1307_N09011_-__Nov2002_rev250612.pdf (accessed 12 July 2012)

Barton K, Wreiden W, Anderson, A (2011) **Validity and reliability of a short questionnaire for assessing the impact of cooking skills interventions**. Information about this research can be found at: http://tna.europarchive.org/20100815112448/http://www.food.gov.uk/science/research/nutritionresearch/foodacceptability/n09programme/n09projectlist/n09011/n09011f

The CookWell Book, CookWell Tutor's manual. Second edition. Available from: (includes the CookWell Questionnaire) www.food.gov.uk/multimedia/pdfs/http://www.foodbase.org.uk//admintools/reportdocuments/83-1-1307_N09011_-__Nov2002_rev250612.pdfcookwellmanualv2.pdf (accessed 12 July 2012)

Information about Scottish Government policies and initiatives

Information about these policies is available on the Scottish Government website.

Preventing overweight and obesity in Scotland: A route map towards healthy weight, 2010
The Route Map was developed in partnership with CoSLA and supports a collaborative approach to making prevention of obesity key to future work.
www.scotland.gov.uk/Publications/2010/02/17140721/0

The prevention of obesity **action plan** September 2011
www.scotland.gov.uk/Topics/Health/health/healthyweight/plan/actionplan

Improving Maternal and Infant Nutrition: A framework for action (2011)
A framework of action which can be taken by NHS Boards, local authorities and others to improve the nutrition of pregnant women, babies and young children in Scotland.
www.scotland.gov.uk/Resource/Doc/337658/0110855.pdf

NHS Health Scotland, (2012) **Evaluation of the Cooking Bus (Scotland) programme**. Available from www.healthscotland.com/documents/5805.aspx (Accessed 12 July 2012)

Information about the Healthier Scotland **Cooking Bus** is available from www.focusonfood.org/cookingbuses.html

Support or information on evaluation

Evaluation Support Scotland provides toolkits and resources on evaluation on its website: www.evaluationsupportscotland.org.uk/index.asp

Further information about and resources for games and quizzes

The eatwell website is managed by the **Food Standards Agency Scotland** and has information on the eatwell plate, quizzes and games.
www.eatwellscotland.org

The **Food Standards Agency eatwell bingo** is available from www.food.gov.uk/northern-ireland/nutritionni/niyoungpeople/teachers/ewbingo

The **British Heart Foundation** has games and activities, including a vinyl eatwell plate mat and food cards to go with it. Donations are accepted.
www.bhf.org.uk/

The **Comic Company** has produced a wide range of health promotion resources, including games, postcards, and vinyl eatwell plate mat. There is a charge for these items.
www.comiccompany.co.uk

TV Dinners: adapting TV formats to promote healthy eating and cookery skills This **Community Food and Health (Scotland)** factsheet provides examples of how three community food initiatives were inspired by TV formats, such as 'Come Dine with Me' to create a friendly competitive environment to teach cookery skills.

The **Community Food and Health (Scotland)** publication, Fruitful Participation has further examples of using activities such as the body map and H-Diagram within food and health work, www.communityfoodandhealth.org.uk/wp-content/uploads/2007/05/cfhsfruitfulparticipation-4805.pdf

Further information about community cookery in Scotland

The following publications are available on the CFHS website:
www.communityfoodandhealth.org.uk

What's Cooking in Scotland? Part One. How Scotland's community food initiatives are addressing the challenges of setting up cookery courses within low-income communities. (2012)

Evaluation of Fife's Community Kitchen, NHS Fife, Blake Stevenson. (2012)

Healthy eating and beyond – the impact of cookery sessions
This fact sheet provides a snapshot of the impact of community cookery skills in Scotland and highlights some of the issues that initiatives need to consider when planning or developing cookery sessions. (2011)

Beyond Smoothies: developing cooking and healthy eating activities for young people is a six-page report that shows what 20 groups and agencies learnt and gained from running cookery sessions and taking part in a basic nutrition course. (2010)

A short introduction to training the trainers – healthy cookery courses
This fact sheet summarises information gathered from across Scotland on activities that 'train the trainers' to deliver healthy cookery and food preparation skills in low-income communities. (2010)

The CFHS newsletter – **Fare Choice** – and **e-bulletin** provide information on what is going on in Scotland around food and health. They include information on policy, opportunities, project news and events. Sign up free of charge on the CFHS website.

Appendix One

A Food Standards Agency Project. Produced by Wreiden et al
CookWell questionnaire (instructions, pre and post course)

Questionnaire for Cooking Skills Programmes

Instructions for Use

1. Print and photocopy the number of pre and post questionnaires that you require.
2. Write each participants name in the table below and put the matching ID number on the pre and post questionnaires (top right hand corner of the questionnaire).
3. Ask the participants to complete the pre-questionnaire before they take part in their 1st cooking session.
4. Once the participants have taken part in their last cooking session ask them to complete a post questionnaire. **Ensure that they get the questionnaire with the ID number which matches their name.**

ID Number	Participant Name	Pre Questionnaire Completed	Post Questionnaire Completed
Example 0	*Betty Smith*	✔	✔
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

ID ☐☐☐☐☐☐

Pre-Intervention
Questionnaire for Cooking Skills Programmes

Date ☐☐/☐☐/☐☐   Location _____

How do <u>you</u> prepare meals ……….?

Q1. What kind of cooking do you do at the moment? (Please tick as many boxes as appropriate)

Cook convenience foods and ready-meals   1 ☐
Put together ready-made ingredients to make a complete meal (e.g. use ready-made sauces)   2 ☐
Prepare dishes from basic ingredients   3 ☐
Other, please specify ....   4 ☐
Don't cook at all   5 ☐

Q2. In a normal week, how often do you prepare and cook a main meal from basic ingredients, for example, making Shepherd's Pie starting with raw mince and potatoes? (Please tick one box)

Daily	1 ☐	Once a week	4 ☐
4-6 times a week	2 ☐	Less than once a week	5 ☐
2-3 times a week	3 ☐	Never	6 ☐

How do <u>you</u> feel about ……….?

Q3. How <u>confident</u> do you feel about <u>being able to cook from basic ingredients</u>? (Please select one)

Extremely Confident   1   2   3   4   5   6   7   Not at all Confident

Q4. How <u>confident</u> do you feel about <u>following a simple recipe</u>? (Please select one)

Extremely Confident   1   2   3   4   5   6   7   Not at all Confident

Q5. How <u>confident</u> do you feel about <u>tasting foods that you have not eaten before</u>? (Please select one)

Extremely Confident   1   2   3   4   5   6   7   Not at all Confident

Q6. How <u>confident</u> do you feel about <u>preparing and cooking new foods and recipes</u>? (Please select one)

Extremely Confident   1   2   3   4   5   6   7   Not at all Confident

What do <u>you</u> usually eat ……….?

Q7. How often do you eat fruit? (Please tick one box)

Never	1 ☐	5-6 times a week	5 ☐
Less than once a week	2 ☐	Once a day	6 ☐
Once a week	3 ☐	Twice a day	7 ☐
2-4 times a week	4 ☐	3 times a day or more	8 ☐

Q8. How often do you eat vegetables or salad (not including potatoes)? (Please tick one box)

Never	1 ☐	5-6 times a week	5 ☐
Less than once a week	2 ☐	Once a day	6 ☐
Once a week	3 ☐	Twice a day	7 ☐
2-4 times a week	4 ☐	3 times a day or more	8 ☐

Q9. How often do you eat pasta or rice? (Please tick one box)

Never	1 ☐	5-6 times a week	5 ☐
Less than once a week	2 ☐	Once a day	6 ☐
Once a week	3 ☐	More than once a day	7 ☐
2-4 times a week	4 ☐		

Details about yourself.........

Please complete the following section about yourself; your responses will be kept **strictly confidential** and are important to help us to analyse the questionnaire.

Date of Birth ☐☐ / ☐☐ / ☐☐☐☐

Postcode ☐☐☐☐ / ☐☐☐

Gender   Male 1 ☐   Female 2 ☐

How many people live in your household (including yourself)? (Please tick one box per line)

	0	1	2	3	4+
Adults and children aged 16 and over including yourself	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
Children under 16	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐

How many adults do you usually prepare food for on a day to day basis? ☐

How many children do you usually prepare food for on a day to day basis? ☐

To which of these groups do you consider that you belong? (Please tick one box)

White	1 ☐	Chinese	5 ☐	Mixed ethnic group	9 ☐
Indian	2 ☐	Black Caribbean	6 ☐	None of the above	10 ☐
Pakistani	3 ☐	Black African	7 ☐	Prefer not to say	11 ☐
Bangladeshi	4 ☐	Black (other)	8 ☐		

Which of these apply to you? (Please one box)

Current smoker 1 ☐
Ex smoker 2 ☐
Never smoked 3 ☐

What is your weekly household income before tax and including benefits?
(for example - pensions, working family tax credit and/or jobseekers allowance etc)

Less than £100 a week	1 ☐	£251 - £300 a week	5 ☐
£100 - £150 a week	2 ☐	£301 - £400 a week	6 ☐
£151 - £200 a week	3 ☐	More than £400 a week	7 ☐
£201 - £250 a week	4 ☐	Prefer not to say	8 ☐

Thank you for taking the time to complete this questionnaire

Q10. How often do you eat baked, boiled or mashed potatoes (not including chips or roast potatoes)? (Please tick one box)

Never	1 ☐	5-6 times a week	5 ☐
Less than once a week	2 ☐	Once a day	6 ☐
Once a week	3 ☐	More than once a day	7 ☐
2-4 times a week	4 ☐		

Q11. How often do you eat chips, fried or roast potatoes? (Please tick one box)

Never	1 ☐	5-6 times a week	5 ☐
Less than once a week	2 ☐	Once a day	6 ☐
Once a week	3 ☐	More than once a day	7 ☐
2-4 times a week	4 ☐		

Q12. How often do you eat fish or fish products, e.g. cod, tuna, fish fingers? (Please tick one box)

Never	1 ☐	5-6 times a week	5 ☐
Less than once a week	2 ☐	Once a day	6 ☐
Once a week	3 ☐	More than once a day	7 ☐
2-4 times a week	4 ☐		

What do you think ....?

Q13. Do you think you will increase the amount of fruit and vegetables you eat in the next 6-12 months? (Please tick one box)

No, definitely not 1 ☐   Yes, probably 4 ☐
No, probably not 2 ☐   Yes, definitely 5 ☐
Possibly 3 ☐   Don't know 6 ☐

Q14. How many portions of fruit and vegetables do you think health experts recommend eating every day? (Please tick one box)

None 1 ☐   Three 4 ☐   Don't Know 7 ☐
One 2 ☐   Four 5 ☐
Two 3 ☐   Five or more 6 ☐

Q15. How many portions of fruits or vegetables does each of the following provide? (Please tick one box per line)

	0	1	2	3	Don't Know
a. A medium glass of unsweetened orange juice	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
b. One glass of orange squash (diluted)	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
c. A thin slice of tomato	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
d. Three heaped tablespoons of carrots	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
e. One medium-sized apple	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
f. One small raspberry yoghurt	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐

How do you feel about instructions ....?
(Please tick one box per line)

	Always	Often	Sometimes	Rarely	Never	Don't Know
Q16. Do you eat food past its 'use by' date?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
Q17. Do you follow the instructions for storage on packaged foods?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
Q18. Do you check that food is piping hot when re-heating?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
Q19. Do you wash fruit and vegetables that don't need to be peeled before eating them?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐

ID ☐☐☐☐☐☐

Post-Intervention
Questionnaire for Cooking Skills Programmes

Date ☐☐ / ☐☐ / ☐☐   Location _____

How do <u>you</u> prepare meals ……….?

Q1. What kind of cooking do you do at the moment? (Please tick as many boxes as appropriate)

Cook convenience foods and ready-meals   1 ☐
Put together ready-made ingredients to make a complete meal (e.g. use ready-made sauces)   2 ☐
Prepare dishes from basic ingredients   3 ☐
Other, please specify ....   4 ☐
Don't cook at all   5 ☐

Q2. In a normal week, how often do you prepare and cook a main meal from basic ingredients, for example, making Shepherd's Pie starting with raw mince and potatoes? (Please tick one box)

Daily	1 ☐		Once a week	4 ☐
4-6 times a week	2 ☐		Less than once a week	5 ☐
2-3 times a week	3 ☐		Never	6 ☐

How do <u>you</u> feel about ……….?

Q3. How <u>confident</u> do you feel about <u>being able to cook from basic ingredients</u>? (Please select one)

Extremely Confident   1   2   3   4   5   6   7   Not at all Confident

Q4. How <u>confident</u> do you feel about <u>following a simple recipe</u>? (Please select one)

Extremely Confident   1   2   3   4   5   6   7   Not at all Confident

Q5. How <u>confident</u> do you feel about <u>tasting foods that you have not eaten before</u>? (Please select one)

Extremely Confident   1   2   3   4   5   6   7   Not at all Confident

Q6. How <u>confident</u> do you feel about <u>preparing and cooking new foods and recipes</u>? (Please select one)

Extremely Confident   1   2   3   4   5   6   7   Not at all Confident

What do <u>you</u> usually eat ……….?

Q7. How often do you eat fruit? (Please tick one box)

Never	1 ☐		5-6 times a week	5 ☐
Less than once a week	2 ☐		Once a day	6 ☐
Once a week	3 ☐		Twice a day	7 ☐
2-4 times a week	4 ☐		3 times a day or more	8 ☐

Q8. How often do you eat vegetables or salad (not including potatoes)? (Please tick one box)

Never	1 ☐		5-6 times a week	5 ☐
Less than once a week	2 ☐		Once a day	6 ☐
Once a week	3 ☐		Twice a day	7 ☐
2-4 times a week	4 ☐		3 times a day or more	8 ☐

Q9. How often do you eat pasta or rice? (Please tick one box)

Never	1 ☐		5-6 times a week	5 ☐
Less than once a week	2 ☐		Once a day	6 ☐
Once a week	3 ☐		More than once a day	7 ☐
2-4 times a week	4 ☐			

Details about yourself.........

Please complete the following section about yourself; your responses will be kept strictly confidential and are important to help us to analyse the questionnaire.

Date of Birth ☐☐/☐☐/☐☐☐☐

Postcode ☐☐☐☐/☐☐☐

Gender   Male 1 ☐   Female 2 ☐

How many people live in your household (including yourself)? (Please tick one box per line)

	0	1	2	3	4+
Adults and children aged 16 and over including yourself	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
Children under 16	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐

How many adults do you usually prepare food for on a day to day basis? ☐

How many children do you usually prepare food for on a day to day basis? ☐

To which of these groups do you consider that you belong? (Please tick one box)

White	1 ☐	Chinese	5 ☐	Mixed ethnic group 9 ☐
Indian	2 ☐	Black Caribbean	6 ☐	None of the above 10 ☐
Pakistani	3 ☐	Black African	7 ☐	Prefer not to say 11 ☐
Bangladeshi	4 ☐	Black (other)	8 ☐	

Which of these apply to you? (Please one box)

Current smoker 1 ☐
Ex smoker 2 ☐
Never smoked 3 ☐

What is your weekly household income before tax and including benefits?
(for example - pensions, working family tax credit and/or jobseekers allowance etc)

Less than £100 a week	1 ☐	£251 - £300 a week	5 ☐
£100 - £150 a week	2 ☐	£301 - £400 a week	6 ☐
£151 - £200 a week	3 ☐	More than £400 a week	7 ☐
£201 - £250 a week	4 ☐	Prefer not to say	8 ☐

How do you feel about the cooking course ....?

What things did you like about the cooking course?

What things did you dislike about the cooking course?

Is there anything that you feel should be improved if the course is run again?

Further Comments:

Thank you for taking the time to complete this questionnaire

Q10. How often do you eat baked, boiled or mashed potatoes (not including chips or roast potatoes)?
(Please tick one box)

Never	1 ☐	5-6 times a week	5 ☐
Less than once a week	2 ☐	Once a day	6 ☐
Once a week	3 ☐	More than once a day	7 ☐
2-4 times a week	4 ☐		

Q11. How often do you eat chips, fried or roast potatoes? (Please tick one box)

Never	1 ☐	5-6 times a week	5 ☐
Less than once a week	2 ☐	Once a day	6 ☐
Once a week	3 ☐	More than once a day	7 ☐
2-4 times a week	4 ☐		

Q12. How often do you eat fish or fish products, e.g. cod, tuna, fish fingers? (Please tick one box)

Never	1 ☐	5-6 times a week	5 ☐
Less than once a week	2 ☐	Once a day	6 ☐
Once a week	3 ☐	More than once a day	7 ☐
2-4 times a week	4 ☐		

What do you think ....?

Q13. Do you think you will increase the amount of fruit and vegetables you eat in the next 6-12 months? (Please tick one box)

No, definitely not	1 ☐	Yes, probably	4 ☐
No, probably not	2 ☐	Yes, definitely	5 ☐
Possibly	3 ☐	Don't know	6 ☐

Q14. How many portions of fruit and vegetables do you think health experts recommend eating every day? (Please tick one box)

None	1 ☐	Three	4 ☐	Don't Know 7 ☐
One	2 ☐	Four	5 ☐	
Two	3 ☐	Five or more	6 ☐	

Q15. How many portions of fruits or vegetables does each of the following provide? (Please tick one box per line)

	0	1	2	3	Don't Know
a. A medium glass of unsweetened orange juice	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
b. One glass of orange squash (diluted)	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
c. A thin slice of tomato	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
d. Three heaped tablespoons of carrots	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
e. One medium-sized apple	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐
f. One small raspberry yoghurt	0 ☐	1 ☐	2 ☐	3 ☐	4 ☐

How do you feel about instructions ....?
(Please tick one box per line)

	Always	Often	Sometimes	Rarely	Never	Don't Know
Q16. Do you eat food past its 'use by' date?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
Q17. Do you follow the instructions for storage on packaged foods?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
Q18. Do you check that food is piping hot when re-heating?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
Q19. Do you wash fruit and vegetables that don't need to be peeled before eating them?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐

Appendix Two

Get Cooking, West Lothian Council Health Improvement Team adapted CookWell questionnaire
Get Cooking, adapted CookWell questionnaire (pre and post)

Pre-Intervention
Questionnaire for Cooking Skills Programmes

Date ☐☐ ☐☐ ☐☐   Initials ☐☐   Location _____

How do <u>you</u> feel about ....?

Q1. How <u>confident</u> do you feel about <u>being able to cook from basic ingredients</u>? (Please select one)

Not at all Confident   1   2   3   4   5   6   Extremely Confident

Q2. How <u>confident</u> do you feel about <u>following a simple recipe</u>? (Please select one)

Not at all Confident   1   2   3   4   5   6   Extremely Confident

Q3. How confident do you feel about tasting foods that you have not eaten before? (Please select one)

Not at all Confident   1   2   3   4   5   6   Extremely Confident

Q4. How confident do you feel about preparing and cooking new foods and recipes? (Please select one)

Not at all Confident   1   2   3   4   5   6   Extremely Confident

Q5. How confident are you about knowing how to follow a healthy diet? (Please select one)

Not at all Confident   1   2   3   4   5   6   Extremely Confident

What do <u>you</u> usually eat ....?

Q6. In a normal week, how often do you prepare and cook a main meal from basic ingredients, for example, making Shepherd's Pie starting with raw mince and potatoes? (Please tick one box)

Daily	6 ☐	Once a week	3 ☐
4-6 times a week	5 ☐	Less than once a week	2 ☐
2-3 times a week	4 ☐	Never	1 ☐

Q7. How many portions of fruit and vegetables do you eat a day? A portion would fit into the palm of your hand (Please tick one box)

None	1 ☐	4	5 ☐
1	2 ☐	5	6 ☐
2	3 ☐	More than 5	7 ☐
3	4 ☐		8 ☐

Q8. How **many times in a week** do you eat sugary or salty snacks like biscuits, chocolate and crisps?   ? (Please tick one box)

None	1 ☐	4	5 ☐
1	2 ☐	5	6 ☐
2	3 ☐	6	7 ☐
3	4 ☐	More than 6	8 ☐

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Q9. How **many times during the week** do you eat 'fast food' or such as McDonalds, Fish and chips from chip shop, Greggs etc? (Please tick one box)

Never	1 ☐	5-6 times a week	5 ☐
Less than once a week	2 ☐	Once a day	6 ☐
Once a week	3 ☐	More than once a day	7 ☐
2-4 times a week	4 ☐		

Q10 How often do you eat ready meals or take aways bought from local supermarket, shop or restaurant?
(Please tick one box)

Never	1 ☐	5-6 times a week	5 ☐
Less than once a week	2 ☐	Once a day	6 ☐
Once a week	3 ☐	More than once a day	7 ☐
2-4 times a week	4 ☐		

Details about yourself.........

Please complete the following section about yourself; your responses will be kept <u>strictly confidential</u> and are important to help us to analyse the questionnaire.

Date of Birth   ☐☐ / ☐☐ / ☐☐   **Gender**   Male 1 ☐ Female 2 ☐

Postcode   ☐☐☐☐ ☐☐☐

To which of these groups do you consider that you belong? (Please tick one box)

White	1 ☐	Polish	2 ☐	White other *please state*............	3 ☐
Pakistani	4 ☐	Bangladeshi	5 ☐	Indian	6 ☐
Chinese	7 ☐	Black African	8 ☐	Black Caribbean	9 ☐
Black (other)	10 ☐	Mixed ethnic group	11 ☐	None of the above	12 ☐

Is English your main language   YES ☐   NO ☐

Do you consider yourself or any of your dependants to have a disability

(Dependants in this instance means anyone you have a caring role for that may hinder your participation i.e. children and adults with disabilities and the elderly)

YES ☐   NO ☐

Thank you for taking the time to compete this form

Post-Intervention
Questionnaire for Cooking Skills Programmes

get cooking

Date ☐☐ Initials ☐☐ Location _____

How do you feel about ....?

Q1. How confident do you feel about being able to cook from basic ingredients? (Please select one)

Not at all Confident 1   2   3   4   5   6   Extremely Confident

Q2. How confident do you feel about following a simple recipe? (Please select one)

Not at all Confident 1   2   3   4   5   6   Extremely Confident

Q3. How confident do you feel about tasting foods that you have not eaten before? (Please select one)

Not at all Confident 1   2   3   4   5   6   Extremely Confident

Q4. How confident do you feel about preparing and cooking new foods and recipes? (Please select one)

Not at all Confident 1   2   3   4   5   6   Extremely Confident

Q5. How confident are you about knowing how to follow a healthy diet? (Please select one)

Not at all Confident 1   2   3   4   5   6   Extremely Confident

What do you usually eat ....?

Q6. In a normal week, how often do you prepare and cook a main meal from basic ingredients, for example, making Shepherd's Pie starting with raw mince and potatoes? (Please tick one box)

Daily ☐ 6	Once a week ☐ 3
4-6 times a week ☐ 5	Less than once a week ☐ 2
2-3 times a week ☐ 4	Never ☐ 1

Q7. How many portions of fruit and vegetables do you eat a day? A portion would fit into the palm of your hand (Please tick one box)

None ☐ 1	4 ☐ 5
1 ☐ 2	5 ☐ 6
2 ☐ 3	More than 5 ☐ 7
3 ☐ 4	☐ 8

Q8. How **many times in a week** do you eat sugary or salty snacks like biscuits, chocolate and crisps? ? (Please tick one box)

None ☐ 1	4 ☐ 5
1 ☐ 2	5 ☐ 6
2 ☐ 3	6 ☐ 7
3 ☐ 4	More than 6 ☐ 8

Q9. How **many times during the week** do you eat 'fast food' or such as McDonalds, Fish and chips from chip shop, Greggs etc? (Please tick one box)

Never ☐ 1	5-6 times a week ☐ 5
Less than once a week ☐ 2	Once a day ☐ 6
Once a week ☐ 3	More than once a day ☐ 7
2-4 times a week ☐ 4	

Q10 How often do you eat ready meals or take aways bought from local supermarket, shop or restaurant? (Please tick one box)

Never ☐ 1	5-6 times a week ☐ 5
Less than once a week ☐ 2	Once a day ☐ 6
Once a week ☐ 3	More than once a day ☐ 7
2-4 times a week ☐ 4	

Details about yourself.........

Please complete the following section about yourself, your responses will be kept strictly confidential and are important to help us to analyse the questionnaire.

Date of Birth ☐☐ / ☐☐ / ☐☐☐☐   **Gender**   Male 1 ☐   Female 2 ☐

Postcode ☐☐☐ ☐☐☐

To which of these groups do you consider that you belong? (Please tick one box)

White 1 ☐	Polish 2 ☐	White other *please state* ....3 ☐	
Pakistani 4 ☐	Bangladeshi 5 ☐	Indian 6 ☐	
Chinese 7 ☐	Black African 8 ☐	Black Caribbean 9 ☐	
Black (other) 10 ☐	Mixed ethnic group 11 ☐	None of the above 12 ☐	

Is English your main language   YES ☐   NO ☐

Do you consider yourself or any of your dependants to have a disability

(Dependants in this instance means anyone you have a caring role for that may hinder your participation i.e. children and adults with disabilities and the elderly)

   YES ☐   NO ☐

Thank you for taking the time to compete this form

Contact details of cookery evaluation project groups

Biggar Youth Project
Tel: 01899 220 889
Email: byp@theoldauctionring.org.uk
Website: www.theoldauctionring.org.uk

Broomhouse Health Strategy Group
Tel: 0131 467 7678
Email: info@healthstrategygroup.org.uk
Website: www.healthstrategygroup.org.uk

East Lothian Roots and Fruits
Tel: 01875 811 003
Email: mckinlay.pamela@googlemail.com

Edinburgh Community Food
Tel: 0131 467 7326
Email:
admin@edinburghcommunityfood.org.uk
Website:
www.edinburghcommunityfood.org.uk

Clarity Nutrition
Tel: 07932 448 535
Email bannerman794@btinternet.com

Glasgow YWCA Family Learning Centre
Tel: 0141 248 5338
email admin@ywcaglasgow.org
Website: www.ywcaglasgow.org

Lanarkshire Community Food and Health Partnership
Tel: 0141 771 7927
Email: healthycookinglcfhp@hotmail.co.uk

NHS Ayrshire and Arran Community Food Worker Team
Tel: 01563 575413
Email: fionasmith@aapct.scot.nhs.uk

North Perth Community School
Adult and Family Learning Team
Tel: 01738 454250
Email: FAdams@pkc.gov.uk
or MCraig@pkc.gov.uk

Pilton Community Health Project
Tel: 0131 551 1671
Email: barrigrubb@pchp.org.uk
Website: www.pchp.org.uk

Urban roots – Great grub
Tel: 0141 613 2766
Email: projects@urbanroots.org.uk
Website: www.urbanroots.org.uk

West Lothian Health Improvement Team
Tel: 01506 775 626
Email: hit@westlothian.gov.uk
Website: www.getcooking.org

Cooking Skills impact

Why do cookery skills
- policy — system, research, evaluation
- embed, workout trusts, keep affordable
- families
- GPP?
- CRMy on INR
- involvement

Impact (POW)
- Knowledge
- Confidence
- Cooking Skills
- Behavior Change
- Non Nutritional

Barriers to impact
- personal
- family
- Structural
- Other...

Helping factors
- Tailoring
- embedding
- Capacity + Culture
- access — affordable
- meet message
- FOOD

Research perspective
- EPPI
- R
- Cookwell
- need control
- less self reports
- mix elements
- do with other methods
- equal + equit + quality
- do wild map
- do with other methods

Experience
- Baseline
- During/End
- Follow up
- Start
- mix of methods, investigate, triangulate
- methods
- timing

Lessons (Umm)
- marketing + plan
- Consider tailoring
- Use a range of methods
- make it fun & easy
- match methods to outcomes
- Gather baseline ...