



The impact of community cookery skills activities on families – a comparison between three different approaches

Final Report

January 2013

Contents

Executive Summary	1
1 Introduction.....	7
2 Context	8
3 Methodology	11
4 Approach 1: Hands-on cookery courses delivered to parents (or carers) learning cookery together with their children within a group	15
5 Approach 2: Hands-on cookery courses delivered to young people only (up to the age of 16) learning within a group.....	26
6 Approach 3: Hands-on cookery courses delivered to parents only (of nursery or school aged children) learning within a group	37
7 Barriers to achieving greater and/or more enduring impacts	50
8 Summary Analysis.....	53
9 Good Practice	57
Appendix 1 – Stakeholders Consulted.....	59
Appendix 2 – Core Focus Group / Telephone Discussion Guide	60
Appendix 3 – Tailored Research Tools	64
Appendix 4: CFHS Resources Questions.....	69

This study was commissioned by Community Food and Health (Scotland) and delivered by **Jamie Buttrick** and **Andy Parkinson** of Consilium Research and Consultancy.

Project manager: Jamie Buttrick

Consilium Research and Consultancy

Tel: 07713 357389

Email: jamie@consiliumresearch.co.uk

Web: www.consiliumresearch.co.uk

Twitter: @ConsiliumJamie



Executive Summary

Introduction

In October 2012 Consilium Research and Consultancy Limited (Consilium) was appointed by Community Food and Health (Scotland) (CFHS) to explore the impact of different approaches to delivering community cookery skills activities on families. The research aims to identify and analyse the sustainable outcomes for families engaging in each of the following three approaches to delivering cooking courses:

- **Hands-on cookery courses delivered to parents (or carers) learning cookery together with their children within a group**
- **Hands-on cookery courses delivered to young people only (up to the age of 16) learning within a group**
- **Hands-on cookery courses delivered to parents only (of nursery or school aged children) learning within a group**

The research has also incorporated a process evaluation element in order to assess the method, good practice and learning points associated with each approach including assessment of the barriers to meeting healthy cooking/eating objectives. The analysis of primary and secondary data gathered through the research will provide an assessment of the impact and effectiveness of each approach with an emphasis on their contribution to commonly occurring food and health outcomes.

Context

The research has benefited from time and contributions of a range of stakeholders and participants from the following three community cookery courses. The Consilium study team is very appreciative of their assistance.

- The cookery courses delivered to parents (or carers) learning cookery together with their children were delivered in November 2011 and February 2012 by the **Adult and Family Learning Team based at the North Perth Community School in Perth.**
- The hands-on cookery courses delivered to young people only was delivered in October 2012 in partnership between **Edinburgh Community Food (ECF) and the Community Learning & Development Worker based at Pentland Community Centre in Oxfords, Edinburgh.**
- The community cookery courses delivered to parents only were delivered between the end of 2011 and August 2012 by the **Community Food Work Team from the Nutrition and Dietetics Department within NHS Ayrshire and Arran.**

Methodology

The research methodology was developed in conjunction with CFHS and incorporated a process of desk research to inform research tool development and analysis, stakeholder interviews with those delivering the courses and consultation with course participants through focus groups and telephone interviews. CFHS supported the research through the recruitment of the three community food initiatives and agreed to pay expenses to the organisations taking part in the research to compensate for their time and any resources required to recruit participants to the focus groups (e.g. incentives).

A total of six stakeholders and 43 participants were consulted through the research.

Approach 1: Hands-on cookery courses delivered to parents (or carers) learning cookery together with their children within a group

The cookery courses delivered by the Adult and Family Learning Team based at the North Perth Community School ran over a four week period with practical 1.5 hour cooking sessions delivered once a week after school. Parents are encouraged to attend with their children with around four families attending each course. The courses provide hands-on cookery with the focus varying between the preparation of family meals and the group's Snack Attack sessions where the focus is on easy snacks made from everyday items found in the food cupboard.

The approach to delivering community cookery courses to families highlights the value of focusing on the target unit (i.e. the family) in terms of skills and knowledge development. This is highlighted in the raft of positive outcomes achieved across confidence in cooking, trying new foods and recipes and also in the wider, non-nutrition/health-related outcomes crucial to the family unit including parenting skills, family bonding and the behaviour of children.

Approach 2: Hands-on cookery courses delivered to young people only (up to the age of 16) learning within a group

The cookery course developed in partnership between Edinburgh Community Food (ECF) and the Community Learning & Development Worker based at Pentland Community Centre in Oxbgangs, Edinburgh was delivered to 10 young people of approximately 13 years of age. It combined three practical sessions of two hours over three days with a Royal Institute of Environmental Health (REHIS) accredited food hygiene course and sessions providing basic nutrition theory using the Food Standards Agency (FSA) eatwell plate on two additional days. The practical sessions involved the young people working in small groups to allow everyone to gain hands-on cooking experience and included both 'Ready Steady Cook!' and 'Come Dine with me' activities, the latter planned by the young people themselves.

The approach to community cookery focusing on young people adds value to the mainstream support (i.e. school-based activities) that young people will access. The additionality is provided by the enthusiasm and skills offered by organisations able to capture the attention and enthusiasm of what can be a difficult cohort and channelling their energy towards a positive goal. Key to the longer term success of initiatives focusing on this age group through this approach will be the degree to which parents within the wider family unit can be influenced and supported to facilitate the lessons learnt in the 'classroom' or 'kitchen' to the home in the short term. It should however be recognised that many of the outcomes from the course may in fact be realised later in life.

Approach 3: Hands-on cookery courses delivered to parents only (of nursery or school aged children) learning within a group

The Community Food Work Team from the Nutrition and Dietetics Department within NHS Ayrshire and Arran delivered 10 programmes of between 4 and 8 participants, totalling 51 parents in the 12 months to September 2012. Programmes are delivered by Community Food Workers with the support and backing of the professionals in the Department. Over the past three years they have focused on families with young children - specifically nursery age children but occasionally early primary.

Practical skills programmes of 2 hours per week over 4-6 weeks are run in a nursery or community venue nearby. These involve all participants cooking and preparing food which can be taken home. The course promotes good food messages by building everything around the FSA Eatwell Plate supported by the Munch Crunch 2 book which has tried and tested recipes that are based on available and affordable foods and help develop simple skills such as peeling, chopping, grating, mixing, simmering etc.

The approach to delivering community cookery courses in a parents only group enables the development of a constructive group environment away from the pressures and constraints associated with childcare and parenting. The approach has utilised the expertise and knowledge of a skilled team and contributed to the production of a series of impacts and outcomes that have permeated into the wider family units. The project has crossed the gap between upskilling parents, raising confidence and influencing family behaviour, resulting in a range of positive outcomes (nutrition and non-nutrition) which would not immediately be apparent from the project description.

Barriers to achieving greater and/or more enduring impacts

The major common barrier identified by participants from each approach to community cookery as impacting upon their ability/desire to put the lessons learnt on the course into practice was time. Whilst not a major barrier within all three approaches, financial barriers to implementing the lessons offered through the courses were at least active in the background. However this is thought by the study team, stakeholders and CFHS to be reflective of the efforts of the community food initiatives delivering the courses to tailor each approach to the needs of low income families.

Unprompted **actions and activities raised by participants to encourage sustained outcomes** from the courses included: A text message repeating key lessons (*families*); Greater confidence derived from similar or more advanced follow-up activities (*all three approaches*); Greater confidence and reminders of lessons etc. derived from repeat activities (*all three approaches*); Access to a greater selection of recipes including online resources and further editions of well-received course recipe books (*all three approaches*); and The development of positive routines (*young people*).

Analysis

Delivery (Process)

- The location of the course is seen as key. Young people benefit from a non-school environment; families benefit from a familiar school-based location; and the parent only participants appreciate learning in a convenient and trusted location with links to child care provision.
- The qualities of the teams delivering the courses are also crucial with familiarity being an important factor for parents and families whilst being treated as an adult is viewed as a key determinant of enhanced and enduring outcomes from the young person only approach.
- Key to the delivery of each approach, but specifically the family and parents only groups, was the tailoring of the sessions to the area and/or cohort based on lengthy experience of what works.
- The impact of gaining a certificate was evidently stronger with the young people only group, highlighting the value of accredited recognition of achievement with this age group.

Increased knowledge about food and health

- Each of the three approaches achieved positive learning outcomes linked to increased knowledge about food and health.
- In terms of achieving deeper knowledge of nutrition, food and health, the more structured approaches incorporating use of the FSA eatwell plate work well, with parents able to learn in supportive group environment, aided by the absence of child caring responsibilities.
- The young people can build upon their existing school-based knowledge in a fresh and more targeted (smaller groups with common interests) environment and benefit from an alternative provider with innovative approaches in order to generate more sustainable learning outcomes.

- Whilst the ethos of the family approach in Perth was found by the study team not to achieve the same depth of knowledge, the combination of a fun, family approach to learning within a more subtle and nurturing environment has also achieved a range of learning objectives.
- The value of the parent approach, and specifically the delivery of the course through the Community Food Worker structure, also has additional value in terms of engaging with people with a potentially wide range of health and social issues.

Increased confidence around healthy eating

- Both the family and parent only approaches had strong results in terms of building confidence around healthy eating, especially when gauged in terms of participants ability and desire to follow recipes and try new foods.
- Consultations in relation to both approaches showed the benefit of a simple yet flexible approach guided by friendly, knowledgeable staff. The research found that the family model has the most efficient links to sustainability of impacts given the positive responses to the sessions from the children and their resulting influence on shopping and cooking activities of their parents.
- The impact of the young person approach, whilst strong in terms of overall improvements in confidence had less of an impact in terms of following a recipe and trying new foods.

Improved cookery skills

- The study team found that the strongest gains in terms of technical cookery skills emanated from the parents only approach given the flexibility and level of intensiveness that can be achieved with that particular cohort. As such, the greatest gains in confidence have been achieved with this group.
- The value of the family approach however is judged by the study team to be found in its ability to upskill more than just the parents by engaging the whole family and making cooking a family activity. This is more likely to engender enduring impacts by the level of interaction in the kitchen reported that has been linked to the course.

Participants will attempt to change their behaviour to improve nutrition

- Each of the approaches had generated impacts linked to behavioural change and improved nutrition although the stronger contributions were clearly with the parent only and in particular the family approach.
- The family approach has clear advantages in terms of family bonding (emotional and practical) as a result of undertaking joint activities with less opportunity for the link to break down between the course and the family unit.
- A number of the groups within the family and parents only approaches indicated that they didn't have a table at home so they couldn't eat as a family. This heightens the importance of the process of cooking the meal as a family in terms of bonding and a family activity and therefore highlights the advantage of the family approach.
- The study team see the young person only model as having the biggest difficulties in changing their own and their families behaviour linked to nutrition. They encounter a range of barriers, including peer influence and family constraints (e.g. around shopping, parental attitudes to them cooking or interest in nutritional messages).

Outcomes beyond nutrition

- The social aspects of the parent only and family approaches in particular were especially apparent, with a fun, friendly and true partnership approach developed in the sessions and enjoyed by the participants. In both the parent only and family models, the social side is very important and a potential tool to use to aid sustainability.
- The social impacts of the family approach are seen by the study team as being more natural or closer to real life situations, as families facing similar life challenges come together. The parent only approach in comparison is dependent on the characteristics of the participants and the ability of the course lead to generate a positive group environment. The impact and value of the family approach in terms of parenting skills and family relationship building more widely were clear to see.
- The young people only group produced relatively few non-nutrition or non-health impacts but produced some stronger examples linked to skills development. The inclusion of the REHIS food hygiene training was a key influence in terms of recruitment amongst the young people consulted.

Good Practice identified from the three approaches

Family Approach

1. Build the foundation of the approach on increasing confidence, having fun and exploring new ideas for meals within a social setting.
2. Tailor the cooking and related shopping requirements to the nature of the area. The emphasis on making the most of food items people will have in the cupboard can encourage engagement, participation and replication without stigmatising those signing up.
3. A minimum age of around seven allows for safe involvement in the cooking sessions whilst ensuring (in most cases) the child has the required degree of maturity, concentration levels, good behaviour and abilities to facilitate the smooth running of the course.
4. A subtle, nurturing and fun approach is welcomed by participants with learning by stealth through a combination of practical work and information exchange thought to work well with both parents but particularly the children.
5. The location of a family orientated approach to community cookery should be in a setting which is familiar and accessible by both the child and the parent, who may have anxieties around learning or meeting new people. The community school setting is judged by the study team as ideal given the recruitment potential derived from the range of activities accessed by young people and adults in these locations and the lack of institutional phobia associated with unfamiliar educational buildings such as colleges.
6. The text message service used to recruit participants in Perth is seen as innovative but also a tool which can be used for ongoing monitoring of impact.
7. The role of the child in supporting the adult through the process of engaging and participating in the project should not be underestimated, especially where shyness or anxiety are apparent.
8. Family activities delivered through the approach are easily and instantly transferable to the home and family environment.
9. Learning by doing removes the gap between theory and practice.

Young Person Only Approach

1. Differentiating the sessions from school as much as possible will typically produce a more conducive learning environment.
2. Stress the informality of the sessions whilst emphasising the value of skills and knowledge development.
3. It is also important to build a rapport with the group, praising them where possible and treating them like adults in order to encourage continued attendance and achievement.
4. Working in small yet dedicated groups generates enhanced outcomes.
5. There is a requirement for innovation or interesting approaches to using familiar tools, such as the eatwell plate, if additional knowledge is to be taken up relative to prior lessons in school.
6. The inclusion of employability oriented features such as the REHIS food hygiene certificate can prove popular and a potential tool to be used in engagement. It is also likely to attract funding for activities which could be seen to be complementing elements of the Curriculum for Excellence.

Parent Only Approach

1. Hosting cookery classes on site at the local nursery is seen as crucial in ensuring that those participants recruited for the sessions actually attend with even the shortest walk, especially in poor weather, potentially enough to cause a non-attendance for the harder to reach participants.
2. A face to face approach is crucial in turning engagement into recruitment (e.g. at nursery drop off and pick up).
3. Clearly reiterating the benefits of attendance to potential participants including the ability to take home the food prepared in the session is essential.
4. Positive partnership working with schools and nursery in supporting engagement activities with parents is crucial to inform long term relationships and more efficient delivery.
5. The timing of courses to coincide with nursery times reduces childcare barrier and neatly fits with the half day child care afforded by the nursery.
6. A lack of appropriate community facilities able to accommodate group cooking sessions emphasises the need to identify and maintain good relationships with the organisations equipped to support/host the provision in areas suitable for the client group (i.e. in the proximity of schools and nurseries).
7. Stress the cost (savings) associated with the meals prepared on the course or on occasion the benefits of spending that little bit more to obtain quality food, and the health benefits that can come from this.

1 Introduction

- 1.1 In October 2012 Consilium Research and Consultancy Limited (Consilium) was appointed by Community Food and Health (Scotland) (CFHS) to evaluate the impact of different approaches to delivering community cookery skills activities on families.

Research Objectives

- 1.2 The research aims to identify and analyse the sustainable outcomes for families (e.g. knowledge and confidence around food and health; cooking skills, changes to behaviour to improve nutrition and wider outcomes including parenting or social skills, numeracy or literacy) engaging in each of the following three approaches to delivering cooking courses:

1. Hands-on cookery courses delivered to parents (or carers) learning cookery together with their children within a group
2. Hands-on cookery courses delivered to young people only (up to the age of 16) learning within a group
3. Hands-on cookery courses delivered to parents only (of nursery or school aged children) learning within a group

- 1.3 The research has incorporated a process evaluation element in order to assess the method, good practice and learning points associated with each approach including a summary of the barriers to meeting healthy cooking/eating objectives.
- 1.4 The analysis of primary and secondary data gathered through the research will provide an assessment of the impact and effectiveness of each approach with an emphasis on their contribution to commonly occurring food and health outcomes including the five themes outlined in CFHS's What's Cooking in Scotland Part 2¹ below:

1. **Increased knowledge about food and health** (e.g. understanding of healthy eating guidance including the Food Standards Agency (FSA) eatwell plate, knowledge around weaning)
2. **Increased confidence around healthy eating** (e.g. increased confidence to try new foods, and follow or adapt recipes)
3. **Improved cookery skills** (e.g. knife skills, cooking techniques)
4. **Participants will attempt to change their behaviour to improve nutrition** (e.g. 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** (e.g. improved family relationships, improved social skills, increased confidence and self-esteem, literacy and numeracy)

¹ <http://www.communityfoodandhealth.org.uk/publications/cooking-scotland-part-2/>

2 Context

Introduction to the three approaches and groups delivering them

- 2.1 A summary of each of the groups/organisations delivering the cooking courses in line with the three approaches is provided below with more in depth analysis provided at the start of the report sections dedicated to each approach as follows.

Section 4: Hands-on cookery courses delivered to parents (or carers) learning cookery together with their children within a group

- 2.2 The cookery courses from which participants in the research were consulted were delivered in November 2011 and February 2012 by the Adult and Family Learning Team based at the North Perth Community School in Perth. The Adult and Family Learning Team has been running cookery courses with families for around 12 years as part of a learning programme for families. Participants are typically families with school age children from three local schools.
- 2.3 The courses ran over a four week period with practical 1.5 hour cooking sessions delivered once a week after school. Parents are encouraged to attend with their children with around four families attending each course. The courses provide hands-on cookery with the focus varying between the preparation of family meals and the group's Snack Attack sessions where the focus is on easy snacks made from everyday items found in the food cupboard.
- 2.4 The families also learn about food labels and healthy eating in an informal and fun way. The families will decide together the types of recipe they would like to learn over the duration of the course although the tutor ensures that these include healthy ingredients and are affordable whilst the families are also encouraged to try new foods each week.

Section 5: Hands-on cookery courses delivered to young people only (up to the age of 16) learning within a group

- 2.5 The cookery course from which participants in the research were consulted was delivered in October 2012 in partnership between Edinburgh Community Food (ECF) and the Community Learning & Development Worker based at Pentland Community Centre in Oxbgangs, Edinburgh.
- 2.6 Established in 1996, ECF has been delivering community cookery courses for 14 years throughout Edinburgh within low-income communities or with vulnerable groups. The course was delivered to 10 young people of approximately 13 years of age and combined three practical sessions of two hours over three days with a (Royal Institute of Environmental Health (REHIS) accredited food hygiene course and sessions providing basic nutrition theory using the FSA eatwell plate on two additional days.

- 2.7 The practical sessions involved the young people working in small groups to make at least three dishes in order to make a two course meal and allow everyone to gain hands-on cooking experience. The course included both 'Ready Steady Cook!' and 'Come Dine with me' activities, the latter planned by the young people themselves.

Section 6: Hands-on cookery courses delivered to parents only (of nursery or school aged children) learning within a group

- 2.8 The cookery courses from which participants in the research were consulted were delivered between the end of 2011 and August 2012 by the Community Food Work Team from the Nutrition and Dietetics Department within NHS Ayrshire and Arran. The Department has delivered practical hands on cooking skills support for the past 12 years to a range of groups in a variety of settings. Participants are parents or key carers of nursery children. In the 12 months to September 2012 the Community Food Work Team delivered 10 programmes of between 4 and 8 participants, totalling 51 parents.
- 2.9 Programmes are delivered by Community Food Workers with the support and backing of the professionals in the Department. Over the past three years they have focused on families with young children - specifically nursery age children but occasionally early primary. Practical skills programmes of two hours per week over 4–6 weeks are run in a nursery or in a community venue nearby. These involve all participants cooking and preparing food which can be taken home. The course promotes good food messages by building everything around the Food Standards Agency Eatwell Plate supported by their Munch Crunch 2 book which has tried and tested recipes that are based on available and affordable foods.

Research Context

- 2.10 Increasing access to cooking and healthy eating advice is recognised as being able to contribute to positive outcomes across a range of socioeconomic issues including poor health, social exclusion and deprivation. Success in this regard is often linked to alleviating a range of barriers² which can impact upon confidence around food and food preparation including:
- Increasing access to fruit and vegetables of an acceptable quality and cost;
 - Reducing the cost of shopping and getting to the shops;
 - Improving confidence and skills in cooking and shopping; and
 - Overcoming ingrained habits.
- 2.11 Cooking initiatives can help to address these barriers by placing food, cooking and healthy eating at the centre of fun activities whilst supporting individuals, and crucially in terms of sustainability, families to develop practical skills in order to follow recipes and improve a range of personal and social outcomes (e.g. positive attitudes to, knowledge of food and nutrition, confidence and ultimately health outcomes).

² Scottish Diet Action plan, (1996 to 2006) (<http://www.scotland.gov.uk/Resource/0040/00400745.pdf>)

- 2.12 The value of community cookery initiatives has been highlighted in a raft of current policy documents including Improving Maternal and Infant Nutrition: A Framework for Action³ which highlights a role for the voluntary sector in developing practical food skills activities. The Preventing Obesity Route Map and Action Plan⁴ also emphasises the need for greater access to cookery skills development opportunities in order to tackle obesity.
- 2.13 In line with good practice in the assessment of family interventions overall but cooking initiatives more specifically, the research looked to assess the catalysts for successful impacts (or otherwise) in terms of the following indicators/issues:
- The contribution of each approach to supporting cooking skills and food knowledge and improving:
 - Cooking habits at home;
 - Cooking healthy meals at home;
 - Cooking confidence generally;
 - Eating habits;
 - Consumption of fruit and vegetables;
 - Healthy eating knowledge; and
 - Ability to prepare a range of healthy dishes.
 - The degree to which, and reasons why (not) participants continue to cook from basic ingredients more often several months after attending cookery courses;
 - Changes in confidence to use/follow a recipe; and
 - Changes in confidence across cooking techniques (e.g. chopping, simmering).
 - Changes in confidence in cooking specific dishes/foodstuffs;
 - Whether the approaches provide benefits beyond nutrition (e.g. social opportunities, improved family relationships and/or skills development including team working, budgeting, literacy and numeracy); and
 - The ongoing value and use of resources provided through the training (e.g. cookery course handbook, recipe books, nutrition information, newsletters and ongoing support mechanisms).
- 2.14 **This study has benefited from the time and contributions of a range of stakeholders and participants. The Consilium study team is very appreciative of their assistance.**

³<http://scotland.gov.uk/Publications/2011/01/13095228/18>

⁴<http://scotland.gov.uk/Publications/2010/02/17140721/0>

3 Methodology

- 3.1 The Consilium Project Manager attended an inception meeting with CFHS on October 9th 2012 in order to finalise the approach to the study. A detailed research plan and key research tools were produced including a core focus group discussion guide and tailored research tools. The research plan incorporated existing evaluation materials to enable, where possible, an analysis of enduring impacts of the projects. A thorough desk review was undertaken of a wide range of policy and research literature, including:
- Improving Maternal and Infant Nutrition: A Framework for Action, The Scottish Government (2011)⁵
 - Eating for Health: a Diet Action Plan for Scotland (1996)⁶
 - Preventing Obesity Route Map and Action Plan, The Scottish Government (2010)⁷
 - What's Cooking in Scotland Part 1, CFHS (2012)⁸
 - What's Cooking in Scotland Part 2, CFHS (2012)⁹
- 3.2 The research plan, submitted shortly after the inception meeting, included a schedule for the completion of all research tasks with target dates and roles and responsibilities for each element of the study to provide clarity of research focus and ensure a shared understanding of objectives.
- 3.3 The agreed methodological approach to the study (Figure 1 over page) incorporated two interrelated phases of primary research; namely interviews with representatives from delivery partners (e.g. cookery course trainers / co-ordinators) and consultation with participants of the cookery courses. CFHS also collected information from community food initiatives about the resources they require to deliver cookery courses (e.g. number of tutors, crèche, venue hire, food costs etc.) to be incorporated into the analysis by the study team.
- 3.4 CFHS supported the research through the recruitment of three Scottish community food initiatives to this research using an application and recruitment process scheduled to be completed for the start of the study. CFHS agreed to pay expenses to community food initiatives taking part in the research to compensate for their time and any resources used when recruiting participants to the focus groups.

⁵ <http://scotland.gov.uk/Publications/2011/01/13095228/18>

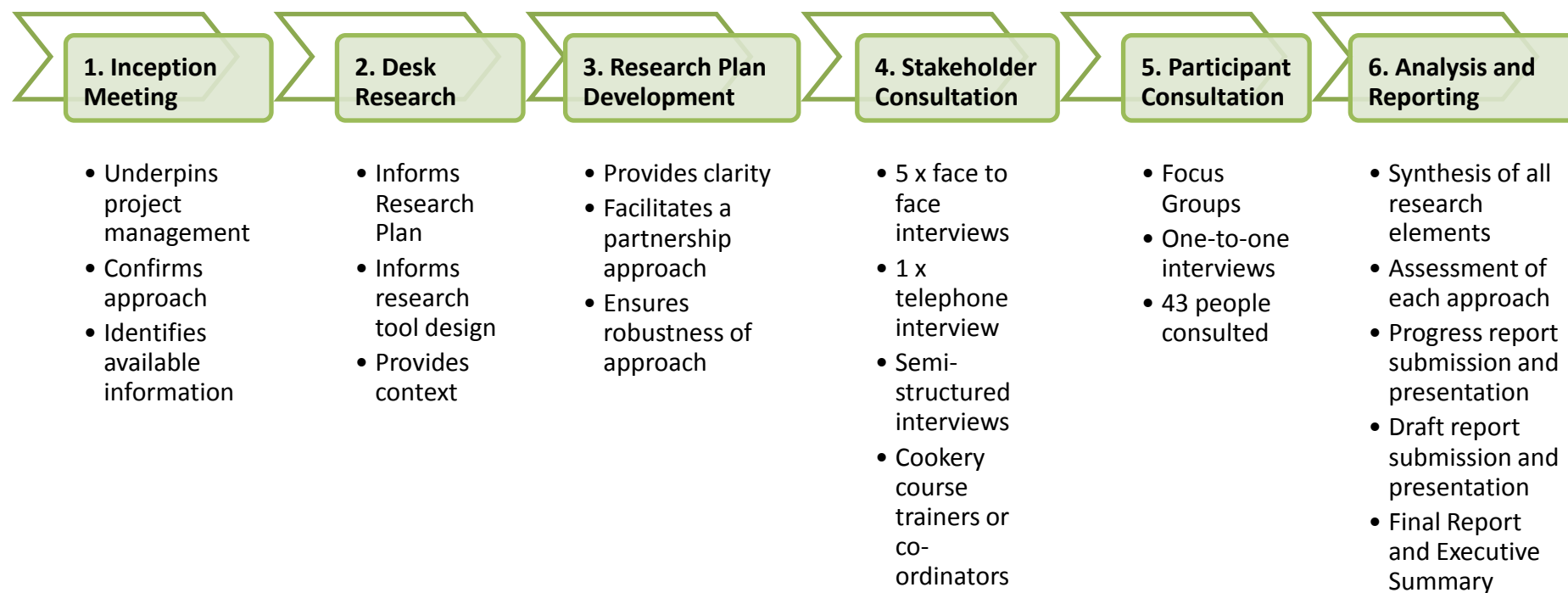
⁶ <http://www.scotland.gov.uk/Resource/0040/00400745.pdf>

⁷ <http://scotland.gov.uk/Publications/2010/02/17140721/0>

⁸ <http://www.communityfoodandhealth.org.uk/wp-content/uploads/2012/05/cfhs-whats-cooking-part-one3.pdf>

⁹ <http://www.communityfoodandhealth.org.uk/wp-content/uploads/2012/10/cfhs-whats-cooking-in-scotland-part2.pdf>

Figure 1: Methodology Overview



3.5 The community food initiatives were required to:

- Have delivered and completed (or about to complete) cookery skills course(s) to one of the above groups within the last year;
- Have undertaken some evaluation activities with the participants, preferably to have collected base-line and end of course evaluation information and to make this available to researchers;
- Continue to have some contact with participants after the course has completed or the organisations; and
- Arrange for the researcher to conduct one-to-one interviews or/and focus groups with a minimum of 10 participants and to take part in a one-to-one interview with the researcher.

- 3.6 In practice, CFHS had difficulties finding three groups that met all these criteria in time which caused some delays with the initial timetable.
- 3.7 A total of six stakeholder interviews (Appendix 1) were completed including five face to face consultations prior to focus groups and one telephone interview at a later date. These consultations were supported by the discussion guide informed by the Research Plan and agreed with CFHS.
- 3.8 Where possible, subject to availability and timely receipt of contact details, the study team completed telephone interviews with a small number of cookery course participants prior to the focus group in order to inform the group discussion. This wasn't possible in all cases but in practice did not impact upon the quality of the wider consultation.
- 3.9 Each of the community food initiatives worked with partners as appropriate to recruit participants to the focus groups in order to discuss the short, medium and longer-term impacts and outcomes of their involvement. The approach to each focus group was based upon the same core set of questions (Appendix 2) with the delivery amended to meet the characteristics of the participants.
- 3.10 The core discussion areas were supported by a range of bespoke activities or approaches (Appendix 3) tailored to each group (e.g. family activities including a quiz for the session involving children) in order to engage the participants, gauge impact and/or encourage feedback on particular issues.
- 3.11 Where possible, the research tools utilised existing evaluation methodologies and tools utilised by the community food initiatives and their partners in the original delivery of the cookery courses. Subject to the availability and structure of these resources, the study team were able to gauge progress or, as a minimum, provide participants with familiar questions in order to reduce any anxiety attached to completing that element of the research.

3.12 A total of 43 people participated in the research as illustrated below (Table 1).

Table 1: Research Participants

Approach (location)	Focus Group	Telephone Interviews	Total
Parents with children (Perth)	6 parents (1 male) & 9 children	2 parents (1 male)	8 parents 9 children
Young people only (Edinburgh)	9	0	9
Parents only (Ayr)	7 (1 male)	10	17
Total	31	12	43

3.13 Cookery course participants taking part in the research (either attending a focus group or completing a telephone interview) received a £25 incentive (a voucher agreed between CFHS and the community food initiative) to thank them for their time.

3.14 This accessible methodology provided the qualitative evidence to explore the research objectives (i.e. to examine the relative merits and strengths of the three approaches to delivering cooking courses to family members and explore the enduring and evolving outcomes of each approach).

3.15 The methodology also accounted (within time and budgetary constraints) for a range of risk factors associated with the following issues:

- A lack of consistent evaluation data across the groups from which to gauge progress
- Differing time periods between the sessions undertaken and this research with lessons for assessing enduring impacts
- Recognition of the size of the groups consulted and the degree to which they are representative of that cohort
- Group discussions can lead to some voices dominating or sensitive issues not being brought forward
- The potentially close relationships between those delivering the cooking sessions and research participants potentially influencing responses
- The views of respondents being swayed by their value judgements of what they think is the right answer rather than the actual case
- The difficulties faced by staff in assessing participants' progress due to lack of knowledge of their respective home lives.

4 Approach 1: Hands-on cookery courses delivered to parents (or carers) learning cookery together with their children within a group

- 4.1 This section of the report provides feedback on the delivery and impact of the approach to delivering hands-on cookery courses to parents (or carers) with their children within a group from the perspective of stakeholders (i.e. cookery course trainers or co-ordinators) and course participants. The section is structured as follows in order to provide clarity on the origin of perceptions, thoughts and impacts of the approach:

- i. A summary description of the delivery activity
- ii. Stakeholder views on the delivery and impact of the approach
- iii. Feedback from participants in terms of the delivery (process) of the approach
- iv. Feedback from participants in terms of the enduring or evolving impact of the cooking courses on families
- v. Summary

- 4.2 The analysis is punctuated with anonymised verbatim and/or paraphrased quotations and mini-case studies as appropriate to add value to the report.

i. Description of Delivery Activity

- 4.3 The cookery courses from which participants in the research were consulted were delivered in November 2011 and February 2012 by the Adult and Family Learning Team based at the North Perth Community School in Perth. The Adult and Family Learning Team has been running cookery courses with families for around 12 years as part of a learning programme for families. Participants are typically families with school age children from three local schools.
- 4.4 The courses ran over a four week period with practical 1.5 hour cooking sessions delivered once a week after school. Parents are encouraged to attend with their children with around four families attending each course. The courses provide hands-on cookery with the focus varying between the preparation of family meals and the group's Snack Attack sessions where the emphasis is on easy snacks made from everyday items found in the food cupboard.
- 4.5 The families also learn about food labels and healthy eating in an informal and fun way. The families decide together the types of recipes they would like to learn over the duration of the course although the tutor ensures that these include healthy ingredients and are affordable whilst the families are also encouraged to try new foods each week.

Resources

- 4.6 This section is based on information collected by CFHS from community food initiatives about the resources they require when delivering cookery courses. The questions are provided in Appendix 4.
- 4.7 Perth and Kinross Council provide a budget to cover staff salaries which also included the use of sessional staff to help deliver the cookery courses. The 'snack attack' course was funded by CFHS. The food purchased by the project cost approximately £35 per session for the four families. The only other costs incurred during the delivery of the courses related to the crèche provision provided for an after school group.
- 4.8 The sessions were delivered in one of the classrooms which had a kitchen area with one cooker, an oven and two sinks (one for hand washing). Additional portable electric hobs were also used in some of the sessions as well as a range of cooking equipment (pots and crockery). The children are also provided with some activities and games to keep them engaged in the in parts of the session where they have less to do. No further equipment was required to deliver the cooking courses.
- 4.9 Participants were not asked to contribute to the costs of attending the course (either to cover food costs or staff time) as it was felt that this might put people off attending.
- 4.10 With extra resources the project would like to run the course more frequently (to increase the number of participants) and also lengthen the duration of the course (more sessions to maximise learning and acquisition of practical skills).
- 4.11 The sessions usually provide some food for the families to take home and any left-over ingredients are also shared out. From time to time some equipment is made available for the participants (i.e. wooden spoons or bags provided by CFHS). If additional funding was available the provision of folders could be helpful as this would enable the participants to store their recipes. This could encourage future use based on previous feedback.
- 4.12 Three members of staff were involved in the management and delivery of the courses. This included two core funded staff to assist with project set-up, co-ordination and recruitment of participants. One core member of staff was involved in delivering the course alongside a tutor that was employed on a sessional basis. In terms of staff training a core requirement is holding a food hygiene qualification. The tutor employed to lead this project was also a qualified home economist.
- 4.13 Former cookery course participants have not been involved in assisting with the delivery of the course to new participants, with the exception of one individual who provided assistance by working alongside one of the participants with low literacy.
- 4.14 Delivery of each session takes approximately half an hour to set up and half an hour to clean up at the end. A further 45 minutes is generally required to purchase the food for each session. Additional planning time is required to develop the course and structure each session.

Promotion/celebration of participants' achievement

- 4.15 In terms of incentives to attend participants receive recipes at the end of the course and each child also received a certificate. Some meals and snacks are provided during the course but this is dependent on the timing of the course, for example the evening course provided a snack during the course.

ii. Stakeholder views on the delivery and impact of the approach

Recruitment

- 4.16 The Adult and Family Learning Team use a range of approaches to recruit participants to the cookery courses whilst maximising the engagement opportunities offered by families' involvement in the wider programme of activities organised at the school (e.g. adult education, family activities, men and children groups). This is stated to work well, building upon existing relationships and allowing staff to personally introduce the course, who will be leading the sessions and explain its aims and content, thus raising the confidence and potential to engage of the potential participants.
- 4.17 This informal approach is complemented by a variety of traditional recruitment strategies (e.g. flyers and posters distributed through the Lifelong Learning Partnership or displayed in the school) but also the Perth and Kinross Info - Text Messaging Service which uses text messages to send information to local residents about services and events that directly impact on them. The team also emails potential participants from a database of contacts and receives some referrals (e.g. from community link workers which work with young people and their parents to enhance educational achievement and attainment).

Overcoming challenges

- 4.18 There are some minor practical issues that need to be overcome in order to deliver the cookery courses. These include the layout of the room used for cooking, which has just one cooker and sinks for hand washing and dish washing respectively. The children's behaviour requires careful management, particularly around hot food, stoves and as such room layout is important. A lack of consistent funding is also a barrier to the ongoing delivery of the courses.

Tools used for developing knowledge around food and health

- 4.19 The Team takes an informal, nurturing and pragmatic approach to learning. As such they use more fun activities rather than more formal tools linked to knowledge development around food and health (e.g. the FSA eatwell plate) which can be seen as a little too structured for the style of delivery used.

Timing of courses

- 4.20 The timing of the course, which is delivered shortly after the school finishes has been found to work well. The start time of 4pm allows sufficient time for parents/carers to travel from two local schools to attend the session. This time also mirrors the start time of other activities delivered at the school and is well received in the winter with fewer opportunities available for outdoor activities.

Learning from experience

- 4.21 The approach utilised by the Team in the course is one focused on increasing confidence, having fun and exploring new ideas for meals within a social setting. They also stress making the most of food items people will have in the cupboard, reducing both the potential financial and time barriers to families replicating the recipes at home.
- 4.22 An age of seven or eight is stated as an ideal age for involvement in the cooking sessions with concentration levels, behaviour and abilities typically developed enough to enable the smooth running of the course. There is however no minimum age for parents to attend with their children with no child excluded because of age.

Stakeholders views of participant barriers to delivery and sustained impact of community cookery courses

- 4.23 Although subject to individual circumstances there were not thought to be any major barriers amongst participants to sustaining the impact of the community cookery course in terms of access to food, finance or literacy/numeracy levels.
- 4.24 Some practical barriers were highlighted however as to why participants do not achieve or maximise their potential following the course. These included home-based barriers such as living in a crowded or transient environment with lots of people at home or visiting regularly, a lack of space or time and lack of access to a table. Many of the parents with young children accessing the course were stated to have hectic, busy lifestyles which also restricted their ability to eat as a family at the same time for example due to other commitments including social activities and/or work.

Monitoring progress amongst groups/participants

- 4.25 Assessing the progress of participants is difficult to quantify although they are often able to see some progress over the entire course. Whether this progress within the class is replicated at home is difficult to ascertain in most cases without observing behaviour. Formal evaluation of progress and impacts was also stated to be difficult, especially where families have inconsistent attendance records. Elements of progress can be picked up anecdotally (e.g. the group discussed one participant's texting of others within the group to say that she had made soup at home). Overall, there is said to be a degree of uncertainty as to how much evaluation evidence provided by the participants is just participants saying what they think they should be doing rather than honest reporting of changes in knowledge and/or behaviour.

Maintaining contact with participants following the end of the course

- 4.26 The team will regularly see participants in the school community and will ask informally ‘how they are doing’ but this is not undertaken as a formal activity linked to the course.

Promotion / celebration of participants’ achievement

- 4.27 Participants are usually presented with a certificate at end of the sessions.

iii. Feedback from participants in terms of the delivery (process) of the approach

- 4.28 All respondents remarked on the relaxed atmosphere within the session which made for a laid back, “non-school” like learning environment with no pressure to answer every question. On more than one occasion the learning element was described as “subtle”.
- 4.29 One of the telephone respondents stated that they (and other parents) put more effort into the sessions due to their children’s presence. From personal experience they also stated that their initial shyness and low confidence levels in particular were helped by using their child as a support mechanism in order to overcome their own insecurities in meeting new people. The same telephone respondent also highlighted how all the parents gained pleasure from proactively supporting their children in interesting activities.
- 4.30 The knowledge of the staff was praised by a telephone respondent both in terms of their subject knowledge and their ability to signpost participants to other courses on offer at the school.
- 4.31 The group were in consensus that a follow up course would represent an enhancement to the current course with a telephone respondent stating that moving on from snacks to main meals would be good whilst the majority of all participants stated that a greater variety of recipes was required as **“kids get bored easily with the same meals all the time”**.
- 4.32 Other improvements suggested by the majority of the group and telephone respondents (which are acknowledged as difficult to implement due to timing [especially when involving young children] and funding restrictions) included:
- Running the sessions for 2-2 ½ hours as opposed to 1½ hours
 - Having more sessions in the series
 - Getting the parents to cook meals for the group (at the centre not at their own home)
- 4.33 The group also felt that continuity to other activities was important as it was sometimes difficult for the parents to explain to their children why the series of sessions had finished.

iv. Feedback from participants in terms of the enduring or evolving impact of the cooking courses on families

a) Increased knowledge about food and health

- 4.34 All of the group participants and telephone respondents stated that their knowledge of food and health had increased as a result of the course and specifically the knowledge imparted as they were preparing and cooking both individually and in group work. The degree of change was dependent on the base from which each participant had started with one telephone respondent stating “I knew a fair bit already but the odd, new thing stuck in my mind”.
- 4.35 One telephone respondent stated that their knowledge had improved to a degree that they “felt more relaxed now when cooking that they are doing the right things”. Another telephone respondent also stated that their child had gained in knowledge as a result of being given information when tasting ingredients, stating that “it makes it stick”.
- 4.36 A key example of the impact of the cookery sessions on the knowledge of the child participants in particular emerged through a quiz on basic healthy eating and nutrition undertaken as a family (Appendix 3). The quiz, initially undertaken in the course by approximately half the research participants, was repeated with four of the five families present at the focus group getting all seven questions right and the other six. More powerful however was the sheer enthusiasm and speed with which the children were shouting out the correct answers without support from their parents.

b) Increased confidence around healthy eating

- 4.37 The impact of the cookery course on the confidence levels of participants (as a family group) around healthy eating was assessed using a modified version of the ‘Catching Confidence’ tool used to evaluate the original cooking sessions. However, as not all of the participants had done the activity when completing their course, the tool was adapted to capture their confidence levels in relation to key criteria at the start and end of the course and at the time of the focus group several months later. Table 2 highlights the average confidence levels for the five family units attending the group where 4 is the maximum confidence score, 2 equates to 50% confident and zero not confident at all.

Table 2 - Average ‘Family’ Confidence ratings

Confidence in situations	At start of course	At end of course	Now
What healthy food means	1.7	3.0	3.9
Using new recipes	1.9	3.1	3.9
Cooking meals	2.7	3.6	3.9
Tasting new ingredients	2.1	3.3	3.4

- 4.38 Table 2 highlights the growth in confidence amongst all research participants in terms of confidence around healthy eating with the greatest increases found in terms of the overall indicator - ‘what healthy food means’ and confidence in using new recipes.

4.39 The growth in confidence outlined by all respondents is summarised through the following points and verbatim / paraphrased quotations:

- Confidence in a few parents to try new recipes had grown in line with their child's own willingness to explore new ingredients and meals.
- Confidence, with one telephone respondent, increased in line with the realisation that he could replicate the meals covered on the course due to the emphasis on simplicity in cooking meals during the sessions, therefore encouraging repetition and adaptation of recipes first attempted on the course.

"I've tried a lot of pasta dishes similar to those we did in the class as they are so easy to do"

- The course was stated by the majority of participants to have contributed significantly to their children's desire and confidence to try new ideas for meals or simply try new ingredients and tastes. This in turn supported /encouraged the parents to have a go and crucially maintain this willingness / confidence to try new things following the end of the course.

"I really like the bagels with different toppings including pineapple and cream cheese and also the soup with chickpeas in it – I would never have tried that before."

"I tended to stick to what I knew previously but have tried 2-3 new recipes since including salmon in lemon and dill sauce - a recipe from my mum. I previously had never had fish other than fish fingers or cod from the chip shop but we loved it and talk more about things we like now."

- One telephone respondent stated that both her and her daughter's confidence to try new things had increased as a result of the course and specifically after they both tried new things at same time. The positive reaction between the pair was said to have generated a kind of joint confidence to sustain the positive lessons from the sessions.

"It wasn't the typical direction you get from mother to daughter which makes a nice change and will have better affect"

"My daughter now asks to help – she is really proud of herself when eating something she has helped to make."

c) Improved cookery skills

4.40 The impact of the cookery course on the cookery skills of participants (as a family group) were assessed both verbally and through a child orientated exercise to assess improvements in participants' cookery skills overall, following and adapting recipes and trying new recipes. Participants were asked to rate whether their skills had declined, stayed the same or increased a little, quite a bit or a lot (Appendix 3).

4.41 The results were:

- Four out of five of the families attending the focus group stated that their overall cookery skills had increased a lot with the other quite a bit.
- One family stated that their cookery skills and ability to follow a recipe had improved a lot with two stating quite a bit and two a little.
- Three families said that their cookery skills in terms of adapting recipes had improved a lot, one quite a bit and one stayed the same.
- Three families said that their cookery skills in terms of trying new recipes had improved a lot, one quite a bit and one a little.

4.42 Examples of the impact of the course on participants' cookery skills include:

- One telephone respondent highlighted an increased confidence in using weights and measures as a result of the course which had enabled him to follow, adapt and try new recipes.

"I now try at least one new recipe a week"

- The majority of focus group and telephone respondents highlighted the enjoyment that comes from working through recipes alongside their children which in turn had encouraged them to improve their cookery skills in order to do more.
- At least one focus group member and telephone respondent highlighted improvements in their child's ability to prep (e.g. cutting and slicing etc.) for a range of recipes.

"In terms of cutting veg, I used to massacre them! I can now cut an onion well and also have increased confidence to let my daughter do more with knives – she loves to chop up mushrooms, cheese, carrots ..."

- Around two focus group participants and one telephone respondent highlighted how more encouraged their children had been with their parents beside them, with positive results in terms of improved cookery skills.
- The majority of participants indicated that the cookery sessions had provided the chance for their children to try new things including learning how to use knives safely. Realising the skills developed through the course had subsequently provided parents with the confidence to replicate the activities at home, further developing the skills with regular practice.

d) Participants will attempt to change their behaviour to improve nutrition

- 4.43 Both focus group participants and telephone interviewees discussed a range of changes to their behaviour linked to improved nutrition with examples of impacts across five key areas outlined below.

Cooking habits at home

- 4.44 Each of the participants in the research provided relevant examples of how the cookery course had contributed to positive changes in their cooking habits at home.

- Parents indicated that their children listen to them more and take a greater interest in cooking as a consequence of attending the course.

“They are more inquisitive and ask more questions about cooking and the food and also want to get involved in cooking at home”

Cooking healthy meals at home

- The biggest change in behaviour was a reduction in the number of ready meals bought.

“I’m much less likely to go for the easy frozen/processed food option now”

- By cooking a meal the group indicated that it was possible to make more than you need in order to freeze food. This also helped to reduce wastage and also provided a convenient and healthier way of preparing meals.

“I don’t use salt anymore in cooking though I will add it occasionally afterwards”

- Some of the parents at the focus group indicated that the recipes provided were just a starting point and provided a base that you could adapt and amend as required (though others were less confident to do this).

“The children are more satisfied with ‘proper meals’ now”

- The group also reported that the course made them more aware that it is usually cheaper to cook a meal than buy a ready meal.

Shopping

- All participants stated that they checked food labelling more now as a result of the course although most were already doing this to varying degrees beforehand.

“I’ve switched to low fat condiments, low fat spread as a result of discussions on the course”

“I’m more careful when I shop now – salts/fats – stimulus from course.”

- The course also provided information on using non-branded food items, in particular as an ingredient in meals

“You can’t tell the difference between own brand beans and brand beans in a casserole or pie”

Eating habits

- There were positive examples of changes in eating and drinking habits – particularly in terms of consumption of fizzy drinks
- One of the parents indicated that she tries not to cook the same meal within a two-week period thus giving the family exposure to a wider range of recipes/food.

Consumption of fruit and vegetables

- All participants stated that they were trying to cook and eat more fruit and vegetables, though no one was starting from a very low base

Continued use of course resources

- Most participants revealed that they continue to use the recipe sheets provided through the course.

e) Outcomes beyond nutrition

- 4.45 The impact of the cookery course in terms of wider outcomes beyond nutrition was discussed in the group and telephone consultations but also assessed using the 'Catching Confidence' tool outlined above (Appendix 3). The tool captured participant confidence levels in relation to three key criteria at the start and end of the course and at the time of the focus group several months later. Table 3 highlights the average confidence levels for the five family units attending the group where 4 is the maximum confidence score, 2 equates to 50% confident and zero not confident at all.

Table 3 - Average 'Family' Confidence Ratings (0-4)

Confidence in situations	At start of course	At end of course	Now
Meeting new people	2.1	3.3	4.0
Working in a group	2.0	3.3	4.0
Feeling confident in general	2.3	3.6	3.9

- 4.46 Both Table 3 and the discussions with participants revealed marked increases in confidence linked to meeting new people, working in a group and general confidence. These factors are further clarified below:

- One participant has started another course since completing the cookery course, which represents a huge step as he was previously lacking in confidence
- A few participants from across the group and telephone consultations stated that meeting new people in similar situations to themselves had boosted their confidence, to the point where they will now will start up conversations more readily with people they are meeting for the first time
- One telephone respondent and a participant in the focus group revealed that they had witnessed improvements in their child's behaviour and contribution to running the house (e.g. setting the table, helping with cooking, cleaning up) with the course estimated to have had a significant contribution in this change given the requirement to clean up as part of the course.

“the older kids like to help the younger ones – it can be like that at home but not always!”

- Approximately half of parents from the focus group highlighted that they had picked up skills or ideas to improve their food budgeting with portion control and reducing waste by freezing excess food key lessons.
- A better understanding of food hygiene was identified by a few parents from the focus group.
- Better relationships, with one participant stating he was a lot closer to his step children as a result of the course.
- One telephone respondent¹⁰ stated that their parenting skills had been enhanced as a result of the course with recognition of the value of patience stemming from the relaxing atmosphere in the sessions.

“there aren’t too many other activities you can do as a mother and daughter combination”

v. Summary

- 4.47 The approach to delivering community cookery courses to families taken by the Adult and Family Learning Team based at the North Perth Community School in Perth highlights the value of focusing on the target unit (i.e. the family) in terms of skills and knowledge development. This is demonstrated in the raft of positive outcomes achieved across confidence in cooking, trying new foods and recipes and also in the wider, non-nutrition/health related outcomes crucial to the family unit including parenting skills, family bonding and good behaviour.

¹⁰ Not the same telephone respondent highlighting enhanced behaviour from their child in the third bullet under paragraph 4.46

5 Approach 2: Hands-on cookery courses delivered to young people only (up to the age of 16) learning within a group

- 5.1 This section of the report provides feedback on the delivery and impact of the approach to delivering hands-on cookery courses to young people only within a group from the perspective of stakeholders (i.e. cookery course trainers or co-ordinators) and course participants. The section is structured as follows in order to provide clarity on the origin of perceptions, thoughts and impacts of the approach:

- i. A summary description of the delivery activity
- ii. Stakeholder views on the delivery and impact of the approach
- iii. Feedback from participants in terms of the delivery (process) of the approach
- iv. Feedback from participants in terms of the enduring or evolving impact of the cooking courses on families
- v. Summary

- 5.2 The analysis is punctuated with anonymised verbatim and/or paraphrased quotations and mini-case studies as appropriate to add value to the report.

i. Description of Delivery Activity

- 5.3 The cookery course from which participants in the research were consulted was delivered in October 2012 in partnership between Edinburgh Community Food (ECF) and the Community Learning & Development Worker based at Pentland Community Centre in Oxfangs, Edinburgh.
- 5.4 ECF has been involved in community cookery work since 1998 and has food workers that regularly deliver cookery courses throughout Edinburgh within low-come communities or with vulnerable groups. The course was delivered to 10 young people of approximately 13 years of age and combined three practical sessions of two hours over three days with a Royal Institute of Environmental Health (REHIS) accredited food hygiene course and sessions providing basic nutrition theory using the FSA eatwell plate on two additional days.
- 5.5 The practical sessions involved the young people working in small groups to make at least three dishes in order to make a two course meal and allow everyone to gain hands-on cooking experience. The course included both 'Ready Steady Cook!' and 'Come Dine with me' activities, the latter planned by the young people themselves.

Resources

- 5.6 This section is based on information collected by CFHS from community food initiatives about the resources required to deliver cookery courses. The questions are provided in Appendix 4.
- 5.7 Funding was secured from Community Learning and Development at City of Edinburgh Council by the worker based at the community centre, to pay for staff time and food costs. ECF charges £15 per hour for the food worker's time and any excess made is put back into core funding to cover the cost of purchasing equipment or printing. ECF also receives some core funding from the Health Inequality Standing Group. The food purchased by the project costs approximately £25 per session for ten participants. No other costs were incurred during the delivery of the courses and the venue was provided for free. The project was publicised through local schools.
- 5.8 The sessions were delivered at Pentland Community Centre. The kitchen at the centre was too small and so the project used portable ovens in the gym hall. The project used equipment purchased from previous funding provided by ECF and when necessary borrowed additional equipment from ECF. Ideally the project would be able to use a proper training kitchen with sufficient space and equipment for all participants.
- 5.9 Participants were not asked to contribute to the costs of attending the course (either to cover food costs or staff time). ECF normally work with groups who are difficult to engage so asking for a contribution could prove to be a barrier, especially for young people.
- 5.10 Two members of staff (one from ECF and the Community Learning & Development Worker based at Pentland Community Centre) were involved in the management and delivery of the courses. One member of staff is an experienced public health nutritionist with a track record of running cooking groups with a wide range of participants. The other member of the team has completed part 1 of the West Lothian Get Cooking course¹¹. Both members of staff hold an Elementary Food Hygiene Certificate.
- 5.11 Former cookery course participants have not been involved in assisting with the delivery of the course at Pentland Community Centre. ECF does not have a regular cycle of involving previous participants but it has happened on a couple of occasions. The main barrier to using former participants is staff time to train and support them, as well as running the sessions.
- 5.12 Delivery of tasks to support each session is split between both members of the team. Food was ordered from ECF and delivered along with the equipment and portable ovens. Half a day was spent planning the three half day cooking sessions (albeit further time was required to clean up at the end of each session).

¹¹ The west Lothian Get cooking course is a modular course run by West Lothian council. It is credit rated by the Scottish Qualifications Authority and the course is endorsed by the British Dietetic Association. It is a 'training for trainers' course.

Promotion/celebration of participants' achievement

- 5.13 In terms of incentives to attend participants each received a prize and the end of the course (e.g. kitchen utensil and an apron). Participants could also take away any left-over food or ingredients. Each participant also received a certificate if they passed their Food Hygiene course.

ii. Stakeholder views on the delivery and impact of the approach

Recruitment

- 5.14 The partnership between ECF and the Community Learning & Development Worker is thought to work well in combining ECF's subject specialism and experience of delivering community cooking courses with young people with a community organisation able to recruit and deliver a range of activities for young people. The centre has hosted some sessions for 'fussy eaters' aged 5-8 in the past but typically will run adult and family cooking programmes.
- 5.15 For the age group in question the Community Learning & Development Worker will normally try to recruit through the school and utilise a combination of posters and a note in the school bulletin. To a lesser degree they will also call on contacts and participants from previous sessions.

Overcoming challenges

- 5.16 Funding is the main limiting factor to delivering cookery courses more effectively for ECF with the limited space and cooking facilities available in the community centre also representing barriers. It was the first time that they have accessed Edinburgh City Council's Community Learning and Development (CLD) budget to support work with the group in October, with the funding requiring that activities have an impact on young people (i.e. learning/employability outcome). This led to the inclusion of the REHIS food hygiene training only previously delivered by either partner to adults. However, it fitted neatly into the employability objectives linked to the funding, met the minimum age limit set by REHIS and worked well.

Tools used for developing knowledge around food and health

- 5.17 The FSA eatwell plate is used by ECF and considered by the UK government and health agencies to be a suitable tool to demonstrate a model of a healthy balanced diet. The eatwell plate is utilised by ECF in a variety of ways to explore the five food groups in terms of their relative importance and desired proportions (e.g. recommended proportion of carbohydrates). Its use is thought by ECF to generate stronger learning outcomes when it is linked to practical exercises (e.g. an energy balance activity linking real life examples with calorie intake).

- 5.18 One of the issues faced when using the eatwell plate however is that the children also use it at school. Although this means that they are familiar with it and can relate to it, stakeholders highlighted that better results are generated if its application within a course is differentiated from school through a fresh and different learning environment.
- 5.19 There are also issues surround the timing of the use of the eatwell plate within a session plan and the introduction of the nutrition element of a course when supporting a group of young people. It often acts as the building block for the remainder of the course and works well when introduced early in the course to take advantage of enhanced concentration levels. However, the teaching of diet and nutrition could also be delivered later in the course and benefit from the enthusiasm and practical learning derived from the children participating in the actual cooking activities.

Timing of courses

- 5.20 If in the school holidays, it is judged best by both ECF and CLD to host a session in the afternoons (e.g. the October sessions attended by the participants in the research ran from 2.30-4.30pm or 1-4pm when incorporating the food hygiene training). It has been found by stakeholders that sessions starting later in the afternoon or early evening are likely to be disrupted by non-attendance due to social distractions amongst the young people or the impact of work patterns and travel logistics amongst parents.

Learning from experience

- 5.21 When working with a cohort of young people stakeholders thought it crucial to stress the informality of the sessions in order to differentiate it from school activities whilst building on and creating an enjoyment of cooking. It is also stated to be important to build a rapport with the group, praising them where possible and treating them as much as possible like adults in order to encourage continued attendance.

Stakeholders views of participant barriers to delivery and sustained impact of community cookery courses

- 5.22 The main barrier to delivering and sustaining the impact of community cookery courses is thought to be parent attitudes and willingness to allow their child to influence shopping and cooking activities. The project is unable to gain parent feedback other than ad hoc conversations in order to gauge the contribution of the course to sustained impacts at home.
- 5.23 The stakeholders think that young people can encounter peer pressure around food choices at lunch time, this and the availability of fast food outlets within close walking distance of most schools can make it harder to change to more healthy habits.

Monitoring progress amongst groups/participants

- 5.24 At the moment, due to capacity and resources, only the immediate impacts of sessions are captured at the end of a course. These are mainly qualitative and linked to enjoyment of the activities rather than the enduring impact in terms of knowledge, cooking skills or behaviour change.

- 5.25 The limited feedback obtained from a small number of ad hoc conversations with parents by the project provided positive feedback, highlighting that some young people have started cooking at home following their participation and in one case instigating a lasagne competition at home to compare a dish with shop-bought versus homemade white sauce.

Maintaining contact with participants following the end of the course

- 5.26 There are no formal mechanisms to maintain contact with participants following the end of the course although many of the young people use the community centre for other activities which enables a light touch approach to maintaining contact. Contact details for participants are also maintained by CLD, facilitating a simple invitation to future events or courses for example.

Promotion / celebration of participants' achievement

- 5.27 Participants who passed their food hygiene test gained a certificate and everyone was presented with a prize at the end of the course in the form of a kitchen utensil and an apron.

iii. Feedback from participants in terms of the delivery (process) of the approach

- 5.28 Each of the young people consulted through the focus group expressed how much they had enjoyed the course with the REHIS food hygiene course thought to be particularly good, especially given some of the graphic illustrations used to drive home points by the tutor. Indeed the food hygiene course and specifically the certificate was highlighted by the majority of the young people as one of the main reasons they had wanted to attend, with many linking it to enhanced employment prospects in the future, irrespective of whether they want to work in the food or related sectors.

"I want a future; I want to be a chef"

"I really like cooking and wanted to learn about hygiene and stuff"

"The best bit was when I found out I had got a qualifications. Basically I'm not very good at school and I'm not going to get very good qualifications. It will probably encourage me to do more".

"I thought the hygiene part would be boring but it wasn't"

- 5.29 The young people remarked that the health and nutrition element of the course had been delivered in a very interesting way – much better and in a less complicated way than at school (one young person had used the FSA eatwell plate in a home economics class that afternoon) – with the smaller group size said to also aid learning.
- 5.30 At least half of the group stated that they didn't really know what to expect but were pleasantly surprised in terms of the content and the approach, which crucially for them was very different to that encountered in school. Each participant appreciated being treated like an adult including the greater freedom (within parameters) afforded to them to shape the cooking element of the course.

“Mum reads the school bulletin and strongly suggested it”

“I thought it would be like school but it wasn’t”

“it was actually fun”

“we were treated like adults unlike school”

- 5.31 One of the strongest reactions to the approach emanating from the focus group was the appreciation of the young people themselves of the value of working in smaller groups.

“At school when you do this there are always people who don’t want to do it who spoil it for the others”

“Small groups are good for cooperation”

- 5.32 There were a small number of potential improvements to the approach suggested by participants including:

- Having the recipes written down for future reference
- More time to concentrate on the cooking elements which were thought to be a little rushed by four participants
- A need for better facilities including more and better cookers

iv. Feedback from participants in terms of the enduring or evolving impact of the cooking courses

- 5.33 The impact of the cookery course on their knowledge of food and health was assessed, in part, using a self-completion tool to capture knowledge and confidence levels in relation to key criteria at the start and end of the course and at the time of the focus group several weeks later. Table 4 highlights the average knowledge and/or confidence levels for the nine young people attending the focus group across a range of variables, where 4 is the maximum score/level and zero the lowest possible.

Table 4 - Average Knowledge /Confidence Ratings (max = 4)

Confidence in situations	At start of course	At end of course	Now
Knowledge of what healthy food means	2.1	3.2	3.3
Eating healthy food (as part of your overall diet)	2.1	3.3	3.3
Your say in what you eat	3.1	3.3	3.2
Cooking meals for yourself	2.1	2.9	2.8
Cooking meals for your family / friends	1.9	2.4	2.5
Following a recipe	2.7	2.9	3.1
Trying new foods	2.0	3.0	3.1

a) Increased knowledge about food and health

- 5.34 Each of the focus group participants stated that their knowledge of food and health had increased as a result of the course. Table 4 highlights the growth in average confidence amongst the young people in terms of their knowledge of/around healthy eating – rising from 2.1 to 3.3 out of 4 between the start of the course and the time of the focus group.
- 5.35 The increased knowledge around food and health outlined by the young people is summarised through the following points and verbatim / paraphrased quotations:
- The young people stated that they had done pretty much everything before at school but enjoyed the straight forward and interesting way in which the information was provided.

“The amount of bad stuff in some foods was really surprising”

“They showed us things I didn’t know”

“It’s made me think that takeaways are really, really bad”

“I ask my mum for rice, potatoes and pasta more now”

“I already knew most of it”

“I bugged my mum about not being too hygienic”

“I put things in the right order in the fridge”

b) Increased confidence around healthy eating

- 5.36 Table 4 highlights the growth in confidence amongst all research participants in terms of their ability, propensity and confidence to cook a meal for themselves, their family and friends and to try new foods.
- 5.37 Both the indicators linked to cooking meals for themselves and for family and friends increased by comparable amounts (2.1 to 2.8 and 1.9 to 2.5 respectively). The young people’s average confidence to try new foods increased at a greater rate however, rising from 2.0 to 3.1 between the start of the course and the time of the focus group.
- 5.38 The growth in confidence outlined by all respondents is summarised through the following points and verbatim / paraphrased quotations:
- Most participants stated that they were already fairly confident but the course had increased this a little more.
 - There appeared to be a lasting focus on the hygiene rather than the nutritional elements of the course

“the hygiene bit was more fun”

- Most participants had used/followed recipes prior to attending the course but generally cooked different things to those attempted in the session.

“I cooked the lasagne again the other day”

“I cook for myself a little bit more than before the course”

“I don’t get to make meals a lot because she has usually already made them, she really likes cooking, but I cook about once a week for the family”

“I don’t cook a lot because my mum has the tea on the table for when I come home from school and we tend to have takeaways every Saturday and some Sundays. If I do cook it’s normally on a Friday”.

One young person stated that he cooks six days a week for his family. He cooks the family tea every night and cooks a lot of meat and pasta – things he’s always done although he has cooked the lasagne again from the course. His mother helped him initially but now lets him ‘take over the kitchen and influence the shopping. He says that he even cooks healthier meals now than his mum did as well.

c) Improved cookery skills

- 5.39 Table 4 highlights the slight growth in confidence amongst all research participants in terms of confidence to follow a recipe with the average rating rising from 2.7 to 3.1 between the start of the course and the time of the focus group approximately six weeks later.
- 5.40 The impact of the cookery course on the cookery skills was also discussed in detail with each young person. They were asked to assess improvements in their overall cookery skills that the course had contributed to, as well as changes in their ability/confidence in following, adapting and trying new recipes. Participants were asked to rate whether their skills had declined, stayed the same or increased a little, quite a bit or a lot (Appendix 3). The results were:

- Four out of the nine young people stated that their **overall cookery skills** had increased a lot with the other quite a bit.
- One young person stated that their cookery skills and **ability to follow a recipe** had improved a little with the remainder stating that it had stayed the same.
- Five young people said that their cookery skills in terms of **adapting recipes** had improved a lot with the remainder stating that it had stayed the same.
- One young person stated that their cookery skills in terms of **trying new recipes** had improved a lot, one a little with the remainder stating that it had stayed the same.

- 5.41 There was a mixed reaction to the impact of the approach on participants’ cookery skills, with a small number of participants stating that they had improved a lot, although the general consensus was one of small improvements given their existing knowledge.
- Those with lower level skills and less experience of cooking and following recipes tended to state that their basic cooking skills had improved a lot, as indicated by their approaches to cooking and following recipes etc.

“At school they don’t really teach you the very basic stuff – they don’t tell you how to chop an onion up”

- The majority of participants stated that they already had the basics but had learnt little things or improved slightly due to the course.

“I’m a little bit better but not much. We do the basics in ‘home ec.’ anyway”

“We didn’t really follow recipes; they just told us how to do it”

“Anyone can follow a recipe I think, maybe a wee bit better”

“I used to put the pasta into the pan before the water was boiling”

“I’ve always been up for trying new foods but it gave me more information about what the foods are”

d) Participants will attempt to change their behaviour to improve nutrition

- 5.42 Focus group participants discussed a range of changes to their behaviour linked to improved nutrition with examples of impacts across five key areas outlined below.

Cooking habits at home

- 5.43 Many of the negative perceptions (e.g. high fat content) previously held by the participants linked to the consumption of ready meals and takeaways had not changed as a result of the course. Indeed, in the majority of cases they had been confirmed and informed further.
- 5.44 Table 4 highlights the strong growth amongst all research participants in terms of their propensity to eat healthy food (as a proportion of their overall diet) with the average rating rising from 2.1 to 3.3 between the start of the course and the time of the focus group approximately six weeks later.
- 5.45 The participants in the research provided a few relevant examples of how the cookery course had contributed to positive changes in their cooking habits at home with most staying in or near their previous behaviour pattern. There were some positive early signs of a desire to change behaviour although the strength of parental influence was evident in terms of limited opportunities, in most cases, to put what they had learnt fully into practice.
- 5.46 There were some positive indications of impact amongst the young people who were more prolific cooks, with lessons transferred to home cooking including ideas for recipes (e.g. lasagne including different ingredients such as courgette) and making white sauce from scratch.

“I had never made my own white sauce before - I didn’t know how easy it was to do”

Cooking healthy meals at home

- Several young people stated that knowing how much fat and salt are in foods - the knowledge gained from the eatwell plate - had lead them to try and change the family diet with mixed results.
- One young person stated that she will now 'tell her mother off' if she is eating something unhealthy.

Shopping

- Two participants (brother and sister) played a relatively central role in influencing the shopping activities of their parents, with this being linked to the large role they stated they played in cooking for the family. Most participants stated that they may be asked what they would like from the shops but offered few examples of changes in requests as a result of the course.

"my mum will ask me what I want from the shops"

"my mum usually goes shopping while I'm at school"

"I look for the Scottish flag thing"

Eating habits

5.47 Table 4 highlights a minimal growth in confidence amongst all research participants in terms of the degree to which they influence what they eat, with the average rating rising from 3.1 to 3.2 between the start of the course and the time of the focus group.

- Around half of the participants will buy their lunch on a school day from local shops, including Tesco rather than from the school canteen. The one participant going to school in the city centre stated that the temptation to have something less than healthy is greater as a result of having so many choices available.

e) Outcomes beyond nutrition

5.48 The strongest outcomes beyond nutrition highlighted by the young people were in relation to the food hygiene course. It was the key area identified by participants in terms of knowledge gains, and in two case attempts to change or inform hygiene practices at home.

5.49 The impact of the cookery course in terms of other outcomes beyond nutrition was discussed in the group but produced very few outcomes. All but one of the participants went to the same school so there was a social bond already present to varying degrees in most cases. The course had not changed these social relationships outside of the course environment.

v. Summary

- 5.50 The approach to community cookery focusing on young people adds value to the mainstream support (i.e. school-based activities) that young people will access. The additionality is provided by the experience and skills offered by organisations able to capture the attention and inspire the enthusiasm of what can be a difficult cohort, channelling their energy towards a positive goal. Key to the longer term success of initiatives focusing on this age group, through this approach, will be the degree to which parents within the wider family unit can be influenced and supported to facilitate the lessons learnt in the 'classroom' or 'kitchen' to the home in the short term. It should however be recognised that many of the outcomes from the course may in fact be realised later in life.

6 Approach 3: Hands-on cookery courses delivered to parents only (of nursery or school aged children) learning within a group

- 6.1 This section of the report provides feedback on the delivery and impact of the approach to delivering hands-on cookery courses to parents only within a group. Feedback is based on consultation with stakeholders (i.e. cookery course trainers or co-ordinators) and course participants. The section is structured as follows in order to provide clarity on the origin of perceptions, thoughts and impacts of the approach:

- i. A summary description of the delivery activity
- ii. Stakeholder views on the delivery and impact of the approach
- iii. Feedback from participants in terms of the delivery (process) of the approach
- iv. Feedback from participants in terms of the enduring or evolving impact of the cooking courses on families
- v. Summary

- 6.2 The analysis is punctuated with anonymised verbatim and/or paraphrased quotations and mini-case studies as appropriate to add value to the report.

i. Description of Delivery Activity

- 6.3 The cookery courses from which participants in the research were consulted through the research were delivered between the end of 2011 and August 2012 by the Community Food Work Team from the Nutrition and Dietetics Department within NHS Ayrshire and Arran. The Department has delivered practical hands on cooking skills support for the past 12 years to a range of groups in a variety of settings. Participants are parents or key carers of nursery children.
- 6.4 In the 12 months to September 2012 the Community Food Work Team delivered 10 programmes of between 4 and 8 participants, totalling 51 parents through the current team of 1.2 FTE members of staff across 3 local authorities in Ayrshire. All programmes featured in the research were delivered by one Community Food Worker.
- 6.5 Programmes are delivered by Community Food Workers with the support and backing of the professionals in the Department. Over the past three years they have focused on families with young children - specifically nursery age children but occasionally early primary. Practical skills programmes of 2 hours per week over 4-6 weeks are run in a nursery or community venue nearby. These involve all participants cooking and preparing food which can be taken home. The course promotes good food messages by building everything around the FSA Eatwell Plate supported by the Munch Crunch 2 book which has tried and tested recipes based on available and affordable foods and help develop simple skills such as peeling, chopping, grating, mixing, simmering etc.

Resources

- 6.6 This section is based on information collected by CFHS from community food initiatives about the resources required to deliver cookery courses. The questions are provided in Appendix 4.
- 6.7 NHS Ayrshire and Arran receives core funding for two of the posts (1.2 FTE) that support the project including the resource to deliver cookery courses within early years setting. The food purchased by the project costs approximately £100 for the six week course for six people (approximately £3 per person per session). The CFW team has also sourced funding from the Scottish Government for early years work based on the priorities identified within the Maternal and Infant Nutrition Framework. This temporary funding has provided an additional 1.7 staff from August 2012 and resources to deliver further programmes.
- 6.7 As the Community Food Workers deliver programmes to nurseries based within local authority or family centres, they do not usually have to pay venue hire costs for most of the programmes. On occasion when they do have to pay for venue hire, it costs around £10 per hour – and they would hire a venue for three hours for a two hour course. No other costs were incurred for programmes that took part in the research. There were no crèche costs because the children are in the nursery whilst the parents take part in the programme. The team have had to provide translators (volunteers) in the past but these have been provided via the local authority.
- 6.8 The equipment required at venues to support the sessions includes a minimum of two sinks (one for hand washing and one for food), enough sockets for portable cookers (one for each electrical item) and adequate ventilation and space for participants to work. Ideally the venue would have tables in the middle of the room for participants to sit and do preparation and discuss the activity, table-top cookers on additional tables around the outside of the room (to avoid trailing wires), a refrigerator to store ingredients and safe storage for equipment between sessions (otherwise equipment has to be transported for each session). The main issue at nurseries was the lack of suitable space to run a group session, leading to the use of community venues including community centres, church halls or community cafes.
- 6.9 Participants were not asked to contribute to the costs of attending the programme as the team would be concerned about reaching the most vulnerable people who may be put off attending if they have to pay. However, they are aware that some voluntary sector organisations they have worked with have had to consider charging a small fee to participants.
- 6.10 If extra funding was available the team would look to increase the number of sessions (from six currently to eight). As some of the participants inevitably miss one or two sessions because of other priorities in their lives, an eight week programme would provide a wider range of recipes and allow for those who have missed sessions to catch up. It would also be useful to provide some equipment to participants, such as a food blender, large pot or sharp knife and chopping board. Providing equipment can help ensure that participants are able to make recipes again when they get home.

- 6.11 Four members of staff were involved in the management and delivery of the programmes including an overall Dietetic Team Lead, a coordinator to carry out necessary administration and arrange the courses, a Community Food Work coordinator to visit the venues and conduct risk assessment/health & safety checks and a Community Food Worker to deliver the sessions. Staff estimate that it takes approximately 3½ hours per session in addition to delivering the course and not including travel time. This is to cover planning and preparation time, shopping and setting up each session, petty cash procedures, follow up administration, evaluation and recording of activities.
- 6.12 Each Community Food Worker receives a comprehensive and varied range of training to support the delivery of the programmes including risk assessment, moving and handling, elementary food hygiene, health behaviour change, group work and child protection as well as nutrition and cooking skills.
- 6.13 Nursery and family centre staff are involved in identifying participants for the programme and sometimes the workers will attend with participants to support them if necessary. Nursery staff may attend to see how the programme is run, or in order to build their own capacity to deliver cookery programmes. The CFW team also deliver training to support Early Years staff to deliver practical food work with parents.
- 6.14 Former cookery programme participants have not been involved in assisting with the delivery of the course as they tend to move on when their child is no longer in the nursery.
- 6.15 In terms of incentives participants usually receive a family-sized meal (for four people) to take home. They sometimes receive tasters/snacks during the sessions as well as tea and coffee. Each participant also takes home a Munch Crunch 2 recipe book.

ii. Stakeholder views on the delivery and impact of the approach

Recruitment

- 6.16 The Community Food Work Team highlighted the value of face to face methods incorporating 'meet and greet' activities (e.g. a smoothie tasting) to engage parents supported by staff in local nurseries and schools. Engagement and subsequent recruitment of parents has been found to be improved by providing as full an outline of the programme activities as possible during this first communication and reaffirming that they themselves will be running the group.
- 6.17 This relationship building is complemented by features in nursery newsletters and posters whilst the team also has close contacts with a variety of agencies (e.g. Family Centres, Social Services, Community Learning, Health Visiting) which will signpost people to the sessions as appropriate. The team has found that parents will not typically go into places they are not used to, so a close relationship and co-location with a nursery or school works well.

Overcoming challenges

- 6.18 The availability of venues with suitable facilities to deliver group cookery programmes in a local community is a key limiting factor. Many buildings are unable to adequately host sessions due to health and safety (e.g. lack of ventilation and hand washing sinks) whilst more official, institutional buildings with better facilities (e.g. schools and colleges) can be seen as a personal barrier by the harder to reach participants, with bad memories of school and/or college.
- 6.19 Organisational bureaucracy amongst potential partners can also be a limiting factor with risk assessments for example often said to focus on the problem when a solution may be readily available subject to a little flexibility or planning. Another factor which the CFW Team has to overcome is the size of the area they cover and the relatively small school numbers in some areas which make transport and logistics costs a problem when trying to establish a critical mass of participants.

Tools used for developing knowledge around food and health

- 6.20 The team use the FSA eatwell plate as a core tool that can be supported by a range of other activities, including many developed locally, to offer a rounded selection of learning tools to suit a range of cohorts. The team has found some value in linking in local nurseries to support key messages (e.g. through the distribution of the 'Eat well to play well' game) though maintaining its use was an issue.

Timing of courses

- 6.21 A two hour session whilst participants' children are in nursery is found to work well, especially in the summer where the crèche facilities are popular.

Learning from experience

- 6.22 Hosting cookery programmes on site at the local nursery is seen as crucial in ensuring that those participants recruited for the sessions actually attend with any significant distance to travel, especially in poor weather, potentially enough to cause a non-attendance for the harder to reach participants.

Stakeholders views of participant barriers to delivery and sustained impact of community cookery courses

- 6.23 The CFW Team acknowledges a range of barriers faced by participants in sustaining the lessons learnt through the programmes provided, with finance a key issue. The Team therefore builds on its long history of delivering courses in low income areas to stress the financial savings to be derived from the course including guidance on portion sizes and the relative cost of healthy eating. Amongst the barriers faced by participants are generational issues that make it hard for old habits to be broken, a lack of cooking equipment in some cases and access to quality produce at affordable prices for those unable to access online shopping in more isolated communities.

Monitoring progress amongst groups/participants

- 6.24 The CFW team has assessed outcomes for some participants one year after they took part in the intervention. Success in terms of working with most families is said to be summed up by 'little changes (e.g. reducing sugar use) bring big benefits'. The team's evaluation work reported improved confidence and longer term improvements in eating habits, specifically for fruit and veg and ready meals. The impact of any cookery course will also depend on the individual's willingness to change and what other priorities they have for their money which will be diverted away from healthier cooking options.

Promotion/celebrating participants' achievements

- 6.25 Participants are presented with a certificate at the end of the course in addition to the Munch Crunch 2 recipe book containing the guidance to the meals cooked in the previous weeks.

Maintaining contact with participants following the end of the course

- 6.26 Currently there isn't any formal follow up with course participants although there is an emphasis on attempting to leave a legacy in an area through the provision of training for Early Years staff to maintain delivery. Where there is demand (the Team has a target of 6 courses per year), training is delivered over a two day period to a range of staff including Early Years staff, Family Support Workers and child minders to enable them to promote good health through good eating and the positive messages delivered through the project. Whilst up-skilling local workers to provide food information and food skills to local people with access to a range of resources including Munch Crunch 2, it also frees up the project staff to continue to deliver longer programmes and focus on other areas, recognising the pressures faced by such a small team operating across a large area.

iii. Feedback from participants in terms of the delivery (process) of the approach

- 6.27 Participants on the cookery programme highlighted that its tone was very positive and avoided a school-based feel which would have been a barrier for many. Another key feature of the approach for participants was the fact that the CFW was already known to them and trusted. This was important to the group and meant that they were more likely to attend the initial session.
- 6.28 The CFWs were stated to be very efficient at reminding people of the session time and date, with participants happy to be telephoned and/or texted to ensure that they maintained their participation throughout the course. Attendance at the first session is seen as an important step in increasing the chances of consistent attendance through the course.
- 6.29 Motivations for attending the programmes amongst participants ranged from wanting to learn new skills (in particular to support their children) to simply wanting to socialise with other adults ('me time').

- 6.30 In particular participants highlighted the importance of stressing that those attending the session are able to take away the food to use as an evening meal (i.e. you didn't have to go home and make a meal after you had completed the session). This was seen as a real incentive and benefit which needs to be promoted effectively to the community.
- 6.31 When asked about the potential use of social media to support the course, the group agreed that having some filmed cooking sessions/recipes on You Tube would be a really positive step in promoting healthy eating and disseminating the course materials to a wider audience.
- 6.32 The entire focus group indicated that they would have liked the course to run for longer than six weeks and would be interested in attending any future training.
- 6.33 In particular, the participants highlighted the competence of the tutor and her tone and method of speaking to them. One participant had mild dyslexia so can struggle with some cook books, however they found the course accessible and pitched at the right level.

"she made it interesting"

"she complemented my feelings associated with having a child when a little older (40s) by not being patronising"

"she introduced herself and was nice and relaxed"

"it's good to learn in a group environment so it sticks"

"it's good to have the cost information for the recipes"

- 6.34 Participants stated that the sessions were enjoyable, though one of the groups from which the participants consulted were selected only had a small number of people on the programme. All focus group participants and respondents on the telephone were agreed that the course was delivered in fun way with the participants enjoying trying out the recipes at home and feeding back to other members of the group.
- 6.35 There were a small number of potential improvements identified by participants including:
- More age specific recipes (e.g. targeted at nursery age children);
 - Hosting sessions in settings with cooking facilities in order to actually practice more skills as part of the session (due to the lack of appropriate venues some sessions had to be more demonstration than hands on cooking with food prepared before being taken home for cooking); and
 - One participant stated that they would have liked to have learnt some skills relating to making and rolling pastry (although this would not be part of supporting healthy eating) and also preparing casseroles (which they think should be added to the course).
- 6.36 The resources and specifically recipes provided through the course were stated by all to be easy to follow (e.g. no jargon, quick and easy) with some members of the group reported to have been put off by other cook books they have purchased as they were very text heavy and included complicated instructions. All participants felt that clear instructions and visual material was more effective in providing them with the confidence and motivation to follow recipes.

iv. Feedback from participants in terms of the enduring or evolving impact of the cooking courses on families

a) Increased knowledge about food and health

- 6.37 All participants expressed that their knowledge had increased a lot as a result of the programmes though comments throughout the session from a minority of participants highlighted the mixed ability nature of the group and room for further progression amongst some participants.
- 6.38 Participants stressed that the main learning outcomes emanating from their activities linked to the FSA eatwell plate was determining what proportions of each meal should be from each category.

"I have the eatwell plate and the course in the back of mind now when shopping and cooking"

- 6.39 The majority of participants stated that the programmes had really helped them learn about how healthy certain food products actually are and that they had changed their selection of certain food products as a result. The majority of the focus group participants highlighted that the sessions were a real 'eye opener' and the group specifically mentioned 'fruit juices, yoghurts, mince, fizzy drinks' as having either higher sugar or fat content than they envisaged.
- 6.40 The group indicated that the CFW was knowledgeable on a range of areas including providing advice on different dietary requirements (i.e. gluten free). One telephone respondent was diabetic and found that putting foods into different categories in line with the eatwell plate really helped, stating that she had and learnt a lot about high sugar foods including beans – more so than through diabetic-specific services with improvements to her feet as a result.

One participant had a daughter at just 4lb6oz due to preeclampsia. Her daughter still sees a paediatrician as she struggles to gain sufficient weight and requires bulking up. On seeking advice in the session the participant stated that the knowledge gained in the session had been invaluable in learning how to build up the weight of her daughter.

"I've got an eatwell plate magnet on the fridge as a guide and reminder of fun and interactive sessions".

"It wasn't formal and not like being back at school which was good. We learnt about the eatwell plate with some of the things coming as a shock but I now try to eat less fat and sugar in line with what we learnt"

b) Increased confidence around healthy eating

- 6.41 All participants stated that their confidence had increased a lot overall, as well as in terms of using/following a recipe and trying new foods. However, this is thought by the study team to reflect the relatively low base from which a minority of the participants consulted were starting from in line with the target group for the CFW programme.

6.42 The growth in confidence outlined by all respondents is summarised through the following points and verbatim / paraphrased quotations:

- The sessions provided the majority of participants and telephone respondents with the confidence to make meals for their families from scratch.
- One participant stated that she had gained the confidence to try new foods and adapt recipes (in particular for soups) based on the straight forward and easy to follow instructions.

"I'll now eat peppers as my young one loves them – also tuna whereas I wouldn't eat that before"

"I didn't eat fish previously, I now eat river cobbler!"

"I've tried new foods like pork, breadcrumbs and spices"

- One participant's confidence improved quite a bit and enough for them to follow and adapt recipes for soups and casseroles as well as eating more vegetables. They stated that they like to follow the recipe book as it shows the basics in pictures and encouraged them to try new foods including pork and chicken instead of pre-packed mince, processed chicken and pizza.

"My confidence has improved a lot from the all-round experience. I've been tempted to try new recipes based on the curry and ... I would never have thought about putting pasta in soups – opened up my taste buds"

- Most participants stated that they now have the confidence to use and follow recipes

"I eat more and new fruit and vegetables now such as squash, the kids look for "funny looking foods" in the supermarket which they want to buy and try"

"A lot more confidence here, especially in knowing what I am putting in food or what is in bought food. Encouraged to cook from scratch and actually enjoying cooking"

"I've actually bought 15 recipe books since the course - I had three before – they cover different cuisines though I've not used them as yet due to time constraints but I will get around to it in the end"

c) Improved cookery skills

6.43 Most participants stated that they had used their newly developed cookery skills and confidence to follow, adapt and try new recipes although in the majority of cases the new cooking skills were adding only slightly to existing knowledge and abilities.

"I've made a number of soups at home including the leek and potato and minestrone since I completed the course. I've also made the apple crumble"

6.44 The most frequently cited cooking technique quoted by participants in the focus group and during the telephone consultations was knife skills with participants stating that the advice offered was helpful in providing them with the confidence to chop vegetables and different cutting techniques.

"I can cut vegetables better but taught little else new"

6.45 Other examples of improved cookery skills and their contribution to participants' ability to follow and adapt recipes include:

- learning how to use resources more efficiently (e.g. freezing leftovers)
- Have adapted recipes including chicken nuggets with herbs added

"My skills have improved a lot; I'm now making soups alongside recipes from weight watchers"

"My dad had given me some cook books a while ago which I hadn't read but has now used prior to the course but I have now including one on Indonesian food"

"I've adapted the curry we made from scratch and hidden finely chopped vegetables into the kid's meals as well"

d) Participants will attempt to change their behaviour to improve nutrition

6.46 Both focus group participants and telephone interviewees discussed a range of changes to their behaviour linked to improved nutrition with examples of impacts across five key areas outlined below.

Cooking habits at home

6.47 The delivery of the programme puts a specific emphasis on parents involving their children in the preparation and/or cooking process (e.g. safely chopping vegetables or shaking the herbs and spices for their potato wedges) with a view to encouraging positive eating and participation outcomes. As a result of the programme the majority of participants reported to be involving their children in the cooking process more frequently and some for the first time. Participants also reported that their children were really enjoying getting involved in cooking at home.

"The kids are more involved in the kitchen, more cake baking, wee ones will eat more if they're involved"

"Since the session I regularly involve my eldest in cooking. She isn't too keen to try a wide variety of foods but she does enjoy preparing it"

One participant explained how she how she usually locked the kitchen door so that her children couldn't get in – partly for safety reasons but mainly because she found the cooking process stressful and needed to be left alone 'to get through it'. However, since the course, she no longer locks the door and has even encouraged the children to help her.

"I've even made, or had fun attempting to make, French toast with my young daughter"

Another participants stated that she has tried a number of the recipes at home (in particular the soups and the chicken nuggets). However she was pleased to share that her child really enjoys getting involved in the cooking and he now has his own chef's hat and apron so it has become part of a regular family activity.

- 6.48 The majority of both focus group participants and telephone respondents highlighted improvements in terms of the number of takeaways and ready meals being consumed with takeaways increasingly being seen as a treat.

“We’ll have one takeaway a week now but we also have a ‘Saturday Night’ where we make a big deal of the cooking which the kids actually prefer”

Cooking healthy meals at home

- 6.49 The group highlighted that they were cooking more healthy meals at home with their children using the simple recipe book as a guide. They referenced the following recipes that they had made at home following the course: minestrone soup, garlic bread, fish dippers, and chicken curry. The group also pointed out that a lot of the recipes were easy to freeze if you had made too much so it wasn’t wasted and reduced the possibility of eating a takeaway or snack.

“I knew a lot anyway but it made me realise that I can cook for myself and my 20 month old child at the same time”

“The children now get disappointed if I don’t cook a meal from scratch”

“The kids now prefer cooked meals - I never thought that would happen”

“The kids will now drink more water”

- 6.50 The group detailed a range of improvements to their cooking habits including:

- Replacing salt with herbs in lots of cases and generally reducing their salt intake as a consequence of the course
- Use a lot less oil
- Eating more fresh produce

“I’ve noticed that I save money with the new methods (from the programme) and the food is tastier”

Shopping

- 6.51 Although there was a small number of focus group participants and telephone respondents who would already check the food labelling when shopping, the course was generally said to have increased peoples’ confidence in terms of what information they were looking for and what shopping decisions to make as a result of that information.

“My confidence that I am checking food labelling correctly has increased – I particularly look for saturates and cholesterol”

“I eat less salt and fat now so and I’ll check food labels now for these”

- 6.52 There was also evidence of the programme contributing to changes in participants' shopping practice. One of the focus group participants reported that they now planned their meals for the week ahead when shopping, will shop around more (one focus group participant now buys meat in bulk from the butchers) and also buy more supermarket own-brands after learning that they often have healthier ingredients as well as being cheaper.

Eating habits

- 6.53 Most of the focus group participants and telephone interviewees stated that many of their eating habits (e.g. eating as a family, eating at the table) were fine anyway and hadn't changed as a result of the course.
- 6.54 A small number of participants and telephone respondents did however say that the course had contributed to them sitting down as a family to eat rather than having trays on their laps which is good for family bonding and enjoying the meal.

Consumption of fruit and vegetables

- 6.55 The majority of focus group participants and telephone respondents stated that they were moving towards eating more fruit and vegetables as a result of the course although many were already aware of the '5 a day' messages and tried to adhere to them wherever possible.

After her involvement in the course, one of the participants was now growing vegetables in her back garden.

Continued use of course resources

- 6.56 The majority of the participants and telephone respondents stated that they continue to use the recipe book provided through the programme although it was typically used a reminder with many making the meals from memory more now. The group also reported that they had passed some of the recipes to friends so that they could try them. The simple nature of the recipes and supporting photos was thought to help them to visualise what the meal should look like, gain confidence that they were doing it right and help it to stick in the memory.

- One member of the group indicated that they had bought a children's cook book following the completion of the programme to continue cooking with her children

"I used to try and find recipes and advice online but had trouble finding appropriate content or value meals like the ones in Munch Crunch"

"I'm still using the information diagrams but would like more recipes"

e) Outcomes beyond nutrition

6.57 The social aspect of the group was seen as very important by most people consulted, with several of the group having kept in regular contact following the session (they didn't previously know each other). The group dynamic was seen as important and very productive as they felt able to share ideas on cooking and shopping etc. Examples included:

- Exchanging tips on how to get children to eat more (healthy) food
- One member of the group had told the other participants how they had bought a slow cooker which was really good as they could ensure food was prepared even if they didn't have time in the evening due to taking children to other evening activities.

"I was new to the area so it was a good way to make new friends and get talking to other mums"

One young mum referred to the course by her Support Worker said that she was generally anti-social and struggled to talk to people she didn't know. She stated however that she had come 'out of her shell a bit' as a result of the interactions through the courses and enjoyed spending time with other mums. This enjoyment had lessened since completing the course but she does still stop and speak to other participants in the street

"It's interesting to learn from other parents and listen to what healthy food that they like to cook for their children"

6.58 The ethos of the approach, linking the course to family life by involving children, was highlighted by two telephone respondents who stated that it had contributed to a number of positive outcomes beyond nutrition, including the children starting to get more involved in helping around the house.

6.59 A couple of participants also reported that their children's behaviour had improved as a consequence of moving them to a healthier diet. One of the mothers had substantially cut down the amount of sugary sweets that her children were given.

6.60 The group recognised that although literacy and numeracy weren't a focus of the course it did provide some support (e.g. linked to measuring and weighing food). The group also reported that they had learnt about food hygiene at the course. Whilst some of this was refreshing their knowledge it also updated their practice.

6.61 A small number of focus group participants and telephone respondents highlighted some improvements in their food budgeting emanating from the course.

"I've learnt how to budget and in particular recognise that you don't need to buy the best vegetables but that the value brands are fine to use in the recipes"

"My money lasts longer now and there's less waste as I'm freezing spare food"

v. Summary

- 6.62 The approach to delivering community cookery programmes in a parents only group enables the development of a constructive group environment away from the pressures and constraints associated with childcare and parenting. The approach has utilised the expertise and knowledge of a skilled team and contributed to the production of a series of impacts and outcomes that have permeated into the wider family units. The project has crossed the gap between upskilling parents, raising confidence and influencing family behaviour, resulting in a range of positive outcomes (nutrition and non-nutrition) which would not immediately be apparent from the project description.

7 Barriers to achieving greater and/or more enduring impacts

- 7.1 This section of the report provides a summary analysis of the **barriers faced by participants** to sustaining the positive lessons, skills and behavioural change supported through each approach. The origin of the barrier in terms of the focus the approach is provided in parentheses (e.g. family, parents and young people). This analysis is complemented by details of the **further encouragement participants think is required** in each approach to maintain lessons delivered through the courses.

Barriers

- 7.2 The major common barriers identified by participants from each approach to community cookery as impacting upon their ability/desire to put the lessons learnt on the course into practice was **time**. This was expressed in a range of ways including:

- Time pressures of parents being able to plan, prepare and cook meals due to work patterns (*all three approaches*)
- From the parents perspective involving the children can make the process of cooking require more time and as such it isn't always practical (*family*)
- The impact of the school run in the mornings and afternoons (*family, parents*)
- The impact of homework (*young people*)
- The impact of social lives clashing with either the classes, cooking time at home or opportunities to eat as a family (*all three approaches*)

- 7.3 Whilst not a major barrier within all three approaches, **financial** barriers to implementing the lessons offered through the courses was at least active in the background. However this is thought by the study team, stakeholders and CFHS to be reflective of efforts of the community food initiatives delivering the courses to tailor each approach to the needs of low income families (e.g. the family learning involving parents and children was focused on snacks that could be made from items found in most kitchen cupboards). This was expressed in a range of ways including:

- Initial costs associated with buying some of the (basic) equipment required to cook at home (*parents, family*)
- Initial costs associated with building up a basic collection of herbs and spices (*parents, family*)
- There were mixed opinions amongst the young people in particular as to whether eating healthier meant spending more money (e.g. one young person equated healthy food very strongly with organic produce) and less agreement re the poor value for money represented by ready meals (*young people*)
- Finance was primarily linked to the availability of certain foodstuffs which were thought to have risen in price recently including meat and fruit rather than as an overriding barrier (*parents, families*)

7.4 The impact of a variety of **strong influences** was also identified by the three groups of participants including:

- The mixed messages sent out by TV chefs with the liberal seasoning of ingredients which contrasts to the raised awareness about salt and sugar in certain foods provided through the courses *(family)*
- Peer pressure and/or temptation was highlighted by young people with reference to school lunch times where a multitude of often unhealthy lunch options are available outside of school *(young people)*
- The influence of **parents** was key in terms of the approach dedicated to young people given the roles within most households linked to shopping, cooking and eating. For the lessons to be sustainable, parents need to be open to change and willing/able to allow their children to actually put what they have been taught into practice and the young people have to be proactive in expressing the benefits. This barrier is expressed through the following paraphrased quotations: *(young people)*

“my mum just says you’re in the way”

“I’d like to help but she (mother) just goes mental because she’s in the zone”

“I went home and told them (parents about nutritional values etc.) and they were like, mmm, don’t care ...”

7.5 The impact of **inadequate space, facilities or access to food** to be able to either cook or eat in line with the lessons delivered through the courses with examples including:

- Participants stating that they didn’t have a table (or easy access to a table) at home so they couldn’t eat as a family *(family, parents)*
- Finding the right ingredients if without access to a car and having to use the local convenience store outside of town *(family, parents)*

7.6 The impact of child caring responsibilities was raised by parents in both their respective approaches with examples including:

- The pressures and tiredness resulting from looking after babies and small children or linked to related to the ‘school rush’ *(family, parents)*

Further Encouragement

7.7 When asked what would encourage them to maintain the lessons introduced through the respective courses, participants suggested a range of *unprompted* actions and activities including:

- A text message repeating key lessons (as per the recruitment method utilised in Perth) (*families*)
- Greater confidence derived from similar or more advanced follow-up activities (e.g. moving onto other activities (e. g. a Men and Children Matter group in Perth))(*all three approaches*)
- Greater confidence and reminders of lessons etc. derived from repeat activities (one off or a series) (*all three approaches*)
- Access to a greater selection of recipes including online resources and further editions of well-received course recipe books (e.g. Munch Crunch 2)(*all three approaches*)
- The development of positive routines (*young people*)

8 Summary Analysis

- 8.1 This section provides a comparative analysis of all primary and secondary data gathered throughout the study to inform an assessment of the relative merits and impacts of each approach linked, where appropriate, to their respective **contribution** to positive nutritional and health outcomes including the five outcome themes outlined in CFHS's What's Cooking in Scotland Part 2.

Delivery (Process)

- 8.2 In terms of the relative merits of elements of delivery which can be linked to outcomes, the location of the course is seen as key. The young people benefit from a non-school environment as much as the families benefit from a familiar school-based location and the parent only participants appreciate learning in a convenient location within a trusted set up with links to child care provision.
- 8.3 Moreover the qualities of the teams delivering the courses are also crucial with familiarity being an important factor for parents and families, whilst being treated as an adult is viewed as a key determinant of enhanced and enduring outcomes from the young person only approach.
- 8.4 Key to the delivery of the each approach, but specifically the family and parents only groups, was the tailoring of the sessions to the area and/or cohort based on lengthy experience of what works. The focus on affordable and simple recipes and meals was evidenced in the lack of financial pressures expressed by participants to replicating the course activities in the home with impact highlighted again by the demand for repeat or more advanced courses.
- 8.5 Each approach took a similar way to promoting and/or celebrating participants' achievements with certificates etc. The impact of gaining a certificate was evidently stronger with the young people only group, highlighting the value of accredited recognition of achievement with this age group.

Enduring or evolving impact of the cooking courses on families

1. Increased knowledge about food and health

- 8.6 Each of the three approaches achieved positive learning outcomes linked to increased knowledge about food and health, albeit through different methods and intensities of approach to match the characteristics of the group. In terms of achieving deeper knowledge of nutrition, food and health, the more structured approaches incorporating use of the FSA eatwell plate work well, with parents able to learn in supportive group environment, aided by the absence of child caring responsibilities.
- 8.7 The young people can build upon their existing school-based knowledge in a fresh and more targeted (smaller groups with common interests) environment and benefit from an alternative provider with innovative approaches in order to generate more sustainable learning outcomes and overcome any links the young people have between school and tools such as the eatwell plate.

- 8.8 Whilst the ethos of the family approach in Perth was found by the study team not to achieve the same depth of knowledge, the combination of a fun, family approach to learning within a more subtle and nurturing environment has achieved a range of learning outcomes. The direct link to the family, rather than requiring the messages to be relayed between parent and child or vice versa is a key success factor.
- 8.9 The value of the parent approach, and specifically the delivery of the course through the Community Food Worker structure, also has additional value in terms of engaging with people with a potentially wide range of health and social issues. There are numerous examples of significant added value within a relatively small cohort (i.e. support to participant living with diabetes in terms of targeted nutritional guidance and another in terms of assisting a mother to help her daughter gain weight – both of whom were grateful for not only the technical guidance but the emotional benefit which accompanies it).

2. Increased confidence around healthy eating

- 8.10 Both the family and parent only approaches had strong results in terms of building confidence around healthy eating, especially when gauged in terms of participants ability and desire to follow recipes and try new foods. Consultations in relation to both approaches showed the benefit of a simple yet flexible approach guided by friendly, knowledgeable staff which could be followed to the letter but equally adapted in order to facilitate greater confidence and progressions as participants moved from recipe to recipe and begin to adapt them to their own tastes. The study team found that the family model has the most efficient links to sustainability of impacts given the positive responses to the sessions from the children and their resulting influence on shopping and cooking activities of their parents.
- 8.11 The impact of the young person approach, whilst strong in terms of overall improvements in confidence linked to lessons first developed in school, had less of an impact in terms of following a recipe and trying new foods. The young people showed great enthusiasm for the elements of the course which they could influence themselves (e.g. a 'Ready, Steady, Cook' feature) which potentially distracted their attention away from more traditional cookery course methods linked to following recipes.

3. Improved cookery skills

- 8.12 The study team found that the strongest gains in terms of technical cookery skills emanated from the parents only approach given the flexibility and level of intensiveness that can be achieved with that particular cohort. As such, the greater gains in confidence have been achieved with this group, albeit from a low base in a small number of cases.
- 8.13 The value of the family approach is judged by the study team to be found in its ability to upskill more than just the parents by engaging the whole family and making cooking a family activity. This is more likely to engender enduring impacts by the level of interaction in the kitchen witnessed that has been linked to the course.

4. Participants will attempt to change their behaviour to improve nutrition

- 8.14 Each of the approaches had generated impacts linked to behavioural change and improved nutrition although the stronger contributions were clearly with the parent only and in particular the family approach.
- 8.15 The family approach has clear advantages in terms of family bonding (emotional and practical) as a result of undertaking joint activities with less opportunity for the link to break down between the course and the family unit (e.g. the children can try new foods without running the risk of this being ‘filtered’ by the parent in the parent only model who may well choose to pass on their own inhibitions and perceptions). Indeed, the family model was shown to ameliorate these often longstanding negative perceptions of foods and cooking activities to the benefit of all involved.
- 8.16 A number of the groups within the family and parents only approaches indicated that they didn’t have a table (or easy access to a table) at home so they couldn’t eat as a family. This heightens the importance of the process of cooking the meal as a family in terms of bonding and a family activity and therefore highlights the advantage of the family approach. It should be noted however that the parent only approach also generated some positive examples of family cooking which have been attributed to the course, with the school environment and flexibility of the delivery team seen as crucial in fostering this activity.
- 8.17 The ability to change behaviour linked to improved nutrition is viewed as the biggest obstacle connected to the young person only model with a range of barriers apparent before the family unit can be influenced. Not only will change within the family unit be dependent on the agreement and positive reaction of parents, there are also a wealth of logistical barriers which will limit the scale and scope of potential impacts (e.g. not all tasks can be undertaken as easily by a young person including shopping, some cooking techniques).

5. Outcomes beyond nutrition

- 8.18 The social aspects of the parent only and family approaches in particular were especially apparent, with a fun, friendly and true partnership approach developed in the sessions and enjoyed by the participants. In both the parent only and family models, the social side is very important and a potential tool to use to aid sustainability.
- 8.19 The social impacts of the family approach are seen by the study team as being more natural or closer to real life situations, as families facing similar life challenges come together. The parent only approach in comparison is dependent on the characteristics of the participants and the ability of the course lead to generate a positive group environment.
- 8.20 Likewise, despite some positive examples of improved family relationships informed by the parent only approach, the impact and value of the family approach in terms of parenting skills and family relationship building more widely were clear to see.

- 8.21 In contrast, the young people only group produced relatively few non-nutrition or non-health impacts but produced some stronger examples linked to skills development. Whilst, in part, this will be linked to the objectives of the funding used to deliver the course and the resulting inclusion of the REHIS food hygiene training, consultation revealed this to be a key influence in terms of recruitment. There are clear lessons here (and some decisions) in terms of the relative balance of the course as whilst a fruitful engagement tool (linked to the employability agenda) there is a danger that the nutritional element is overshadowed – especially when delivered in parallel.

9 Good Practice

- 9.1 The study team has identified a range of good practice which can be used to inform each of the three approaches to community cookery and wider engagement and training activities. A summary of these areas is presented below.

Family Approach

1. Build the foundation of the approach on increasing confidence, having fun and exploring new ideas for meals within a social setting.
2. Tailor the cooking and related shopping requirements to the nature of the area. The emphasis on making the most of food items people will have in the cupboard can encourage engagement, participation and replication without stigmatising those signing up.
3. A minimum age of around seven allows for safe involvement in the cooking sessions whilst ensuring (in most cases) the child has the required degree of maturity, concentration levels, good behaviour and abilities to facilitate the smooth running of the course.
4. A subtle, nurturing and fun approach is welcomed by participants with learning by stealth through a combination of practical work and information exchange thought to work well with both parents but particularly the children.
5. The location of a family orientated approach to community cookery should be in a setting which is familiar and accessible by both the child and the parent, who may have anxieties around learning or meeting new people. The community school setting is judged by the study team as ideal given the recruitment potential derived from the range of activities accessed by young people and adults in these locations and the lack of institutional phobia associated with unfamiliar educational buildings such as colleges.
6. The text message service used to recruit participants in Perth is seen as innovative but also a tool which can be used for ongoing monitoring of impact.
7. The role of the child in supporting the adult through the process of engaging and participating in the project should not be underestimated, especially where shyness or anxiety are apparent.
8. Family activities delivered through the approach are easily and instantly transferable to the home and family environment.
9. Learning by doing removes the gap between theory and practice.

Young Person Only Approach

1. Differentiating the sessions from school as much as possible will typically produce a more conducive learning environment.
2. Stress the informality of the sessions whilst emphasising the value of skills and knowledge development.
3. It is also important to build a rapport with the group, praising them where possible and treating them like adults in order to encourage continued attendance and achievement.
4. Working in small yet dedicated groups generates enhanced outcomes.
5. There is a requirement for innovation or interesting approaches to using familiar tools, such as the eatwell plate, if additional knowledge is to be taken up relative to prior lessons in school.
6. The inclusion of employability oriented features such as the REHIS food hygiene certificate can prove popular and a potential tool to be used in engagement. It is also likely to attract funding for activities which could be seen to be complementing elements of the Curriculum for Excellence.

Parent Only Approach

1. Hosting cookery classes on site at the local nursery is seen as crucial in ensuring that those participants recruited for the sessions actually attend with even the shortest walk, especially in poor weather, potentially enough to cause a non-attendance for the harder to reach participants.
2. A face to face approach is crucial in turning engagement into recruitment (e.g. at nursery drop off and pick up).
3. Clearly reiterating the benefits of attendance to potential participants including the ability to take home the food prepared in the session is essential.
4. Positive partnership working with schools and nursery in supporting engagement activities with parents is crucial to inform long term relationships and more efficient delivery.
5. The timing of courses to coincide with nursery times reduces childcare barrier and neatly fits with the half day child care afforded by the nursery.
6. A lack of appropriate community facilities able to accommodate group cooking sessions emphasises the need to identify and maintain good relationships with the organisations equipped to support/host the provision in areas suitable for the client group (i.e. in the proximity of schools and nurseries).
7. Stress the cost (savings) associated with the meals prepared on the course or on occasion the benefits of spending that little bit more to obtain quality food, and the health benefits that can come from this.

Appendix 1 – Stakeholders Consulted

Name	Organisation
Mirren Vanko	Edinburgh City Council
Lyndsey McLellan	Edinburgh Community Food
Fiona Smith	NHS Ayrshire and Arran
Mhairi McNidder	NHS Ayrshire and Arran
Fiona Adams	Perth & Kinross Council
Jane Westall	Perth & Kinross Council

Appendix 2 – Core Focus Group / Telephone Discussion Guide

Introduction

- **Introductions,**
- **Outline the reason for the visit/phone call**

We are undertaking a short research study to examine the lasting effects on families from taking part in three different types of cooking course:

1. Hands-on cookery courses delivered to parents (or carers) learning cookery together with their children within a group
2. Hands-on cookery courses delivered to young people only (up to the age of 16) learning within a group
3. Hands-on cookery courses delivered to parents only (of nursery or school aged children) learning within a group

We are interested in your views as a parent/carer/participant in order to see if the cooking activity you have taken part in has had an impact, what worked and how it could be improved based on your experiences and opinions.

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. It does this by supporting work with and within communities that addresses health inequalities and barriers to healthy and affordable food. Through its work, CFHS aims 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.

Approach to Questions

Unless otherwise stated in the question, attempts will be made to assess and explore the contribution of each specific approach to changes in behaviour and knowledge. Probe the methods used, good practice and learning points associated with each approach.

1. Increased knowledge about food and health

Planned outcomes could include: understanding of the Food Standards Agency eatwell plate and knowledge around weaning.

Introduction and knowledge assessment through interactive activity (linked to method employed during original sessions)

- Changes in healthy eating knowledge and understanding identified through the activities will be explored and related back to the original sessions to assess impact.
- Relate back to baseline or previous evaluation where available
- Gain feedback on the mechanism(s) used to increase and sustain knowledge of food and health (appropriateness of level/approach, effectiveness, degree of fun in learning etc.)

Specific Questions for each approach

Parents and Children	
i.	How suitable was the approach to learning for a family session incorporating children of different ages?
ii.	How could it be improved?
Young People	
i.	How suitable was the approach to learning for your age group?
Parents only	
i.	How did the session impact on your approach to feeding your young child (e.g. weaning)?

2. Increased confidence around healthy eating

Outcomes could include: increased confidence to try new foods, and follow or adapt recipes.

- a. How would you say your confidence around healthy eating has changed since you participated in the cooking course?** (In what way, how – who has influenced this, links to course activities, outcome examples)

(the following to be provided in hard copy to participants to complete though not necessarily in that format to inform the discussion)

Overall:

Declined	Same	A little	Quite a bit	A lot
----------	------	----------	-------------	-------

Use/follow a recipe:

Declined	Same	A little	Quite a bit	A lot
----------	------	----------	-------------	-------

Try new foods:

Declined	Same	A little	Quite a bit	A lot
----------	------	----------	-------------	-------

3. Improved cookery skills

- a. How would you say your cookery skills have changed since you participated in the cooking course?** (In what way, how - techniques, links to course activities, who has influenced this outcome examples)

(the following to be provided in hard copy to participants to complete though not necessarily in that format to inform the discussion)

Overall:

Declined	Same	A little	Quite a bit	A lot
----------	------	----------	-------------	-------

Follow a recipe (i.e. from class):

Declined	Same	A little	Quite a bit	A lot
----------	------	----------	-------------	-------

Adapt a recipe (i.e. from class):

Declined	Same	A little	Quite a bit	A lot
----------	------	----------	-------------	-------

Try new (i.e. not from class) recipes (e.g. specific dishes/foodstuffs - stews, desserts, meat, fish, more than one course at a time)

Declined	Same	A little	Quite a bit	A lot
----------	------	----------	-------------	-------

4. Participants will attempt to change their behaviour to improve nutrition.

Outcomes could include: eating fewer takeaways or ready meals, eating more fruit and vegetables, consuming fewer fizzy drinks, changing cooking habits by reducing fat, salt and sugar.

a. Could you describe how you have changed your behaviour towards health and nutrition in terms of the following? (how, links to course activities, outcome examples)

- **Cooking habits at home** (cooking as a family, fewer takeaways and/or ready meals,
- **Cooking healthy meals at home** (using less salt, fats etc., cooking meals from scratch)
- **Shopping** (checking food labelling more)
- **Eating habits** (eating at the table more, drinking fewer fizzy drinks, extending range of foods)
- **Consumption of fruit and vegetables** (increasing consumption)

b. What are the barriers to putting what you have learnt into practice (i.e. cooking more healthily at home)? (The availability of affordable healthy food (i.e. fruit and vegetables), changes over time i.e. fading impact, finance, access to quality/affordable produce etc.)

- **Issues related to access to healthy food** (e.g. cost of produce and transport)
- **Overcoming intergenerational or established shopping, cooking and eating habits**

c. Do you continue to use any resources provided through the course (e.g. cookery course handbook, recipe books, nutrition information, newsletters)? (What?, Why not? How improve the sustained use of such resources?)

d. What else would encourage you to maintain the activities suggested in the cookery courses for a longer period of time? (e.g. better resources, technology – texts, emails, mentor support, web-based support, better health, cheaper)

5. Outcomes beyond nutrition

Outcomes could include: improved family relationships, improved social skills, increased confidence and self-esteem, literacy and numeracy.

a. Have you seen any other changes in your lives which you could link to the cookery course(s)? (go through each one assessing the links to the provision, key catalysts, retrospective scenarios, barriers to achieving these)

- **Social life** (food related, non-food related)
- **Improved parenting skills**
- **Improved family relationships**
- **Food budgeting**
- **Generic skills** (team working, literacy - recipes, numeracy – measuring, understanding of hygiene and food safety)

Appendix 3 – Tailored Research Tools

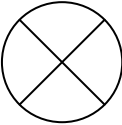
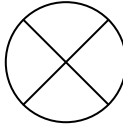
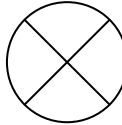
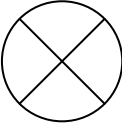
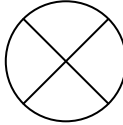
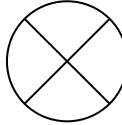
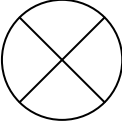
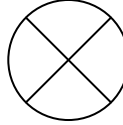
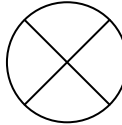
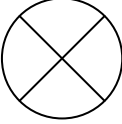
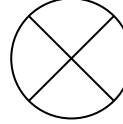
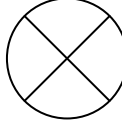
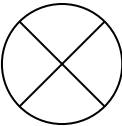
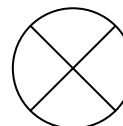
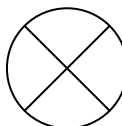
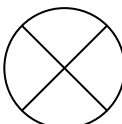
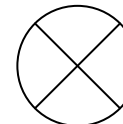
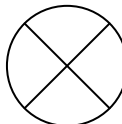
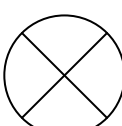
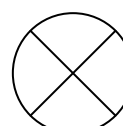
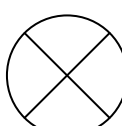
Perth Family Healthy Eating Quiz

Tick what you think is the correct answer

What is the most important meal of the day?					
Breakfast		Lunch		Tea	
How many portions of fruit/veg should you have each day?					
3		4		5	
How many teaspoons of sugar can be found in a 60g bar of chocolate?					
3		5		7	
How much water should you drink every day?					
3-4 cups		6-7 cups		8-10 cups	
How many teaspoons of sugar can be found in a can of fizzy drink?					
3½-4½		5-6		6-7½	
Which fat is the worst type for our health?					
Polyunsaturated fat		Saturated fat		Monounsaturated fats	
How many teaspoons of salt are there in a shop bought pizza?					
1		2		3	

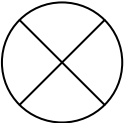
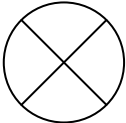
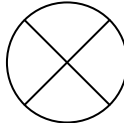
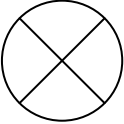
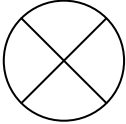
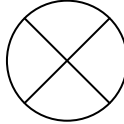
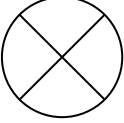
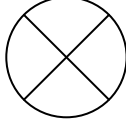
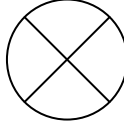
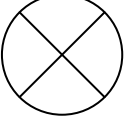
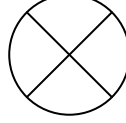
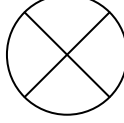
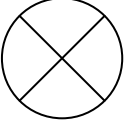
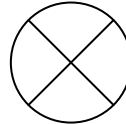
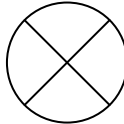
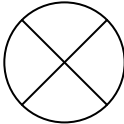
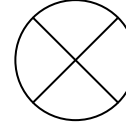
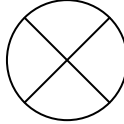
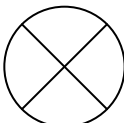
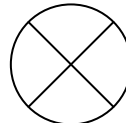
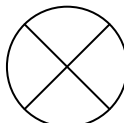
Catching Confidence: Perth Parent and Child Research Tool

Name

Situations	Confidence at start of course	Confidence at end of course	Confidence Now
Meeting new people			
Using new recipes			
Cooking meals			
What healthy food means			
Tasting new ingredients			
Working in a group			
Feeling confident in general			

Catching Confidence/Progression: Edinburgh Young People Research Tool

Name

Situations	Start of course	End of course	Now
Knowledge of what healthy food means			
Eating healthy food (as part of your overall diet)			
Your say in what you eat			
Cooking meals for yourself			
Cooking meals for your family / friends			
Following a recipe			
Trying new foods			

Improved Cookery Skills ???



A lot



**Quite a
bit**

A little



Same



Declined

Appendix 4: CFHS Resources Questions

Costs/ funding

1. Who funded the cookery courses? (include core costs such as staffing costs as well as cookery course costs)
2. How much did the food cost for each cookery course/ session? (How many participants was that for?)
3. Did participants contribute towards costs? (i.e. bring in food or pay a small fee to attend)
4. How much did you have to pay to hire the venue for the cookery course?
5. Did you have to pay for any other resources to run the cookery course? If so what were they? (this could include costs such as crèche facilities, translators, etc.)
6. Would you consider charging a small fee to participants to attend cookery sessions?
7. Do any of your funder's aims for your cookery course have an impact on the cost of the courses i.e. crèche provision etc.?
8. How could you improve the courses if you had extra funding?

Staffing/ partners

9. What training or experience is required for staff to deliver the cookery courses?
10. How many staff were involved within your organisation in setting up, running and reporting on cookery courses?
11. Tell us about any other partner organisations that are involved in the cookery courses (i.e. to recruit participants, help with sourcing or buying ingredients, assist participants, join in with meals at the end of a session, support participants after the course, etc.)
12. Do former cookery course participants assist with or deliver any cookery courses?

Timing

13. How long does it take to set up each cookery session, shop for ingredients and pack up after the course?

Participants

14. What incentives did participants receive to attend the cookery course? (include meals or snacks to take home/eat at the cooking course, travel costs, recipes or ingredients to take home, equipment to take home)
15. Would you like to provide incentives for participants to attend cookery courses if you had funding to do so? What would these be?

Equipment/ facilities

16. What equipment/ facilities were required at the venue(s) where the course(s) were run?
17. What equipment did you need to take to the cookery sessions?
18. What additional equipment or facilities would you like, if available?