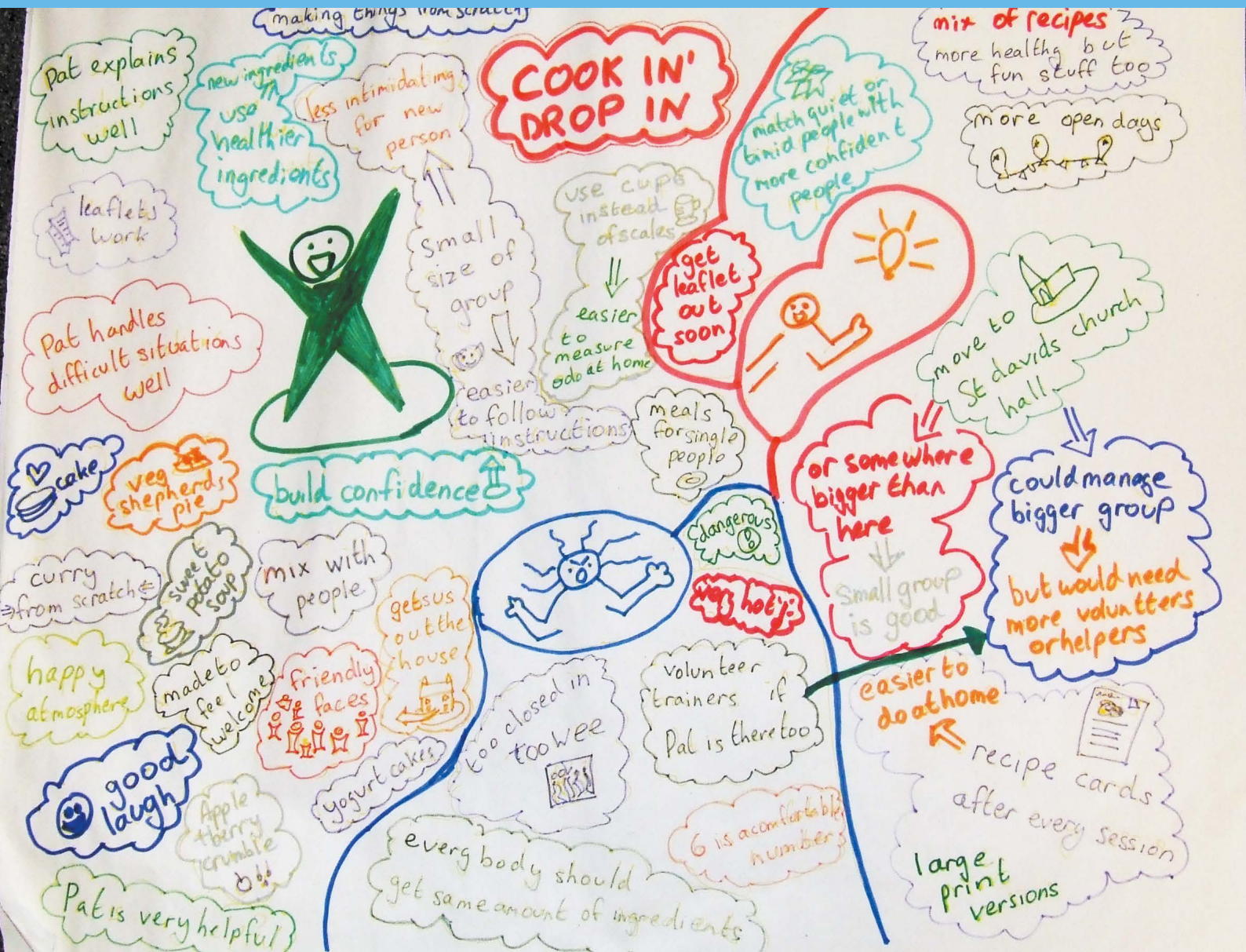
community food and health (scotland)

Building blocks and baby steps

How do community food initiatives make an impact on and influence maternal and infant nutrition?



About CFHS

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

Barriers being addresses by community-based initiatives are:

Availability – increasing access to fruit and vegetables of an acceptable quality and cost
Affordability – tackling not only the cost of shopping but also getting to the shops
Skills – improving confidence and skills in cooking and shopping
Culture – overcoming ingrained habits

Through our work we aim to support communities to

- Identify barriers to a healthy balanced diet
- Develop local responses to addressing these barriers, and
- Highlight where actions at other levels, or in other sectors are required.

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

From 1 April 2013 CFHS will become part of NHS Health Scotland, a Special Health Board with a national remit to reduce health inequalities.

Thanks

CFHS would like to thank all those who responded to the survey, and the people who agreed to be interviewed at community food initiatives. These were Broomhouse Health Strategy Group, Grassroots, Bump Start and Gowans Child and Family Centre. We appreciate the time, thought and insights you gave that inspired this report.

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About this report

This report reflects the results of work to investigate the impact and influence of community food initiatives in relation to maternal and infant nutrition.

Included is summary evidence from an online survey we undertook in late 2012 and four interviews with community food initiatives to explore aspects in more depth.

It provides a snapshot of the impact of the work community food initiatives do with pregnant women, parents and families with children under three, and children under three. It explores the types of evidence of impact they collect and what outcomes this tells them about. It also looks at their involvement in policy or planning in relation to maternal and infant nutrition, and what influence, if any, they think they have on this.

The report's structure mirrors that of the survey with vignettes derived from interviews with those in the field to add colour and depth to the data, and quotes from the survey.

The context

The policy "Improving Maternal and Infant Nutrition – A Framework for Action" (MINF) was launched in January 2011 by the Scottish Government. It is aimed at a variety of organisations with a role in improving maternal and infant nutrition. There are many partner organisations but, primarily, the NHS, local authorities, employers, the community and voluntary sector have the most opportunity to influence behaviour change. The Framework is for policy makers within these organisations as well as frontline staff.

The policy contains a logic model of the key short, medium and longer term outcomes that contribute to achieving national outcomes; this is illustrated on the following page.

Here are a few key changes, relevant to community food initiatives:

- Everyone who can help pregnant women, parents with children under three and children under three, has the information they need to help (eg. on breastfeeding, weaning, maternal and infant nutrition or being a healthy weight).
- These people are confident enough to actually pass on information, provide support or signpost folk to others for this.
- Pregnant women and parents understand the effect of their choices (on infant feeding, weaning or eating) on their own and their child's health).
- Parents and carers try to make more healthy choices for themselves and their child (eg. breastfeed, eat healthy food and less unhealthy food).
- Parents and carers can sustain healthy lifestyles for themselves and their children (eg. breastfeed for longer, eat healthily, gain and maintain a healthy weight).

OUTCOMES

SHORT TERM (0-3 YEARS)

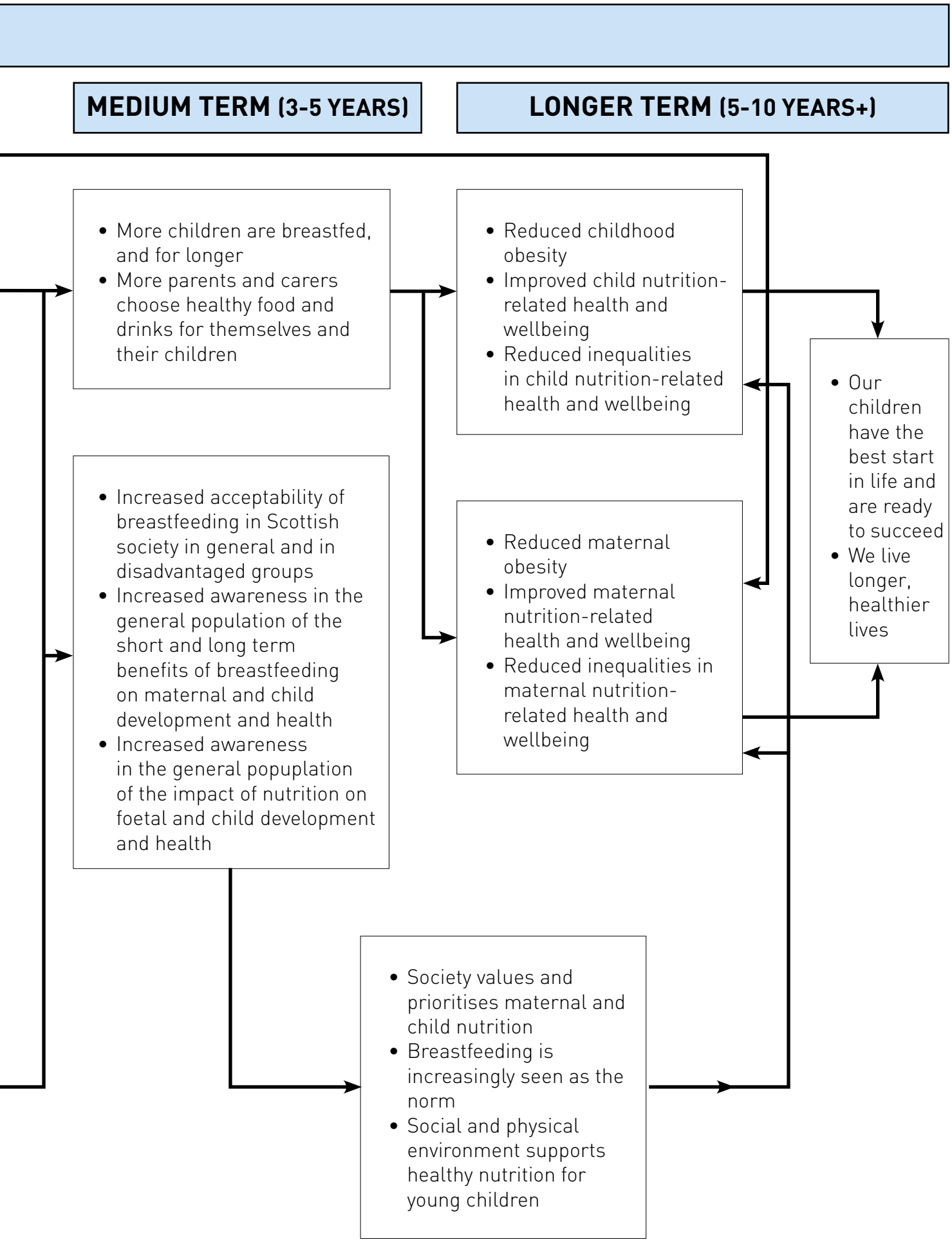
- All those working with women prior to conception, during pregnancy and after birth have the knowledge and skills to give practical information and support on optimal nutrition effectively and/or signpost appropriately (1)
- All those working with pregnant women and parents have the knowledge, skills, confidence and attitude to give practical information and support around breastfeeding and/or signpost appropriately (2)
- All those working with families and young children have the knowledge and skills to give practical information and support on infant milk feeding, complementary feeding, and establishing good eating patterns and/or signpost appropriately (3)

- More parents and carers understand the impact of optimal nutrition prior to conception and during pregnancy on maternal health, and consequently on foetal and child development and health (7)
- More parents and carers understand the short and long term benefits of breastfeeding on maternal health and child development and health (8)
- More parents and carers understand the impact of infant milk and feeding, complementary food and drinks on infant and child development and health (9)
- More parents and carers have the confidence and skills to implement good feeding and eating patterns (10)
- More parents and carers understand the impact of under/overweight prior to pregnancy and returning to a healthy weight after birth on the mother's future health (11)

- Services and all those working with children and families are responsive to their individual nutritional needs (4)
- Increased identification and mangagement of nutritionally vulnerable children and families (5)

- Healthy food and drink is more affordable and more available to vulnerable families (12)

- All relevant national and local policies support healthy maternal and infant nutrition (6)


MEDIUM TERM (3-5 YEARS)
LONGER TERM (5-10 YEARS+)
• More children are breastfed, and for longer
• More parents and carers choose healthy food and drinks for themselves and their children
• Reduced childhood obesity
• Improved child nutrition-related health and wellbeing
• Reduced inequalities in child nutrition-related health and wellbeing
• Our children have the best start in life and are ready to succeed
• We live longer, healthier lives
• Increased acceptability of breastfeeding in Scottish society in general and in disadvantaged groups
• Increased awareness in the general population of the short and long term benefits of breastfeeding on maternal and child development and health
• Increased awareness in the general popuplation of the impact of nutrition on foetal and child development and health
• Reduced maternal obesity
• Improved maternal nutrition-related health and wellbeing
• Reduced inequalities in maternal nutrition-related health and wellbeing
• Society values and prioritises maternal and child nutrition
• Breastfeeding is increasingly seen as the norm
• Social and physical environment supports healthy nutrition for young children

The survey and interview methodology

In the survey there were six main questions, an additional open comments question and option to provide contact details so that we could follow up a few people at the end. It was circulated via the CFHS e-bulletin, through partner organisations and relevant networks.

The six questions covered:

- The types of work undertaken.
- An estimation or recorded numbers of pregnant women, parents or families with children under three or children under three worked with.
- The best type of evidence of impact, eg. photos or surveys at the end.
- What outcomes the evidence told them about.
- Their level of involvement in policy or planning.
- Nature of any difference their involvement made.

There were 68 responses to the survey. Seven were incomplete and removed. Information from the remaining 61 has been analysed.

We also interviewed four organisations working in the field to find out more about their work, conducting informal interviews with the key staff involved.

About the organisations who participated in interviews

Healthy Valleys Grassroots Project (Lanark) offers support to pregnant women and families with children under five years old living in rural South Lanarkshire and who require extra help, with a two pronged approach to early intervention: 1. Intensive Parental Support Programme (**IPSP**) and 2. The Family Educational Support Programme (**FESP**).

Broomhouse Health Strategy Group (Edinburgh) promotes healthy lifestyles to community members by providing access to affordable food in its shop and raising awareness of health issues. Offering a wide range of activities, including cookery classes, health walks, healthy choices workshops, health drop-ins and open days, responding to the needs and interests of the community.

Gowans Child and Family Centre (Perth) supports the most vulnerable children and families in Perth, eg. those with child protection issues, housing difficulties or social isolation. It provides childcare and parenting support alongside its food work, and its kitchen makes healthy food and snacks for the children, and undertakes a range of work with parents, including cooking classes.

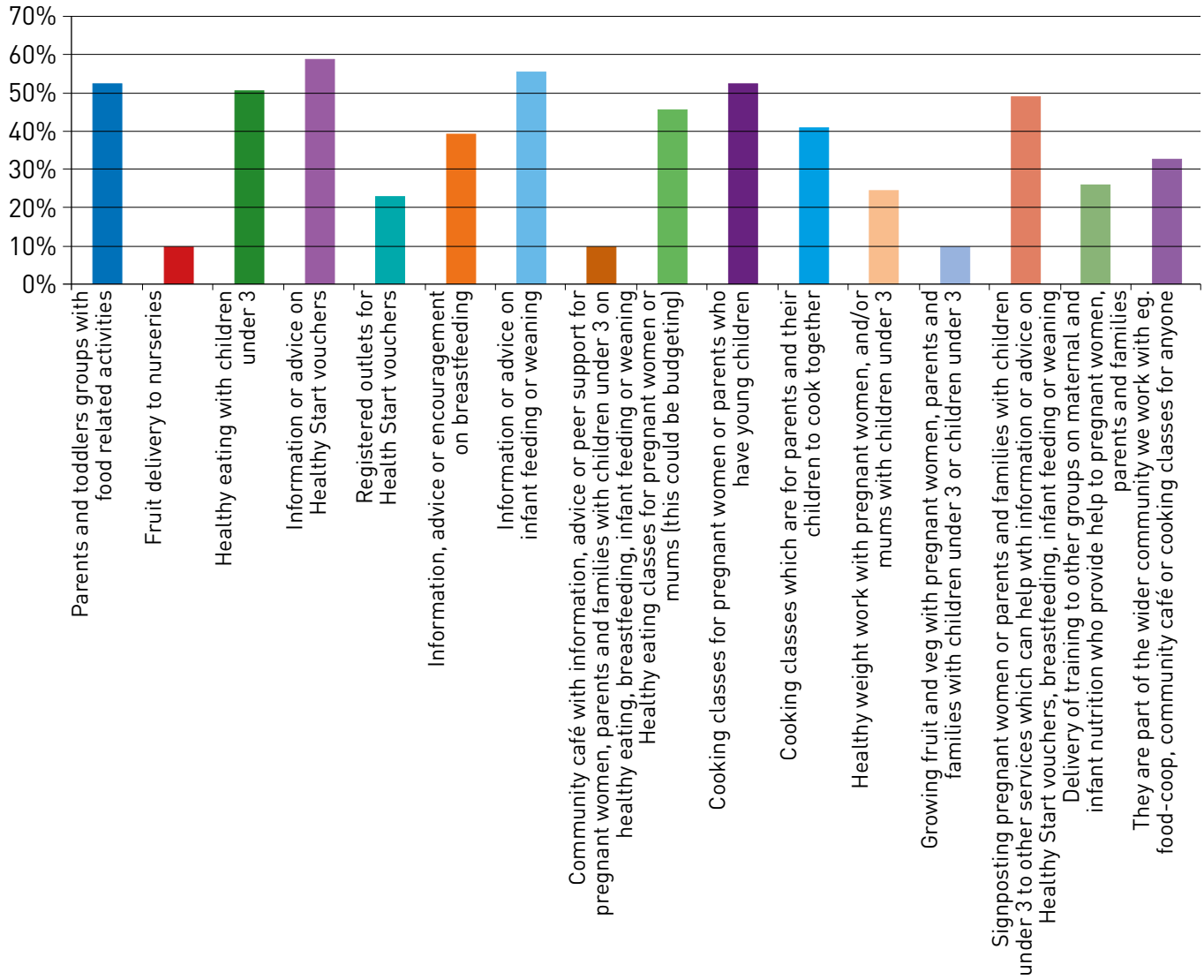
Bump Start (Edinburgh) is a project offering support to pregnant women who may be isolated, have chaotic lifestyles or need a bit of support, including teenage mums. The City of Edinburgh Council's Health Literacy project contributes to Bump Start. It runs a pregnancy café, with discussions and activities on mums' and babies' health, including cooking.

What sort of work do organisations do with pregnant women, parents and families with children under three and children under three?

A wide range of work is undertaken with pregnant women, parents and families with children under three and children under three. The most frequently cited activities, ie. by over half the respondents, were:

- information or advice on Healthy Start (36)
- information or advice on infant feeding or weaning (34)
- cooking classes for pregnant women or parents (32)
- parent and toddlers groups with food related activities (32)

What sort of work do you do with pregnant women, parents and families with children under three, and children under three?



"Resources we developed continue to prove useful and be appreciated by parents/ grandparents. Families are willing to seek advice and support from us and will follow advice given, partnership working has been great for bringing together different knowledge, skills and expertise to give a consistent message to families in an easy to understand way."
NHS

"The project I have been involved with has taken a social marketing approach to developing capacity within a group of parents to identify and respond to their community health needs in the early years. At an early stage in the process, food and health was chosen as a focus, with the overarching goal being to maintain and improve healthy food practices amongst the project users. Although the process has seemed at points laborious, evidence would suggest that the project has had resonance with the target audience."

Local Authority

Looking more closely at specific aspects:

- Most community food and health initiatives were offering four or more different types of activity. Only three offered less than this.
- Twenty of those who ran cooking classes for pregnant women and or parents with children under three also ran cooking classes for parents and children to learn to cook together.
- Most of those who ran cooking classes for pregnant women or parents also did healthy eating classes for pregnant women or mums.
- Six indicated they were involved in delivering fruit to nurseries, a community café or growing, but these were alongside at least nine of the other activities listed.
- Five respondents added further work categories, eg. running breastfeeding groups, one-to-one work with families in their homes, and REHIS training to volunteers.

For more examples of the different types of work carried out by community food initiatives, see our other publications, which can be found on the CFHS website:

- From the ground up: a snapshot of community and voluntary contributions to improving maternal and infant nutrition in Scotland
- Strengthening food work across ethnic minority communities: a focus on maternal and infant nutrition

Broomhouse Health Strategy Group offers a range of services and activities that attract parents, grandparents, and carers in families with young children. These include providing information on healthy eating, redeeming Healthy Start vouchers in its food co-op, healthy eating sessions and drop in cookery sessions. Its approach provides multiple opportunities for engaging and connecting with people in their community, with a flexible and responsive style. For example, realising at the end of a five week cookery course that there was a demand and need for ongoing support with cookery, staff developed drop-in sessions. This maintains the momentum for change and also means that those who are less able to commit to regular sessions can also take advantage of the service. It also works closely in partnership with other agencies and regularly signposts service users to others for help. It recently ran a pilot 'Cooking up a Story' combining food orientated storytelling (eg. The Runaway Pancake, The Very Hungry Caterpillar) with food games and activities, targeted at parents and carers with young children.

Gowans Child and Family Centre provide healthy eating for children in its childcare service, and alongside parenting support, runs cooking classes and "Eat for you", a breakfast drop in session for parents. In its cooking classes staff work with three parents at a time, with no fixed time limit for the activity. Staff use activities to get across learning about levels of salt and sugars in food, what to do with eggs and mince, or food hygiene, such as what goes where in the fridge. They work flexibly to suit parents, this means they may repeat topics already covered. They also offer one-to-one support on food issues, eg.dealing with allergies and special diets. Sessions on weaning and fussy eaters for parents with children under one are also planned. Staff work closely with NHS colleagues (promoting Healthy Start) and have run joint sessions in the past in other settings, eg. a parenting group on healthy snacks.

Grassroots offers support to parents directly and in partnership with other agencies. IPSP supports pregnant women, dads-to-be and other carers in need of support to attend vital antenatal and postnatal appointments. Its volunteers also provide peer support and signposting to other services. FESP offers a range of learning development opportunities (such as weaning classes, cookery skills, peer support groups, baby massage and many others) that provide families with the knowledge and skills to best care for their children. An example of the cooking skills work is 'feeding the family', a four week practical course on cooking for a family on a budget. Grassroots partner with a range of other services, eg. work with the local NHS health improvement team to run healthy weaning classes and promote breastfeeding and signpost to Community Mothers.

Bump Start Pregnancy Café works very gently with mums-to-be, starting from where the women are at and developing their work to suit the groups needs. Usually it focuses on cooking, and may include weaning. Staff may not have very long to work with women and so try to put in place basic building blocks, such as consistent messages around regular eating, and simple recipes (many only with three ingredients) that can be enjoyed and repeated at home. The eatwell plate and associated activities are used to promote informal learning. Conversations take place on issues such as breastfeeding, weaning and the impact of mums' eating and health on the baby. In the past staff have brought in other workers to either help with cooking or other topics such as smoking cessation, though sometimes this has proved difficult given the low starting point or difficult circumstances of many who attend. Based locally, they can check out offers in the nearby shops and tell women what fruit and vegetables they can buy for £3.00.

How many do they work with?

We asked respondents to either estimate or give the recorded number of pregnant women, parents or families with children under three or children under three with whom they worked.

- 19 community food initiatives gave details of recorded numbers, with the total being 1521.
- 39 respondents estimated numbers from general work and this came to a total of 6056. Of these four estimates were of between 500 and 1000 participants from general work.
- 35 respondents estimated numbers from specific work with pregnant women, parents and families with children under three or children under three, the total number estimated was 4301.

This gives a total number of 11,878.

"Our service is committed to trying to improve the health and wellbeing of parents and children under three but it is quite difficult to get the most deprived and needy to access the courses and groups available. Many parents need the support of a family worker to have the confidence to participate."

Community Food Initiative

Gowans Child and Family Centre focuses its work on parents or families with children up to age three. All their families are referred, mainly by social workers and health visitors, and staff work with around 45 parents and children each year. Families can be experiencing a range of complex needs and issues including drug or alcohol dependency, physical or learning disability and mental health issues. This makes them hard to engage with, so a key part of the work is building the relationship with parents to get them motivated and committed.

From its general work (eg. food co-op) **Broomhouse Health Strategy Group** estimates that it can work with around 100 people, who are either pregnant women, parents with children under three, or children under three. In its more specific work with this group it could work with fewer people, eg. in its 'Cooking up a story' group it worked with 14 parents or carers and 24 children, of which seven were three and under. This pilot attracted those who would not have participated in cookery.

In year one **Grassroots** target is to work with 40 families, thereafter the numbers will increase. A major issue facing for parents in rural South Lanarkshire can be isolation, so the peer support aspect is crucial to their service. Volunteers support families involvement, enabling a positive, trusting relationship to form, providing consistency and stability.

Bump Start has recorded working with 60 pregnant women in the last year, though the numbers involved in the Pregnancy Café may fluctuate over time. Women referred to them by Health Visitors or midwifes may have chaotic lifestyles or be isolated, sometimes there might just be a sense that they need more support because of other issues such as housing. Staff work with many teenage or young mums-to-be.

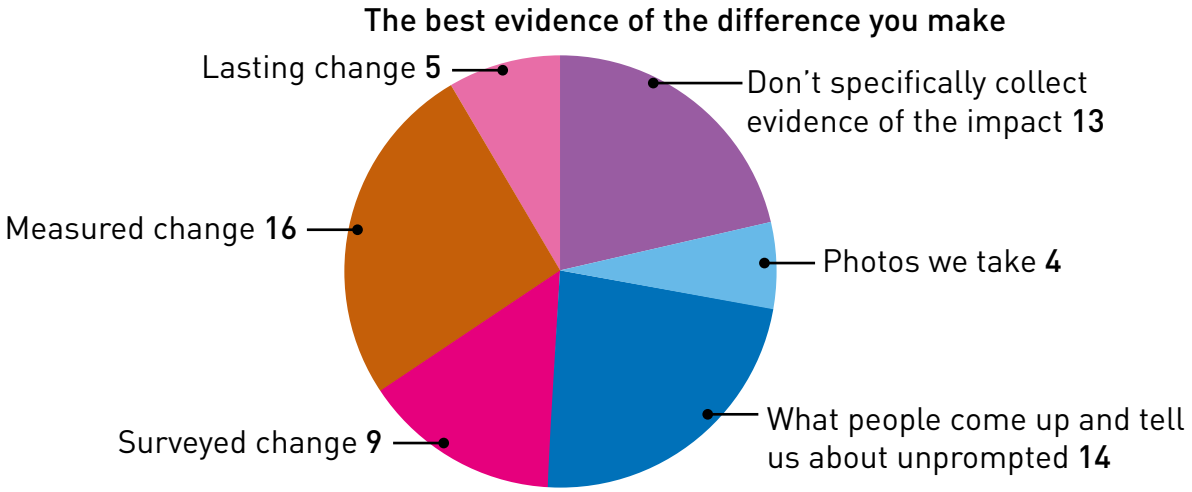
"Relationship building has been key to being able to offer a service to women, children and families with respect to healthier life choices, nutrition and the needs and developmental aspects of child development. Providing 'play' forums for social contact as well as learning opportunities."

Community Food Initiative

What is their best form of evidence?

All respondents to the survey answered this question, though 13 did not specifically collect evidence of impact. There were five means of collecting evidence of impact: photos; what people come and tell people unprompted; and surveyed, measured or lasting changes. It is worth explaining these last three:

- **surveyed change** means collecting information at the end of the work that asks about any change or difference.
- **measured change** means comparing information on where people started with where they are later to show a clear and defined change.
- **lasting change** means showing the change has been sustained for at least three months, and demonstrating following work with people that there is also evidence of measured change.



The most common form of evidence cited was either what people came up and tell them about unprompted, and then measured change. Five indicated that they had evidence of lasting change, though when we contacted two to follow this up, they did not meet the criteria for lasting change, and so were not interviewed.

"We work with a wide range of partners to support this agenda offering inputs and advice on a needs led basis. We review the impact on parents and children via recognised monitoring and evaluation methods already in place and use collated information to review and reflect. While we do not work with individual families, our joined up approach, linking schools with the wider community, local and national policy has meant that we can support this area of nutrition, and raise awareness of its importance."

Local Authority

Broomhouse Health Strategy Group uses a range of methods to **survey change**, for example in its 'Cooking up a Story', staff used a range of tools: feedback forms, **photos**, observation and also organised a special evaluative discussion session focused on a short video of the sessions they had made. In other activities they also use visual tools such as the graphic map illustrated on page 17 from a review of the Cookin' Drop In.

Gowans Child and Family Centre keep things simple. They use staff observation, activities and games (like one based on the eatwell plate), that helps participants review what they have cooked at home and during the cooking sessions. Staff also ask how often parents cook at home. **Surveying change** by stealth, especially using visual aids, they also find that **parents come up and tell them about changes** or the difference support has made.

Grassroots began to use a Family Outcomes Star in April 2012; this is both an action planning and evaluative tool, which enables staff to gather data on **measured change**. The Outcome Star is completed with the family when they begin with the Grassroots Project, this helps focus work and sets a baseline. A Star is completed at each six monthly review, so change can be measured. While there are no specifically food related outcomes, its food activities, such as cookery classes, weaning workshops with their NHS partners or volunteers supporting healthy eating choices, lead to the achievement of outcomes such as improved parenting skills or control and decision making. Grassroots is also conducting a piece of longitudinal research to track parents and families for a year which should provide more data on **lasting change**.

Bump Start survey change using feedback forms, questionnaire and participative activities, for example the eatwell plate, post-it notes or scales with stickers. Staff also find that women **come up and tell them about things unprompted**, eg. having learned how to make a cheese sauce they have gone home and told their mum, granny or neighbour they know how to make it.

What does the evidence tell them about the difference they make?

Of the 48 who collected evidence of impact, all had evidence of the difference they make. The most common difference identified was, "They know more about healthy eating and food", with 41 identifying this change. Next highest were:

- people knew about the benefits of healthy eating (36)
- people had better cooking skills (34)
- people were choosing to buy healthier food (32)

Being able to use learning to choose how to feed infants (28) and feeling more confident about weaning (25) came next.

Half had evidence of other non food related changes. Nineteen who stated this were running parent and toddler type activities with food, 12 running cooking classes with parents and children and six working on growing projects.

Only seven had evidence of 'healthier weight' (one of the longer term outcomes within MINF), although 15 groups indicated that they did healthy weight work with pregnant women and or mums. Three of these were part of the seven. These three had either surveyed or measured change.

All the community food initiatives we interviewed encouraged pregnant women and parents to make healthy choices for themselves and their child (eg. breastfeed, eat healthy food and less unhealthy food). Most did focused work to improve parents and carers understanding of the effect of their choices (about infant feeding, weaning or eating) on their own and their child's health. Often the changes made were **baby steps** towards better maternal and infant nutrition, as set out in the Maternal and Infant Nutrition Framework.

"I have had thank you cards from mums about how much they have benefited from groups. I have also had good feedback information from the groups I run. The pictures show the good numbers that return regularly and I believe people only return because it is of some benefit to them. Not only do we supply nutritional advice, but we are a support network in every sense and prevent isolation."

NHS

Gowans Child and Family Centre find that parents come to them with very low levels of cooking skills, most do not eat much fruit or vegetables, and children may not have been weaned properly. For many parents change is difficult. It can take some time for changes in understanding to translate into behaviour change, or these need repetition and reinforcement. The emphasis on small and manageable changes means that there can be multiple steps on the ladder towards healthy living.

Signs of positive changes seen include a mother drinking water rather than fizzy drinks and a pregnant mum and her partner reducing by half their portions of takeaway meals. Where parents indicate an increase in cooking at home from once a week to three times, it is a very significant change for them.

In the one-to-one work, staff focus on addressing particular issues to help them understand the effects of their choices on their own and their child's health, eg. helping a mum with learning difficulties to understand the risks involved in her child's obesity and begin to tackle it, or the mum of a child with severe allergies to work out how to shop and make safe, nutritious food for him.

In its drop-in session for parents 'Eat for you', staff have observed changes, like parents breakfast, where before they would have gone without. Parents are **trying to make more healthy choices** for themselves and their child.

During a recent sticky note feedback exercise to check what parents got from 'Eat for you', some of the statements included 'healthy portions',' salt, fats and sugars', 'learn to cook healthy menus' , 'new recipes' and 'have a laugh'. Parents have taken on the learning about the high hidden levels of salt, sugars and fats in foods and the dangers of these; they are going to produce posters for the parents room with warnings and health messages.

The health literacy starting point for many of the pregnant women, especially young women, at **Bump Start** is very low. For example, when the Pregnancy Café was held in the morning staff found that many had not had breakfast, and some would eat nothing all day and then have a lot to eat at night. Others would be thinking about their appearance, and concerned about gaining weight during pregnancy. Many have never been taught to cook and have no confidence. For example, when faced with a three ingredient recipe one woman said "I can't do that, I don't like carrots", to which the tutor replied "Ok, so substitute that for something you do like, what about peas?"

Because the recipes are simple and made from basic ingredients, they can be repeated at home, and the tutor gets feedback that they are. This makes it easier for them to **try to make more healthy choices** for themselves.

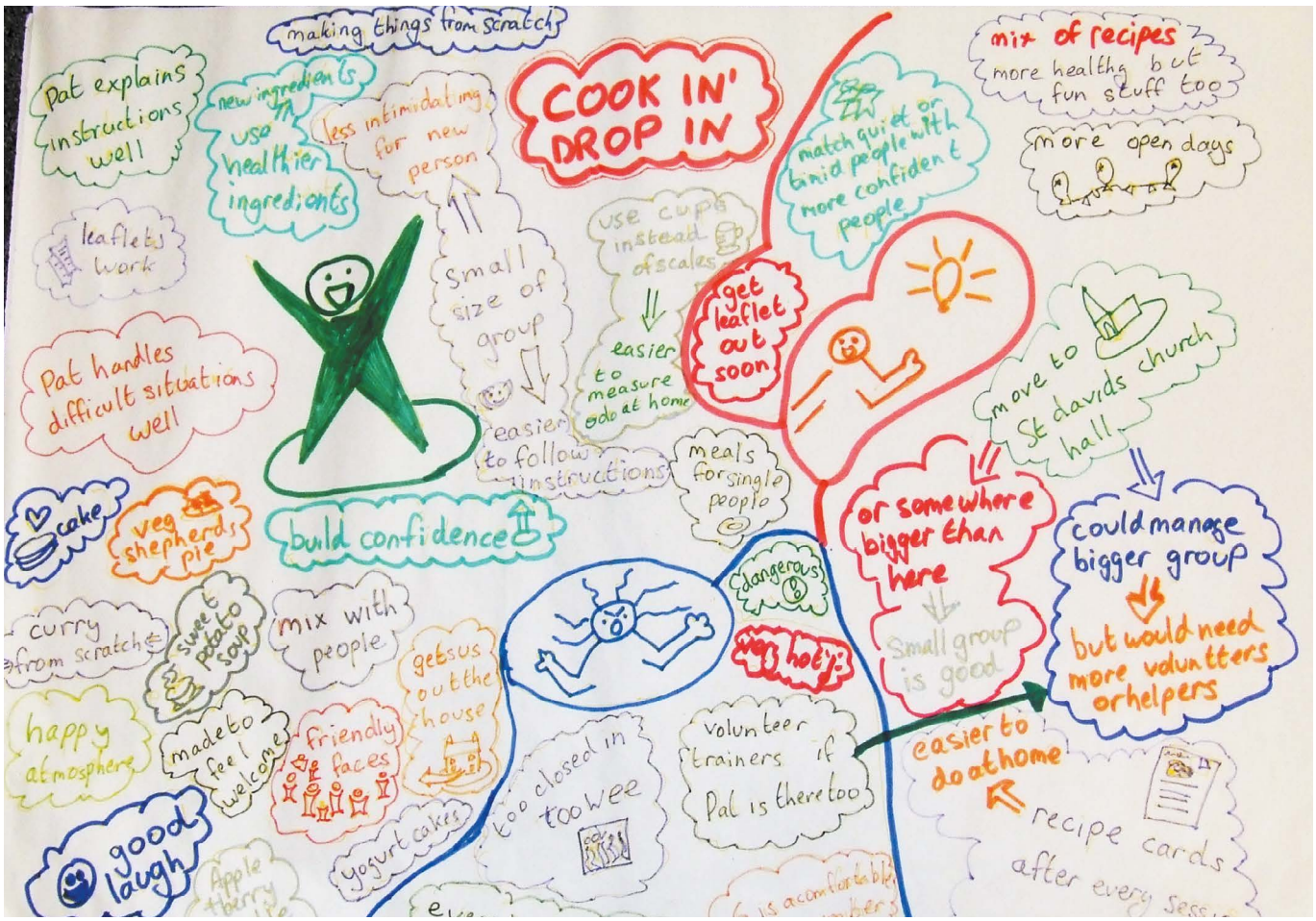
Many will not countenance breastfeeding, sometimes because there is no tradition of this in the family or they reject the idea outright. One young woman had been told by her sister it was lazy to do it, while another young mum, who was 20 weeks pregnant, had been told by her mum to buy a steriliser to get organised early.

Bump Start struggle to overcome this resistance to breastfeeding. The changes it achieves are about getting women to eat regularly, repeat recipes or adapt them at home, and have the confidence to try new things; all small but vital steps towards better health for mothers and their babies.

When they held a review session with parents on 'Cooking up a Story', **Broomhouse Health Strategy Group** found that of the eight parents involved, all were more aware of local services, two were more confident about talking about healthy eating with children and two more confident about involving them in cooking activities.

This may make it easier for them as a family to **try to make more healthy choices**. Additionally two parents who would not have considered joining the cooking sessions, did so. Outcomes beyond nutrition included two parents more confident in reading stories to their children and three feeling more sociable. From this pilot **Broomhouse Health Strategy Group** hopes to build further food storytelling work, and research the need for activity around weaning.

The graphic facilitation of the Cookin' Drop In, illustrates both feedback on how things went or how to improve things, and the difference participants feel it makes for them.



"The key outcome for our work is to increase the uptake of Healthy Start scheme through a planned programme of work with NHS and partner agencies, women and their families/ friends, and retailers."

NHS

"Feedback from volunteers on our REHIS Elementary Food and Health courses demonstrates that there is a wider impact - although volunteers may not fit your client group they may be grandparents/friends of young people and children and pass on information they have learned. So it's difficult to really quantify the impact."

Community Food Initiative

"I have worked for the past six years as a food development worker and over that time have had regular contact with all of the above categories, most recently, in March of this year, where six young women attended regular cooking sessions. These sessions were all about cooking, but softer outcomes were, weaning, label understanding, hidden salt and sugars in foods parent/ child/baby interaction. Most of all, confident within themselves that they could cook, and provide a decent nutrition meal for their family."

Community Food Worker

"We have found that during the course of Let's Cook participants have shown that their confidence and self esteem levels have risen and that they are looking to address other concerns within their lives."

NHS

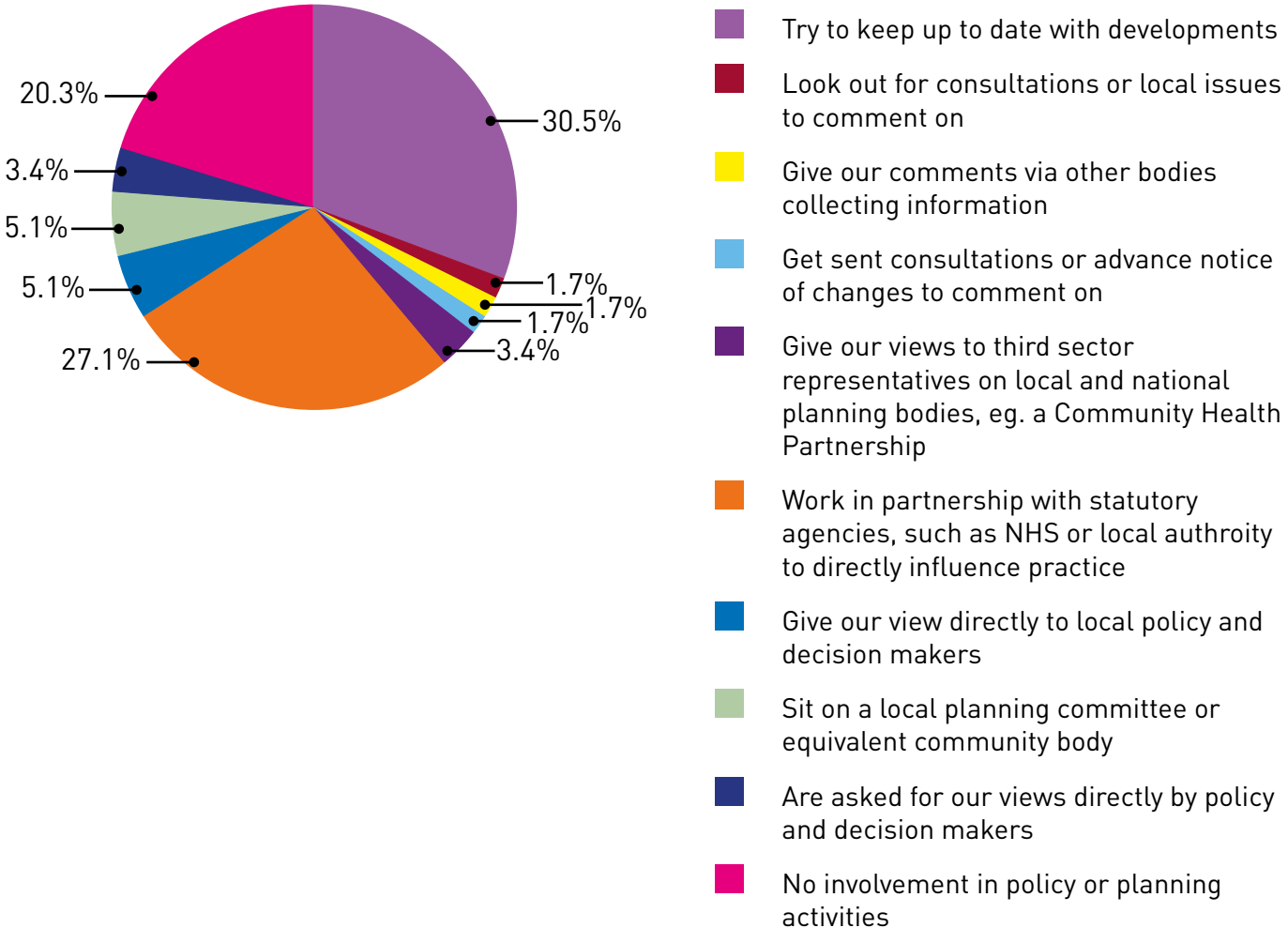
What sort of involvement do they have in policy or planning issues on maternal and infant nutrition?

Of the 61, two did not answer this question, and for the rest:

- 18 tried to keep up with developments,
- 16 work in partnership with statutory agencies
- 12 have no involvement in policy or planning

Three sit on local planning committees, three give their views directly to policy and decision makers and two are asked for their views by policy and decision makers. Of these eight, all were NHS based, with a health improvement or public health role.

What sort of involvement do you have in policy or planning issues on maternal and infant nutrition?



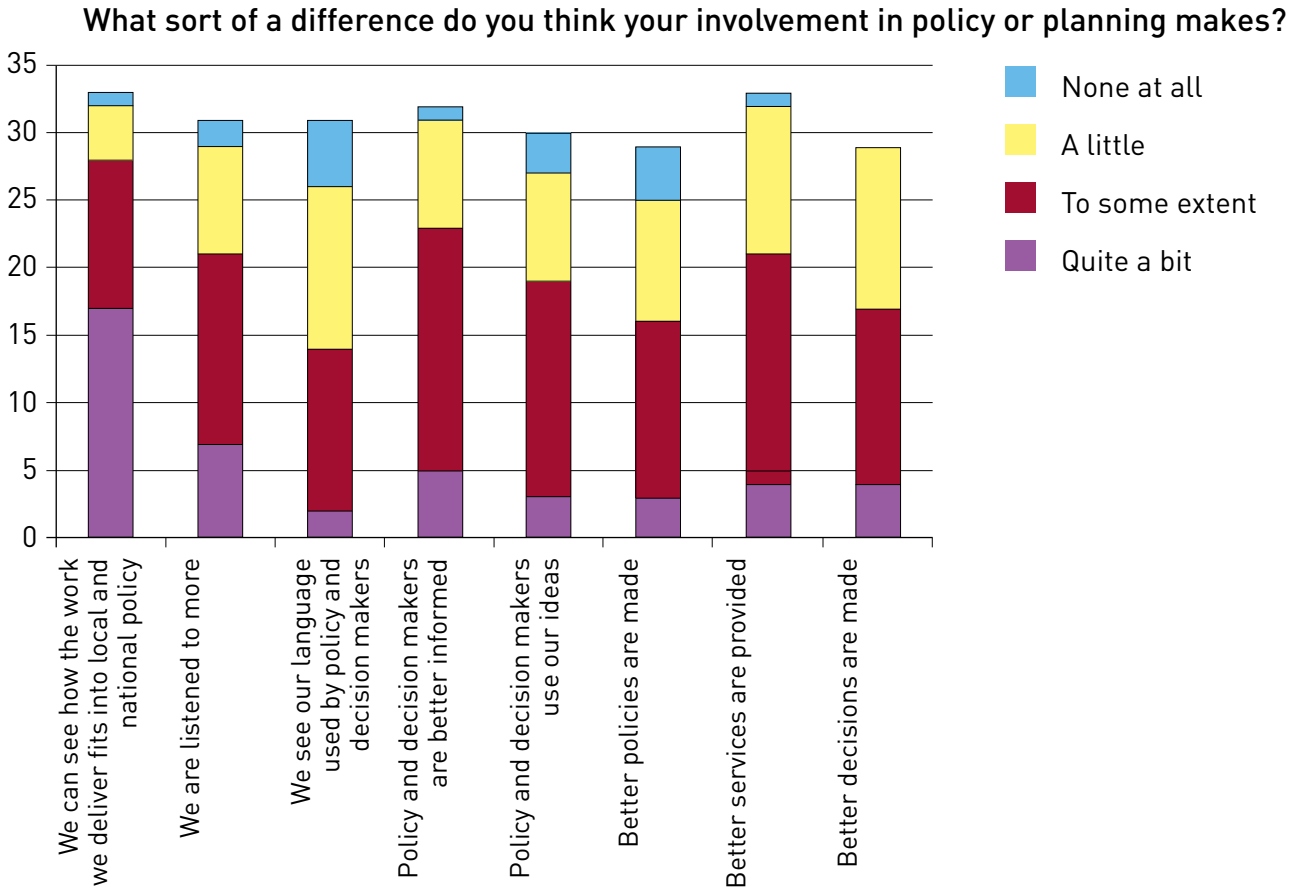
"We promote healthy eating, breastfeeding, healthy weaning, get cooking, etc throughout our various groups and outreach. We are represented on local planning groups including oral health, Children and families planning and people do listen to the views we bring based on our experience. There is still more to do - a population campaign about weaning would be good, as the community messages are still outdated and undermine advice we give."

Council

What sort of difference do they think their involvement in policy or planning makes?

Thirty three of the respondents answered this question. Of the remainder who did not respond, 12 had identified no involvement to the previous question, and the rest were from those who had indicated, "That they try to keep up to date with developments". And within the 33 some did not rate all the statements.

Nearly all responding identified a clear link between their work and policy, stating their work fitted in the local and national policy 'quite a lot' or 'to some extent.



Twenty-three respondents thought that policy makers were better informed because of their involvement: however 17 did not think policy makers or planners were using the language of the sector.

While those who worked in partnership with statutory agencies or sat on planning committees were more likely to perceive that better decisions are made and services provided, one respondent who sat on a committee did not think they were listened to more, their ideas used or better policies made. Four of the respondents who worked in partnership with statutory agencies could only see a bit of a difference from their involvement.

Overall from the survey and the interviews with community food initiatives, highlights that, to influence change in their communities, the most relevant building blocks are partnership working and forming relationships

"While we do not work with individual families, our joined up approach, linking schools with the wider community, local and national policy has meant that we can support this area of nutrition, and raise awareness of its importance. "

Local Authority

Broomhouse Health Strategy Group, like many community food organisations, works across a range of policy areas, including maternal and infant nutrition. Within Edinburgh it has made connections with both local and city wide health and voluntary sector networks. Staff sit on relevant committees and forums. This means it can keep connected with what is going on, meet and form relationships with new potential partners or feed in its views through others such as the Lothian Community Health Forum. In the community it means they can effectively signpost people to relevant services, reduce duplication and maximise their resources – resulting in better services being provided for community members

At a national level **Broomhouse Health Strategy Group** participated in a Learning Exchange with Scottish Government civil servants organised by CFHS, Community Health Exchange (CHEX) and Voluntary Health Scotland (VHS).[1] A unique opportunity to engage in dialogue, it made them more aware of the issues experienced by civil servants. It also increased officials understanding and appreciation of the work they do, one commenting "you can read 100 reports but it makes more sense seeing it happen". Meeting the officials has made Broomhouse Health Strategy Group more confident about approaching them directly if they had an issue. This seems to evidence that **policy and decision makers are better informed**.

Grassroots staff work in partnership with a range of voluntary and statutory agencies and sit on a number of local steering groups. Partnerships are key to ensure they do not duplicate services and so that Grassroots can signpost service users appropriately. On the various committees and groups they sit on, they contribute their views to policy, planning and exchange good practice information. The focus would seem to be that **better services are provided**, which existing and emerging joint working, and referral mechanisms would seem to evidence.

"More consultation is needed with these groups to gather information from a grass roots level which can help the community feel included, informed and that they are helping to influence policy."

Community Food Initiative

1 www.communityfoodandhealth.org.uk/publications/local-national/

What else did people say?

In addition to comments about links with policy, several respondents commented on the impact of welfare reform and the need for investment in food and health work:

"There is a definite need for more support in deprived areas like Broomhouse, to enable parents to have the confidence and skills to improve the nutrition of their families. With the changes that local people face through welfare reform and the increasing rates of obesity - the type of services that we run at such a local and personal level are even more important."

Broomhouse Health Strategy Group

"Welfare reform is having a huge impact on local families, some of whom have had to access the local food bank for which they are grateful but find humiliating. One family with a three year old and an eight year old didn't eat from the Friday till the Monday recently. We cannot ignore welfare 'reform' when it comes to healthy eating for children and families."

Local Authority

"Homeless, young parents and migrant parents living in hostel type accommodation have very little access to cooking facilities. Those living in small towns and rural areas don't have access to Fareshare. We are being presented with more and more families who don't have enough to eat. Shocking! and it is with welfare reform ongoing it is getting worse."

Anonymous

"Training for staff and opportunities to then use this training with parents is key, which always comes down to time and money and finding ways to be inventive in rolling this out. Very often our children under three, who we are working with, are from vulnerable backgrounds and families, and often nutrition is the last thing on the mind of the parent due to the many stresses they are dealing with in their life and so it is imperative that are able to offer correct advice and support in as relaxed a way as possible."

Community Organisation

"There is never enough funding to run cookery classes for deprived parents with children under three as there is no money to fund crèches."

Community Organisation

"Small grant schemes such as the one Food and Health Scotland run can make such a difference to vulnerable families. I would like to see more match funding from NHS Boards and in particular local authorities. We need to raise awareness of local councillors on the issues and the long term impact of not supporting initiatives around maternal and infant nutrition."

NHS

So what does all this tell us?

About the impact of community food initiatives on maternal and infant nutrition

- Community food initiatives (CFIs) work across the range of health issues on maternal and infant nutrition, with information and advice on Healthy Start vouchers most common. Most CFIs offer four or more forms of support and activity.
- Few CFIs have evaluation systems that allow them to track long term change. This can be linked to the nature of the intervention and the circumstances of those they work with.
- CFIs that have work focused on maternal and infant nutrition, often reach and build relationships with the most vulnerable or those needing most support. Statutory agencies find these the hardest to engage.
- Most of their service users have low levels of knowledge about nutrition, cooking skills or poor eating habits.
- The outcomes achieved by those worked with may be significant and take the form of baby steps towards the transformation of maternal and infant nutrition, and reduction in health inequalities in Scotland.

About the involvement and influence of community food initiatives

- It appears to be challenging for CFIs to be engaged in responding to more formal policy consultation processes.
- It is more likely that they will try to keep up to date with relevant developments. Though many can see how their work fits in to local or national policies, some may need more support to make the strategic links.
- Many CFIs work in partnership with voluntary and statutory agencies. Some play a role in policy or planning, eg. on committees.Though it can be difficult to prioritise this where staff resources are scarce.
- These can have benefits in terms of improved sharing of knowledge, more relevant signposting of people to services and better service provision.
- Where CFIs can invest the time and energy to partnerships and build relationships with statutory organisations, these are the building blocks that enable them to make a contribution and influence change.

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From 1 April 2013 CFHS will become part of NHS Health Scotland,
a Special Health Board with a national remit to reduce health inequalities.