



community  
food and health  
(scotland)

# The impact of cooking courses on families:

A summary of a research study  
comparing three different approaches



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.

## Acknowledgements

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 Consilium Research and Consultancy

## Contents

What this is about	page 3
About the research	page 3
Why we did it	page 4
About the three groups and approaches	page 5
What were the benefits of the different approaches?	page 6
What barriers did participants report when attempting to maintain or develop cooking skills?	page 8
Further good practice ideas for improving the delivery and attendance of community cooking courses	page 9
Research methods	page 10
Conclusion	page 10
References	page 11
Contact details of groups	page 11

## What this is about

This short report provides a summary of research commissioned by CFHS that studied the impact of cooking skills on families. Three food initiatives took part in the research and each used different approaches to teaching cooking. This report provides an overview

of the benefits of the different approaches and it will be useful to anyone considering developing or improving cooking sessions for parents, families or young people.

## About the research

In 2012, Community Food and Health (Scotland) or CFHS, appointed Consilium Research and Consultancy Limited to undertake research about cooking courses and their impact on families. The aim of the research was to explore the relative merits and strengths of three different approaches to delivering hands-on cookery courses in a group setting to:

- families - parents (or carers) learning together with their children;
- parents (or carers) of nursery or school-aged children; or
- young people (aged around 13 years).

The researchers looked for evidence that the cookery sessions had met the following outcomes:

- Increased knowledge about food and health, eg. an understanding of healthy eating, the Food Standards Agency’s (FSA) eatwell plate, and weaning.
- Increased confidence around healthy eating, eg. confidence to try new foods, and follow or adapt recipes.
- Improved cooking skills – such as cooking techniques and knife skills.
- Attempts to change behaviour to improve nutrition, eg. eating fewer takeaways or ready meals, changing cooking habits to reduce salt, fat or sugar, and eating more fruit and vegetables.
- Outcomes beyond nutrition – such as improved family relationships, improved social skills, and increased confidence.

The research team also found out about the *barriers* that participants felt they faced when attempting to improve their cooking habits. The researcher evaluated the *delivery* of the courses in order to find out if this might improve the outcome. Three initiatives working within low-income areas or communities took part in the research.

This small, exploratory study was carried out with three initiatives - 43 participants and six trainers or managers took part.



## Why we did it

Scottish Government policies, such as the Preventing Overweight and Obesity in Scotland: Route Map (2010), and its Action Plan (2011) and Improving Maternal and Infant Nutrition: A Framework for Action (2011) include actions on practical cookery. These are promoted for adults and families with young children in order to improve food related health, tackle obesity and address health inequalities. However, there is currently not a great deal of conclusive academic evidence available about the impact of community cookery skills courses in the UK.

In recent years, CFHS has aimed to gather information from community food initiatives and agencies working with them to explore the impact and the delivery of cookery courses. This included a roundtable discussion with practitioners, an online survey, and the provision of funding for 11 groups to develop their evaluation methods for cookery courses. Much of this work is reported in our publication: What's Cooking in Scotland? Part Two. We wanted to take the next step of using the resources of a research team to explore the impact of cookery courses by comparing different approaches to teaching cooking skills to families.



## About the three groups and approaches

### **Adults and Family Learning Team based within North Perth Community School (family approach)**

A team of three staff has co-ordinated and run cooking courses with families for around 12 years as part of its family learning programme. Participants are usually families with school-aged children from three local schools. The team runs the courses in one of the schools.

The participants involved with the research had taken part in courses that were delivered for 1½ hours after school, once a week for four weeks. Parents or carers attended with their children and around four families took part each week. The focus of the course was on the parent or carer learning alongside their child (or children) to prepare healthy, easy-to-prepare snacks or meals made from everyday items that they were likely to have in their cupboard. Families were involved in choosing recipes at the start of the course, although the trainer ensured that these included healthy ingredients and encouraged them to try new foods each week. The foods were tasted at the end of each session and remaining food and recipes were taken home for other family members to try. The families were taught about healthy eating and food labelling in a fun and informal way throughout the course.

### **Edinburgh Community Food (ECF) and the Community Learning and Development Worker based at Pentland Community Centre (young people approach)**

ECF has been involved in delivering cookery courses for 14 years to low-income communities or with vulnerable groups. The participants involved with the research had taken part in a course over a school half-term break. It was delivered in partnership with the Community Learning and Development worker based at the Pentland Community Centre where these courses had taken place.

Young people aged around 13 completed the course, which included two-hour practical cookery sessions each day for three days and the completion of an accredited food hygiene course over two days. The sessions began by learning about the eatwell plate, followed by practical hands-on cookery in small groups. Part of the course included a 'Come Dine with Me' type theme, where the young people chose and planned a meal in small groups.

### **Community Food Work Team from the Nutrition and Dietetics Department within NHS Ayrshire and Arran (parents approach)**

Community Food Workers (CFW) from the Nutrition and Dietetics Department within Ayrshire and Arran have delivered cookery programmes in community settings for 12 years. In recent years, they have focused on early years' work, by working with nurseries to provide cookery programmes for parents and teaching early years staff about food for early years and how to run effective cooking sessions.

The participants involved with the research attended a programme for parents or carers of young children that took place either within the nursery building or a community venue nearby, whilst their child was attending the nursery. The programme was delivered for two hours each week for four to six weeks. The participants learned about nutrition theory by using the eatwell plate and the CFW taught cooking skills by taking the group through each step of a recipe. Each participant took part in hands-on cooking by preparing their own family-sized meal (for four people) to take home with them. The CFW also gave the parents tips and ideas about how they could involve their children with food preparation, cooking and healthy eating. Participants received a copy of the Team's Munch Crunch 2 book, which has easy-to-use, affordable recipes.



# What were the benefits of the different approaches?

## Did they increase their knowledge about food and health?

Participants from all three approaches increased their knowledge about food and health.

The *parents* approach benefited from learning about the eatwell plate and from the absence of childcare responsibilities. Participants achieved a greater knowledge of nutrition compared to the other approaches.

- All participants on the *parents* course expressed that their knowledge had increased a lot as a result of the programme – mainly by providing examples of what they had learned about the eatwell plate, but they also included some examples of learning about specific individual concerns such as diabetes, infant feeding, or gluten intolerance, which the CFW was able to provide information about.
- All participants on the *family* course stated that their knowledge had increased; the four families that took part in a basic nutrition quiz during a focus group gave correct answers to all seven questions and the children were particularly enthusiastic with their answers.
- Each of the *young people* stated that their knowledge about food and health had increased as a result of the course. They had built on their knowledge of the eatwell plate, already learned at school.

## Did they increase their confidence around healthy eating?

The *family* and *parent* approaches both had strong results in terms of building confidence, particularly around the ability and desire to try new foods and try out recipes.

The *family* approach showed evidence that this confidence had developed further, due to the influence of the children on the shopping and cooking habits of their parents after the child's involvement with the cookery course.

- The majority of participants from the *family* approach indicated that the course had contributed significantly to their children's desire and confidence to try new ideas for meals, or new ingredients and tastes.
- Most participants from the *parents* programme<sup>1</sup> reported that their confidence to prepare meals from scratch had increased.
- Most of the *young people* stated that they were already fairly confident about healthy eating, but the course had increased this a little more.

## Did they improve their cooking skills?

The *parents* and *family* approaches both showed that participants had improved their cooking skills.

The *parents* approach provided a more intensive focus on the development of technical cooking skills; these participants showed the greatest improvement in cooking skills compared to the other two approaches.

- Most participants in the *parents* approach stated that they had used their newly developed cooking skills to follow, adapt and try new recipes, although sometimes this was building on existing skills. The most frequently cited developed technical skill was knife skills.

- The majority of parents or carers from the *family* approach indicated that the course had provided an opportunity for their child to try new techniques, including knife skills; this gave parents the confidence to replicate these activities with their child at home.
- A small number of the *young people* indicated that their cooking skills had improved a lot, particularly those with less experience or fewer skills.

## Did they attempt to change their behaviour to improve nutrition?

All of the approaches had made some impact linked to improved nutrition. These changes were much more evident with the *parents* and *family* approaches, in particular the *family* approach.

The *family* approach had clear advantages because of the family bonding (emotional and practical) that took place during cookery, which led to the desire and motivation to replicate activities at home.

- Each *family* provided relevant examples of how the cookery course had contributed to positive changes in cooking habits at home; the biggest change was the reduction in ready meals bought. All participants reported that they were trying to cook and eat more fruit and vegetables.
- The majority of participants from the *parents* approach reported that they were involving their children more with cookery preparation and using the Munch Crunch 2 recipe book as a guide. The majority of participants stated that they were moving towards eating more fruit and vegetables, although many were already aware of the '5 a day' message.<sup>2</sup>
- Although all the *young people* indicated an increased confidence to eat healthy food, only a few gave examples of changing their behaviour – possibly partly due to being less able to influence the family diet. Those who were more involved with cooking at home, or with more interest in cooking, gave some examples of trying recipes again at home.

## What other outcomes were there beyond nutrition?

Both the *parents* and *family* approaches highlighted the **social benefits** of the course, including meeting new people. Participants benefited from the informal, friendly approaches of the sessions.

Around half of the parents or carers in the *family* group reported that they had learnt skills or ideas to improve their **food budgeting**, mostly highlighting portion control and freezing excess food. Likewise, a small amount of the participants from the *parents* approach had picked up money-saving ideas around freezing spare food and using supermarket own branded products.

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

Parent on *parents* approach programme

A few parents or carers from both the *family* and *parents* approaches highlighted that the sessions had helped **improve their child's behaviour**; examples included participants reporting that their child was more involved in household tasks, including cleaning up.

The *young people* indicated that the inclusion of the REHIS accredited food hygiene training was a major attraction to taking part in the course. They appreciated having an opportunity to complete a certificate that could enhance their **employability prospects**, whether or not they planned to work in the catering industry.

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

Young person

<sup>1</sup> A recent published study about the work of this team and its programme for parents also found that participants had retained their confidence a year after the programme. See: Ada L Garcia, Elisa Vargas, Po S Lam, Fiona Smith and Alison Parrett. Evaluation of cooking skills programme in parents of young children - a longitudinal study Public Health Nutrition, available on CJO. doi:10.1017/S1368980013000165.

<sup>2</sup> A recent published study about the work of this team and its programme for parents found that participants reported frequency of fruit and vegetable intake was lower than 5 portions per day at base-line. See: reference on page 6.

## What barriers did participants report when attempting to maintain or develop cooking skills?

- Participants from all approaches indicated that the main barrier to them putting what they had learnt into practice was a lack of time. Examples included: not enough time to plan, shop for and prepare food because of work, homework and busy social lives. Involving children with cookery also takes time and planning.
- Financial barriers were not highlighted by participants as a major obstacle, however all three initiatives have strived to ensure that the sessions focus on affordable foods. However, some participants on both the *family* and *parents* approaches indicated issues with some costs, such as the cost of cooking equipment or building up a range of herbs and spices.
- *Young people* were less likely than other approaches to put their learning into practice because they were less able to influence family meals. They also experienced peer pressure or temptation at school lunch times which prevented them from putting healthy eating into practice.
- Some participants from the *parents* or *family* approaches highlighted problems with being able to source recipe ingredients in local shops, some also did not have a table at home to enjoy a shared meal with their family.
- Some participants on the *family* approach highlighted concerns about the contradictory messages between the course about limiting use of ingredients such as salt or sugar and TV chefs' liberal use of these.



## Further good practice ideas for improving the delivery and attendance of community cooking courses

### Setting up cooking courses

- The location of the course was crucial for all approaches: The *families* benefited from a familiar school based venue, the *parents* appreciated a venue nearby that also provided childcare provision and the *young people* benefited from a non-school environment.
- The delivery of the courses had an influence on how the courses were received. The *families* and the *parents* appreciated working with someone familiar to them or with whom they had built trust. The *young people* appreciated working with staff who treated them as adults.
- Each course was tailored to the needs of the group, ensuring that information learned and skills developed were relevant and interesting to those attending.
- The initiatives aimed to ensure that the recipe ingredients were affordable and accessible in the area.
- Staff running the course using the family approach suggested that children attending with *families* are at least seven years of age as this is more likely to result in a safe, effective and smoothly-run session.

The trainers involved with the *young people* plan to adjust the course slightly in the future to continue to ensure that activities are fun and engaging, but also to enable them to learn a wider range of food skills, such as choosing and costing recipes.

### Marketing cooking courses and addressing budgeting concerns

- The *family* initiative encouraged attendance by marketing the course as suitable for making meals from store cupboard ingredients. This helped address concerns about stigmatising those signing up for cooking courses that aimed to use affordable ingredients.
- The *parents* felt that more people would

- be encouraged to attend the programme if it advertised the fact that the cooking session would result in a family meal to take home afterwards, saving participants time and money not having to prepare another meal when they got home.
- The *family* and *parents* approaches successfully helped participants save money on their food budget, without compromising on taste or quality, by providing ideas about freezing spare food, portion control and using own brand or some budget ingredients within recipes.
- The *young people* were particularly keen to attend because it gave them the opportunity to receive a certificate (for food hygiene), which they hoped would enhance their employability prospects.

### Increasing the impact after the course has finished

- Participants from all three approaches appreciated being able, or would have liked to have been able, to take the recipes home with them so they could try these again. They suggested that these could be available online. The *parents* particularly found the Munch Crunch 2 book useful and accessible. Some participants also suggested that messages that repeated some of the information by text would be useful.
- Participants from all three approaches wanted more sessions or more courses.



## Research methods

The researchers used the following methods to gather information:

- Desk research, including reading key documents and the evaluation materials provided by the three initiatives.
- Five face-to-face interviews and one telephone interview with key stakeholders such as trainers or managers.
- Focus groups and telephone interviews with participants:

*Family approach:* Focus group: 6 parents (1 male) and 9 children

Telephone interviews: 2 parents (1 male)

*Parents approach:* Focus group: 7 parents (1 male)

Telephone interviews: 10 parents

*Young people:* Focus group: 9 young people

The researchers used activities within the focus groups that had been used within the courses; such as quizzes, questionnaires and the eatwell plate.

This is a small, exploratory study carried out with just three initiatives (43 participants and six trainers or managers). The researchers aimed to address the following concerns with the research:

- the participants might not be representative of their target group
- the initiatives had run the courses from one month to one year before participants took part in the research; and
- the amount of evaluation materials from each initiative varied.

However, the researchers used a range of methods to gather information in order to cross-check what they found and their findings will be useful to those involved in the development of cookery courses.

CFHS supported the research by recruiting the initiatives. The initiatives were expected to: have delivered a cookery course using one of the approaches within the previous year, undertaken some evaluation activities and continued to have some contact with participants or those working with them. All the initiatives met this criteria, although there was a large variation between when the courses had taken place. CFHS provided expenses for the initiatives to take part (£500 each) and provided a £25 voucher for each participant or family in addition to this.

## Conclusion

The three approaches all had some impact on participants. Working with parents (and carers) or parents with their children had a more immediate impact on cooking and eating habits at home compared to the young people who had fewer opportunities to put what they had learned into practice. But the young people may benefit from the cooking sessions later in life. Working with parents alone can provide more of a focus on building technical skills and knowledge. However, working with children and parents provides the opportunity for families to learn and taste new foods together, inspiring them to continue this at home. Trainers in all the initiatives had a wealth of experience and this was reflected in the participants' positive views about the delivery of the courses.

## References

**Information about policies is available on the Scottish Government website:**

Preventing Overweight and Obesity in Scotland: A Route Map Towards Healthy Weight (2010) and the Prevention of Obesity Route Map Action Plan (2011)

Improving Maternal and Infant Nutrition: A Framework for Action (2011)

[www.scotland.gov.uk](http://www.scotland.gov.uk)

Information about the Food Standards Agency eatwell plate

[www.eatwellscotland.org](http://www.eatwellscotland.org)

**The following publications are available from Community Food and Health (Scotland):**

Consilium Research and Consultancy: The impact of community cookery skills on families – a comparison between three different approaches (2013)

What's cooking in Scotland? Part One – How community food initiatives are addressing the challenges of setting up cookery courses in low-income communities

What's cooking in Scotland? Part Two – How community food initiatives are finding out about the impact of cookery courses

Munch Crunch 2 recipe book, developed by NHS Ayrshire and Arran

[www.communityfoodandhealth.org.uk](http://www.communityfoodandhealth.org.uk)

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