

What's cooking in Scotland?



community
food and health

(scotland)

Part three: Tools and ideas to help you critically appraise your cooking skills courses



Acknowledgments

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CFHS would especially like to say thank you to the authors of the CFHS Cooking Skills Review: Avril Blamey and Jacki Gordon; and members of the review advisory group: Jane Bunting – Royal Environmental Health Institute of Scotland; Susan Kennedy – NHS Forth Valley; and Kimberley McLean and Ian Shankland (now retired) – Lanarkshire Community Food and Health Partnership.

About Community Food and Health (Scotland)

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



Foreword

Although behaviour change is at the heart of this publication it is important that this is not restricted to those attending the courses. Tutors and funders could also benefit from changes in behaviour and those responsible for everything from the wages and benefit levels to the retailing opportunities of course participants may wish to consider the impact of their behaviour if effective change is to be achieved and sustained.

Above all this publication reflects how respect and dignity is as crucial in the classroom as it should be within every aspect of the food system.

Finally, while often delivered in very challenging circumstances, the most effective cooking courses are based within communities, respecting their values and ambitions, and most importantly are fun. We hope you too find this publication not only informative but also enjoyable.

Ian Shankland, former manager of Edinburgh Community Food Initiative and Lanarkshire Community Food and Health Partnership and currently chairperson of Glasgow Food Policy Partnership.

What's in the guide?

The guide will help you plan and adapt your cooking skills course by encouraging you to think about the following things.

Section

1

Planning

page **9**

- What information do you need to help you plan your cooking skills course?
- What outcomes are you trying to achieve? What difference are you trying to make?
- What cooking skills course strategies (i.e. what activities you do and why you do them) can you use to achieve these outcomes?
- How can you target or tailor your strategies to better meet participants' needs and wishes in order to improve their effectiveness?
- What opportunities do you have to reinforce learning or health messages during or after the cooking skills course?
- How and when should you plan your strategies?

Section

2

Reflecting

page **15**

- How could you use tools from sociology and psychology, such as behaviour change concepts, to think about why participants are responding in different ways to your strategies? Do these overlap with community development or asset-based approaches to health improvement?

Section

3

Putting it together

page **25**

- What are the challenges and successes of four popular strategies used in cooking skills courses? We have critically appraised these four as examples for you:
 - eating together at the end of a cooking session
 - parents and children cooking together
 - taking food home after a cooking skills session to share with others
 - providing participants with equipment, recipes or ingredients to take home with them.

Section

4

Evaluation

page **31**

- How could you find out why your strategies are (or aren't) working so that you can adapt or try out new ones?

Section

5

Case studies

page **33**

- How to put all the information together. Three case studies demonstrate the ideas in this guide in action:
 - Birchwood Highland
 - Fallin Nursery and Out of School Care
 - Edinburgh Cyrenians.

Section

6

Further information

page **39**

- Resources, evidence and further reading around the subject of cooking skills courses.

Glossary

This guide uses a range of technical terms. These are explained throughout the guide and can be referred to here.

Behaviour change concepts – Behaviour change theories have been developed using psychology and sociology to attempt to explain why people might (or might not) change their behaviour. In total, 10 behaviour change concepts have been formed from these theories which are particularly useful for programmes that attempt to change peoples' behaviour (for example cooking skills courses which hope to encourage people to use their new cooking skills or eat a more balanced diet). Each of these concepts can help explain a different psychological or sociologic process that might be taking place which can help or hinder behaviour change, or simply ensure participants are engaged with and interested in your course.

Cooking skills courses – Cooking skills can be taught through a course or through drop-in or one-off activities. These can be run on a one-to-one or group basis. In this guide we use the term 'courses' to include a range of ways of running cooking skills activities, and mainly focus on courses for groups. We focus particularly on courses that aim to improve cooking skills and improve diet-related health, but recognise that some practitioners will have other aims, such as social outcomes.

Eatwell Guide – The Eatwell Guide provides a visual representation of how different foods contribute towards a healthy balanced diet. For more information see: www.foodstandards.gov.scot

Healthy Start vouchers – Pregnant women and families eligible for these free vouchers can spend these on milk, infant formula and fresh or frozen fruit and vegetables. For more information about Healthy Start see: www.healthystart.nhs.uk

National Institute for Health and Care Excellence (NICE) – NICE provides guidance and recommendations on a range of health issues within the UK.

Outcomes – Planned outcomes are the changes you are hoping to make to participants with your cooking skills course. Outcomes are what happens in reality. Some outcomes might be unintended.

Participants' motivations, feelings and reactions – People will have different motivations for attending your cooking course

and will react and respond in different ways to what you do on it. It can be difficult to observe how people are feeling about course activities and whether or not these are likely to motivate them to make changes. Evaluation methods that ask for their feedback can help gauge how they are responding. Behaviour change concepts explain the wide range of thoughts and reactions that might be taking place.

Realist approach to research and evaluation – A realist approach is a way of conducting research or reviews. A realist evaluation acknowledges that people react differently to programmes such as cooking skills courses, and explores what works for whom, why and in what context, rather than simply asking 'what works'.

Reinforcement – Reinforcement encourages or supports a participant to continue or maintain a positive behaviour (for example using their skills or eating well). This can take place during the course by providing encouragement, or it might involve planning activities with participants or their support workers that they can do after the course that will help them maintain the positive behaviour.

Royal Environmental Health Institute of Scotland (REHIS) – REHIS acts as the awarding body for a wide range of qualifications including food safety, food and health and, more recently, the Elementary Cooking Skills course.

Strategies – Strategies are any planned activity that practitioners use to help to meet the aims of their cooking skills course.

Strength-based, asset-based and community development type approaches to health improvement – These approaches have in common the aims of: building on the strengths of individuals, groups or communities; supporting people to get involved in or influence decision-making; and building peoples' capacity to meet their own needs.

Targeting and tailoring – Targeting and tailoring relates to shaping a cooking skills course or strategy around the needs of a particular group (targeting) or an individual (tailoring).

About this guide

The guide is for anyone who runs, manages or commissions cooking skills courses for people within low-income communities or who are vulnerable. It will also be useful for those designing or running train the trainer cooking skills courses.

If you are new to cooking skills work and need advice on how to set up your cooking skills activity, this information is available in the CFHS What's cooking in Scotland? Part one.¹ There are a wide range of practical guides and manuals within the resources section of our website. The CFHS publication What's cooking in Scotland? Part two² provides information about evaluating community cooking skills activities.

Our aim is to help you reflect on what you do in your cooking skills courses, and to consider how you can improve these and increase their impact. We will do this by giving you the tools to think about why (or why not) what you do on your courses make a difference to participants lives or how they learn, why your courses seem to work more for some people more than others and ensuring your courses are relevant to them. This guide will help you critically appraise what you do.

Elements of this guide that may help you appraise your work include:

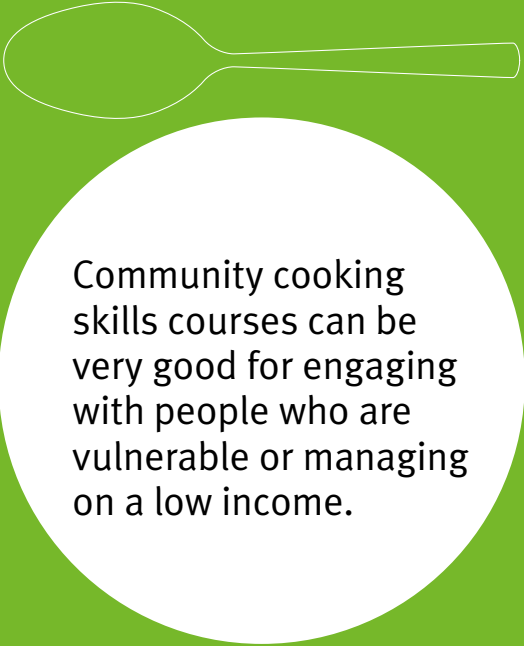
- Considering what 'strategies' you use in your courses (i.e. what activities you do and why you think they will work).
- Reflecting on participants' reactions to your strategies and how you may need to adapt these to support people attending your courses to achieve your planned outcomes.
- Considering shaping your strategies using psychological and sociological theories of behaviour change 'concepts', as there is evidence to suggest that these theories can be helpful. Some of these concepts may seem like common sense; however, being aware of these may help you to think about which selection of concepts you could use to prompt an individual to think about changing their behaviour (i.e. using their newly learned cooking skills, trying new foods or ensuring they are engaged and interested in your course). We will provide examples of how the different concepts relate to the strategies you might use on your courses and why they might be helpful. You can also use these concepts to plan how you could prompt others (such as support workers, referral agencies or family members) to support the aims of your cooking skills courses, so that you are not focusing solely on trying to change the behaviour of an individual attending your course.
- Considering how behaviour change concepts overlap with the principles and values of community development approaches or asset- and strength-based approaches to health improvement. Combining these two different theories or approaches can help you think about how to both encourage an individual to change their behaviour while also ensuring they have ownership of the process.
- Basic information about evaluation and how to find out if the strategies you are using in your courses are achieving the outcomes you had intended, in the way you had intended.

¹www.communityfoodandhealth.org.uk/wp-content/uploads/2012/05/cfhs-whats-cooking-part-one3.pdf


²www.communityfoodandhealth.org.uk/wp-content/uploads/2012/10/cfhs-whats-cooking-in-scotland-part2.pdf

Where our information comes from


This guide is based on a review of cooking skills activities for adults, families and young people, commissioned by CFHS in 2014. The review used a realist approach which focused on learning from practitioners (community chefs, trainers, managers) to find out what worked, for whom, why and in what circumstances. The review looked at materials from 81 organisations and conducted focus groups. The reviewers found that:



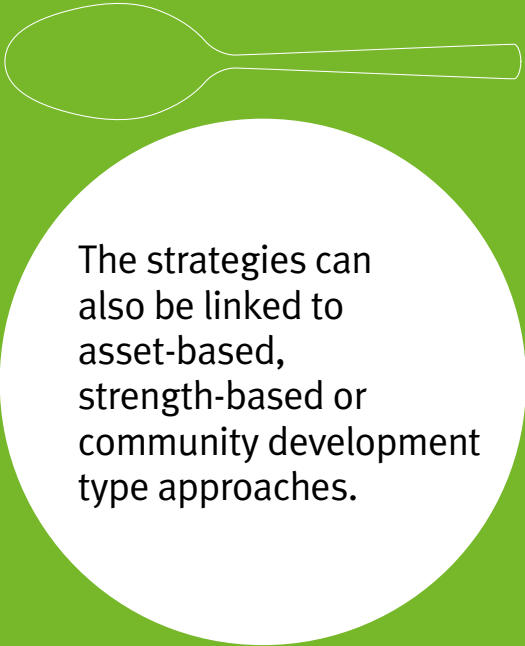
Community cooking skills courses can be very good for engaging with people who are vulnerable or managing on a low income.



Strategies that practitioners use seem to adhere to best practice guidance from the National Institute for Health and Care Excellence (NICE).



Practitioners use strategies differently depending on who they are working with.



The strategies can also be linked to asset-based, strength-based or community development type approaches.

‘It was reassuring to hear that there is sometimes good reasons for us [practitioners] to work in different ways’
(practitioner attending review dissemination event)

Planning

Planning your cooking skills course

The diagram below shows:

- What might influence you when planning your cooking skills courses.
- How this fits with the planning cycle.



A step-by-step approach

Aims and planned outcomes

Your planned outcomes could be influenced by:

- what the participants attending your course want to get out of it
- the aims of the organisation that has asked you to run a course for them
- the aims of your own group or organisation
- your funders.

What strategies will you use to achieve your planned outcomes?

Strategies are all the activities that you plan for your course and why you think they work. They include everything you do, such as recruitment, planning your course and deciding on any activities after the course.

Your strategies could be influenced by:

- What resources you have – e.g. funding, equipment and timing.
- The participants – e.g. how many, who they are, the context of their lives and why they want to attend the course.
- What you think works – this might be influenced by what you have learnt from experience, training or reading about what works.
- The opportunities you (or others) have to influence or support participants during or after the cooking skills course to reinforce their skills, behaviour or knowledge.
- The flexibility you (and participants) have to shape or change the course.

How do you know you are achieving your planned outcomes?

Are you able to gather evaluation information from participants at the beginning, during, at the end, or after the course has finished?

What might you need to do differently?

You might adapt or change your course strategies and outcomes by:

- making small changes to the course as it is being run, by responding to the needs of an individual or the group
- changing the next course that you run.

What outcomes are you trying to achieve?

Deciding what you want to achieve, for whom and how will help with your planning.

You might have broad outcomes such as:

- improve the cooking skills of participants
- improve participants' knowledge of food and health
- participants eat a more balanced diet more often
- increase social contact for people who are socially isolated.

Or you might have more focused outcomes, such as:

- improve participants' confidence to adapt a recipe
- improve parents' knowledge on weaning
- reduce the number of takeaways or ready meals that participants consume
- parents are more confident to provide tasty, balanced meals for their family.

You might have more immediate or short-term outcomes, such as:

- participants prepare recipes they learned on the course again at home
- participants build their confidence to enjoy taking part in a social meal as part of the cooking skills course
- participants are more likely to taste and enjoy new foods.

Whatever your outcomes are, you will need to think about how you will find out if, and how, you are achieving them, and whether or not this is for all or some participants.

What strategies are you going to use to achieve your outcomes?

There are dozens of strategies that you might use. Below are a few examples that cooking course practitioners may use. The more you know about participants and the context of their lives, the easier it will be to choose, what you believe to be, appropriate strategies. There are more examples of strategies on page 17 in the behaviour change concepts table.

- The course runs for just three sessions. The practitioner believes that the targeted participants will not be able to commit to attending a longer course.
- Participants are taught information about healthy eating informally while preparing recipes. The practitioner believes that this suits the interest and motivation levels of the target group to learn about nutrition.
- Participants are encouraged to bring in or suggest recipes that they would like to learn. The practitioner believes that this will help ensure that they learn recipes that they are interested in and are more likely to want to make again themselves.
- Participants are asked to work in pairs or teams. The practitioner believe this will help enhance team building skills.
- Participants are offered the opportunity to receive formal accreditation if they complete the course. The practitioner believes that this will motivate them to complete it and promote pride and self-esteem.
- Course participants are taught to make, store or freeze batches of homemade, 'healthier' versions of their favourite takeaways. The practitioner believes that this will help participants ensure they have meals in their freezer available when they need them, and avoid the temptation (and cost) of buying a take away.
- Course participants are encouraged to eat together at the end of each session. The practitioner believes that sharing a meal will decrease isolation for vulnerable participants.

What the cooking skills review found:

Practitioners who worked with more vulnerable groups (such as people with mental health support needs or experiencing homelessness) tended to use a wider range of strategies. This may be because they:

- ran courses for longer, so could try out different ideas
- had more flexibility to tailor activities to individuals
- had more contact with participants between course sessions and after the course had finished so had more opportunities for reinforcement.

What we found



Can you target or tailor your strategies?

People are more likely to be interested and engaged in your course if the information and skills are relevant to them and suits the context of their lives. You might increase the relevance for participants by:

- targeting the course activities, recipes or health messages to suit the needs and wishes of the *group* of participants that will attend the course (parents, older men, etc.)
- tailoring or shaping the course activities, recipes or health messages to suit the needs and wishes of *individuals* attending it.

Can you reinforce the messages and skills of the course?

Finding ways to embed skills and health messages within and out with your course is likely to increase its impact. You might be able to do this by:

- Encouraging participants by giving positive feedback during or after the course.
- Encouraging participants to set targets for themselves around using new recipes, buying fruit and vegetables, etc.
- Asking referral agencies (if this is how you have recruited participants) or family members and friends to help participants with relevant activities between course sessions and when it has finished.
- If you are running a course for another organisation, asking them to agree to ensure that participants receive consistent health messages or opportunities to implement what they have learned. The organisation could do this by improving food provision, promoting health messages or giving participants opportunities to use their cooking skills.

How and when should you plan (and adapt) your strategies?

Before the course

You will probably plan most of your basic strategies before your course begins.

At the start of the course

You might carry out further targeting of your strategies to suit the needs of most, or all, of the participant group by discussing with them what they want to learn. Depending on the flexibility you have, you might adapt or add to your planned outcomes and revise your planned strategies to meet these.

During the course

There are two main reasons why you might adapt your strategies during a course:

1. You might not have the time or the flexibility to involve the participant group in shaping the course at the beginning. The participants might not know or be confident to express what they want. You might need to adapt your strategies during the course based on their reactions and requests.
2. Evaluation that you carry out during the course shows that your strategies are not achieving your planned outcomes and these need to be adapted.

After the course

You could plan reinforcement strategies that will take place after the course has finished.

Can you use behaviour change concepts to inform your strategies?

Behaviour change concepts have been developed from psychology and sociology theories to attempt to explain why people might (or might not) change their behaviour. Some of these might seem like common sense; however, they can help you be more aware of and understand the range of reactions you receive from participants and thought processes that might be happening, or to simply ensure they are engaged with what is going on.

There are 10 behaviour change concepts that have been formed from these theories. These concepts are recommended by NICE for use in behaviour change programmes because there is evidence to show that they can help to make a difference.

Each of these concepts can help to explain a different psychological or sociologic process that might trigger feelings and reactions, and, ultimately, change behaviour (such as eating better, developing or using newly acquired cooking skills). You could use these concepts to help plan your course strategies.

The more understanding you have about participants' current knowledge, experience or priorities, or what barriers they experience to improving their own health, the easier it will be to identify what concepts are more likely to be useful for them.

The table on page 17 shows how a range of strategies used in cooking skills courses fit with these 10 concepts.

Behaviour change concepts

The table opposite shows examples of how we think common cooking skills course strategies could fit each behaviour change concept. Each concept is also expressed in plain language. The ideas that we have discussed already – tailoring, targeting and reinforcement – can overlap with some of these. Some of the strategies could fit more than one concept.

What we found

What the CFHS cooking skills review found:

Community cooking skills practitioners are using a wide range of these concepts. However, fewer used the last four that are explained in the table, which focus more on making plans for after the cooking course and can help reinforce learning and behaviour.





Behaviour change concepts	Strategies used in cooking skills courses that fit with behaviour change concepts
Outcome expectancies (i.e. helping people to develop accurate knowledge about the health consequences of their behaviours)	<ul style="list-style-type: none">• Using the Eatwell guide to discuss the benefits of eating a balanced diet with participants.• Using quizzes or games to learn about eating better.• Discussing food labelling and how to reduce salt, fat and sugar.• Informally discussing how to adapt recipes (reduce salt, add more vegetables) to make them healthier and the benefits of this.
Personal relevance (targeting and tailoring)	<p>This could apply to health messages:</p> <ul style="list-style-type: none">• Providing weaning information to a group of parents with babies (targeting).• Providing information about how to reduce caffeine to an individual who is not sleeping well (tailoring). <p>This could apply to teaching approaches:</p> <ul style="list-style-type: none">• The group chooses recipes between them that they would like to learn (target).• Individuals choose or bring in recipes they would like to learn (tailor).• Individuals are taught different recipes to each other in the session and learn at their own pace (tailoring).• Recipes are adapted to suit individual tastes (tailoring).• Some individuals learn to use scales, others learn cup measurements, depending on their skills, preferences or equipment they have at home (tailoring).





Behaviour change concepts	Strategies used in cooking skills courses that fit with behaviour change concepts
<p>Positive attitude (promoting positive feelings towards the outcomes of the behaviour change)</p>	<ul style="list-style-type: none"> • Showing how easy it is, and how little time it can take, to make a tasty, healthy meal on a budget. • Encouraging participants to taste new foods, with the hope that they will enjoy them. • Providing information about what other resources might be relevant and useful to participants, such as Healthy Start vouchers.
<p>Self-efficacy (enhancing people's belief in their ability to change)</p>	<ul style="list-style-type: none"> • Encouraging participants to shape the cooking course so they have more control over what they learn. • Promoting participants' knowledge and skills (so they are more confident and feel able to prepare meals at home or make changes to their behaviour). • Aiming to support participants to be able to manage on the budget they have for food. • Providing a certificate (formal or informal) on completion of a course to enhance self-esteem and confidence. • Encouraging participants to support each other, lead courses or provide peer learning. • Participants prepare to finish the course by hosting and preparing a shared meal for friends or family.



**'My friends/
family are
doing this'**

**'My family
make me feel
proud about this'**

Behaviour change concepts	Strategies used in cooking skills courses that fit with behaviour change concepts
<p>Descriptive norms (promoting the visibility of positive health behaviours in people's reference groups – that is, the groups they compare themselves to, or aspire to)</p>	<ul style="list-style-type: none">• Participants are aware of and see former cooking course participants involved in other food-related activities within the organisation, such as a gardening project or serving in a café.• Eating together with course participants at the end of a cooking session, with everyone trying the food.• Children coming in at the end of a cooking session to eat the food with their parents.• Peers learning together and tasting each other's food.
<p>Subjective norms (enhancing social approval for positive health behaviours in significant others and reference groups)</p>	<ul style="list-style-type: none">• The cooking skills course participants host a 'Come Dine with Me' meal for their families and friends at the end of the course to demonstrate what they have achieved.• Parents take a meal home to share with their family for them to enjoy.• Participants have the opportunity to share their skills with peers or practitioners.• Participants receive a qualification at the end of a course.





Behaviour change concepts	Strategies used in cooking skills courses that fit with behaviour change concepts
<p>Personal and moral norms (promoting personal and moral commitments to behaviour change)</p>	<ul style="list-style-type: none"> • Participants have opportunities, and are encouraged, to volunteer for other activities that take place in the organisation, such as helping with another course, volunteering in a café, lunch club or garden project. • Participants are encouraged to consider attending additional courses, or finding out about college or other adult education courses. • Emphasising the benefits of avoiding food waste during a cooking course, as well as the financial benefits to the individual. • Encouraging individual participants or groups to plan aspects of the cooking course, such as shopping for ingredients, planning recipes or picking vegetables from the project garden.
<p>Intention formation and concrete plans (helping people to form plans and goals for changing behaviours, over time and in specific contexts)</p>	<ul style="list-style-type: none"> • Providing recipes, equipment or ingredients to make sure participants can cook a meal again at home. • Participants learn about and plan menus for themselves, or course participants go shopping to discuss budgeting and planning meals. • As well as cooking, participants learn about storing food safely, freezing or using leftovers and budgeting.





'I have told X that I will do this'

'X have agreed: We are going to do this for Y'

'I can keep doing this, because I know who can help me'

Reflection activity



How could behaviour change concepts relate to what you do in your own life?

An easy way to think about how the different behaviour change concepts 'work' is by reflecting on a behaviour change you have considered making or have successfully made yourself.

For example, if you have considered making a positive change to your health behaviour, such as exercising more or drinking less alcohol, you have probably already used the behaviour change concepts of 'outcome expectancy' and 'positive attitude'. You believe that your behaviour change is likely to have a positive impact on your health and (hopefully) you feel positive towards the behaviour (exercising, drinking less alcohol) already. However, you are even more likely to actually start making these changes to your behaviour if you:

- tell someone else you are going to make a change (behavioural contract) and you know they will check up on you
- get your friends to change their behaviour with you (descriptive norms)
- you agree to raise sponsorship money for a charity linked to the ongoing change in behaviour (personal and moral norms and behavioural contract).

This example covers only five of the behaviour change concepts, and focuses on health behaviour. Are there other concepts you can relate to when you have tried to make changes in your life?

Community development

Some of the behaviour change concepts seem to overlap with the value-based principles of asset-based approaches or community development, such as:

- building on people's strengths, acknowledging and respecting that people are experts in their own lives (personal relevance – by ensuring that courses are relevant to participants by targeting and tailoring)
- helping people to form goals for themselves and/or their family or community (personal and moral norms, intention formation and concrete plans, behavioural contracts and relapse prevention)
- providing the resources required for people to achieve these goals and address any barriers (positive attitude and self-efficacy – by providing information about useful resources such food co-ops, community cafes, or information to help participants maximise their income, or asking others to support them).

Combining learning from the behaviour change concepts with community development approaches can help you think about 'what works' in partnership with participants.



Reflection activity



Which behaviour change concepts fit with the strategies you use on your cooking skills courses?

When you plan how you are going to run your course (i.e. which strategies you are going to use), what reactions, feelings or thoughts do you hope this will trigger in participants?









- Can you relate these to the behaviour change concepts?
- Do some concepts seem more essential than others?
- Are there any that you don't use and could use?
- Do you feel that some of these concepts are more, or less appropriate depending on who you are running your course for?
- Can you use more of the last four concepts (the concepts that support reinforcement) more often with your participants or those that support them to help reinforce your planned outcomes?









Putting it together









The table overleaf explores four popular cooking skills course strategies. The bold text represents key points of the cooking skills course strategies. It will focus on one outcome each of these strategies might achieve and discusses:









- why (or why not) that strategy might work
- what you could do if the strategy does not work (for everyone)
- what else you could do to meet the same outcome or enhance it
- a few examples of other outcomes the strategy might achieve and why
- examples of behaviour change concepts that fit with the strategies.



Course strategy 	What this involves 	Outcomes achieved 	Why it might work 	Why it might not work 	If it doesn't work 	Other ideas 	Other outcomes 
Course participants eat together at the end of each session	Eating together at the end of a cooking session can involve individuals eating the meal that they have made. It might involve tasting each other's food or eating a shared meal	Participants are more likely to taste and enjoy new foods	Participants enjoy the opportunity to taste new foods (positive attitude) Participants see others taste and enjoy the foods and want to join in (descriptive norms)	Some participants are uncomfortable or anxious about eating in front of other people (lack of positive attitude around eating with others). This might be because of practical issues such as dental problems Participants are concerned about the hygiene practices of others (lack of belief in the self-efficacy of others) Many, or all, of the participants do not want to try the food they have made (lack of descriptive norms)	Give participants the choice on how, when or if they want to join in with eating a meal with others or tasting others' food (increase positive attitude) Focus on food hygiene and support individuals who need help with this (increase self-efficacy) Work on the dynamics of the group and build up to sharing or tasting each other's food over time (work on positive attitude) Ask participants what new foods they would like to try (personal relevance)	Find out if the new foods you want people to try are affordable and available where they usually shop (personal relevance) Ask a support worker and the participant they support (if this is how you recruit participants) to agree that the support worker will encourage the participant to try new foods regularly (behavioural contract) Offer participants the opportunity to volunteer to prepare snacks or meals for a community event, café or lunch club (personal and moral norms)	Increase the confidence of participants to take part in a social activity (self-efficacy) You could also use the time while participants are eating together to meet other outcomes, such as: increase participants' knowledge of food and health (outcome expectancy); and improve participants' confidence to adapt a recipe by tasting and discussing different versions of the same recipe (personal relevance)

Course strategy 	What this involves 	Outcomes achieved 	Why it might work 	Why it might not work 	If it doesn't work 	Other ideas 	Other outcomes 
Cooking with parents (or carers) and children together	Cooking with children and parents together to prepare a meal may involve children taking a minor role such as setting the table, chopping vegetables or eating together with them at the end of the session. However, children and parents might prepare and cook the entire meal together	Families enjoy preparing meals and eating together more often	Children will encourage their parents (or carers) to cook the meal again because they were included in and enjoyed the cooking skills session (positive attitude) Children will encourage their parents to cook the meal again because they were given responsibility during the session (children's self-efficacy) Children and their parents enjoyed cooking and tasting the food together (descriptive norms)	The parents or carers are not confident with their own skills or their child's behaviour to be safe with kitchen equipment (lack of self-efficacy) Poor behaviour of children (lack of positive attitude) Parents do not have enough time to prepare meals together with their child on a regular basis at home (lack of self-efficacy or personal relevance)	Each adult works with only one child (to support self-efficacy) Make sure the child is mature enough to be able to take part (self-efficacy) Build up to fully involving the child in cooking, providing easier and safer activities for them to begin with (setting the table, drawing the foods in the recipe) during the course and for the parent to do with them at home (self-efficacy)	Provide very simple, quick, child-friendly, non-cooking recipes (self-efficacy of parents and children) Provide ideas and guidance for parents to teach their kids at home (intention formation and concrete plans) Ask parents or children to agree to teach each other a recipe at home as 'homework' (behavioural contract)	Contribute towards social bonding between a parent and child, by taking part in an enjoyable activity together (positive attitude) Contribute to better parenting by asking parents to agree to take responsibility for their child to ensure safety in the kitchen (behavioural contract)

Course strategy 	What this involves 	Outcomes achieved 	Why it might work 	Why it might not work 	If it doesn't work 	Other ideas 	Other outcomes 
Course participants (parents and carers) take the food prepared home with them	Taking a meal home might involve ensuring participants have a family-sized meal to share with their family	Parents are more confident to provide tasty, affordable and balanced meals for their family	Family members enjoy the food, which encourages the participant to prepare the meal again for them (subjective norms)	The participant might not serve the food to other family members because they think they won't like it (lack of personal relevance) The participant feels that the recipe will take too long to prepare or the ingredients are too expensive (lack of personal relevance) During the session, participants were not involved in preparing all stages of the meal or did not have enough time or instructions to learn all the skills they need to prepare it again (lack of self-efficacy)	Try to make sure that participants are confident and have all the skills required to prepare the recipes themselves (self-efficacy) Ask participants what foods they think their family would like to eat and how much time they have to spend on preparing meals. Base your recipes on these (personal relevance)	Focus on developing participants' skills and knowledge on cooking and food safety (self-efficacy) Support participants with menu planning, food budgeting and shopping (intention formation and concrete plans) Discuss with participants tips and ideas to help them resist buying takeaways or less healthy snacks for themselves or their families (relapse prevention) Provide formal or informal accreditation for completing the course (subjective norms)	Participants (and their families) are more likely to taste and enjoy new foods, because they have had more than one opportunity to try the food (positive attitude)

<p>Course strategy</p> 	<p>What this involves</p> 	<p>Outcomes achieved</p> 	<p>Why it might work</p> 	<p>Why it might not work</p> 	<p>If it doesn't work</p> 	<p>Other ideas</p> 	<p>Other outcomes</p> 	<p>Providing equipment, recipes and ingredients for participants to take home with them</p> <p>If you have funding available, you might use this to give participants resources to take home with them, either at the end of each session or at the end of the course</p>	<p>Participants will prepare recipes again from the course at home</p>	<p>You have given participants what they need to help them plan to make the recipe again at home (intention formation and concrete plans)</p>	<p>If you provide resources only at the end of the course as a reward for completing it and participants miss the sessions, they will be less able to make the recipes again because they don't have the recipe or other resources (they don't meet the behavioural contract)</p> <p>The recipes or ingredients you provide are not liked (lack of positive attitude) or are too expensive (lack of personal relevance)</p>	<p>Consider the needs of the group of participants and plan the timing appropriately. Are the participants more likely to respond to the incentive that they will receive the resources only if they complete the course? Or is it better to ensure that participants who are less likely to attend regularly receive some, or all, of the resources at the end of each session so that they can make the recipe they learned?</p>	<p>Participants get involved in supporting the course by searching for recipes and agreeing with others which recipes will be used (personal and moral norms)</p> <p>Use recipes that suit the skills, tastes and budget of the participant (personal relevance)</p>	<p>Increase the range of meals that participants cook at home, because they have been given the range of resources they need to do this (self-efficacy)</p> <p>Participants save money because they have been given extra resources (positive attitude)</p>
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What we found



Taking the cooked food home:

This strategy was often used by those working with families with young children, so the whole family might enjoy it and encourage the participant to make it again. However, one focus group with cooking skills course participants found that although they did indeed give the meal to members of their family or ate the food themselves, they did not all offer it to their children. They thought their children were unlikely to enjoy the meal for various reasons, such as the ingredients were too exotic or contained too many vegetables. It is worth considering the taste buds or ‘fussiness’ of the people you would like to eat the meal prepared in the session and how different it is from what they might normally eat.

Evaluation

Are the strategies you are using on your courses achieving your planned outcomes? And are they achieving your planned outcomes in the way you had expected? You will need to carry out some evaluation activities to find out what is going on. The methods you use to evaluate will be influenced by:

- how much capacity you have (your confidence to use evaluation methods, the time you have in the course to use them and the costs of evaluation)
- what evaluation methods your funders or organisation expect you to use
- your participants' skills or motivations to take part in evaluation activities.

It may not be necessary to undertake a full evaluation of each course you run – your methods should be proportionate to the capacity you have. A more comprehensive evaluation might be useful if you are running a new course, working with new groups of participants or are contributing and collecting information from a number of courses to feed into wider evaluation.

Ideally, you should find out baseline information before or at the beginning of the course, such as:

- your participants' current skills, confidence or knowledge, or whatever it is you are hoping to change
- your participants' expectations of the course, their motivations and what they want to learn.

During the course, you should try to find out:

- how participants are responding to the course and your strategies (do they seem bored, anxious, engaged, interested?)
- whether or not you need to target or tailor strategies (including recipes, equipment or teaching methods)
- what barriers participants might be experiencing when trying to achieve outcomes.

At the end of the course, you could also find out:

- if the course has met the planned outcomes

- if there have been any unintended or unexpected outcomes
- what changes you could make to future courses to meet the outcomes.

After the course, you could:

- follow up with participants to find out if they have continued to meet the outcomes
- follow up with organisations, referral agencies, staff or volunteers, if they have agreed to support participants after the course to reinforce learning.

Ideally, you could use a range of evaluation approaches and methods such as:

- keeping an attendance list of each session and following up participants who stopped attending to find out why (if this is appropriate)
- asking participants by gathering information from them using questionnaires, visual or pictorial methods, or informal or formal discussion
- through observation by paying attention (or asking an assistant or volunteer to pay attention) during the course to what participants are saying, how they are developing their skills and their reactions to the food or health information or tasks, and writing up notes afterwards (check this is acceptable with participants)
- gauging participants' learning, by formal assessment, fun quizzes and games
- asking a third party, e.g. asking support workers or families if participants are meeting outcomes or how they are responding to the course
- collecting information such as shopping receipts or photos of meals cooked by the participant before and after the course to indicate any changes made.

The CFHS publication *What's cooking in Scotland? Part Two*³ has more information about evaluation methods and examples from community initiatives that have used them to help you further with evaluation.

³www.communityfoodandhealth.org.uk/wp-content/uploads/2012/10/cfhs-whats-cooking-in-scotland-part2.pdf

Case studies

Birchwood Highland

Birchwood Highland is a charity that provides services to adults with long-term and enduring mental health problems. The aims of the organisation are to support people on their road to recovery, for them to be able to live independently with or without support and for them to be more included in the local community. The charity runs a recovery centre providing 24-hour care for up to 23 residents. The centre takes a holistic and person-centred approach to supporting individuals with mental health recovery.

The centre employs a cooking support worker who works with individuals on a one-to-one basis to help them develop cooking skills, work safely in the kitchen and improve their eating habits. The centre also has a breakfast and lunch group. These are open to staff, residents and visitors, who contribute to the cost of the meal which has helped fund additional activities as well as covering the cost of the meal. Residents are also able to contribute to the group by getting involved in food preparation.

The cooking support worker tailors the cooking session to the needs of each individual by focusing on issues that are important to them, working at their pace and for a length of time that suits their ability to concentrate. She emphasises how and what we eat can affect how we feel, as well as health and wellbeing, with residents.

The cooking sessions aim to help individuals improve their skills and confidence in six areas:

1. to be able to make a balanced meal for themselves on regular basis
2. to be able to plan meals and keep within a budget
3. feel able to maintain a healthy weight
4. feel comfortable sitting down at a table to eat with others
5. aim for five portions of fruit and vegetables per day
6. to ask for help when needed in the kitchen.

personal relevance
and tailoring

all self-efficacy

opportunities
for personal
and moral norms

outcome expectancy

For those who are anxious and worried about being in a group setting, the individual cooking sessions provide them with the chance to work on their own in a one-to-one setting and build their confidence. Some individuals who were previously uncomfortable about group activities have become more relaxed about sitting at a table and sharing a meal with others.

self-efficacy

opportunity for descriptive norms

The sessions aim to promote a positive attitude to eating well among individuals and feedback indicates that this has been achieved. Individuals report that they enjoy food more than before, they have more confidence to try new recipes and have tasted new foods. Some residents have expressed surprise on finding out that some people they know manage to eat five portions of fruit and vegetables a day.

positive attitude

descriptive norms

Residents get involved in other food- or health-related projects within the centre, including taking part in growing vegetables in the centre's garden.

descriptive norms, personal and moral norms and reinforcement

The cooking activities have developed greatly in recent years. Residents are involved in hosting themed meal nights, group events and arranging with the support worker to invite visitors to talk about various subjects.

subjective norms

The cooking support worker used a range of visual methods to evaluate the impact of the cooking skills activities, including jigsaws, an 'outcomes star' and a collage. Some of these are used to generate discussion about food and feelings as part of a group activity. The cooking support worker gathers information from participants before they start cooking sessions by asking them to score themselves on their skill levels across a range of areas and repeats this three months later to find out what changes they have made to their lives.

As the support worker gets to know the participants during the cooking skills sessions, she has opportunities to work with them on a longer-term basis. This, and activities by other staff (e.g. including help with shopping and cooking), will help reinforce learning.

behavioural contract – reinforcement

Fallin Nursery and Out of School Care

Fallin Nursery and Out of School Care is a local authority-run service sited within a low-income area. Nursery staff received support and training from NHS Forth Valley community food workers and wanted to run the REHIS-accredited Elementary Cooking Skills course for parents using the service. They planned to run the course over seven weeks (two and a half hours each week) but would change the duration of the course if needed to ensure that a group of participants were able to successfully complete this course.

personal relevance
– targeting and tailoring

Two nursery staff ran the course for four participants who they had identified would benefit from it. Staff had a range of recipes that they planned to use in order to meet the requirements of the REHIS accreditation; however, participants were involved in planning the recipes and could adapt each to their own tastes. When one participant missed a session he prepared the recipe that he missed in the next session, as it was a recipe he wanted to learn.

Throughout the course, staff informally discussed how recipes could be adapted to reduce salt, sugar and fat and the health benefits of doing so. Participants were also encouraged to add their own ideas about adapting recipes or using other recipes. Participants' skills and confidence levels varied. One participant needed more support and, to account for this, training was adapted by providing the option to use cup or spoon measurements instead of scales and by including easier, more visual recipes to enable her to complete the course requirements. However, she chose to learn to use the scales. Staff reported that she felt a sense of achievement as the result.

The group enjoyed tasting the results of each other's cooking at the end of sessions; however, the meals were usually taken home to share with families. Participants were also given recipes, folders and ingredients to help them make the recipe again.

outcome expectancies

personal relevance and tailoring

descriptive norms

intention formation and concrete plans

personal relevance and tailoring.

self-efficacy, personal relevance and tailoring

self-efficacy

opportunity for subjective norms

personal and moral norms

By the end of the course, one of the participants planned to find out about going to college after being inspired as a result of attending the course. The two participants who completed the course (the course started with four) received their REHIS Elementary Cooking Skills certificate.

self-efficacy and subjective norms

Staff at the nursery have ongoing contact with the parents. One member of staff discussed with one participant the possibility of running a cooking session for them in their own home, to ensure that they were able to use the recipes at home.

providing opportunities for reinforcement.

Staff used a range of methods to evaluate the impact of the course. Participants scored their level of skills at the beginning and end of the course, and completed evaluation feedback at the end of each cooking session. Staff took extensive notes and photos from each session, which noted participants' skill development, as well as observations on practical issues to help improve the course or teaching. Staff were also required to complete a checklist of the skills and knowledge of participants in order to meet the requirements of the REHIS Elementary Cooking Skills course.

Edinburgh Cyrenians Good Food Programme

The Edinburgh Cyrenians Good Food programme is a social enterprise which aims to bring good food to people who are experiencing disadvantage, isolation and homelessness. The Good Food Programme includes redistributing surplus food and running cooking courses from its training kitchen. It runs three main types of cooking courses: an eight-week 'cooking at home' course (two hours each week); a menu planning and budgeting course; and a REHIS-accredited Elementary Cooking Skills course. Participants can apply to attend the 'cooking at home' course via a referral agency. Participants who are referred attend an interview to discuss what would be expected from them and to make sure a cooking course is suitable for them. If it is, the participant agrees to attend on a regular basis.

behavioural
contract

The 'cooking at home' course is run by a course facilitator and an assistant, with up to four participants in each class. This provides a high level of support for individuals and ensures that participants can learn at their own speed and capability. An important part of the cooking course is eating together at the end of the session, to share and enjoy the meal as a group. At the end of a course, participants that have completed enough sessions receive a certificate. If funding is available, the facilitators let the participants know that they will receive a pack of store cupboard ingredients if they complete the course.

descriptive norms

behavioural contract
– reinforcement

The training kitchen is also used by volunteers working within the warehouse to make teas and coffees. Many of the volunteers come from similar backgrounds to the cooking skills class participants. Course facilitators believe that it is beneficial for participants to see that volunteers with similar backgrounds are involved and are contributing to other aspects of the programme. This also provides opportunities to meet new people or make friends.

descriptive norms

The 'planning and budgeting' course is open to those completing the 'cooking at home' course. Participants learn about the benefits of eating well and work on budgeting and planning for themselves.

outcome expectancy

All of the cooking courses are evaluated. Participants complete a questionnaire before and after the course. These measure outcomes around increased confidence to cook, awareness of food hygiene, cooking on a budget and participants self-reporting of any increased fruit consumption. Facilitators collect data from all of the cooking courses to analyse and measure the outcomes of the courses.

personal relevance –
tailoring

self-efficacy

intention formation
and concrete plans

Conclusion

Cooking skills courses are attended and enjoyed by a wide range of people who might be vulnerable or experiencing inequalities. Agencies and groups running these courses throughout Scotland are already doing a good job at engaging with people who might benefit from these.

However, it is worthwhile spending even more time planning what difference you want to achieve for participants and checking that what you do on your course (i.e. your course strategies) will really achieve this, and for as many participants as you can.

Think more about what thoughts, feelings and reactions you are trying to trigger in participants. Use the behaviour change concepts as a tool to check to see if you are using the most appropriate concepts to shape your course, or if you could use wider range of these to prompt the reactions you are hoping for.

Consider how your course can acknowledge and build on the knowledge and experience that participants already have. Find out if other organisations or support workers, families or anyone else who might support your participant on your course can help them by reinforcing learning or ensuring access to a healthy balanced diet.

Finally, use evaluation activities to find out from participants if and how what you are doing in the course is working for them.

Further information

Where to get more information

Information about cooking skills courses in Scotland, cooking skills course manuals, recipes and pictorial recipes are available in the resources section of the CFHS website: www.communityfoodandhealth.org.uk/advice-resources

Review of cooking skills courses in Scotland

Blamey A, Gordon J. *A review of practical cooking skills activities which focus on promoting an affordable healthy balanced diet for adults, young people and their families within low-income communities in Scotland*. Edinburgh: NHS Health Scotland; 2015. Available from: www.communityfoodandhealth.org.uk

Information about running and evaluating cooking skills courses

Community Food and Health (Scotland). *What's cooking in Scotland? Part one. How Scotland's community food initiatives are addressing the challenges of setting up cookery courses within low-income communities*. CFHS: Glasgow; 2012.

What's cooking in Scotland? Part two. How community food initiatives are finding out about the impact of cookery courses. Glasgow: CFHS; 2012.

Available from: www.communityfoodandhealth.org.uk

Information on behaviour change concepts and realist reviews

National Institute for Health and Care Excellence. *Behaviour Change: The Principles for Effective Interventions*; 2007. www.nice.org.uk/guidance/ph6/chapter/2-considerations#planning-and-design (accessed April 2016)

Wong G, Westhorp G, Pawson R, Greenhalgh T. *Realist synthesis*. Rameses training materials; 2013. www.ramesesproject.org/media/Realist_reviews_training_materials.pdf (accessed April 2016)

Information on evaluation

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

Accredited cooking skills courses

REHIS provides the Elementary Cooking Skills course which is suitable for a wide range of audiences: www.rehis.com

Checklist for practitioners

Before and during the course

Recruitment



Can I find out participants' motivations for attending the course?



Can I find out if referral agencies (or families and significant others) can support participants during or after the course?

Planning your outcomes



Are my planned outcomes suitable for the participants' needs and the amount of time I have with them as well as my funders' requirements?

Planning strategies



What resources do I need?



What information do I need to plan the strategies I will use?



Does what I am doing on the course acknowledge or build on the skills and knowledge that participants already have?



Can I involve participants in developing the course or choosing recipes?



Can I use targeting and tailoring?



Can I use reinforcement?



Am I aware of the full range of behaviour change concepts that I could use to shape my course?



Are any of the behaviour change concepts more important for the participants I am working with?



How much capacity or flexibility do I have to adapt my strategies during the course in response to reactions from participants?

During and after the course

Evaluation



What baseline information can I collect before or at the start of the course?
Will this help measure my outcomes, such as increase in skills, knowledge and changed behaviour?



What methods can I use that will be acceptable and appropriate for participants?



What is the best way to find out if my strategies are working during the course so that I can adapt them to suit the group or individuals?



How can I find out participants' motivations and reactions?



What methods and approaches can I use to find out if the course is meeting the planned (or adapted) outcomes?



How can I share my learning with colleagues or others?



health

www.communityfoodandhealth.org.uk

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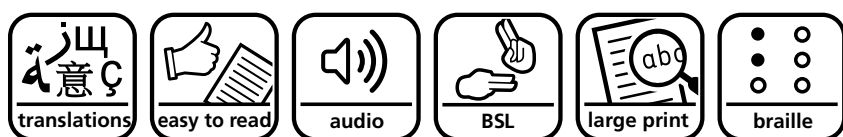
www.communityfoodandhealth.org.uk


www.communityfoodandhealth.org.uk

www.communityfoodandhealth.org.uk

The guide by CFHS will help you plan and adapt your cooking skills course. It will encourage you to plan, reflect and evaluate your course to make it as effective as possible.

This resource may also be made available on request in the following formats:



 **0131 314 5300**

 **nhs.healthscotland-alternativeformats@nhs.net**

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