



farechoice

The newsletter for Community Food and Health (Scotland)

Listen hear!

By the time this edition of Fare Choice comes out, we should find ourselves deep in discussion around what a Good Food Nation Bill should contain (see page 5). There will be official and less official consultations underway, as well as loud voices alongside those struggling to be heard. The drafting of the Bill and its passage through parliament will not take place overnight, but it's important to examine the recommendations coming from others and to contribute your own thoughts as early in the process as possible.

Similarly, the new Diet and Obesity Strategy should be starting to take shape. The evidence and experience from low-income communities will be important to make sure the strategy will reach those it needs to and, most importantly, make a difference.

Food and health is everyone's business, and everyone's knowledge and opinion should be valued. Alongside all the crucial work that needs to continue to take place daily at community level, don't miss out on any opportunity in the coming months to comment on, endorse or challenge what you hear.



Young cooks from Broomhouse Health Strategy Group (see page 7).

Team talk

Annual networking conference 2016

The Community Food and Health (Scotland) (CFHS) annual networking conference took place in Edinburgh on 26 October. The theme of the day was kindness and taking a dignified and compassionate approach to food insecurity.

Thank you to those who attended and contributed to the day, particularly to our speakers: Martyn Evans, Chief Executive, Carnegie Trust UK; and Ewan Aitken, Chief Executive Officer, Cyrenians. Thanks also go to our Chair, Iain Stewart, Chief Executive of Edinburgh Community Food.

The conference was an opportunity for people to come together, learn from each other and share experience on all aspects of food, inequality and social justice. After the speakers and a morning workshop, everyone had the opportunity to take part in dedicated networking activities in the afternoon – the Minister for Public Health and Sport, Aileen Campbell, joined them in this.

More information about the day, including presentations and evaluation results, can be found on the CFHS website.¹



The Minister, accompanied by NHS Health Scotland Chief Executive, Gerry McLaughlin, visits the marketplace stand of our colleagues at the healthy living award.

Community-retailing research

The research into the issues affecting the sustainability of community retailers that we commissioned has now been completed. The community retailers that participated in the research and other key stakeholders were invited to a dissemination event in November to hear about and discuss the main findings and recommendations. Following this event, a Short-Life Working Group (made up from community retailers and other stakeholders) was

established to discuss these in more detail and decide how the research should be circulated to the wider community-retailing sector. At the time of writing, the working group had met once: more details about its work will be posted on our website² and Facebook page.

For more information about recent developments, or about the research report, contact anne.gibson5@nhs.net



Windmill café

Community café update

Towards the end of last year, CFHS held several events for community café practitioners. In September, the fourth community café networking event took place in the Pearce Institute in Govan, Glasgow. Around 50 people took part in the workshops, activities and networking provided at the event.

We gathered participant feedback about the event, and a report about the event, and its impact for the cafés taking part, will be available soon. In the meantime, more information about the day can be found on Storify – <https://storify.com/cfhs/cafe1916>

We also ran three further community café learning visits to provide more opportunities for café practitioners to learn about and share good practice. The three host cafés – Annexe Café in Partick Glasgow, Windmills Café in Motherwell and Fly Cup Catering in Inverurie – are all well-established, successful cafés. Many thanks to all three for being willing to share their experiences of setting up and running their cafés. A short report about the visits will also be available on the CFHS website² shortly.

Development fund

Thanks to all who applied to our annual development fund last summer. We contacted those who were successful last October and we will hear about how they are getting on with their planned activities soon.

About us ...

Our overriding aim is to improve Scotland's food and health.

We do this by supporting work that improves access to and take-up of a healthy diet within low-income communities. Major obstacles being addressed by community-based initiatives are:

Availability

Increasing access to fruit and vegetables of an acceptable quality and cost.

Affordability

Tackling not only the cost of shopping but also getting to shops.

Skills

Improving confidence and skills in cooking and shopping.

Culture

Overcoming ingrained habits.

We help support low-income communities to identify barriers to a healthy balanced diet, develop local responses to addressing them and highlight where actions at other levels, or in other sectors, are required.

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

CFHS is funded by the Scottish Government and is part of NHS Health Scotland.

Cooking skills learning exchange

Around 40 people attended our learning exchange in Edinburgh last November, many of whom were involved in the hands-on delivery of cooking skills courses. We launched our new guide 'What's Cooking in Scotland? Part 3' (see page 15) and used ideas from it to plan activities for the day, such as critically appraising community cooking skills courses and learning about evaluation. There was also plenty of time for networking and exchanging ideas.

Participants formed small groups and worked on activities that encouraged them to unpick their cooking course activities in detail and to discuss how to make sure these are relevant and suitable for everyone on a cooking course. They discussed the benefits and challenges of:

- how the recipes get chosen (e.g. by participants or by the course trainer)
- what happens to the food at the end of a session (e.g. if participants eat together or take the food home).

The groups also spent time critically appraising evaluation tools and considering what information these might gather from participants. They thought about whether or not these matched what they hoped their cooking courses would achieve.

We also had resources, such as recipes and handbooks available. NHS Ayrshire and Arran brought along their CAN (Cheap And Nutritious) toolkit – a recipe from this kit is featured on the back page.

More information about the day (including PowerPoint presentations) is available on the CFHS website,³ or contact kim.newstead@nhs.net

Cooking skills blog

Our fortnightly cooking skills blog continues to give ideas on the finer details of running cooking courses and provides updates on our cooking skills work, including the cooking skills study group.

Blog topics include: *Finding Out if Your Cooking Skills Courses are 'Working': Assessments,*

Quizzes and Photos (blog 19); *What are the Benefits of Running a Structured Cooking Skills Course?* (blog 17); and a researcher guest blog – *Developing Sustainable Cooking Courses in Partnership with People using a Mental Health Support Centre* (blog 15).

The blogs can be found on the CFHS website.⁴



Community cooking groups

Supporting people who are struggling to have enough food to get them/their families through the week

Katy Gordon, a PhD student at Strathclyde University, completed a short placement with us this winter. Katy explored how cooking skills course practitioners support those attending their courses who are facing particular hardship. She carried out an online survey and interviews. A total of 48 people completed the survey and 42 of these found that one or more participants in the courses were struggling to have enough food to get them through the week – 60% found this regularly, 36% sometimes and 5% rarely.

Practitioners gave a range of ideas on how they could try to support people who were struggling. These included issues such as a lack of equipment to cook on or with, or money for food or fuel. A report, tips and ideas, and case studies will be available soon on the CFHS website.³

Thanks to those who took part in the survey and interviews and to Katy for completing a successful project.

Good Food Nation Bill

Consultation for the proposed Good Food Nation Bill is well underway, with the Food Commission and the Scottish Food Coalition only two of the many organisations keen to ensure that discussions are as informed and inclusive as possible.

Keep an eye on government and organisational websites for the latest opportunity to have your say. www.gov.scot/Topics/Business-Industry/Food-Industry/national-strategy/good-food-nation

Diet and Obesity Strategy

A new Diet and Obesity Strategy was discussed by Holyrood's Health and Sport Committee before Christmas and the evidence presented, including from Health Scotland and Obesity Action Scotland, plus minutes of the meeting are all available at: www.parliament.scot/parliamentarybusiness/report.aspx?r=10678&mode=pdf

On the same day the Health and Sport Committee met, the latest available data for indicators selected to monitor progress for the Prevention of Obesity Route Map was released. See www.gov.scot/Publications/2016/12/3526/1

Malnutrition among older people

The Food Train organised a seminar focused on the policy and practice around malnutrition among older people. Building on last year's 'malnutrition summit' delegates explored the need for a focused programme of work that would be integrated with the other ongoing food policy priorities. Details of how the session went will be available at www.thefoodtrain.co.uk, and watch out for further details.

The clinical and the community must get closer.

Dignity: Ending Hunger Together in Scotland

At the end of last year, the Cabinet Secretary for Communities, Social Security and Equalities, Angela Constance, responded to the report from the Short-Life Working Group on food poverty, *Dignity: Ending Hunger Together in Scotland*. The detailed response is available from <https://beta.gov.scot/publications/food-poverty-response-to-working-group> and actions relating to how food poverty is measured have already been announced (see page 12).

I would particularly welcome continuing to work with your Group and its members to develop a coherent, partnership-led approach that tackles food poverty and supports the delivery of our wider Good Food Nation objectives.

A Menu for Change

The new Civil Society Strategic Partnership presenting a Menu for Change (see page 12), involving Oxfam, Child Poverty Action Group, the Poverty Alliance and Nourish will make a welcome addition to ensuring policy around severe food poverty and the approaches taken to addressing it are consistent, informed and effective.

Advertising to children

Both the advertising, and food and drink industries have rallied behind new rules banning the advertising of high fat, salt or sugar food or drink products in children's media.

New advertising rules were introduced (that apply from July) across all non-broadcast media that is targeted at under 16s, including print, cinema, online and social media. Announced before Christmas by the Committee on Advertising Practice (CAP), the new rules were welcomed by industry, although campaigners have questioned if the proposals go far enough. See www.cap.org.uk and www.sustainweb.org/news/dec16_cap_marketing_rules for further information.

Exploring health professionals' experiences and perspectives on food poverty and long-term conditions: study summary

Background

Over 2 million people in Scotland suffer from a chronic health condition. An unknown number of them are also affected by food poverty (also known as household food insecurity). An increasing number of health professionals are acting as referral agents to food banks in Scotland. International evidence suggests that household food insecurity can make underlying health conditions worse and also undermine people's ability to manage them, yet little is known about Scottish-based health professionals' perspectives on household food insecurity or their experiences of clinical practice with patients who may be food insecure.

Study aims

This MSc project focused on health professionals working in the north-east of Scotland and aimed to find out: (a) what they understood about household food insecurity in general terms (the extent to which they knew about it, or understood about it to be a problem in Scotland); and (b) their experiences of supporting people who were affected by one or more long-term conditions and (possibly) food insecure.

Findings

We spoke with 20 primary and secondary care health professionals in a combination of interviews and discussion groups between April and July 2016. We found that:

- Most were aware that some of their patients were, or could be, affected by food insecurity, but they lacked confidence that they could always recognise it in particular patients and were unsure how to raise the issue to find out.
- Some knew that particular patients definitely had difficulty managing their health condition(s) due to food insecurity and who were more likely to have poorer health outcomes as a result. The particular implications of food insecurity could depend on the conditions. For example,

health professionals working with people with diabetes were concerned about diet quality, while those supporting patients with respiratory conditions such as chronic obstructive pulmonary disease (COPD) were more concerned with dietary quantity.

- All thought they had a role to play in relation to food insecurity. Typically this involved being aware of food insecurity as a possible problem and signposting people to potential sources of help.
- Health professionals had varying degrees of uncertainty about what they could and should be doing in relation to food insecure patients given their clinical roles, priorities, and time constraints.
- Some believed it was necessary to modify standard dietary advice to make it realistic for people they believed to be food insecure. However, this created tension and uncertainty about deviating from evidence-based clinical guidelines for condition management.

Conclusions

This study provides a first insight into questions about the impact of food insecurity on chronic condition management in Scotland. Without denying the need to address the root causes of food insecurity, the study suggests we need to get a better and broader (national) picture of how it affects and is addressed in clinical healthcare practice. Work is also needed to identify how best to support health professionals to work effectively and appropriately with people whose ability to manage their long-term conditions is impaired by food insecurity. Finally, we need generate a much better picture and understanding of the impact of food poverty on chronic condition management from the perspective of people who are directly affected by both chronic and acute food poverty health in Scotland.

Authors: **Kathryn Machray** (MSc Student),
Flora Douglas & Vikki Entwistle (Project Supervisors)

‘Cooking is a political act’

In November, Katy and Anne from CFHS took part in a study visit to Can Cook, a Community Interest Company based in Garston, South Liverpool. The visit was organised for members of the Health and Wellbeing Social Enterprise Network Roundtable.

Set up in 2007, Can Cook believes that everyone should be able to access good, fresh food, and runs its operations to tackle food poverty [defined as ‘people not having access (by choice) to good fresh food’] and create employment.

Director Robbie Davidson stated that Can Cook is a 100% anti-poverty, campaigning organisation, which is solution focused. It believes it can eradicate food poverty across the city. He added that rather than talking about food poverty we should be talking about food regeneration, and suggested that food is a great but hidden regenerator that isn’t being tapped into. He stated community kitchens should be in the ‘right hands’ so they are used to their full potential.

Can Cook runs a range of activities that aim to tackle food poverty: these include COOKED, a chilled-meal delivery service focusing on providing meals for older people and children; FOOD, which will be a shop and retail space selling healthier food options and providing cookery sessions in one of the most economically disadvantaged areas in England; and SHARE, which provides free, prepared meals to people receiving food parcels.

Its aim is to create a good food culture in the city. Can Cook is planning to develop Good Food Areas to stop food poverty through delivering a range of activities, and remove the need for food banks. Planning is at an early stage and Robbie advised us to ‘watch this space’.

Many thanks to Robbie for providing so much ‘food for thought’, and to Mary from Senscot for arranging the visit.

www.cancook.co.uk/cancook-cic and www.se-networks.net/networks.php

Fly Cup Catering – Pride of Aberdeen award winners

Congratulations to everyone in Fly Cup Catering in Inverurie, which won the Pride of Aberdeen Community Venture Award in November last year. Fly Cup hosted one of CFHS’s community café learning visits last October (see page 3).

www.flycup.org



Funding success from Broomhouse Health Strategy Group

Congratulations to Broomhouse Health Strategy Group in West Edinburgh, which was awarded £116,000 from the Big Lottery Fund in November last year to continue to deliver free health and wellbeing services to people living in the area. These will include cooking skills and healthy eating classes.

www.healthstrategygroup.org.uk

Community-led research on food security and insecurity

In this project (carried out between October 2015 and October 2016) we worked with three community partners: Central & West Integration Network; Borders Healthy Living Initiative; and Linwood Community Development Trust. We provided the partners with development funding to invest in carrying forward the work and additional support from a specialist in community-led research processes.

The partners had a common set of research questions to investigate:

- What could food security look like and mean for people?
- How would this be different from where they are now?
- What would need to happen in people's communities to achieve food security for all?

Here, food security was taken to mean, 'the ability to acquire or consume an adequate quality or sufficient quantity of food in socially acceptable ways, or the certainty that one will be able to do so'.

How they approached the work

Each of the partners approached the work in slightly different ways, with two involving other collaborators (one including a video company). The community researchers decided to use a mix of methods to gather their data, including individual interviews and small focus groups. All developed their own lists of more detailed questions to explore the issues, either recording answers on a paper questionnaire or tape recording responses. One group included the food security scale shown in the next column. They analysed their own data, coming up with conclusions and recommendations to



Food security scale from CWIN

take forward. Each of the partners produced a written report to explain their approach and share their findings – copies of these and infographics can be found on our website.⁵ Since producing their reports one partner has been able to use their report to secure funding from the Fair Food Transformation Fund and two are actively developing pieces of work to address food insecurity locally based on their recommendations.

Summary

Here is a summary of what our partners found out overall:

- People know what a healthy, balanced diet is, and for most, food security is being able to eat one. People can't afford to eat healthy food, or food that meets their cultural needs.
- They can also miss out on the social aspects of sharing and eating with others.
- People are reluctant to admit being food insecure – they cope in a variety of resourceful and creative ways.

- People have access to food, but it may be less healthy than they would like, not what they need, want or know how to make the most of.

Of the 78 researchers and respondents involved, half identified themselves as currently food insecure, which rose to 75% when including those who had experienced food insecurity in the past or claimed to be OK but also made comments consistent with being mild–moderately food insecure.

Overall, there were three key recommendations that all of the groups found:

1. Government policies should focus on ways to increase the disposable income of those

experiencing, or at risk of, food insecurity, e.g. welfare, employment, housing and transport.

2. There should be investment in providing community development support within communities so that they can generate and progress their own local solutions to the issue.
3. We should encourage more local research and discussion to ensure food insecurity is acknowledged as a bigger issue in our society and is not stigmatised.

We have used the learning from this to add resources and guidance on how to do community-led research to our website.



Community researchers from West of Scotland Integration Network, drawn by one of their children.

CFHS cooking skills study group

We are coming towards the end of our 18-month cooking skills study group and it has been an interesting experience for all. The group has been building on our 2015 CFHS cooking skills review's recommendations to improve the evaluation of cooking skills courses.³

The study group aims to explore the impact of cooking skills courses and, if possible, dig deeper to identify what works, for whom, why, and in what circumstances (mirroring the aims of the cooking skills review). Eight organisations from across Scotland are involved, including those from NHS Boards and community organisations. Each has carried out a comprehensive evaluation of four cooking courses for people who are: vulnerable, or/and parents (or carers) on a low income.

They ran the courses as normal, except we asked them to be consistent about what they did with the food at the end of each session. This meant that if they ended each session with participants eating a meal together, taking the food home to eat later, or a mixture of both, they had to do the same thing each week. The purpose of this was to see if we could find out if what happened to the food had any impact on the outcomes for different groups of participants.

The study group discussed and agreed to a set of outcomes and indicators that they used to evaluate their courses. Group members are using their own evaluation tools, though we spent time learning and sharing ideas to improve methods and approaches. Organisations were encouraged to gather evidence from up to three different sources about each participant on their course. This is known as 'triangulation' and makes evaluation more robust. For example, asking participants to 'self report' by filling in before/after questionnaires, or practitioner (i.e. trainer or facilitator) observations, either recorded on an observation schedule during sessions, written up as notes afterwards or audio recorded. Getting a third source has been more difficult: some members have asked referral agency staff, when they used these to recruit, what difference the course has made for participants, and this has sometimes been successful.

We are now gearing up to analyse all the evidence that group members have collected across the 32 courses involved. We won't be able to report on the study group's work for a few months, so in the meantime, below is a snapshot of just one of the courses led by Fiona Matthew from the NHS Grampian Confidence to Cook Project.

Case study: NHS Grampian Confidence to Cook project

Fiona led a four-session cooking skills course (with help from colleagues from other organisations) at the Huntly training kitchen. It was targeted to support parents who were 'vulnerable' (as defined and agreed by the study group) and/or on low incomes (two individuals reported using a food bank in the previous 6 months).

Four people (two men and two women) regularly attended the sessions, with three attending an extra two sessions offered. Fiona evaluated the course using a range of methods and sources – she asked individuals to complete questionnaires, quizzes, attend a one-to-one meeting after the course and a focus group 3 months afterwards (three of the four managed to do all this). She also observed participants, noting down evidence

relating to the outcomes and indicators she had planned to achieve, e.g. changes in level of cooking skills and what they said about recreating recipes learnt again at home. She also took notes on how people responded to the activities on their course.

Back at CFHS we have had a look at the evidence from this course, alongside other group members' material to ensure consistency. We have done some initial analysis and based on our findings, reflected on what may be changing and why this could be.

In Fiona's short course, this involves reflecting on the outcomes, which included:

- All of the individuals on Fiona's short course showed evidence of learning some

new cooking skills or preparation methods (including the two who reported that they were already confident with their skills).

- Two participants, who began the course reporting not being confident to follow a recipe, said they were more confident by the end, and this level of confidence continued 3 months later.
- Two of the four mentioned several examples of recipes they had recreated again at home.

We also considered why these outcomes might have been met. In this case it was not clear if what happened to the food (i.e. eating together and taking some home) was affecting these particular outcomes; however, Fiona tailored her course in a variety of ways to suit individual needs. One of these was to ask each participant to choose recipes they would like to make from the 'Confidence to Cook' pack, so each individual is often learning a different recipe to someone else. Ensuring personal choice may have been

important to at least two of the individuals: one woman was keen to choose recipes she thought her children might like, and one man who didn't like the recipes chosen for him in the first week, would not taste the food he had made or take it home. However, he was happy in the following sessions to do both of these things when he was able to choose his own recipes. He reported using the recipes again (possibly repeatedly).

At CFHS we are wondering if, and to what extent, 'tailoring' course activities to suit individual needs makes a difference to some participants. The CFHS cooking skills review had explored this and 'tailoring' has been discussed by study group members, so it may be an approach we dig into more deeply as we do more analysis.

For more information about Confidence to Cook contact Fiona Matthew fiona.matthew@nhs.net



Wholesome Wave hits Scotland

Everything from farm incomes to obesity and diabetes were linked in fascinating discussions in Edinburgh and Glasgow led by Gus Schumacher. Gus has served as Under Secretary for Agriculture to Bill Clinton and currently sits on the board of Wholesome Wave, a voluntary body that 'empowers under-served consumers to make healthier food choices by increasing affordable access to fresh, local food'. Organised by Nourish, with assistance from CFHS and the Glasgow Food Policy Partnership, the well-attended meetings in late November brought a number of interests together to draw Scottish lessons from the US experience of Wholesome Wave working with low-income communities through farmers markets.

“We have concentrated on calories per hectare when we should be looking at nutrition per hectare.”
Gus Schumacher

A report will be available on www.nourishscotland.org and you can find out more about Wholesome Wave on www.wholesomewave.org

A Menu for Change

Nearly £1m has been awarded by The Big Lottery Fund Scotland to a 3-year project tackling food insecurity. The new partnership is made up of Oxfam Scotland, Child Poverty Action Group in Scotland, Nourish and The Poverty Alliance and will be seeking to evolve the response to food poverty in Scotland from foodbanks to tackling the underlying causes. NHS Health Scotland will be one of a number of strategic partners advising the new project.

The project will pilot alternative services and approaches to reduce the number of people

who have no option but to turn to food banks. Central to this approach will be enhancing access to money, including strengthening links to the Scottish Welfare Fund. The project will also promote alternative, more dignified ways of supporting those facing hunger, such as access to healthy food through community cafes or food cooperatives.

For more information see www.povertyalliance.org/article/mfc

Food on the table

“The Scottish Government should introduce and fund a robust system to measure food insecurity in Scotland.”

This was a key recommendation of the Short-Life Working Group on food poverty (see page 5). At a meeting organised in December, the Rowett Institute, with support from CFHS, widely welcomed the government's intention to incorporate the internationally endorsed Food Insecurity Experience Scale within the Scottish Health Survey. The academics, policy-makers and practitioners who gathered in an Edinburgh community café in December saw the collection of consistent and reliable data as crucial to informing effective policy and practice. Both presenters and participants frequently raised an appreciation of the social dimension of food.

“The more detail you have the less risk there is of underestimating or misunderstanding food insecurity ... we can't forget the social dimension of food ... narrow definitions lead to narrow solutions.”

Scottish, UK and international experience is reflected in the presentations made on the day and are available along with a summary of the discussions on the CFHS website.¹

4000 meals shared

Mealmakers, the food sharing programme for older people run by the Food Train, recently reached the milestone of 4000 meals shared.

As Food Train CEO, Michelle McCrindle, tweeted – ‘Wow! From idea to reality in 8 months and 4000 meals to #olderpeople in need in 28 months’.

Sign up at www.mealmakers.org.uk



NHS Health Scotland website launch

The new NHS Health Scotland website www.healthscotland.scot has now launched – so make sure you bookmark it to be able to access key facts and practical resources relevant to your work when you need them.

The site is easy to use and navigate on any device, and is designed and developed from the very outset to meet the many needs of our partners. If you visit our diet and obesity pages, for example, you'll find information and practical support to help reduce health inequalities and improve health:

www.healthscotland.scot/health-topics/diet-and-obesity/food-and-diet



Sabina Sekowska, Healthy Helper

Eat Better Feel Better is back for 2017

A Scottish Government campaign designed to inspire and support parents and their families to make healthier changes to the way they shop, cook and eat is back for 2017.

Eat Better Feel Better provides parents with primary school-aged children advice and support around eating healthily on a budget. There are now almost 200 recipes, many of which cost less than £5 for a family of four. They are all designed to be quick and easy and use as few ingredients as possible.

Thousands of families have already benefited from healthy recipes, tips and resources thanks to the support of over 300 stakeholders, community groups and retailers but there are many more people who can still benefit.

Parents tend to look to other parents for help and support, so that's why a group of real mums also known as 'Healthy Helpers' have been recruited to act as ambassadors for the campaign. These mums who have kids of their own actively share their stories and tips for dealing with fussy eaters, one of the biggest challenges parents face.

So whether it's dealing with fussy eaters, shopping on a budget or planning meals for the week, Eat Better Feel Better's website www.eatbetterfeelbetter.co.uk has lots of advice and healthy recipes from professionals as well as top tips and hints from real mums to help make it easier for families across Scotland to eat healthily.

If you want to get involved in the campaign or order branded resources for your group email Gaynor Daniel or Emily Mackintosh on eatbetterfeelbetter@consolidatedpr.com

Publications

Food provision by Centrestage

In the first 42 weeks of food provision in Drongan, Rankinston, Fullarton, Pennyburn & Ardeer:



17,799 beneficiaries

9,720 attendees aged 4 weeks to 80 years old

8,079 people got food from others attending



140,440 portions

Year 1 projection: 173,878

Year 1 estimate: 40,000



£18,360.71

in 'pay it forward' donations



3,967

hours of children's play



28

active volunteers

All food provision, including summer food projects:

31,536

beneficiaries



159,368

food portions



£22,190.71

'pay it forward' donations



27,359

hours of play



44

active volunteers



Read more in the Fun, Food, Folk report
whatworksscotland.ac.uk

Fun, food and folk

This new research report focuses on a food provision programme in North and East Ayrshire. It shows how Centrestage offers a distinct approach to food provision by creating a social environment as well as a dignified transaction. Centrestage is a charity that uses food and the arts to engage people, and helps people to improve their life chances and (re) build communities.

The report can be downloaded from <http://whatworksscotland.ac.uk/publications/centrestage-dignified-food-provision>

Lunch club: transport is key

Lunch clubs are known for connecting those who are socially isolated over food in a way that is fun and accessible. However, how accessible a lunch club is depends on the transport options available. A Master's research project carried out within the University of Stirling found that having voluntary transport was critical for helping people attend a lunch club in Gilmerton in Edinburgh. The lunch club was highly valued by those who took part in the research and allowed them to get out of the house and meet new people. A member of the lunch club said that: 'when you have a disability, it makes it difficult to get out. [The lunch club] is about the only place you can come'.

What my mother ate

Another Masters research project carried out with older people identified that what we eat as children may have a considerable impact on our eating patterns in older age. Aimed at describing the eating habits of older people living alone in Scotland, it found that mothers were frequently cited as influencing the research interviewees' everyday food choices. Despite changes in circumstances and food availability over time, the interviewees were

eating very similar food now to those they were eating in their childhoods. Porridge, mince, broth and scones, and having a roast dinner on Sunday, were examples of eating habits that were conserved and continued throughout the interviewees lifetime, possibly because of food preferences that developed during 'critical periods' of learning in their childhoods.

For more information on both pieces of research contact Nadine.thomas@stir.ac.uk

Poor and paying for it

Clearly the big increases in food prices will hit poorer households particularly hard – while on average 16% of household spending is on food, almost a quarter of the spending by poorer households goes on food.

The observations by the Institute for Fiscal Studies last November on *'The Fall in Sterling: Who is Hit by the Rise in Inflation?'* are well worth digesting. See www.ifs.org.uk/publications/8730

What's Cooking in Scotland? Part 3

The new guide by CFHS provides tools and ideas to help you think in more detail about issues such as:

- How your cooking skills courses might 'work', and how some activities you do on your courses might work for some people more than others.
- It encourages you to think about how people might react or respond (positively and negatively) to what you do on a course and how you can adapt what you do to meet their needs and wishes better.



- The guide also includes information on how to evaluate cooking courses.

The guide is available to download from the CFHS website,⁶ or contact Alice (alice.baird1@nhs.net) if you would like a copy posted to you.



New resources from NHS Health Scotland

NHS Health Scotland's new website aims to support policy and practice, with a particular focus on health inequalities.

A number of new health inequalities briefings have recently been produced:

- *Human Rights and the Right to Health*
www.healthscotland.scot/media/1276/human-rights-and-the-right-to-health_dec2016_english.pdf
- *Health and Homelessness*
www.healthscotland.scot/media/1251/health-and-homelessness_nov2016_english.pdf
- *Housing and Health Inequalities*
www.healthscotland.scot/media/1250/housing-and-health_nov2016_english.pdf

Recipe

Chicken nuggets

Serves 3

Ingredients

- 2 chicken breasts, trimmed of all fat
- 2 eggs
- 3 mugs of cornflakes
- 1 mug of flour
- Pepper for seasoning



Instructions

- preheat the oven to 200°C/400°F, gas mark 6
- cut the chicken into bite-sized pieces
- beat the egg in large bowl
- crush the cornflakes and toss with pepper
- coat the chicken in flour, dip into the beaten egg and then into the crushed cornflakes
- arrange chicken pieces on an oiled baking tray
- bake in the oven for 15–20 minutes

Optional

- You can easily prepare these as a healthy snack, not only a main meal
- Serve with potato wedges and coleslaw

Homemade chicken nuggets is a popular recipe on community cooking courses. This recipe comes from NHS Tayside and is part of the CAN toolkit developed by NHS Ayrshire and Arran. A link to the toolkit recipes can be found in the resources section of the CFHS website.

Contact us

Alice Baird
Information Officer
0141 414 2890

Karen Laidlaw
Project Administrator
0141 414 2834

Bill Gray
National Officer
0141 414 2836

Anne Gibson
Development Officer
0131 314 5428

Kim Newstead
Development Officer
0131 314 5427

Jacqui McDowell
Development Officer
0131 314 5466

Community Food and Health
(Scotland)
NHS Health Scotland
Meridian Court
5 Cadogan Street
Glasgow G2 6QE

0141 414 2890
nhs.HealthScotland-CFHS@nhs.net

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¹ www.communityfoodandhealth.org.uk/2016/chewing-cfhs-annual-networking-conference

² www.communityfoodandhealth.org.uk/our-work/community-cafes-retailing

³ www.communityfoodandhealth.org.uk/our-work/cookery-skills

⁴ www.communityfoodandhealth.org.uk/category/cooking-skills-blog

⁵ www.communityfoodandhealth.org.uk/advice-resources/making-a-difference/research/communityled-research

⁶ www.communityfoodandhealth.org.uk/publications/cooking-scotland-part-3

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