Just getting on with it

How cooking skills courses in Scotland support people who are experiencing food insecurity

Acknowledgements

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Finally, a special thanks to Katy Gordon, a PhD student who completed this project as part of a student internship within NHS Health Scotland.

About CFHS

CFHS is a programme within NHS Health Scotland. CFHS supports work within low-income communities that addresses health inequalities and the barriers (availability, affordability, skills and culture) to healthy affordable food – cooking skills courses are a popular activity among a range of communities.

Contents

Introduction

Cooking courses are popular activities run by community groups and agencies such as local authorities and NHS teams within low-income communities.* In the last few years, the Community Food and Health (Scotland) (CFHS) programme within NHS Health Scotland has focused on improving practice and developing the evidence base around community cooking skills courses.

Food poverty and food insecurity has re-emerged as a topical issue and poses a significant threat to health and wellbeing.[1] Practitioners who run cooking skills courses have told us that they have worked with course participants who may be experiencing food insecurity and were struggling to feed themselves and their families. We wanted to explore this issue further by undertaking a short project to find out:

> **what methods community cooking course practitioners currently use to support those experiencing food poverty/insecurity.**

This report details the findings of an online survey and face-to-face interviews with practitioners and managers running community cooking groups. To complement the report, a series of case studies and 'hints and tips' are available on the **CFHS website**.

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* More than half of applications to the CFHS/Health Scotland Annual Development Fund plan to run cooking courses if they are funded.

Setting the context

Food poverty is attracting growing attention in the UK.

Food poverty is primarily driven by income deprivation.[2]

Food poverty is often associated with foodbanks (organisations distributing emergency food aid). However, this is only one of many strategies people employ to cope with food poverty.

The Scottish Government are funding projects that help people access healthy, nutritious food in a dignified and sustainable way. Some of this funding covers the provision of community cooking courses.

In this context we are exploring:

What methods community cooking course trainers currently use to support those experiencing food poverty/insecurity.

Food insecurity/poverty in the UK

What is food insecurity/poverty?

The commonly cited definition of food insecurity/poverty used for the project was:

> **the inability to acquire or consume an adequate quality or sufficient quantity of food in socially acceptable ways, or the uncertainty that one will be able to do so** .[2]

Henceforth, throughout this report 'food insecurity' will be used. The research project survey began with this definition of food insecurity. To prompt thoughts around how this related to cooking skills courses, we asked survey respondents about their experience of people on their courses 'who are struggling to have enough food to get them/their family through the week'. For simplicity, throughout this report the term 'people who are struggling' is used.

In recent years, food insecurity in the UK has attracted growing attention. Media coverage about foodbanks has increased significantly since 2012[3] and leading health officials have issued stark warnings stating it has all the signs of a public health emergency.[4]

Both UK-wide and Scotland-only research has highlighted, from the perception of food aid providers, that there is increased demand for their services,[5] and community-led research found that while people know what a healthier diet is, and aspire to eating it, their day-to-day experience is often constrained by low levels of disposable income.[6]

In 2015, the Scottish Government established a Short-Life Working Group, tasked with recommending actions to eradicate food poverty.[7] The group produced the report 'Dignity: Ending Hunger Together in Scotland', which details evidence about and recommendations around the measurement, prevention and solutions to food insecurity.[8]

Measuring food insecurity

Food insecurity has not been routinely measured in the UK, so there is no conclusive evidence of an increase in the problem. The growing number of people receiving a food parcel from a foodbank is often cited as a proxy; however, it is widely recognised that this measure underestimates the number of people experiencing food insecurity, because it excludes people facing ongoing food insecurity but who do not seek emergency food aid. Seeking support from a foodbank may be a last resort.[9] The Scottish Government has recently responded to calls to robustly measure food insecurity[1] by committing to incorporate questions from the 'Food Insecurity Experience Scale' into the Scottish Health Survey from 2018.[10]

Food prices and affordability

Many factors may contribute to food insecurity:

- the level of disposable income after housing and other essential costs
- local availability of, and access to, retailers selling affordable, nutritious food
- access to transport
- access to cooking, storage and preparation facilities
- appropriate skills and knowledge relating to nutrition and the preparation of meals.[1]

However, food insecurity is primarily driven by disposable income deprivation, with food prices and available financial resources to purchase food being key.[1]

Socioeconomic circumstances can have an impact on the food that people can access and consume. The UK recession, from 2008–2013, squeezed household budgets at a time when food prices were increasing. Prices peaked in June 2012 when they were 11.5% higher than 2007. Despite a gradual fall since 2013, prices in 2016 were still 4.1% higher than prior to the recession.[11]

The proportion of household budget spent on food provides a measure of affordability. In 2014, on average, 11.1% of household spend was on food. This proportion increased for low-income households: the lowest 20% of households by equivalised income spent 15.7% of the household budget on food.[12] Using a different method, Douglas et al. (2015)[13] analysed similar measures for Scotland only. They found that, in 2012, households with below-average income* had a weekly food spend of £42.13, which represented 23% of household income. Households with

above-average income spent £59.14 a week, which represented 11% of household income. Studies that consider the required weekly food spend of different household demographics found that a couple with two children require a weekly food spend of £100.96 to reach an acceptable standard of living,[14] while a Northern Ireland-only study[15] found the cost of a realistic, acceptable and nutritionally adequate weekly food basket for the same type of household was £119 per week.

Impact of food insecurity on diet

It is widely known that the average Scottish diet, which has not changed significantly over the last 15 years, does not meet recommended nutritional standards. In particular it is too high in calories, fats, sugars and salt and too low in fibre, fruit, vegetables and other healthier foods like oily fish. This diet profile exists across all income groups; however, the most deprived tend to have the poorest diet, eating less fibre, fruit and vegetables, and more sugar and sugary drinks.[16]

To explore the impact of food insecurity on diet, Douglas et al. (2015)[13] used the measure of 'households below-average income' as a proxy for houses at risk of food insecurity. The study found that the quality of diet, in terms of how often people ate the key food groups, was not significantly different for households at risk of food insecurity compared to households with above-average income. The authors suggest this requires further scrutiny. The one exception was for fruit and vegetables, which the 'at-risk' households purchased and consumed less. This finding echoes earlier results of the Low Income Diet and Nutrition Survey,[17] which found that the dietary patterns of people on low incomes were the same as that of the general population, with some exceptions, with their diets still falling short of the food recommended for health.

However, recent community-led research found that while people know what a healthy diet is and aspire to eat it, their day-to-day experience is often constrained by low levels of disposable income. Low income affects their ability to afford healthier, adequate or culturally appropriate food, and also the cost of travel to access it.[6] Research to date, therefore, does not yet have a conclusive picture of the impact of food insecurity on diet, but it suggests that income is linked to the purchase and consumption of different food types.

Individual strategies to cope with food insecurity

In light of this uncertainty it is worth noting that some households may find ways to maximise the quantity and nutritional quality of their food in the face of adverse circumstances.[18] A number of coping strategies have been reported by households facing food insecurity. Such strategies include:

- buying cheaper food
- buying 'no cook' food
- travelling to cheaper shops as opposed to using local retailers
- planning menus
- shopping with great care and making use of price promotions[19]
- turning to friends and family for support
- accessing support through national schemes, such as Healthy Start vouchers
- accessing other local food projects.[9]

These findings highlight the wide range of ways that people try to cope with and minimise the impact of food insecurity.

Responses to food insecurity/food poverty

The Douglas et al. (2015)[13] rapid review of food insecurity literature, commissioned by NHS Health Scotland, found two ideas emerging to tackle food insecurity:

1. Government intervention to maximise the available income and the spending power of low-income households. This suggests a systemic approach that impacts on socioeconomic conditions.

2. Strengthening charitable organisations' ability to offer food to those in crisis. This may take a number of forms, including food parcels, food vouchers, soup kitchens and community meals. In contrast to the approach above, this focuses more on addressing the problem at an individual level.

Finding solutions to food insecurity at an individual level is a difficult topic and risks 'blaming the poor for being poor'. This fails to address the wider determinants of food insecurity and health. However, evidence suggests that these wider determinants are key in food insecurity: food aid providers believe that the recent, widely reported increases in demand for food parcels was driven by factors such as welfare reform, benefit delays, benefit sanctions and falling incomes.[20]

With charities providing the frontline response to food poverty,[21] the UK Government has been criticised for passing the responsibility for problems that it has caused onto community-based and third sector organisations. Silvasti and Riches (2014)[22] describe the UK Government as:

' **endorsing, enshrining and encouraging growing charitable emergency food systems without any signs of commitment to meeting the political obligations to respect, protect and fulfil social and economic human rights.** '

Normalising charitable emergency food aid as a suitable response may reduce the motivation of policy-makers to seek alternatives.[23] This is despite significant concerns that charities are unlikely to be able to address the underlying issues,[21] with only the government 'being able to develop the level of co-ordinated action needed to end household food insecurity'.[24]

Tackling food insecurity/food poverty

With this debate continuing in the background, the Scottish Government has announced their intention and plans to tackle food insecurity. In September 2016, they awarded 21 projects a share of £900,000 as part of the Fair Food Transformation Fund. The fund was set up to help initiatives across the country that are seeking to reduce reliance on emergency food aid, by establishing more sustainable and dignified approaches to enable people to access healthy, nutritious food.[7] More recently, a further £350,000 was awarded to 'help foodbanks and community groups to provide people with nutritious food, teach them how to cook fresh meals, strengthen local partnership approaches and reduce reliance on emergency food provision'.[25]

Although emergency food aid providers have dominated much of the recent media and political discussion on food poverty, other responses have been explored and practised for a number of years. One such response is within the wider 'community food initiative' field. For example, the Scottish Diet Action Plan (SDAP)[26] in 1996 recognised that community action played a key role in improving diet. This led to the creation of the 'Scottish Community Diet Project' (now operating as CFHS within NHS Health Scotland). The original remit of CFHS was to create a national resource to promote and focus community action within low-income communities by supporting innovative local projects, and sustaining and extending effective ones.

A UK review[27] found that food and health projects commonly work with people with low incomes, supporting areas that have high rates of unemployment, poor housing and other social and structural problems where 'people's primary concern is to feed their family as well as their limited budget allows'.[27] Although tackling food poverty may not always be an explicit aim of such projects, they appear to be well placed to contribute to what Sonnino and Hanmer (2016)[28] describe as 'creative responses that involve different actors and different levels'.

Community food initiatives take many forms, including fruit and vegetable barras, community cafes, cooking skills courses and community gardens. Such food projects may meet aims such as increasing skills, confidence and physical access to affordable food and may lead to health improvement.[2] Their benefits may extend further than providing affordable food or learning how to cook; they may also provide training and skills that can improve employability, build capacity within the community and combat social exclusion.[29] Although not focusing specifically on food organisations, Roy et al. (2014)[30] hypothesised a causal pathway through which such 'social' organisations can lead to the

development of individual and community assets which, in the long term, lead to improved health and wellbeing through increased social capital and sense of coherence.

Cooking courses and food insecurity

One activity that community food initiatives undertake is cooking courses. The courses may aim to improve knowledge, confidence and skills to support people to make their own, healthy, low-cost meals. They may reduce the use of pre-prepared, packaged and convenience foods by teaching recipes that meet these aims and therefore participants are likely to replicate again at home. The evidence on the short-term and long-term impacts and sustainability of community cooking skills programmes remains limited,[31] but a recent narrative review found that evaluation of cooking programmes consistently reported increased confidence in cooking skills; however, the effectiveness of changing eating behaviour was less consistent.[32] Although there is literature that evaluates the impact of these classes on health and behaviour change, particularly in low-income communities, there is limited research on the role these groups may play in supporting people facing food insecurity.

Tackling the issue of food insecurity through cooking courses could suggest that the issue is caused by people/households not being able to fully manage their budget, or source and cook food,[19] which echoes the debate around individual versus systemic change. However, teaching people to cook fresh meals was one of the support mechanisms identified by the Scottish Government in 2017 following the dignity report.[8] Lacking appropriate skills and knowledge relating to nutrition and the preparation of meals is identified as one of a range of potential factors contributing to food poverty.[1]

Methods

Data collection

Data were collected in two ways.

1 An online survey (using LimeSurvey) distributed to CFHS contacts via the website, social media, an e-bulletin and targeted emails. The survey questions are shown in **Appendix 1**.

2 Six face-to-face interviews to further explore the responses to the survey. A starting 'topic guide' was used to structure the interviews, shown in **Appendix 2**. However, interviews were semi-structured, allowing relevant topics to be further explored if they arose.

Who took part in the survey?

A total of 71 people visited the survey site. All those who completed the survey had to confirm that they **both**:

• ran cooking courses in low-income communities

• had found that one or more participants in the courses were struggling to have enough food to get them through the week.

Six survey visitors did not meet this criteria and a further 23 did not fully complete the survey. The remaining **42 respondents** worked in a number of geographical NHS Health Board areas, in a variety of roles across sectors. The number of cooking courses that respondents ran in a year varied, as did the number of participants. See the following tables.

Figure 1: Health Board area of the survey respondent

Q. In which NHS Health Board area do you work?
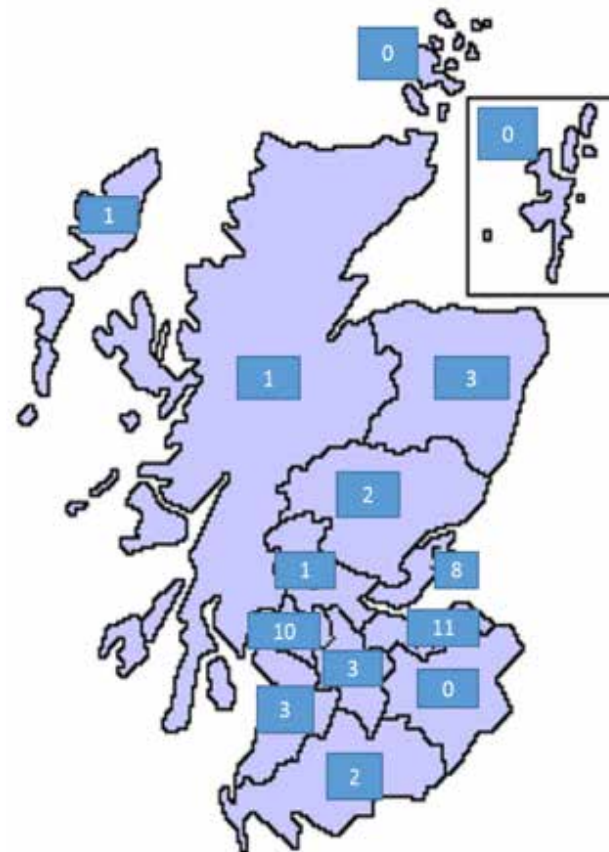
Two respondents worked across more than one Health Board.

Table 1: What is your involvement in cooking courses?

Role	Response (%)
Practitioner (e.g. trainer, facilitator, community chef)	48%
Project manager	14%
Both of the above	31%
Other	7%

Table 2: Which sector do you work in?

Sector	Response (%)
Third sector (e.g. voluntary, community and social enterprises)	60%
Local authority/council	21%
NHS	17%
Other	2%

Table 3: On average, how many participants complete a cooking course?

Number of participants	Response (%)
1–3	7%
4–6	62%
7+	31%

Table 4: On average, how many cooking courses do you run a year?

Number of courses	Response (%)
< 5	24%
6–10	29%
11–20	14%
21–50	14%
> 50	19%

Who took part in the interviews?

Interviewees were selected based on their responses to the survey. We prioritised those who had reported a high percentage of course participants struggling to get through the week. A geographical spread and mix of demographics was also sought. Of the six interviewees:

- three were practitioners, two were project managers and one was both

- three worked for the third sector, one for the NHS, one for a local authority/council and one for both the third sector and local authority/council

- three were based in a city, two in a town and one in a rural village.

A brief summary of each of the organisations with which the six interviewees worked is included in **Appendix 3**.
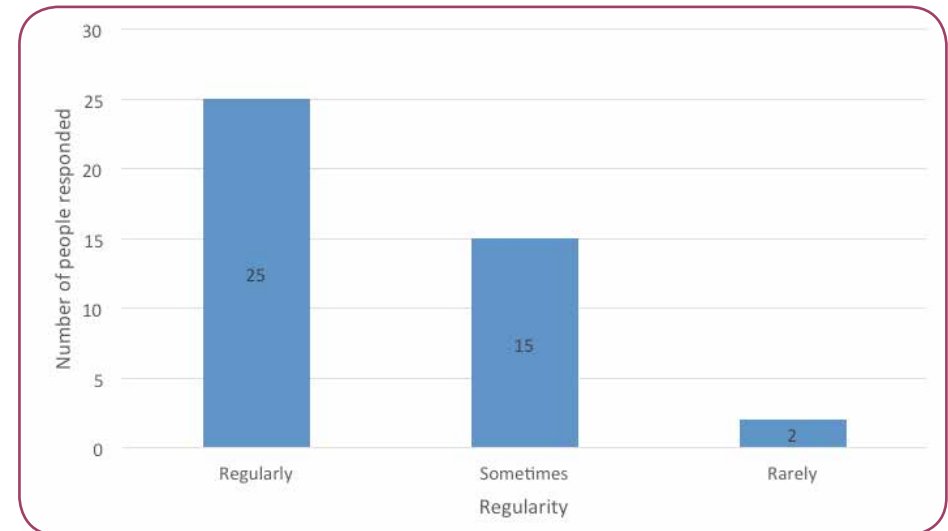
How often people were struggling and identifying them

How often were people struggling?

Everyone who completed the survey had found that one or more participants in their courses were struggling (defined on **page 2**). In the absence of a formal measure of 'struggling', answers were based on the respondents' views/perceptions as to whether or not this was the case. Respondents were asked how often they found participants in their courses were struggling. Of all the respondents, 60% regularly considered that one or more participants were struggling, 36% sometimes and 5% rarely (**Figure 2**).

Figure 2: Do you ever find that one or more of the participants on your courses are struggling to have enough food to get them/their family through the week?

Identifying people who are struggling

Survey respondents were asked how they knew people in their courses were struggling. A mixture of techniques were reported:

- almost all (41 of 42) identified people from what they said during the course

- two-thirds (26 of 42) already knew the participants before the course

- almost half (19 of 42) got this information from the referral agencies (see **box 1**).

9

Strategies to identify people struggling during the course

Discussing personal circumstances

A range of strategies were used to identify personal circumstances that could have affected the course participants' ability to make the recipes used on the courses again at home. These often focused on budgets and equipment. Talking about these issues had the potential to start a conversation that could identify someone who was struggling.

> We talk about cooking on a budget and we say "we've got £5 for a meal of 4". When we introduce it as budgeting that's when people start to say "Och, I don't have that, I've got this amount a day" and then we show them what they can do with that amount.
>
> Interviewee 2

> When you are working with a group we do a variety of recipes and we say "well, you can do this by boiling your kettle or you can do it in the microwave or you can do it in the oven". So you give them different options and they'll say "well, I have a microwave so I can do this".
>
> Interviewee 1

Encouraging open discussion during courses

Survey respondents frequently reported that they noticed people who were struggling on an informal basis. They spoke of chatting with and listening to participants both on a one-to-one basis and as part of a general discussion with the group. Interviewees agreed that general group conversation was a helpful way to identify people.

> The other thing we do is we cook at least two portions – so we'll sit round the table and eat one and that is when you get to find out a lot. Once they are sitting round a table, finished cooking, that's when you get the conversations.
>
> Interviewee 1

Although respondents did not give any specific examples of the information that they listened out for, the theme that 'general chat' often revealed if people were struggling came across strongly. In order to have these conversations respondents felt it was necessary to create a friendly and safe environment to ensure participants felt comfortable opening up and sharing.

The interviews explored this topic further, highlighting the importance of the skills, ability and attitude of the practitioner in building a relationship with individuals, and creating this comfortable

environment. Interviewees noted that while some course participants are comfortable to discuss their personal situation during a group discussion, others found it difficult.

> **Not everybody has fancy cookers, store cupboards, fridge – some people don't realise how much poverty is out there. Because people hide it, people are ashamed to say. We need to be mindful of that.**
>
> Interviewee 3

> **People can be embarrassed, mortified … so we may be trying to identify people who are really struggling who don't actually want to be identified.**
>
> Interviewee 5

Reaching people who are struggling

As well as discussions that take place during the courses, the interviewees spoke of their recruitment strategies that focus on people who are struggling. Linking in with other organisations who could signpost people to the cooking courses was regularly mentioned.

> **We've got good links with "people on the ground" through other organisations.**
>
> Interviewee 2

One interviewee attended an event organised by the local foodbank as a way to engage with people who are struggling. The event itself was a one-off session but being involved gave an opportunity to discuss, promote and ultimately sign people up to a longer cooking course.

> **In conjunction with them we started running a "people's cafe" targeted at foodbank users. We focused on recipes that can be made from food parcels using a variety of cooking methods. But, also had people from other agencies there too – housing, social work, debt advisers.**
>
> Interviewee 1

As part of a wider project, the interviewee who worked for the NHS had used a 'food issues questionnaire' in the local area to survey families with pre-school and/or school-aged children. The survey identified families with pre-school children as being more likely to be struggling to have enough food. This knowledge will be used to shape their future work. Another interviewee spoke of the effects of local employment patterns and used awareness of these to target groups:

> **Straight after Christmas two of the main employers in the area will lay off a lot of their staff – it's seasonal work so people could face the next six months with no money … so we're trying to get in there.**
>
> Interviewee 1

One survey respondent was concerned that despite the range of strategies used to identify and access people who were struggling, they were still a difficult group to reach.

> **We still feel that many people who are struggling the most are falling through the net. They are not always picked up by local cooking groups and may have to rely on lunch clubs and even foodbanks.**
>
> Survey respondent

Cooking course activities

The survey explored the activities that take place during cooking courses. Although the aims of the courses were not explored in the survey, the screening questions showed that respondents aimed to support people on a low income.

Common cooking course activities

Survey respondents were provided with a list of popular cooking course activities and asked if these were included in session plans for specific groups (**Figure 3**). The list of activities was compiled on the basis of previous research[31] and knowledge of cooking course activities gained through discussions with practitioners.

Figure 3: Cooking course activities
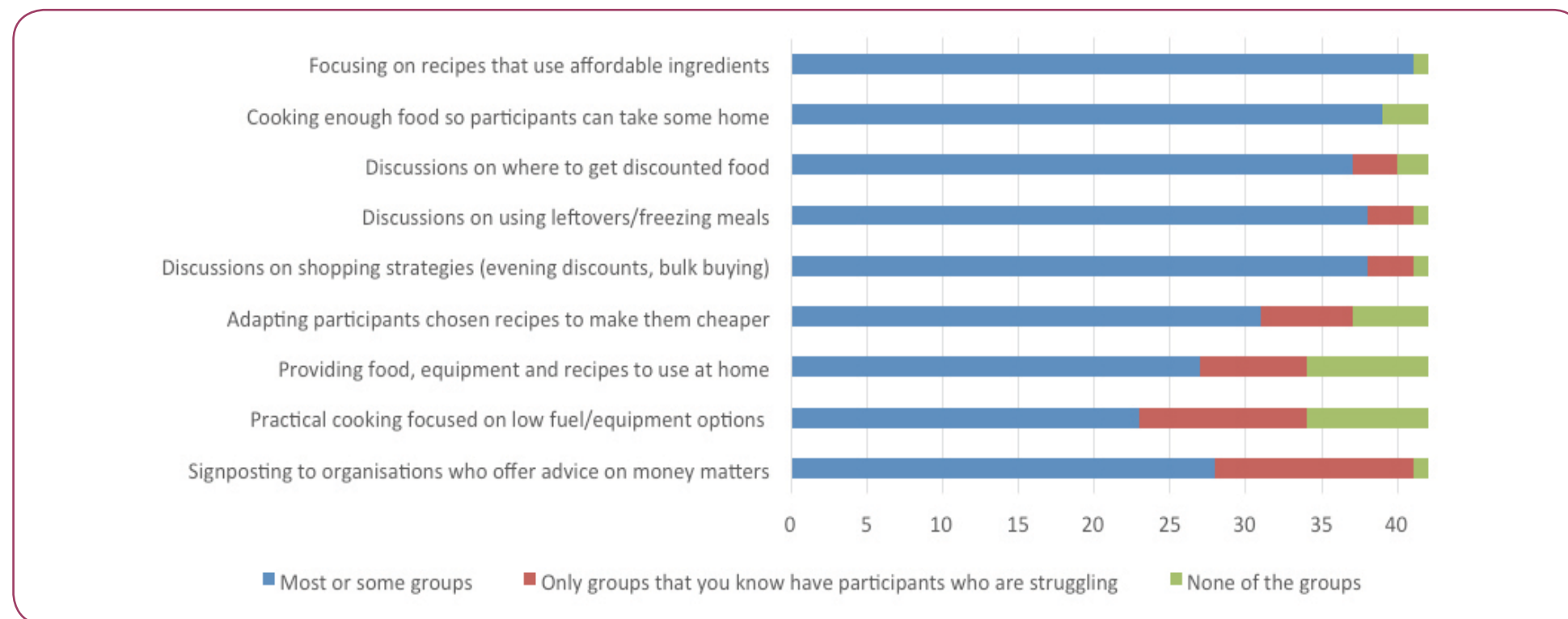
The majority of activities were included in session plans for all groups. 'Signposting to organisations who offer money advice' and 'practical cooking focused on low fuel/equipment options' were the two activities most commonly used solely with groups with people who were struggling. However, these were also regularly included in session plans for all groups.

Respondents were asked to list any other activities they run that they believed were particularly suited to people who are struggling. Answers included:

- **Budgeting**: Meal planning, costing out recipes and discussions on balancing out the budget over a couple of weeks.

- **Shopping strategies**: Discussions on shopping around to get the cheapest price, scrutinising the real value of 'offers' such as buy one get one free, and visiting the shops with the group to look at and discuss products and costs.

- **Giving food/equipment to participants to take home**: Extra portions of the meals prepared, a box of store cupboard essentials and equipment such as blenders, food containers and measuring spoons.

- **Fuel saving**: Discussions on techniques to cut down on fuel costs such as turning off the hob/oven 10 minutes early and letting food cook in the residual heat, one-pot cooking and cooking enough for two days so less energy is used the next day to reheat.

- **Advice/signposting**: Some sessions incorporated income maximisation and energy advice, and others signposted participants to other relevant organisations.

- **Foodbanks**: Four respondents focused some of their sessions on foodbank packages – how to make them into meals and enhance their nutritional value.

Linking participants in with other organisations

Several survey responses mentioned signposting course participants to other agencies covering topics such as benefits maximisation, debt management and information on foodbanks. The survey interviews highlighted there were many forms of signposting. The most 'light touch' approach was giving the group information about other support services, either written or verbal, to increase awareness of what was available, whereas others asked staff from other agencies to lead a short session during the cooking course or attend a session to introduce themselves and offer follow-up appointments to participants. Often these other inputs had a focus on financial capability, although it was acknowledged that this had to be done sensitively.

> **We didn't think it is appropriate to say "you have done your cooking today and now there is a money surgery you can go to" – there is too much stigma attached to that.**
> Interviewee 2

> **…but we don't want to lose the parents so we don't want to hit them too hard – it's just little 20-minute sessions. And then after a couple of sessions they'll say, "you know that financial capability officer – do you think I could see them on my own?"**
> Interviewee 3

Cooking courses were considered a good opportunity to encourage people to start engaging with these other agencies with the offer of a meal to take home or eat during the course as potentially encouraging attendance.

> ❝ **…the cooking thing is a carrot – it's getting folk involved, out their houses, getting a bit of confidence which then lets agencies and health visitors in to start supporting them.** ❞
>
> Interviewee 3

Being able to link participants in with support services required good networking with other community organisations and services. The interviewees spoke of the benefits of good partnership working. This partnership working allowed interviewees to not only link participants in with other services but also meant local organisations often signposted people to the cooking courses.

Course aims: incorporating health messages

Survey respondents were not explicitly asked about the aims of their cooking courses; however, all six interviewees discussed how cooking courses aimed to promote positive health and nutrition messages. The training and experience of the practitioners leading the courses ensured that consistent and healthy messages were included. Most had a background in nutrition or had attended specific 'train the trainer' courses which incorporated basic nutrition. This allowed the courses to retain a healthier eating focus despite some of the restrictions faced by people who are struggling. Interviewee six, who worked with a group with significantly restricted access to cooking equipment, felt strongly that the health messages and the nutritional content of the recipes was not compromised. The interviewee's courses supported the participants to have a 'healthier convenient diet'.

Some of the adaptations made to recipes listed by survey respondents aimed to both lower the cost and improve the nutritional content. Some common adaptations were mentioned regularly in the survey:

- bulking out meals with more vegetables
- substituting meat with vegetables
- reducing the amount of meat in a recipe
- adding beans, lentils and pulses to compensate.

These adaptations inherently promote the recommended changes required of the Scottish diet (increasing consumption of fruit, vegetables and fibre.) Another cost-saving strategy that lends itself to improving nutrition was cooking a homemade alternative to takeaways.

> ❝ **We try to support them to make positive choices, i.e. reducing takeaways saves money.** ❞
>
> Interviewee 2

While some recognised that healthier foods could be expensive, such as oily fish, this was covered in budgeting discussions, or by using recipes with cheaper ingredients on subsequent sessions.

> ❝ **Even tinned fish like sardines, which are probably the cheapest, are not cheap relative to what you can buy as an alternative, portion wise. We would do fish but then we would need to offset it with a cheaper meal the following week and I suppose that is a way to teach people about budget – you can actually have it but you would need to plan.** ❞
>
> Interviewee 5

However, ultimately, cost is still a key driver of purchasing behaviour and this may impact the extent to which participants can consistently make the healthier choice, despite knowledge of what this would be.

> **It's hard though – such as processed meat – although people know about processed meat they might not have the financial opportunity to make the healthier choice.**
>
> Interviewee 2

Interviewees highlighted that although their courses are participant led, the aim of eating more healthily on a low budget was very important. Other potential participant expectations of cooking courses may be discouraged.

> **People sometimes start talking about wanting to make bread. We don't put it to a stop but we do put it to the side lines and say – "well, that's a couple of months down the road". It's fine having people making bread but if you're feeding your kids Pot Noodle and chippy suppers you can forget the bread, that's the least of our worries right now.**
>
> Interviewee 3

> **There have been some organisations that have asked us to do something a bit more special. As participants don't have much money they think people might not have an opportunity to try/taste these types of food. They might ask us to bring in exotic fruits as people won't have seen them before and will get them talking about fruit and veg but I think, in this current climate, we have become more aware of food waste and people who don't have food. So I hope we are doing that a lot less now and are being a bit more savvy.**
>
> Interviewee 5

Course aims: using food as an engagement tool

Survey respondents were not specifically asked about the aims of their cooking courses; however, a handful of respondents commented that the courses provided an opportunity to ensure people had some food to eat that day. People ate the meals made during each session, were given the cooked food to take home with them or were given some food to eat at the start of the session. In some cases survey respondents felt that the provision of a meal attracted attendance.

> **Often people only attend as they are able to take home a family meal.**
>
> Survey respondent

> **I know that a lot of the people we get in the cooking groups are more than capable of cooking themselves a meal, but I also know they are very short of money due to being sanctioned so some of the clients have not had a decent meal for a few days or could be longer.**
>
> Survey respondent

Interviewees highlighted some of the benefits of providing food through a cooking course. First, it encourages attendance, and second, it provides free food in a social setting without the stigma sometimes associated with 'handouts'.

> **A lot of women turn up – they may have been sanctioned, they've got no money, they are in real crisis and it's very obvious – they are cold and shivering, that's how hungry they are. Part of the reason I think X employ me is that more people will turn up to a group if there is food. And then I am chatting about health and wellbeing, money, etc.**
>
> Interviewee 6

> **I think cooking skills groups are a good way to provide people with a meal that makes it feel less like a "soup kitchen" hand out, they can focus more on the social aspect.**
>
> Interviewee 5

Evaluating effectiveness

All interviewees undertook an evaluation of their courses. Participants' thoughts on each session, enjoyment and desired changes were all captured. The extent to which they support people who are experiencing food insecurity was not captured, as some courses may have outcomes other than addressing food insecurity. One interviewee, involved in another piece of CFHS research-focused evaluation, identified that they have developed new approaches that may potentially help to demonstrate the overall impact.

> **We have started going back 3–6 months after the course and focusing on what difference it has made to their life in general.**
>
> Interviewee 2

Results: part 3

Adapting recipes

Survey respondents were asked if they had made changes during a course to the:

- **recipe ingredients** – if they found out the ingredients cost more than one or more of the participants' usual budget
- **recipe methods** – if they found out one or more participants didn't have the necessary facilities or equipment at home.

They also detailed whether the changes were made for the whole group or individuals.

Figure 4: adapting recipes and methods.

Adapting recipes (42 respondents)

Adapting methods (42 respondents)
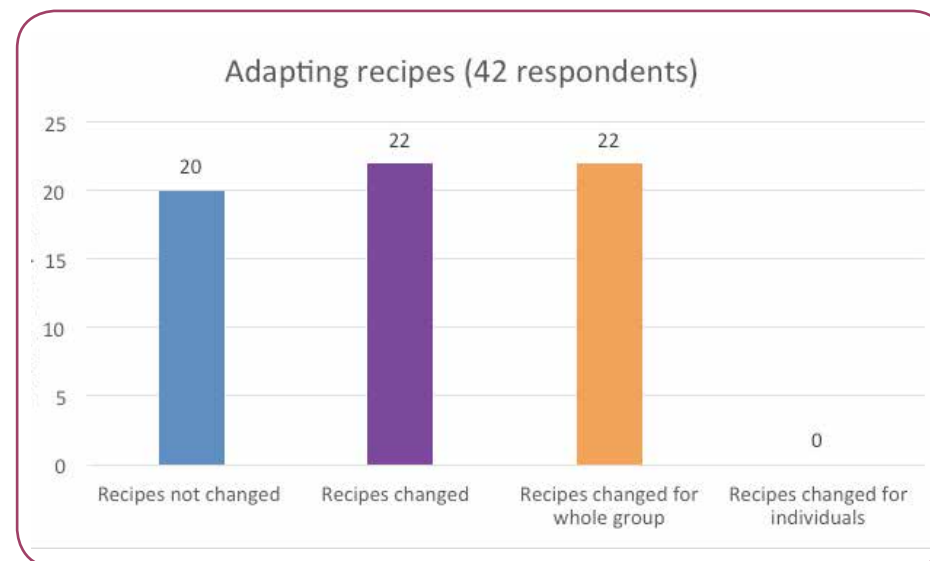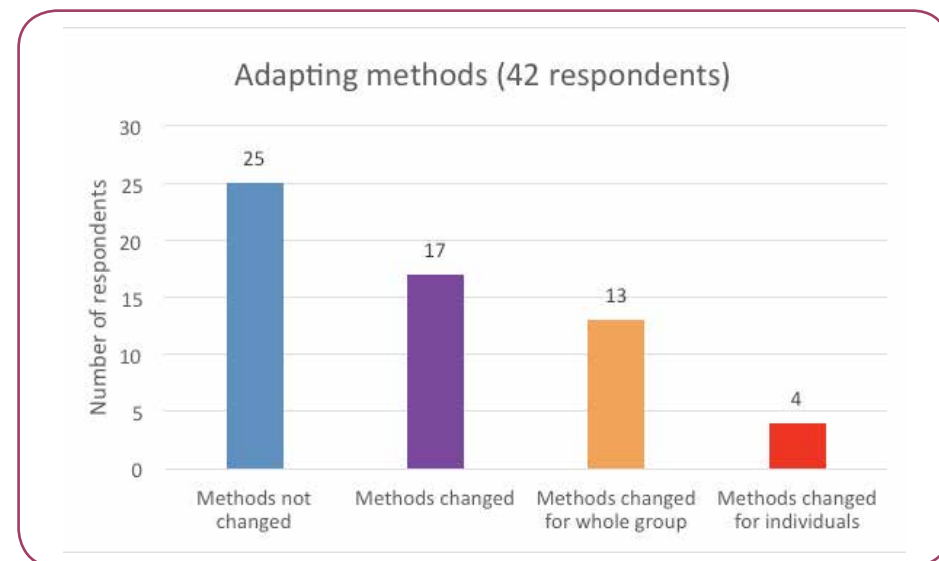
No requirement to make changes

Some respondents did not make changes to their course; they explained the reasons why not. Examples include:

- knowing the participants beforehand and therefore planning recipes to suit them
- recipe choices being participant led and therefore more likely to be suitable for their personal circumstances
- only ever using basic equipment
- practitioners having a limited funding budget that they must stick to for each class.

17

Courses being participant led was noted as an effective way to ensure courses were relevant to the participants, limiting the need to make adaptations.

> **Participant-led courses work well to gauge what people can afford to cook and buy ingredients for.**
>

Making changes to ingredients

The majority of the changes to ingredients focused on switching to alternative, cheaper options such as:

- substituting meat for vegetables, using cheaper cuts (e.g. chicken thigh instead of breast) or less meat
- using frozen/tinned instead of fresh food
- bulking up meals with vegetables, beans and pulses
- sourcing the ingredients from a low-cost supermarket that participants used
- only buying non-brand goods.

Practitioners also: minimised the number of ingredients in the recipes; made extra portions to take home and freeze; and talked about how meals can be made from leftovers.

Interviewees raised the importance of buying the food from shops that are accessible to participants, usually local supermarkets. The most rural organisation found this the most challenging:

> **We don't have a lot of supermarkets available to us – we've only got a small Co-op and they don't do a basics range.**
>
> Interviewee 4

The same organisation were members of **FareShare** and used ingredients sourced through FareShare during cooking courses. They overcame the potential issue of this food not being cheaply available locally in a number of ways: substituting ingredients that were accessible locally, e.g. researching what was currently on offer locally and using these as substitutes; and giving the spare ingredients to participants at the end of each session.

Making changes to cooking methods

Survey respondents identified some adaptations to cooking methods used during courses, which were made to ensure the participants had the necessary facilities at home. Different utensils were used and discussed, such as using hand blenders rather than food processors or potato mashers instead of hand blenders. Tips such as switching off the oven 10 minutes early to save fuel were also discussed.

Interviewees echoed much of the above. They discussed using very basic equipment, making more than one meal with some key ingredients and maximising use of ingredients to get as much variety as possible.

> **Tomato soup can become the tuna pasta sauce and the bolognese sauce. Leek and potato soup can become the fish pie sauce. We talk about "what can we cook today and what could it be tomorrow if we added something".**
>
> Interviewee 6

In the survey the most commonly mentioned change to cooking methods was adapting recipes to be made on the hob only (in one pot), in the microwave or using a kettle. Survey respondents were not specifically asked about these adaptations but in the

open comment section, three mentioned one-pot cooking, five mentioned kettle cooking and 12 mentioned microwave cooking. Interviewees felt that the need for kettle-only cooking was quite rare, and that tailoring for this presented significant restrictions to what could be done on a course.

> **Because at the end of the day on a cooking course you are going to be very limited if you are only using a kettle, for example, that's not a cooking course, that's boiling a kettle.**
>
> Interviewee 2

Instead, interviewees saw their role as signposting participants with organisations who could help them get some white goods and basic equipment.

> **If people don't have the equipment at home what we tend to do is link in with welfare advisers to see what can be done – if somebody tells us "I don't have this" we do what we can to get them into a position where they can have it. There's not a lot we can do ourselves if someone doesn't have a fridge/cooker but what we can do is link them in with people/organisations who might be able to help.**
>
> Interviewee 2

Interviewee 6, who ran groups with women in the criminal justice system, faced major challenges with planning cooking courses because of the lack of equipment available to participants. Many of them had only limited access to a microwave each day. This meant even recipes adapted to be cooked in a microwave were unsuitable due to the time required.

> **Because they get 10 minutes in a microwave in a hostel and this wasn't something I realised when I started. I did lots of recipe development at home and adapted all my recipes to be microwavable – I thought that was fine. Then I showed one of my adapted recipes to a participant and she said "Oh, I only get 10 mins to use the microwave". So that day I went home and wept!**
>
> Interviewee 6

Tailoring for these participants led to a shift in the focus, away from the typical idea of 'cooking from scratch'.

> **But now, with that group of women, I work with the Eatwell Guide and the best convenience food they can have – so I'll go over a Lidl carton of soup and they could maybe add these butter beans and a bag of spinach and they could heat it all up. So I've gone from my job of trying to get people to cook from scratch to realising that some of the most vulnerable people need to make healthy choices of convenience foods. So, now I'm making convenience foods!**
>
> Interviewee 6

Making changes for the whole group

All 22 (100%) survey respondents who made changes to recipes for courses that included participants who were struggling, did so for the whole group. Of the 17 who made changes to methods, 76% made them for the whole group (**Figure 4**). Not singling people out was an important theme that came through from the survey responses.

> **Changes made are given as alternatives to the whole group in order not to label or pinpoint an individual.**
>
> Survey respondent

> **We introduced a microwave week for everyone regardless of personal circumstances.**
>
> Survey respondent

One of the interviewees discussed some of the reasons behind this.

> **For me the groups should be as inclusive as possible for everybody who is going. So there shouldn't need to be many adaptations done because somebody should be able to come along – whether they have money or no money they should still be able to take part.**
>
> Interviewee 5

> **I think it can make people feel more vulnerable if you have started on something and then suddenly things get changed and people will think "is that changing because of me?"**
>
> Interviewee 5

One survey respondent felt that group dynamics ensured those who were struggling benefited most from any food being given away.

> **Give out the raw ingredients to participants at the end as a gift to all but treat everyone the same regardless if they are struggling or not. People who are not struggling generally won't take the food items so they can be given to others in the group without people feeling singled out.**
>
> Survey respondent

Discussion

The Scottish Government are seeking to establish more sustainable and dignified approaches to ensuring people can access healthy, nutritious food. Some projects, such as foodbanks and community groups, have received funding to help 'provide people with nutritious food, teach them how to cook fresh meals, strengthen local partnership approaches and reduce reliance on emergency food provision'.[25] In this context, CFHS sought to explore the methods that community cooking course practitioners use to support those experiencing food poverty/insecurity.

Only six survey respondents did not meet the survey criteria of 'finding one or more participants in courses were struggling to have enough food to get them through the week'. Of those who completed the survey, 60% found this on a 'regular basis'. This suggests that cooking courses do engage with people who are struggling, reiterating earlier findings from a CFHS review that cooking activities are successful at targeting and reaching low-income and vulnerable groups.[31] The success in engaging with people who are struggling may be because of the range of targeted recruitment strategies used. Knowing 'people on the ground' and linking in with other local organisations played a key role in these recruitment strategies.

Cooking courses may also provide the opportunity for participants to open up about issues they are facing. Open discussions and conversations that teased out these issues during cooking courses seem to be common, perhaps owing to the participant-led nature of the courses. Creating this friendly, safe and comfortable environment that allows people to open up is reliant on the skill and experience of the practitioners taking the courses. This is particularly important given the sensitivity of the topic of food insecurity, which is often associated with stigma and shame. Some course participants may not want to open up about their struggles. Identifying and engaging with people may lead on to using other support services, such as money advice, through signposting or by incorporating such organisations into the cooking course programme.

Previous research of food aid providers (those with a focus on providing food to people) found the 'non-food' support that such organisations were able to offer was particularly important.[9] This finding was also echoed in this project.

Nutrition messages remained an integral part of the cooking courses, and although there was recognition that financial constraints affected what people could buy, practitioners attempted to offset this by having budgeting discussions during the sessions. Many of the recipe choices and adaptations aimed to achieve both cost reductions and also health improvement, naturally achieving some of the recommended changes to the Scottish diet: increased intake of fruit, vegetables and fibre.[16] All interviewees used basic ingredients and cooking equipment during the courses, hoping to increase the likelihood of the participants making the meals at home. If participants said that they had a lack of cooking or storage equipment in their home, practitioners tried to link them in with other organisations that could offer support with getting the equipment they lacked. The course that included participants who had severely limited cooking facilities still aimed to promote and incorporate good

nutrition and health because of the effort and skill of the practitioner. The benefits of cooking courses may extend further than a focus on nutrition with social aspects – such as the opportunity to participate and meeting new people and also the wider holistic view of health. However, assessing these benefits was outwith the scope of this project, but it should be acknowledged that participants' wellbeing may also benefit from these social aspects.

The survey did not ask about the aims of the cooking courses. The general perception of the researcher was that the courses may have had a range of aims, such as skill development and improved knowledge. Participants having a meal to take home may have been a secondary, but important benefit. The majority of adaptations to courses were made for the whole group, avoiding 'singling people out', suggesting that cooking courses strive to be as inclusive as possible. This principle of inclusivity may in itself be a source of support for those who are struggling, by reducing some of the stigma and shame that people experience.

Perhaps the most compelling theme to emerge from the data is that supporting people who are struggling to have enough food is very much part and parcel of running community cooking courses. Practitioners deal with this in a pragmatic way as a matter of course – put simply, 'it's what they do'. Practitioners strive to support people, as much as possible, to have both a healthier, balanced diet and a wider network of support to help them cope and reduce the food insecurity they may be facing. The restrictions that participants face are addressed by the participant-led design of the cooking courses, be it careful selection of appropriate recipes or inclusion of other appropriate support. However, while cooking courses are able to offer support and adapt to the needs of participants, the need to do so highlights the wider issue of food insecurity. While these wider factors continue to contribute to food insecurity, the longer-term impact of cooking groups on supporting people to

have enough food in a socially acceptable way is surely constrained. The techniques and good practice of cooking course practitioners uncovered in this study is likely to form only part of a multi-agency approach to tacking the problem.

A limitation of this study, undertaken over a short period of time, is the lack of consultation with cooking course participants. The evidence gathered about the support offered during cooking courses was from the practitioners and was based on their experience and interpretation of what happens in the field. How this support is received, perceived and used by the people who are struggling is still unknown. Therefore, the effectiveness of cooking courses in reducing food insecurity cannot be confirmed. This limitation is made worse by the difficulties in evaluating the support offered, which is raised by the practitioners themselves; however, this project does benefit from a high response rate to the survey, plus more detailed insight from the interviews. It can be considered a starting point for further exploration of the role of cooking courses in supporting people who are struggling.

Conclusion

Based on the views of practitioners who run cooking courses in low-income communities, the project has collected evidence showing that the cooking courses engage and support people who are struggling to have enough food to get them through the week. This support is very much part and parcel of cooking courses, shown in both the motivation behind and process of running the courses. Equipping participants with the skills and knowledge required to support them to access a lower-cost, healthier diet is often combined with additional benefits of linking them in with other support organisations, providing an opportunity to talk about their issues and accessing a meal in a dignified way (albeit on a short-term basis). Where adaptations were made to accommodate participants' different budgets and access to equipment, these were most often done at a group level to promote inclusivity. Furthermore, the adaptations still followed the nutritional recommendations required to improve the Scottish diet. The ability to do this, as well as create an open and secure environment, relies heavily on the skills of the practitioners running the courses.

Recognising food insecurity as a symptom of wider poverty and disadvantage highlights that the impact of cooking courses on participants struggling to have enough food will always be constrained by the wider structural and economic conditions. These conditions require practitioners to use their skills and expertise to design courses that are suitable for people facing food insecurity. In doing so they ensure cooking courses may play a contributory role in the drive to embed more dignified and sustainable responses to tackling, or at least mitigating, food insecurity. However, they can only form part of a concerted, multi-agency effort. The project did not seek the views of cooking course participants and, without these, a full picture as to the effectiveness of cooking courses in supporting people facing food insecurity cannot be presented. However, this project suggests it would be useful to further explore if the support that practitioners plan and offer through the groups translates to meaningful and beneficial impact on course participants.

23

Appendix 1

Online survey questions

1. Do you run/manage cooking courses with low-income communities?

   - Yes – continue to Q2
   - No – thanks for your interest. You do not need to continue with the rest of the survey.

2. Do you ever find that one or more of the participants on your courses are struggling to have enough food to get them/their family through the week?

   - Regularly ⎫
   - Sometimes ⎬ Continue to Q3
   - Rarely ⎭
   - Never ⎫
   - Don't know ⎬ Straight to end of the survey

3. How do you know that people are struggling (please select all that apply)?

   - Because you get this information from the referral agent/s
   - If yes, who are the referral agents?
   - From what the participant tells you or other people during the course.
   - Because you already know the participants.
   - Because you always assume participants are struggling.
   - None of the above.
   - If yes, how do you know that people are struggling?

4. Is there anything else that you do to find out if participants are struggling?

5. Below is a list of some common cooking group activities. Do you include these activities in your session plans for most of the groups, only groups that you know have participants who are struggling, or neither?

- Discussions on where to get discounted food.

- Discussions on shopping strategies (e.g. shopping in the evening for discounts, buying in bulk).

- Discussions on using leftovers/freezing meals.

- Cooking enough food so participants can take some home.

- Providing participants with food, equipment and recipes to use at home.

- Working with participants to adapt their chosen recipes to make them cheaper.

- Practical cooking focused on low fuel/equipment options (e.g. kettle cooking, healthy microwave meals).

- Signposting to other organisations that offer advice on money matters.

6. Please provide details of other activities which you would include in a session plan that are particularly suited to people who are struggling.

7. While running a course have changes ever had to be made to the planned recipes because you found out the ingredients cost more than one or more participants usual budget?

- If yes, what changes were made to the recipes?

- If yes, were the recipe changes for everyone in the group or only those people you knew to be struggling?

8. While running a course have changes ever had to be made to the planned cooking methods as one or more participants didn't have the necessary facilities at home?

- If yes, what changes were made to the cooking methods?

- If yes, were the methods changed for everyone in the group or only those people you knew to be struggling?

9. Please provide details of any other changes you have made while running the course to better suit people who are struggling.

10. Do you have any other comments on the topic 'running cooking groups to support people who are struggling' or on the survey itself?

The final questions focused on the details of the survey respondents. This included NHS Health Board area, sector, role, number of courses run a year, average number of participants and the proportion of participants considered to be struggling.

Appendix 2

Topic guide for interviews

Topic	Question	Prompts	Rough time
Introduction	Brief description of what we are doing Talk through consent form		5 minutes
About the cooking courses	Can you tell me briefly about the cooking courses you run? What are the aims of the courses? What determines what food you use during the groups?	Who is it targeted at? How long do they run for? Aims of health, social, budgeting? Where does the food come from? Do you stick to healthy ingredients? In what way, e.g. all food groups over the duration of the course?	10 minutes
Identifying people who are struggling	For this project we use the definition of people who are struggling as 'people who are unable to acquire and consume an adequate quality or sufficient quantity of food in socially acceptable ways.' We know people might have their own understanding of struggling – how do you identify/decide if people are struggling?	Can you think of people on your courses who are struggling in this way? Does finding out this way work well? Are there any challenges?	5 minutes

Topic	Question	Prompts	Rough time
Tailoring courses for people who are struggling – tips, successes and challenges	When/if you are targeting people who are struggling do you adapt what you are trying to achieve? (compared to the aims said at the start) In the online survey you mentioned making the following adaptations to recipes/methods . . . Can you tell me more about this? or In the online survey you said you don't make adaptations to recipes/methods during the class … Can you tell me more about this? If you were asked for three top tips in tailoring classes to people who are struggling what would they be?	For example, less healthy focused, more about budgeting Don't need to? Are not able to? Choose not to?	20 minutes
Knowing what works	Do you get any feedback from people who are struggling as to what they learned on the course that has been particularly helpful? Have you tried things with a group that hasn't worked for people who are struggling?	What did they say? How did you find this out? What did they say? How did you find this out?	10 minutes
Anything else?	We've been talking about cooking tutors supporting people who are struggling – looking back, do you think there is anything we should have talked about that we haven't?		10 minutes

Appendix 3

Summary of each of the organisations with which the six interviewees worked.

Interviewee 1: Elgin Youth Café is a third sector organisation which aims to create development opportunities, and a safe haven and social space for young people. Projects include a youth café, after-school clubs, training courses and a wide range of other activities. As part of its programme, it runs a number of cooking courses. Although its main focus is young people it is always looking to offer its services to a number of different populations.

Interviewee 2: NHS Greater Glasgow and Clyde run a range of 'Get Cooking, Get Shopping' courses in the south of the city with a range of population groups. The courses are run by sessional chefs and focus on basic nutrition, food safety, cooking methods and recipes. The project is overseen by a health improvement practitioner for that area.

Interviewee 3: CFINE (Community Food Initiatives North East) is a social enterprise and charity operating from a hub in Aberdeen. It undertakes a range of food and health activities, including running a foodbank, selling low-cost produce in local communities, operating FareShare Grampian* and running cooking groups with a wide range of participants and organisations. It also offers a holistic service which includes support with a number of circumstances such as financial education and capability, employability, heating/energy and housing advice/support, and health and wellbeing.

Interviewee 4: The Action for Children Family Centre based in rural Kelloholm, Dumfries and Galloway provides a range of facilities and activities for families with young children in the area to support the wellbeing of the families they work with. The family centre runs a number of food and health activities in the centre, including cooking as part of a wider programme of activities with both children and parents. Ensuring service users regularly have something healthy to eat is also an important component of what the family centre does.

Interviewee 5: The Get Cooking programme, run by West Lothian Council Health Improvement Team, is a long-established programme which offers cooking groups to a wide range of participants. Most often the courses are run for other agencies and services that are seeking a cooking course as part of their wider programme of activities. Courses are tailored to the requirements of the requesting organisation. 'Get Cooking' courses are delivered by 'community food workers' who are employed on a sessional basis with the council.

Interviewee 6: Edinburgh Community Food is a third sector organisation undertaking a range of food and health work. As well as running and supplying food co-ops across the city, it does a range of development and promotion work including cooking courses, cookery demonstrations, nutrition workshops, health information sessions and tasting sessions.

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*   A franchise of FareShare UK which distributes surplus food from the food industry to charity, community, and care organisations.

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