Food Research Collaboration Cooking skills workshop

City, University of London – 29 April 2018

Purpose

The purpose of the workshop is for those attending to contribute to the production of evidence based practical guidance on the identification and measurement of community based cooking skills project outcomes, to be used by both commissioners and practitioners.

The workshop will be attended by academics, commissioner and practitioners with an active interest and expertise in supporting or running cooking skills projects. The main findings of an initial evidence review of cooking skills will be presented.

Specific objectives

1. To gain a common understanding of the background and purpose of the FRC/SFC cooking skills project
2. To share the evidence on measuring and achieving outcomes for community cooking skills projects
3. To identify gaps and challenges of using existing tools and guidance on outcomes
4. To discuss and agree on the scope, content and format of the evidence review/guidance
1. What should be the scope, structure and format of the practical evidence based guidance?

I - Introduction: Dr Helen Crawley (Facilitator)
- Cooking skills are in danger of disappearing
- Dietary and sustainability goals cannot be met without being able to cook minimally unprocessed food, so a fundamental need
- Workshop goal is to bring a broad range of experts together to help create evidence based guidance for commissioning and evaluating cooking skills projects

II- The Current Situation: Dr Helen Crawley (Facilitator)

1. Mary Atkinson, FRC Coordinator: why cooking skills (see PowerPoint)
2. Martin Caraher, Centre for Food Policy – findings of the evidence review: (see PowerPoint)
3. Ada Garcia, University of Glasgow – findings of the evidence review (see PowerPoint):

Existing tools and support in England, Scotland and Wales

4. Hannah Jacobs, Good Food Oxford (see PowerPoint and http://goodfoodoxford.org/gfcf/)

5. Kim Newstead, Community Food and Health: Scotland (see PowerPoint)

6. Lisa Williams, Wales Nutrition Skills for Life: Wales (see PowerPoint)

Group work 1: Current Challenges and Gaps

Practitioners and commissioners shared their experience (on post-its) as follows:

1. **Key challenges to identifying & measuring outcomes in project design, commissioning & delivery?**
   - Wide variety of programmes (i.e. what is delivered and to whom)
   - Measuring and demonstrating longer term impact
   - Lack of quality assurance in England
   - How demonstrate performance?
   - Projects sit on a "goldmine" of qualitative data but lack resources to process, analyse and draw insights from it
   - Evaluation is highly resource intensive - insufficient resources (time, capacity, funds) to meet expectations on M&E, in England
   - The importance of cooking skills needs to be higher up commissioners agenda
   - Lacks a common culture of expectations for achieving realistic Outcomes (e.g. reducing BMI)
   - High competition of resources both with other services and other cooking providers
   - Different funders have different expectations for evaluation

2. **Gaps in existing tools and guidance to help identify & measure outcome?**
   - Linkage/learning from other existing methodologies, e.g. Bloom's taxonomy , National Occupation Standards (NOS) and adult education
   - Quality assurance guidance for commissioners
   - Training of practitioners needed in England
   - Centralised information on evaluation and methods
   - Validated, user friendly tools suitable for a range of participant groups
   - Outcomes are influenced by other non-cooking skills factors/activities
   - Lack of evidence for impact on health
   - Evidence to demonstrate what CAN be achieve, i.e. increased fruit & veg, confidence, cooking techniques etc.

III- What is needed

Group work/discussion 2: Guidance and how to "make the case"

1. **Commissioners perspective**
   - Impact of improving food skills on obesity is hard to prove – and yet quantitative statistics are demanded. We need to be clear what we can and can't do.

- Need to link cooking skills to wider food and health related programmes, e.g. weight management obesity Tier 1
- Instead of unachievable health specific outcomes, focus on achievable process outcomes, e.g. skills gained
- Guidance needs to be specific to different target groups as they have different intended outcomes, resilience and self-worth
- Capitalise on the increased recognition of "systems approaches" to obesity and opportunities to meet personally identified goals
- All outcomes are valid. Cooking skills provides a "unique contribution" as can deliver a wide range of outcomes. Not all are quantitative or health orientated, so might benefit from connections and collaboration with other agencies
- The guidance should link and weave the various goals/outcomes together.
- Not all Local Authority (LA) people understand nutrition and so case studies can illustrate/provide a good story - for others in PH & other policy makers/decision makers to see its value.
- Get key Council Cabinet members on-board as they can be powerful
- Cooking skills tackles Social isolation – "5 ways of wellbeing" (connect, be active, take notice, learn, give)
- Current cuts in mental health disabilities - cooking skills can take pressure off non-existent services

2. Practitioners perspective

- Expectations on outcomes for cooking skills are unrealistic. Seen as a panacea for all problems - a cure for obesity and so if don't achieve, don't get commissioned
- Cooking provides a lot of positive outcomes. Need to celebrate all of them and get away from the obsession with cooking skills tackling obesity
- Cooking skills can tick a lot of boxes at the same time – added value.
- Huge expectations of behaviour change in quarterly monitoring. Have to meet lots of Key Performance Indicators (KPIs) s – the same ones year after year. Volunteers have to be bought in to help deliver
- Lack of belief just in the value of cooking, so not valued enough to be resourced. Cooking has to be valued in itself. How can we make the case for it more strongly?
- We are now at a danger point when people are forgetting how to cook (e.g. "eating off the phone")
- Cooking skills projects costs more than is commonly thought. Recognition of what it involves needed– i.e. large amount of time and resources. Expectation to rely on "free" resources e.g. volunteers/waste food but acquiring these this time extra time and effort.
- Numbers on courses are small – a drop in the ocean. Is it possible to scale up?
- Quality assurance and personal development of those running cooking classes should also be supported. The range of skills required to run classes is not appreciated, i.e. facilitation, ability to support groups with different needs/knowledge/stage of learning and volunteers. It also involves recruitment, outreach (lots of extra work to get and retain participants). This is not appreciated
- Recruiting, training and maintaining volunteer relationships is time heavy. The skilled nature of delivering cooking classes means that a volunteer can't be expected to do it. They need to be sufficiently paid and be highly trained.

- The world of commissioning is changing – more of a buying and selling focus– co-production in the NHS and so the relationship is changing, with practitioners not feeling comfortable to share and work around problems with them
- New relationships with commissioners need to be built to allow ongoing dialogue and support rather than just quarterly reporting
- Commissioners do not visit classes. Technology/ films/photos could be a powerful alternative way of communicating information
- Lack of core funding to support cooking skill in England, unlike Scotland and Wales
- Need more partner referral agencies to connect and collaborate with
- Suffers from "projectitis"/short-term funds (6 months to `1 year). Resources and energies channelled into individual short term projects rather than connected longer term strategic projects to meet common outcomes. Challenge of staff short-termism stop and starts. Loose staff, trained volunteers and established networks.

3. Guidance - scope, structure, format

- Majority voted for single guidance for use by both practitioners and commissioners
- "Make the case" for supporting quality, multi-outcome cooking classes.
- How links with LA strategies and plans – what to pin it on
- A "Duty of Care" model
- Could reframe "cooking skills" as "food skills/life skills"? As not just about cooking, e.g. waste/sustainability but best to keep terminology the same, as a–risk of devaluing cooking skills.

Selling points of cooking skills?

- Intrinsic value of cooking– not just about meeting outcomes
- Multiple outcomes
- Helps tackle social isolation and mental health – a priority for commissioners - current cuts in disability services
- Preventative/cares about the future
- Empowers
- Community - a "public health good"
- Self-efficacy, improved quality of life, makes "food citizens", for the common good
- Relatively small investment for life with impact in lots of different areas
- Connects people and food, empowers choice to ensure benefit
- Sustainability/climate change

Scope, structure, content

- One set of guidance
- Cannot be one-size fits all as scope too wide
- Delivery across the life course (as different needs)
- Multiple benefits and outcomes. Added value of social benefits. Academics tend to focus on just one outcome (health). Provide diags/pictures/flowchart to show the links across sectors (see Greenwich)

- 1 page signposting document to bring together
- Use appendices for detail
- Flexible around context "menu"
- Flow charts – to direct to the right parts of guidance
- Good stories/case studies are a persuasive tool, liked by policy makers. Use as "examples" for guidance. Achievements need to be celebrated more.

Evaluation

- Signpost evaluation tools? And/or provide standardised evaluation forms (of course, of people delivering it, of people who did it
- Is evaluation the role of practitioner? Information on how/when to evaluate and/or info on why shouldn't evaluate if info/evidence is already there.   Should only need to monitor if doing well. If evaluation is a requirement, an additional % of cost is needed.
- "Co-production" approach. Self-evaluation is not reliable for an academic/research questionnaire
- Social return on investment?
- "How long?" does behaviour change exist for?
- Guidance on setting personal goals for users
- Understand duty of care in relation to evaluation and return on investment – evaluation costs are underestimated
- Feedback immediately after class to ensure good response rate

- Short and simple
- Literacy friendly (including English not as first language)
- Smiley face scale (easy to follow)
- Achievable – 1 page

Others

- How keep up-to-date?
- Website/portal – drop box