

COLLABORATING WITH THIRD SECTOR PARTNERS TO DEVELOP COMMUNITY COOKING SKILLS (CCS) COURSES IN ORKNEY

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Background

Nutrition, portion size and mealtime behaviours are important contributory factors to weight issues (A Healthier Future – Scotland's Diet and Healthy Weight Delivery Plan, 2018).

Community cooking sessions provide one means by which nutritional intake can be targeted in a practical and engaging way (Garcia et al, 2012).

NHS Orkney (NHSO) have been running "training for trainers" (T4T) sessions for third sector for several years and successfully secured an endowments bid to assist with running costs. However, training and funding was not being fully utilised and the decision to utilise third sector partners to identify clients most in need to allow NHSO to operate services was implemented.



NHS

Orkney

Aims/Objectives

The community cooking skills (CCS) project aims to support long term behaviour change to improve nutritional intake in individuals and their families, improve budgeting and cooking skills and as a result, reduce levels of nutrition related disease in Orkney, both now and in the future, in line with the 2020 vision for health and social care that everyone is able to live longer and healthier lives.

It is also hoped that we can improve our "targeting" individuals at risk through partnership working with third sector agencies rather than relying on particular deprived areas which can be a challenge in rural areas.

Methodology

NHSO staff were initially trained to deliver "Confidence to Cook Training for Trainers" sessions to individuals within various third sector organisations to run cooking sessions for their own service users.

Thirteen different services completed the initial Training for Trainers however only four have been known to run their own sessions for their service users.

On evaluation it was discovered that many services were unable to deliver sessions to the community due to limited budgets.

A successful application was therefore made by Public Health to the endowment fund to provide time limited financial support to partner organisations to implement their delivery of CCS sessions. However, this opportunity was taken by just three services and a further issue of difficulties due to personnel resources was identified.

It was then decided to use our partnerships with other services in Orkney to offer CCS sessions ourselves and a needs assessment was completed using Survey Monkey.

Results/Outcomes

Staff from 13 different third sector services completed the Survey Monkey needs analysis and 92% of them felt there was a definite need for CCS sessions among their service users and that it would benefit individuals of all ages from a variety of circumstances. The survey was also very helpful in determining skills that would be most beneficial for their service users.

A 6 week block of CCS sessions was organised and held at in the Home Economics Department at the local high school. We were not charged for the facilities as it was felt it was such a beneficial service to offer.

The CCS sessions were advertised through our community partners and social media.

Sessions covered a variety of topics (budgeting, food waste, healthy eating, meal planning, hygiene) and food preparation skills.

From our current group, individuals have been referred from Womens Aid, childrens residential services and youth volunteering as well as several self referrals.

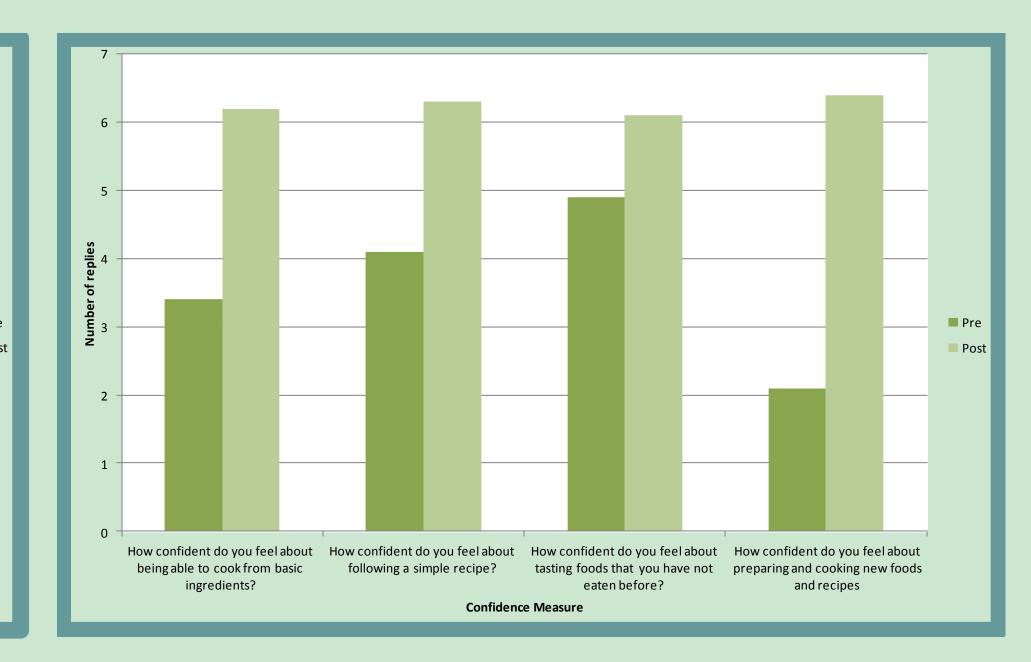
"I have not bought a takeaway or ready meal since "Brilliant!" meeting you!" "Really enjoyed it, my confidence is so much better" SLess than once a weel 2-3 times a week

4-6 times a week Post Pre Once a week Dail 1.5 2.5 3.5 Number of participants

📕 Pre Post Cook convenience foods and Puttogether ready-made Prepare dishes from basic Don't cook at all ready-meals ingredients ingredients to make a complete meal (e.g. use ready-made sauces) What kind of cooking do you do at the moment

Results from the initial CCS sessions suggest a dramatic improvement in confidence in being able to cook from basic ingredients, following a recipe, tasting foods they hadn't tried before and in preparing and cooking new foods and recipes (see bar graphs below).

The food frequency questionnaire did not reflect any significant improvement in eating habits on average over the six weeks although some individuals had improved their dietary habits. It also reiterated that participants had become less reliant on takeaways, ready meals and were more likely to cook from scratch. Interestingly fish intake had apparently improved despite it being a food that most participants "didn't like".





Working alongside community partners can be a beneficial means of "targeting" participants who we may not otherwise engage with the service. Furthermore, CCS can be beneficial in improving confidence and motivating individuals to cook from scratch and to experiment with new foods.

It is too early to determine whether these changes will last long term, therefore it would be beneficial to repeat the survey in 6 months.

Post course evaluation reflected that the CCS course should be slightly longer. This would allow for a wider variety of cooking skills to be practices and embed the nutritional education further.

References

A Healthier Future – Scotland's Diet and Healthy Weight Delivery Plan, 2018. Available from https://www.gov.scot/publications/healthier-future-scotlands-diet-healthy-weight-delivery-plan/ (Accessed 14 January 2019) Garcia AL, Vargas E, Lam PS, Shennan DB, Smith F, Parrett A Evaluation of a cooking skills programme in parents of young children--a longitudinal study Public Health Nutr. (2014) May; 17(5): 1013-21. doi: 10.1017/S1368980013000165 Scottish Government Public Health Priorities 2018 Available from https://www.gov.scot/publications/scotlands-public-health-priorities/ (Accessed 14 January 2019)

