

Executive Summary

Aims and objectives of the study

Aberdeen Community Health Partnership commissioned this study to provide them with an overview of current and ongoing food and nutrition activity being delivered in both public and voluntary sectors. It is anticipated that the information will help to inform the future direction for planning interventions to address health needs.

The study liaised with key stakeholders in the public and voluntary sectors to map the range of current activity in Aberdeen CHP, determining the intended and actual impact of the activity and mapping the levels of activity to the strategic framework, identifying how the activity linked to organisational and strategic priorities with the ultimate aim of determining what gaps in food and nutrition activity currently exists.

Conclusions

Mapping of current activity in Aberdeen City CHP

Whilst there is a healthy amount of food project work being undertaken within the Aberdeen CHP the breadth of projects and whether funding has been stretched over too wide an area is an issue worthy of further exploration and discussion.

Much of this work is being undertaken in the LA, third sector and religious/ faith based organisations with LA and NHS funding being the major sources of funding. It is not clear however, how much funding the third sector and the religious/faith based organisations gain from LA or NHS funding.

It is clear that it takes time for such projects to become established and once initial funding sources have been depleted there is a perception that sustainability can become an issue. Much of the reported funding concerns were in relation to availability of kitchen facilities with a vital and important element of many food projects mapped, based across all sectors, being the Summerhill community kitchen which closed in December 2010.

Links to Organisational and Strategic Priorities

73% of all food projects mapped fell into level 3 and level 4 of the NHSG HEAL strategy. 24% of the projects could not be mapped against the strategy as the focus of the projects was not known.

While all the projects surveyed clearly demonstrated links to both LA and NHS organisational strategies the project holders themselves had difficulty in articulating this, with many respondents quoting micro level components. While a few respondents quoted only the macro level documents. This would indicate a difficulty for project leaders in expressing how their micro level work links with the macro level strategies. This may result in difficulties for organisations in demonstrating their adherence to their stated strategic direction.

The projects appear to have been established individually and in response to identified client needs either by clients themselves or by professional workers. As a result whilst there is much activity it does not appear to be a part of an overall coherent strategy.

Intended Impacts of Projects

The majority of the intended outcomes that project holders articulated were not related to food and nutrition outcomes but rather to non food specific impacts such as increased self esteem and confidence, social inclusion and steps to employment or further training. These are very important and valuable outcomes for community capacity and social capital and must continue to be promoted, captured and reported in evaluations. However there is a need to also identify any behavioural change impacts. It would appear that at the moment this evidence is not being captured.

While the majority of projects were evaluated it would appear these were process evaluations with little or no outcome evaluations done. It would further appear that evaluations were undertaken in an ad hoc manner in order to meet requests from funders and had not been planned for within the initial project planning process. The evaluation strategies employed were not therefore specifically related to the aims and objectives of the project and hence not really evaluation strategies.

Gaps in Current Activity

No food projects were found that focussed upon ethnic minorities or travellers. Also given the increased numbers of Eastern Europeans who are making their homes in the North East no food projects were identified that focus upon this specific client group.

It was noted that only a small number of food projects focused upon single fathers. Given the nature of present day fragmented families and the recognised need to promote healthy eating in young children it is suggested this is a further gap for the promotion of cooking skills and nutritional knowledge for this client group.

Priority Areas for Work

A number of project holders expressed the positive nature of their work that included families and children working together and how they (project holders) had observed a significant and positive behaviour change in the parents. This is an area of work that should be further explored and encouraged.

Projects that involve development of cooking skills and skills in budgeting for purchasing a healthy diet were felt to be popular with clients and to have promoted significant positive benefits. Many project holders expressed concern about the imminent closure of the community kitchen and an area of priority, if not already in hand, would be the re-establishment of a community kitchen facility.

A practical and rigorous way of evaluating the impact of cooking skills interventions would significantly enhance evaluation of food projects that incorporate cooking skill development. The questionnaire devised for the 'cookwell' project in Dundee and reported upon by Barton et al (2004) may be appropriate.

The need for all food and health projects being supported by community planning partners to be aligned to an identified local strategy is paramount in enabling all partners to identify and report how the delivery of their activities contributes to local and national outcomes. Therefore planning partners need to ensure a way for all project leads to correctly identify and illustrate the links between project outcomes and local and national strategies. This could be done via utilisation of a logic modelling approach.

Recommendations

Mapping of current activity in Aberdeen City CHP

It is recommended that community planning partners continue to support community based food and nutrition initiatives throughout Aberdeen City but explore ways of ensuring a more focussed approach.

Links to Organisational and Strategic Priorities

It is recommended that community planning partners investigate how best they can ensure that food and health projects supported are part of an overall local strategy rather than a series of isolated projects.

Intended Impacts of Projects

It is recommended that community planning partners explore their strategic and operational priorities, identifying both behavioural, social capital and health inequality priorities, that food and health projects are likely to contribute to, and come to a consensus as to how they can ensure food and health projects illustrate this in their planning and reporting mechanisms.

It is recommended that community planning partners consider the use of logic modelling and investigate how they can ensure that project leads utilise a logic model approach at the outset in their planning and development of food and health projects.

It is recommended that community planning partners investigate ways of ensuring project holders have the time, knowledge and skills to utilise a logic model approach and undertake both process and outcome evaluation for the project work they receive funding for.

Gaps in Current Activity

It is recommended that the food and nutrition needs of travelling communities and Eastern Europeans within Aberdeen City be investigated.

It is recommended that ways of promoting the development of cooking skills initiatives for single fathers of young children and families with young children is investigated.

Priority Areas for Work

It is recommended that community planning partners investigate the feasibility of re-establishing community kitchen facilities or explore ways of helping communities to utilise or maximise the use of existing community kitchen facilities.

It is recommended that community planning partners consider piloting the use of the 'cookwell' evaluation questionnaire with several of the food and health projects that incorporate a cooking skills development component, in order to assess the usefulness of the questionnaire as an evaluation tool.