



Cook4health Project Summary Evaluation Tranent and Fa'side Fundamental Foods

Summary evaluation

Introduction

History

During a maternal and infant nutrition discussion, a gap was identified amongst health professionals that infant nutrition may be compromised due to parent's lack of knowledge and understanding of basic nutrition. This includes lack of cooking skills and how to cook from scratch. Improving cooking skills and nutritional education will help increase nutritional requirements. The factors Health visitors had observed that were causing this problem were; poor eating habits, lack of knowledge around good nutrition, food poverty and poor social eating. This in turn was having an impact on their own health and was putting their children at future risk of other chronic diseases associated with poor nutrition such as obesity and type 2 diabetes. This discussion also highlighted the issue that these parents were not engaging with other groups and many suffered from mental health problems that were preventing them from taking part in other community activities.

To move this forward Fundamental Foods agreed to submit a proposal for funding to support from the start and try to engage with these hard to reach parents and tackle the various nutritional issues that were leading to poor nutrition and affecting maternal and infant nutrition.

The health visiting team identified a number of families who were known to them where infant and parent nutrition was a concern. Health Visitors reported that a lot of the families they worked with are not confident enough to engage in group cooking activities. This is an additional concern for cooking to take place in the home and hope that it will increase their confidence to engage in other group activities especially with Donna Docherty who is interested in running a cookery group in Tranent.

Fundamental Foods were successful in receiving funding and a nutritional programme (cook4health) was set up to engage with parents in their homes to improve their nutritional knowledge and skills. We did this by offering a series of weekly sessions (2 hours per session) by a community nutritionist, the programme included the following: basic cooking skills (preparing, cooking and eating a health meal); learning about nutritional information such as food groups; how to budget shop; Sourcing

healthy local ingredients; how to follow a healthy recipe and how to increase fruit and vegetable intakes.

Why cooking skills are important

Having the key skills and ability to follow a recipe and prepare food from scratch along with having a range of cooking utensils available, have a significant impact on an individual's food choices (Engler-Stringer, 2010). The majority of the families that were involved in this project had become disconnected from food preparation and reliant on foods that required minimal preparation, or have food prepared for them (e.g. Takeaway, Microwave meals). All of which puts a limitation on their food choices and subsequently limiting their ability to have a healthy well balanced diet. However having cooking skills is not always an assurance that a meal will be prepared from 'scratch', for instance additional skills such as menu planning and budgeting and knowledge about food groups, were included to overcome this.

Participants

AREA	PARTICIPANT	CHILDREN	Sessions (2 hours per session)	REFERRED
Ormiston	1 parent	2	7	Health visitor
Tranent	Single parent	1	7	Nurse assistant
Tranent	Single parent	1	7	Health visitor
Macmerry	2 parents	2	7	Health visitor
Tranent	1 parent	2	7	Nurse assistant
Tranent	2 parents	6	7	Health visitor

OUTCOMES

An assessment was carried out at the beginning with all the participants of the pilot to collect relevant data. An end evaluation was also carried out to measure the differences.

The following information was reported by participants

- ✚ All reported they were more confident to cook a meal from scratch
- ✚ All reported they were cooking more meals from scratch and using less processed foods
- ✚ They all had a better idea of what to buy from the local shops to prepare a healthy meal and this helped reduce food waste and budget shop
- ✚ All reported their cooking skill had improve and had more confidence in the kitchen
- ✚ Most of them wanted to join a cooking group, one of the participants still felt she needed more time to gain the confidence she lacked to engage in community activities
- ✚ All of them felt confident to follow the recipes they had used and other recipes from our recipe book
- ✚ Most of them felt confident to share cooking skills and knowledge with family and friends
- ✚ All of them had reported to increase their fruit and vegetable intakes by using more of these ingredients in their cooking. This had also led to an increase in the children intakes as well.

- ✚ All of them had created a social space to eat and understood the importance of family eating by making food the focus. This also improved family relationships by spending quality time together eating and tasting new foods
- ✚ Reducing food waste by learning how to freeze foods, knowing what to buy for health recipes and menu planning
- ✚ All reported they felt their health had improved, most not significantly.
- ✚ All reported that learning how to read a food label had supported them to make better food choices

Overall the project evaluation reports to show a success and is illustrated in this summary. The whole evaluation document is available at your request .

The advantages that we observed from carrying out this pilot in participant's home are as follows:

- ✚ Observing on a one to one basis cooking skills and confidence preparing and cooking food
- ✚ Building positive relationships
- ✚ Identifying challenges and difficulties individuals face when planning and cooking a meal
- ✚ Assessing individual need and shaping the programme around their needs (such as literacy skills and other individual issues)
- ✚ Seeing first-hand the cooking utensils available
- ✚ Assessing fuel and food poverty issues
- ✚ Sharing one to one nutritional knowledge

The disadvantages of the pilot taking place at home were there were a few families who did not engage when we had agreed a time to meet and they were not home or did not answer. This was a wasted journey for our community nutritionist. Participants were made aware by a letter being sent out stating they had missed a session and that if this happened again they could no longer take part in the pilot.

Although the initial objectives were to improve cooking skills and cooking with confidence this project also had a wider social impact some of the mothers within the group are socially isolated and during the initial meetings with the families each participant had the opportunity to choose recipes that they wanted to learn to cook with input from the community nutritionist, then they engaged in a hands-on way to prepare the selected recipe.

To maintain communication and to keep the families engaged contact was maintained between the community nutritionist and all families via email and calls and text.

All participants were given information books which were adapted for the barriers that the each encountered.