

Review of Existing Resources Designed to Assist First-time Self-caterers

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Executive Summary

Aim and objectives

As part of the FSA Scottish strategy to improve access to healthier food choices a review of educational resources for assisting populations self-catering for the first time was commissioned. The work set out to evaluate a range of educational tools on budgeting, food shopping, basic cooking, food hygiene and healthy eating.

There were 5 main objectives:

- 1 To compile a review on educational resources, nutrient intake and dietary interventions in the target groups;
- 2 To collate and critically evaluate existing resources;
- 3 To identify good practice;
- 4 To identify barriers to the use of existing resources;
- 5 To identify gaps in existing resources with a view to developing new resources in the future.

Methods

To undertake the evaluation of resources, educational materials were sought from organisations representing a range of client groups including students, homeless people moving into accommodation, people leaving prison and adults with learning disabilities. Organisations sent examples of materials which were catalogued and scored, and, where appropriate, assessed using the Department of Health's (1998) guidelines on materials concerned with nutrition.

To identify issues relating to the use of these resources, focus groups were convened from the different client groups. Focus groups and questionnaires (on the need to increase knowledge and awareness of diet and healthy eating amongst clients, and information and resources currently used) were undertaken with a group of support workers.

Results

A review on educational resources, nutrient intake and dietary interventions in the target groups indicated that there was evidence of high intakes of energy, sugars, saturated fats and alcohol and lower intakes of micronutrients, fruits and vegetables.

Evaluation of existing resources Ninety resources were received and evaluated from 36 sources. There was no specific resource aimed at people self-catering for the first time.

Only four resources covered all the topics in the scoring sheet. Three of these were for students and the other one was suitable for a range of self caterers. Two of the resources (both web-based) were no longer available.

Good Practice The two resources which scored best were teaching resources aimed at facilitators rather than individuals. These were the *Good Food in Tackling Homelessness Handbook (Edinburgh Cyrenians)* and the *CookWell Book - tutor's pack (University of Dundee/Food Standards Agency)*. One resource, *Smash n' Grub (Bridges Project, Musselburgh)* was favoured by many individuals in the focus groups. It was thought to be user-friendly with simple, clear, well laid out information and easy-to-follow recipes and explained cookery terms although it was not focussed on healthy eating.

Barriers to use of existing resources/ Gaps in content and context

- None were specifically directed at first-time self-caterers;
- Many resources assumed prior knowledge of cooking and cookery terms;
- Few resources were deemed suitable for those with learning difficulties;
- Many resources were not appropriate for people with literacy problems.

Conclusion and recommendations

Developing new approaches Feedback from both support workers and the different client groups indicated that educational resources were not the optimal approach for assisting individuals to achieve healthy eating practices and a more practical approach was favoured (e.g. practical cooking/budgeting /shopping skills workshops).

Developing new resources There was a stated need for a resource specifically aimed at individuals self-catering for the first time with the following characteristics:

- Colourful;
- Clear and concise;
- Step-by-step instructions;
- It should not assume prior knowledge of cooking;
- Cookery terminology should be explained simply.

Ways forward A resource should be produced for those with literacy difficulties utilising appropriate software. It was recognised that many organisations do not have budgets to buy resources and other funding would be required. It was noted that supermarkets could be a potential source of producing such resources and have the potential to offer other forms of practical help (e.g food vouchers, reduced rate equipment, cooking demonstrations etc).

Introduction

One of the main objectives of *Eating for Health: A Diet Action Plan for Scotland* (Scottish Executive, 1996) is to increase access (and associated knowledge and awareness) to healthier food choices. To support this objective the Food Standards Agency Scotland (FSAS), in its Diet and Nutrition Strategy seeks to “*explore the need for Scottish action to increase knowledge and awareness of diet, nutrition and cooking skills among populations self-catering for the first time*” (FSAS, 2003).

Following a consultation with Scottish stakeholders it was recognised that:

- a) appropriate resources (e.g. leaflets, brochures and teaching aids) were required to facilitate first-time self-caterers with budgeting, food shopping, basic cooking, food hygiene and healthy eating;
- b) a review of existing resources was required;
- c) an evaluation of the perceived usefulness of existing resources in improving access to healthier food choices by first-time self-caterers was necessary.

The aim of the project was to complete an evaluation of existing resources designed to meet the needs of a diverse set of first-time self-caterers including:

- Students and young people leaving home;
- Looked-after children moving into accommodation;
- Homeless people moving into accommodation;
- People leaving prison;
- Those recently widowed;
- People living in B & B accommodation awaiting housing;
- Adults with learning disabilities living in supported accommodation but catering for themselves.

The main objectives were to:

PART 1 (Literature Review)– To review previous studies on resources for first-time self-caterers, nutrient intake and dietary interventions in the target groups.

PART 2 (Review of resources) To review existing resources designed to assist first-time self caterers in order to critically evaluate existing resources, to identify good practice, to identify barriers, (perceived or actual) to the use of existing resources and to identify gaps in existing resources with a view to developing new resources in the future.

PART 1 LITERATURE REVIEW

1.1 Purpose To review previous studies on resources for first-time self-caterers, nutrient intake and dietary interventions in the target groups.

1.2 Methods Searches were made for publications in English from 1995 to 2005 in the following databases: BIDS, Web of Knowledge, PubMed and Cochrane Library. Searches were made using key words including the target group and specific search terms based on the following search strategy:

Target group Students Homeless Looked-after young people/ Looked -after children/children in care/ Prisoners/young offenders Elderly/widowed/older people Special needs/learning disabilities/ learning difficulties	+	Key words/phrases Food/food hygiene Nutrition/nutritional intervention/nutrient intake Catering/cooking/cooking skills Budgeting Diet/dietary assessment Healthy eating/eating habits Resources
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Abstracts were scanned for relevance and copies of the appropriate literature obtained. Additional reports and publications were obtained via contacts working with the various groups, online via the relevant government or local authority departments and from the websites of voluntary and charitable organisations.

1.3 Results of the Literature Review: Populations self-catering for the first time.

1.3.1 Students The Scottish Executive statistics on Students in Higher Education in Scotland (2002-03) show that there were 134,825 entrants to Higher and Further Education in Scotland in 2002/03 of which 110718 were undertaking a first course of study. This number has been growing as has representation from all social groups. Many live away from home for the first time and some will be residing in self-catering accommodation with responsibilities for feeding themselves. In theory, students should have been introduced to cooking at school and a British Nutrition Foundation survey suggests that in Food Technology classes (in England) slightly more than half the time is

spent on practical food work, suggesting that cooking skills are introduced (Ballam, 2000). In Scottish schools home economics are part of the core curriculum for the first two years only, and contain an element of practical food preparation for healthy eating.

There are few studies in the UK which look at the nutrient intake of students as a separate population sub-group, although it is recognised that complex circumstances such as money problems and a lack of priority given to food may have a significant influence in food choice and consumption.

Eves, et. al. (1995) investigated diets of first year students at the University of Surrey for each of the 6 years between 1986 and 1991 and living on campus in self-catering accommodation. Results were obtained from completed 7-day weighed dietary intakes of 463 students, with most aged between 18 and 20 years, and excluded those who were on weight-reducing or other diets. The nutrient profile showed that energy intakes of both males and females were less than the EAR (estimated average requirement), with female intakes showing a consistent decline over the 6 years. This is potentially problematic for micronutrient intake if energy intakes are not being met. Some were also consuming a large proportion of their energy as fat, with more than 20% of males and 14% of females in all years consuming more than 40% of their energy as fat, exceeding the DRV (dietary reference value) of 33% maximum energy from fat. A large proportion of students (particularly males) exceeded the National Advisory Committee on Nutrition Education, (1983) recommendation of 5% energy as alcohol. Of the micronutrients, those causing most concern were; folic acid, with up to 80% of students not reaching the RNI (reference nutrient intake) in most years, and iron, with more than a third of females below the RDA (recommended daily allowance) (now EAR) over all 6 years and an apparent trend towards lower intakes. The authors concluded that the majority of self-catering students were providing themselves with a nutritionally adequate diet, although there was a wide range of intakes with some diets being nutritionally inadequate. There were trends in the female data towards lower intakes of some nutrients, notably energy, vitamin A, riboflavin and iron. The authors suggest that peer pressure to maintain a body image within a perceived normal range could be the underlying reason behind this dietary intake.

A more recent UK study (Edwards and Meiselman, 2003) examined the changes in dietary habits of students in their first year at university (Bournemouth) from leaving home

in September to start their course, to May the following year. A total of 377 students were surveyed over 3 years using food frequency questionnaires. The students were mainly accommodated in small hotels and bed and breakfast establishments with limited self-catering facilities due to a lack of University campus accommodation. Results showed that energy intake decreased significantly for both the male and female groups from the period September to January, as did intakes of protein, fat and carbohydrate. However, in spite of a lower reported energy intake, body mass index did not change significantly over the period which suggests under-reporting. As micronutrient intake was not examined, it remains unclear whether the decrease in energy intake was accompanied by a deficiency in specific micronutrients. Alcohol intake can also compromise dietary intake and it was found that the maximum recommendation of 5% of energy derived from alcohol (Department of Health, 1991) was greatly exceeded by the study population. Low iron, calcium and folate intakes were estimated in female students in the USA where a high prevalence of drinking to excess was also noted (Hendricks et. al 2004).

Another study investigated the differences in health behaviour and food choices between young people aged 18 to 25 who live in the family home and those who live independently (Beasley et al, 2004). Subjects were randomly selected undergraduate students at Liverpool John Moores University and their friends or relatives in the required age group. A questionnaire was used to assess health behaviour, including alcohol intake, smoking and physical activity plus indirect questions on lifestyle including mode of transport and consumption of takeaway and convenience foods. Dietary habits and food choices were assessed by a Food Intake Questionnaire. This study did not produce any evidence to suggest that young people living independently are unhealthier than those of their peers who live in the family home and in fact they found that respondents living independently were more likely to consume a good diet than those who live at home. They suggested that although young people living at home may eat a wider variety of food, in part because their budget restrictions are less than those living independently, they consumed mainly convenience or takeaway foods for their main meals and a lot of unhealthy snacks. However, in terms of lifestyle behaviours, smoking and increased alcohol consumption were more prevalent in the independent living respondents. They did find a gender difference in that young women were in general more likely to adopt a healthier lifestyle through their food choices whilst young men were more likely to pursue a healthy lifestyle through their exercise habits.

It is recognised that access and affordability are not the only influences on food choice. Oliver and Wardle (1998) looked at stress and food choice amongst undergraduate students in London. They concluded that the majority of individuals who took part in the study did perceive their eating patterns to be influenced by stress, with approximately half reporting eating more and half eating less. Changes were also reported in the types of food chosen under stress with sweets and chocolate, cake and biscuits and savoury snacks all reported to be eaten more under stress by the majority of respondent. Foods which were more 'meal-type' were consistently reported to be eaten less. The authors speculate that the nutritional composition of the diet of the stressed individual may be a reflection of snack foods rather than preferential selection of foods rich in particular nutrient combination and they assert that if snacks are the preferred foods during periods of stress, it may be relevant to highlight the need for healthier snack food choices.

There are few recent nutrition intervention studies undertaken on the student population. Liddell et. al (1992), assessed the dietary habits of a sample of staff and students within Robert Gordon's Institute of Technology by means of a questionnaire and 7-day weighed intake both before and after a nutritional educational programme (booklets, visual displays promoting healthy food choices and changes towards healthy eating in catering practices of the canteen). The results showed that the initial energy, fat and saturated fat intakes of the survey population were higher than that of the UK population as a whole. However, after the education programme, the survey population showed a marked decrease in intake of energy, fat and saturated fat. Some of the changes in eating habits were mirrored by the purchasing figures of the canteen caterers. Nutrient assessment showed that female students did not meet the RNI¹ for folate or iron either before or after the intervention, although an increase in both nutrients along with others did occur after the intervention. Other subject groups demonstrated nutrient intakes greater than the RNI¹. A large multi-centre project undertaken across several European countries (including England but not Scotland) assessed changes in diet, physical exercise and attitudes towards health in university students over 10 years by way of a self-reported questionnaire (Steptoe et al, 2002). The countries taking part in the survey covered a range of cultures from the Mediterranean and former communist states to Western Europe and Scandinavia and the number of students totalled 16, 483. The results indicated that

smoking prevalence increased over the decade, while physical exercise and fat intake were more stable, although there were large variations between country samples. In identifying trends in major health behaviours and associated beliefs, it was found that health beliefs weakened along with marked decreases in beliefs about smoking and diet. The authors concluded that it was important to enhance positive attitudes to healthier lifestyles as the trend in this population – albeit an educated one, is not towards a healthier lifestyle.

In summary the key issues highlighted are:

- Risk of low micronutrient intakes where alcohol high and/or energy intake low;
- High alcohol intake;
- Use of takeaways and snacks;
- Health beliefs correlated with health behaviours.

1.3.2 Looked-after children moving into accommodation

The Scottish Executive statistics (2004) show an increasing number of children being looked-after, away from their parental home, with almost 11, 700 children being looked after by local authorities in 2004. In general, the higher the deprivation level of an area, the higher the proportion of children who are looked after. Those leaving care for independent living face many disadvantages compared to other young people, with around 60% not in employment, education or training compared to 14% of all 16 – 19 year olds in Scotland. There were approximately 1,300 young people leaving care in 2003 – 04 who were eligible for through care and aftercare support, but social work departments were no longer in touch with 22% of those who were eligible for such support. Alarming, one in six young people experienced a period of homelessness in the year after leaving care, although this was slightly less than the previous year. Young people move to independent living from being looked-after at a younger age than their peers, with an average of age of around 16 – 17 compared to 22 in other young people. Many young people leaving care have lower levels of educational attainment, lower post-minimum school-leaving rates, higher levels of unemployment with higher levels of dependency on welfare benefits, with many becoming parents earlier (Stein et. al, 2000).

Legislation in Scotland does exist for local authorities to provide through care and

¹RNI Reference Nutrient Intake

aftercare support to facilitate the young person's successful transition from being looked after to independent adult living (Scottish Office, 2004). Part of the assessment includes the young person's accommodation arrangements, practical living skills, and accommodation options for the future, and support required for living. This comes under the Pathways programme which details the support a young person will receive and provides a framework for needs assessment and action planning for young people who have been looked after. (Pathways was developed by Barnardo's Scotland and the Scottish Throughcare & Aftercare Forum). An example of an individual's support plan was received from NCH Cowan Grove in Dundee, which detailed teaching and assessing life skills being focussed on shopping, budgeting, cooking, menu planning, self-motivation and building self-esteem and confidence. Part of this support included assessing and developing the young person's awareness of cross contamination with raw and cooked meats, hygienic kitchen standards and appropriate handling, disposal of waste and storage of foods. The individual would also be assisted with budgeting and shopping for required food and household necessities when required.

No studies were found which deal specifically with the nutritional status of young people leaving care. One can however look at the trends found in the National Diet and Nutrition Survey (NDNS) of young people aged 4 – 18, reviewed by Smithers et.al (2000).

Young people, particularly boys coming from households of lower socio-economic status, had lower intakes of energy, fat and some macronutrients, and most vitamins and minerals. Those in lower socio-economic groups also tended to have lower biochemical status of vitamins, including folate, vitamin C, vitamin D and iron. In terms of energy, the intake for 15 – 18 year old girls was lower than the EAR², possibly in part due to under-reporting of food consumption. The main source of energy intake across all age groups was from cereals and cereal products, mainly from bread, biscuits, buns, cakes and pastries, providing about one third of total intake. Non milk extrinsic sugar intake (NMES) for girls was 16.4% and 16.7% for boys when it should be no more than 11% (Department of Health, 1991). For the 15 to 18 age group, carbonated soft drinks provided 28% and 23% of this total for boys and girls respectively. Approximately one-fifth of these older girls had intakes of vitamin A and riboflavin below the LRNI³. Average intakes for a number of

² *Estimated Average Requirement*

³ *Lower Reference Nutrient Intake*

minerals were also well below the RNI⁴, especially for girls, with around 50% with intakes below the LRNI for iron and magnesium. About 60% of the oldest boys and girls reported that they had consumed alcohol during the past week.

One can surmise that the diets of young people who have left care would certainly be compromised as findings from The Scottish Human Services Trust (SHS, 2003) suggest. They interviewed over 100 young people across Scotland who had recently left local authority care with 61 follow-up interviews exploring the outcomes of leaving care. Their findings showed that 42% of the young people surveyed survived on benefits as their main source of income with 59% of them surviving on less than £35 per week. Homelessness was also an issue with the interviewees, with 50% of them having experienced or were still experiencing homelessness after leaving care, this presumably impacting on nutrition and health.

An earlier study in England by Save the Children Fund UK (1995) which was a peer research project on the views of young care leavers on the services they received, again supported the finding that most of the young people were on the poverty benefit line which meant that they received a mixture of benefits and social service top up payments. This translated into a figure of 42% of the respondents reporting that they were not eating enough. Leaving care had been perceived as adversely affecting the health of 43% of the young people.

In summary the key issues highlighted are:

- No dietary intake or intervention data on this group per se;
- Legislation exists for Local Authorities to provide throughcare and aftercare support e.g. for life skills such as cooking and menu planning;
- Homelessness experienced by significant proportion – see key issues for homeless.

1.3.3 Homeless

Homelessness is an umbrella term which attempts to categorise a wide range of individuals with many complex and distinctive needs and background circumstances, the

⁴ *Reference Nutrient Intake*

one thing in common being that they do not have permanent housing. These would include: those living on the streets; people living in temporary accommodation including bed and breakfast hotels, short term housing or squats; those living in hostels and night shelters; those temporarily staying with friends or family (the 'hidden homeless'); those who are in care, hospital or prison who have no suitable housing to return to. It is worth noting that people leaving institutions such as local authority care as a child and prisons feature significantly in the homeless population (Morrison 2003) and thus many of the findings in relation to nutrient intake and nutritional interventions can be applied to these two target groups in addition to the homeless per se.

The number of homeless people is increasing and at the end of 2004 there were 7,135 households placed in temporary accommodation by local authorities under the Homeless Persons legislation (Scottish Executive 2005), an increase of 14% when compared with the situation the previous year. Over half (58%) of households in temporary accommodation were in local authority accommodation, with a further 23% in hostels and 18% in bed and breakfast accommodation. Approximately one-third of the households had children, and most of these (88%) were provided with local authority accommodation with 5% being provided with bed and breakfast accommodation, an increase of 20% since the previous year. Twenty local authorities had none or only one household with children in bed and breakfast accommodation, whilst three had more than ten.

Being homeless is undoubtedly detrimental to an individual's health and has been acknowledged by the Scottish Executive as one of the main causes of health inequalities (Scottish Executive, 1999). Homeless people suffer considerably higher rates of morbidity and mortality and show a prevalence of the following health-related problems: substance misuse; severe mental illness; sexual health problems; mental health problems including depression, stress and anxiety; trauma; infectious diseases; other physical problems related to living conditions and lifestyle; malnutrition (Health Education Authority, 1999). Poor dietary intake may exacerbate or be a contributory factor to these problems. It is clear that access and availability of nutritional, affordable foods may be problematic to homeless people.

There have been studies both internationally and locally which have attempted to determine the nutritional status and dietary intake of homeless people. One UK study

(Evans & Dowler, 1999) investigated the dietary patterns and food sources of day centre and soup run users in London. The sample (423 men and women) represented a range of homeless people including rough sleepers, hostel dwellers, squat and Bed and Breakfast residents, and people who had a flat or bedsit but were using the services because of financial difficulties. The study employed the use of a simple food frequency questionnaire and a 24-hour dietary recall to obtain the results which concluded that diets were inadequate for the majority of service users. For both men and women diets were high in saturated fat and NMES (non-milk extrinsic sugars) and 60% seldom ate fruit, salad, fruit juice or wholemeal products, with little more than a quarter eating vegetables daily. Intakes of Vitamins A, C and E, selenium, potassium and zinc were low for both sexes, with women having additional deficiencies in iron, folic acid, calcium, iodine and magnesium, the levels of which have serious health implications. The researchers noted also that 70% of individuals wanted to improve their diet.

A more recent but smaller survey was carried out by Housing Justice (2004) to explore some of the issues surrounding homelessness and healthy eating amongst day centre users in seven day centres in England. The methodology involved a short questionnaire containing questions about fruit and vegetable intake, the difficulty people had in eating well and the reason for these, and the level of interest people had in healthy eating among other things. The results showed again that fruit and vegetable intakes were low. Worryingly 65% of the respondents said that they regularly had to make the choice between buying food and other essentials. Over half found it difficult to eat well and reported problems including lack of money, health problems, homelessness and lack of cooking and storage facilities. Those who did find it easy to eat well acknowledged the role of day centres in supporting healthy eating.

Low fruit and vegetable consumption and poor vitamin and mineral intakes have also been found in studies from France (Darmon et al, 2001; Malmauret et al 2002), Germany (Langnase & Miller, 2001) and the USA (Wiecha et al 1993). Several of these studies linked these low intakes to alcohol consumption particularly in the case of men sleeping rough and this is also a problem in Scotland where alcohol has been highlighted as an important component of the diets of the homeless population. Glasgow's Needs Assessment (Morrison, 2003) states that "In a year, about 6000 homeless presentations to Glasgow City Council are likely to be by people with hazardous drinking patterns, of

whom about 2000 are new to homelessness” This represents a half of the total homeless presentations per year to Glasgow City Council.

Lack of cooking facilities and difficulties in affording food is also relevant to many being housed in temporary accommodation. In a report for Shelter, Burrows and Walentowicz (1992) stated that people housed in bed and breakfast accommodation are often provided with overcrowded and poorly equipped kitchens. This may lead them to resort to take-away food and in consequence miss meals on account of the expense.

In a report commissioned by Greater Glasgow NHS Board (Blake Stevenson 2004) attempts were made to describe the diet and eating patterns of respondents, with many of them showing common themes: eating only twice a day; tendency towards snacking rather than consuming a meal; light meals, many consisting of tinned or packet soups, a sandwich or “the chippy”; parents or carers may cook meals for children, but not themselves - attempts were made to ensure that children were well fed. Attempting to explain the tendency towards snacking, irregular meals and a dependency on “carry outs” the authors suggest the following explanations, supplemental to poverty: People do not have the necessary skills to budget for and then prepare healthy food; when resources are scarce, mothers prioritise children’s eating over their own; access to cooking and storage facilities. Comparable results were obtained in Angus Health & Homeless Survey (2004), with only one quarter of the sample reporting that they had a diet that was ‘mostly healthy’, and similar reasons offered for not eating healthy foods including the following: shared kitchen facilities; lack of storage space including freezers (and the resultant spoilage of perishable foods); lack of basic cooking skills; low motivation due to a lack of social relationships.

The 2nd Centrepoint Health and Social Exclusion Briefing (2002) focused on young people’s experiences of food poverty and looked at the impact social exclusion had on them in relation to their diet and health. Thirty young people and 10 staff members from different Centrepoint accommodation projects across London were interviewed about their diets and factors that influenced their eating patterns and food choices. In addition, 10 participants kept a 7-day food diary to assess the influence of taste, budget and lifestyle on food choice. Findings showed that after essential expenditure on rent and travel, on

average young people have less than £10 for a week's food purchases, which most felt forced to spend on foods with a poor nutrient value because they were cheaper. Yet the young people recognized the importance of the need to develop cooking skills as a factor in them looking after themselves and maintaining independence. These skills would also aid them to survive on a low income and draw out their money. In addition, the majority showed a good understanding and awareness of healthy eating and demonstrated the motivation to eat healthily. One of the recommendations of the report was that "health education, basic cooking skills and shopping must be a key area of formal and informal education for young people".

In summary the key issues highlighted are:

- Poor diet with risk of micronutrient deficiency;
- Alcohol intakes compromise dietary intake;
- Poor facilities for food preparation;
- Poor budgeting skills exacerbated by low income;
- Low skills base.

1.3.4 Prisoners

The prison population is an ever expanding one, with an average daily population of 6620 in Scottish prisons in 2003 – 2004 (SPS, 2004), comprising of persons on remand, adult prisoners both short and long-term and young offenders, both short and long-term. It is a population with multiple and complex needs and having multiple deprivations prior to entry to the prison system. Not surprisingly various mental health problems (arising from drug addiction and history of abuse) and physical health problems including severe dental decay are characteristic of the prison population (Scottish Executive Justice Department 2004) and can be exacerbated by poor dietary intake.

The Scottish Prison Survey is a yearly census which involves all prisoners and all establishments within Scotland, and the latest survey (the seventh) was carried out in 2004 and had a prisoner response rate of 77%. (SPS, 2004). Prisoners are asked about food and in terms of choice of menu, just over half of prisoners responded positively while half or less than half responded with ratings of 'fairly bad' or 'very bad' regarding the size of the portions and temperature of the food. Some responses from prisoners were particularly critical with between 14% and 26% commenting that various aspects of the

catering process were 'very bad'. The male population was more likely than females to criticize aspects of food within prisons.

There are few studies to be found of the nutritional intake of prisoners despite their nutritional dependency on whatever food is available to them within the prison. Whilst populations in other institutions may have access to other food via relatives and friends, or their dependency on them may only be short-term (e.g. hospitals), most prisoners are entirely dependent on prison food with some prisoners being incarcerated for many years. One study of the nutritional content of male prisoners' diet in the UK (Edwards et. al, 2001) was carried out to determine whether the change from a Ration Scale to a pre-select menu system for the provision of food for prisoners had affected their nutritional intake. The ration scale involved caterers providing a limited choice, but nutritionally balanced menu, whereby selection was made at the point of service. This meant that the full menu choice was generally only available to those at the front of the queue. The pre-select system requires prisoners to choose their meal up to a week ahead of consumption from a range of options. The research was undertaken to find out the nutritional implication of meals actually chosen and consumed by the prisoners and was carried out on 506 male inmates in 8 different prisons. They note that many individuals arrive at prison with drug dependencies and have ensuing problems of malnourishment and being underweight.

The authors acknowledged weaknesses in identifying a representative and unbiased sample of prisoners but reported the following results for their study. Dietary assessment was carried out using a modified visual estimation technique developed by the United States Army and undertaken by trained data collectors. The energy intake ranged from 2130 to 2973 kcal, and self-reported heights and weights showed a considerable range of BMI's (body mass index), with a number of individuals both over and underweight. Macronutrient intakes showed 13.7% of energy from protein (comparative to the general population), 36% of energy from fat (similar to government recommendations) and a high carbohydrate intake (recommended). The recommendations for the micronutrients vitamin A, calcium and iron were met in all prisons as were vitamins B1 and B6, whilst B2 and C exceeded the recommendations in all but one prison. Vitamin D recommendations were not met in any prison. They note that whilst menus can be planned according to nutritional guidelines, there must be the means for prisoners to have the knowledge to

make informed choices. Their results did not however take into account foods obtained from the prison shop.

Another study by Eves and Gesch (2003), assessed dietary intakes of 159 young adult male prisoners aged between 19 and 21 years, with analysis being based on two cohorts recruited at the same time of year in 1996 and 1997. The menu was again preselected, with all meal occasions from snacks obtained at the prison shop and foods obtained in cookery classes included in the 7-day dietary analysis. Results showed that the nutritional requirements of the prisoners could be provided for in most cases. In terms of food choices, however, diets selected by prisoners showed that poor food choices led to intakes which did not meet dietary recommendations. For example, fat intake was above the DRV (dietary reference value) of 35% in both years, where the average percentage energy from fat was 38.7% in 1996 and 36.7% in 1997. They reported that one of the main sources of fat was items purchased in the prison shop, which may have been purchased to cover the long period from the evening meal served at 4pm to breakfast the following morning. Carbohydrate intake was close to the recommended 50% of total energy in both years. Although the average intakes of vitamins exceeded the RNI in both years, the range of intakes was large, with a number of inmates consuming less than the RNI for all vitamins. The authors note that warm-holding of food practices may significantly reduce the amounts of heat-labile vitamins available so that actual intakes may be less than reported. Vitamin D intake was low in view of the prisoners' limited exposure to the sun. The mineral intakes of a large number of prisoners fell below the RNI for a number of minerals including zinc, selenium, iodine, magnesium and potassium, with a number of inmates having intakes of less than the LRNI. Sodium exceeded maximum recommendations in spite of not including salt added at the table in the dietary analysis.

It has been speculated that poor diets may lead to antisocial behaviour, and a randomized, placebo-controlled trial was undertaken by Gesch et al (2002) to test if physiologically adequate intakes of vitamins, minerals and essential fatty acids caused a reduction in antisocial behaviour. A total of 231 prisoners were recruited, half of whom were given nutrient supplements and half who were given a placebo. Dietary intake was assessed over 7 days, incidents of antisocial behaviour noted, and psychological tests employed. Their results showed that those who received the active capsules

demonstrated significantly less antisocial behavior during the trial period; 26% less than those who received placebos. They suggest that if the findings are replicated, it could be presumed that the dietary requirements for good health are also supportive of social behavior. However, they found that some prisoners did not possess the most basic knowledge to choose a healthy diet, with some not having heard of vitamins.

Provision of well-presented and healthy meals within prison are important in developing a healthy lifestyle and have the potential of improving behavior. However such provision needs to be coupled with education in the benefits of healthy choices, which, coupled with training in food skills, should help those leaving prison to cater for themselves in an appropriate way.

In Scotland the recent framework for promoting health in the Scottish Prison Service (SPS, 2004) acknowledges the major contribution that prisons can make to improving the health of its inmates. In addition to the responsibility that establishments have in providing a balanced, nutritious diet, they also suggest ways that prisoners, communities and partners could be involved in the whole aspect of health promotion, including healthy eating. In terms of developing personal skills it has been suggested that as well as information on healthy eating being provided, prisoners should be encouraged to learn cooking skills, and participate in discussion on healthy eating and health matters and that prisons should encourage inmate's interest in devising menus. Indeed the Scottish Needs Assessment Programme (2000) showed that prisoners' focus groups highlighted the importance of nutrition, exercise and relationships and some long-term prisoners reported an interest in diet, with many being keen to develop cooking skills. The open prison estate at HMP Noranside has recently introduced life skills courses to those prisoners who demonstrate a need and in particular to those who have spent a considerable time in custody. These include practical instruction in budgeting, shopping and food preparation and it is hoped that such a programme will be of value to those who are soon to be released (HMP Noranside, personal communication). Those involved in the programme are using the Cookwell manual developed by the University of Dundee and a postgraduate student is planning to carry out an evaluation of the project.

In summary the key issues highlighted are:

- Multiple deprivation and health problems;

- Evidence that improved micronutrient status may improve behaviour;
- Poor knowledge and skills;
- The need for life skills training has led to introduction of practical programmes.

1.3.5 Elderly widowed

The Scottish Executive Household Survey (2001) indicates that 20% of the adult household population of Scotland is aged 65 or over, with rising projections predicted. Women outnumber men in this age group, particularly amongst the over 85s. The incidence of becoming widowed increases significantly for people over 60, and in particular for women who have on average greater life expectancies. One quarter of men and half of women over the age of 65 live alone. Poverty is more prevalent in single pensioner households, with 41% of single pensioners receiving a net reported income less than £6000 per year in comparison to 26% of other single person households. Current government policies are designed to support people living in their own homes in the community.

In terms of the nutritional status of people older than 65, the National Diet and Nutrition Survey, (Finch et al. 1998) presented findings obtained over the course of one year from two population samples: one of free-living individuals, and one of individuals living in institutions. The study revealed that approximately two thirds of the free-living individuals reported that they usually or always prepared their own meals, however, 22% did so only occasionally or rarely and 11% did not prepare meals at all. Looking at the results for different household compositions showed that average daily energy intakes for men and women who lived alone were less than those who lived with others. Men who lived alone had lower intakes of protein, total carbohydrate, starch, NSP, calcium per 1000 kcal and had a lower plasma vitamin C concentration.

There are other inferences to being single in terms of widowhood which has implications for both men and women. For men who are bereaved in later life, declines in mental health, morale and social functioning have been observed by Bennet, (1998), who suggests that both the effects of the bereavement itself and the transition to single status are important aspects of widowhood. Similar aspects were noted in widowed women (Bennet, 1997), who although they have more stability in terms of social function,

demonstrate that effects on mental health and morale continue to impact on life several years after the bereavement.

Being able to eat well in retirement may influence whether an individual is able to remain at home or whether they have to move into a more dependent residential environment and thus has implications beyond general health and well-being to the promotion of independence (Lilley, 1996). The Ministry of Agriculture, Fisheries and Food (MAFF1998) funded an extensive study which gathered data on factors influencing food choice in later life, from physical to socioeconomic and socio-psychological, all of which can contribute to nutritional problems. Results showed that the sample of older people were generally eating well, with energy consumption, consumption of fat, fish and fruit and vegetables being close to dietary guidelines and mean intakes of five key nutrients being above the DRVs. There were however, variations in intake between subgroups and also between rural and urban areas, and recommendations for further research included those with very low Body Mass Indices, and men living alone. Those living in rural areas had much poorer public transport facilities and thus much reduced shopping opportunities. Food choice was determined to some extent by health and age-related factors including mobility, but also transport, practical issues such as proximity and bag-carrying and demographic status including social class and whether the elderly person is living alone.

As women have traditionally been seen to have more involvement in domestic duties including food shopping and cooking, a study by Hughes et al (2003) sought to examine barriers to healthy eating, food choice, cooking skills and well-being in a group of elderly men living alone and having to fend for themselves. The sample size was 39 and age range 62 – 94, the majority of whom were widowed (46%), with others being single and never married, divorced and one married man whose wife was in care. Methodology involved interviews, questionnaires on health, food frequency and dietary intake. Nutritional assessment demonstrated that 64% of men did not meet recommended energy requirements and most had low intakes of potassium, calcium, magnesium, copper and zinc. All men had intakes below the RNI for Vitamin D, and 50% had intakes below the RNI for Vitamin A. In terms of cooking skills, those with good cooking skills (as defined by a number of different parameters) reported better physical health and consumed more vegetables than men with poorer cooking skills. Of those in the lowest fruit and vegetable consumption group, none described their cooking skills as good. Paradoxically those with

better cooking skills consumed a diet lower in energy than those with poorer cooking skills. The results showed that there was a varied understanding of what constitutes a healthy diet amongst the men, and the target 5 portions of fruit and vegetables eaten daily was only achieved by 13% of the sample. It was found that those men who ate healthily were those who were motivated to cook and motivation was an important contributory factor to healthy eating when cooking and shopping for one and eating alone.

A study by McDonald et al (2000) undertaken on rural widowers in the USA, found that the key factors that placed them at nutritional risk were low income and poor health, coupled with a lack of social integration. Common factors with widowers presenting with the key risk factors were low literacy levels, former manual labour jobs and the experience of negative events within their communities. For many of those more able to cope, they had had a period of time where they were becoming more self-sufficient whilst caring for wives with extended illnesses.

The literature did reveal some information as regards the existence of cookery skills classes aimed at older men. One such initiative in the UK has been backed by John Reid, the former Health Secretary (Guardian, 2004). A pensioner from Northampton gained a training qualification at the local college of further education enabling him to run courses in cooking, budgeting and shopping for groups of 6-8 elderly, newly widowed men. The initiative was started in response to the observation that many bereaved men lacked cooking skills and were forced to rely on "meals on wheels", and was an offshoot of a programme run by the national primary care development team which aimed to identify elderly people at risk of falls and injury. However in Scotland, although community cafes and lunch clubs for the elderly are common, there appears to be only one entry in the 2004 Directory of Community Food Initiatives specifically mentioning cooking classes targeted for the elderly (Scottish Community Diet Project 2004).

Such initiatives appear to be more developed abroad. For example in Canada, (National Advisory Council on Aging 2004) groups of around 10 men come together to learn to cook, try recipes and become more aware about making nutritious food choices. Unlike the Northampton initiative, these men are not necessarily widowed, and have varying reasons for joining the programme. It was reported that some are married and want to take their turn in the kitchen, others are widowers, and some men simply want to become

more self-sufficient or learn skills when their wives have become ill.

A government funded program was begun in America to provide free cooking and nutrition classes for men caring for infirm wives, which was then extended to include widowers and expanded around the country (Hirsch, 2004). The “Men Making Meals” course covers everything from basic knife skills, reading recipes, meal planning, shopping for food, nutrition and healthy convenience foods, and in this way encourages independent living skills. Each session ends with the participants eating the prepared meal and the social aspect of the sessions is recognised as an important feature in maintaining health.

As well as reviewing the literature on the nutrient intake of the target groups and nutritional interventions with the target groups, a search was also carried out to find out whether any previous studies had been undertaken on resources for first-time self-caterers. No such literature was found.

Key Issues:

- Single pensioner households more likely to experience low income;
- Single households likely to have lower energy intakes and intakes of other nutrients (particularly for single men);
- Good cooking skills appears to be related to better physical health and vegetable consumption;
- Some initiatives to encourage cookery skills for men.

1.3.6 Learning Disabilities

The definition of people with learning disabilities as given in the Scottish Executive Report “Same as You” (2003) is that they have:

“a significant, lifelong condition that started before adulthood, that affected their development and which means they need help to: understand information; learn skills; and cope independently”.

Within this broad definition are people with different degrees of learning difficulties, from those requiring help because of their learning difficulties in terms of understanding or communicating information, help with day to day living, to those requiring help due to

more complex needs which may be physical, mental or social. The “Same as You” report suggests that there are around 120,000 people in Scotland with learning disabilities: 20 people for every 1,000 have a mild or moderate learning disability and 3 to 4 people for every 1,000 have a profound or multiple disability. Whereas many people with learning disabilities were previously cared for in hospital, since 1998 the majority are cared for within the community, (following the Community Care Act, 1990), with 4,800 being looked after in care homes and a further 600 living in informal, supported accommodation. Most are however, looked after at home within the family. Up to 80% of learning disabled people have some communication difficulties, with at least 50% having significant communication problems.

It is recognised that people with learning disabilities (now sometimes called intellectual disabilities), have a higher prevalence of health problems than the general population, as reviewed by Jansen et al (2004). Some are related to causative factors of the learning disability (perinatal problems, motor handicap, epilepsy and sensory impairments). There is however a high prevalence of problems which are related to external factors including lack of exercise, poor mobility, poor eating habits and medication use.

A recent large scale study by Emerson (2005) showed that amongst people with learning disabilities (n=1542) living in supported accommodation in Northern England, there are significant increased behavioural health risks in terms of deviation from normal weight (obesity and underweight) and lack of physical exercise. Body Mass Index comparisons were made with people without learning disabilities from the Health Survey for England (2001), and those on physical activity from the Health Survey for England (1998). Their results showed that the men and women with learning disabilities in supported accommodation were at increased risk of being significantly underweight and physically inactive than the general population, and women with learning disabilities were at increased risk of obesity. Overall, 14% of participants were underweight, 28% overweight and 27% obese. For women, prevalence rates for obesity were higher among women with learning disabilities than the general population within the 16 – 24 and 35 – 44 age groups and there was no association between activity level and obesity. Men and women with learning disabilities were less active than men and women without learning disabilities across all age groups, with only 8% of those able to be physically active, actually doing so. The most able and moderately able people with learning disabilities

were at greater risk of obesity, whilst the least able were at greater risk of being underweight and physical inactivity. The polarized weight distribution and inadequate activity levels have been confirmed by other studies including one by Robertson et al, 2000. They looked at the prevalence and determinants of lifestyle related risk factors for poor health among people with learning disabilities living in different settings: village communities, residential campuses and community based dispersed housing schemes. The lifestyle related risk factors under analysis were obesity, diet, physical inactivity, smoking and drinking, and in addition they looked at predictors of the presence of risk factors. Results showed that a significantly greater proportion of men and women with learning disabilities were underweight when compared with their counterparts in the general population. In addition, the prevalence of obesity in women and physical inactivity for both men and women with learning disabilities was much higher than the general population. Those living in less restrictive settings were more likely to smoke, have a poor or fatty diet and suffer from obesity but were less likely to be physically inactive. Overall, few residents met the criteria for a balanced diet with the main deficiency being insufficiency of fruit and vegetables and low starch consumption. The authors suggest that the move towards community care has afforded a greater choice to people with learning disabilities which in turn has implications for health risks in this population.

As it is recognised that people with learning disabilities are nutritionally vulnerable for many reasons, a nutrition screening tool (NST) was devised by Bryan et. al (1998) to help identify those at nutritional risk. It was originally developed with participants from a long-stay hospital for people with learning disabilities, ranging from mild to severe, (those with profound physical disabilities were excluded) who lived within staffed houses. The tool assesses nutritional risk by a series of questions and assessments in the following three areas: nutritional adequacy of the diet (food groups); weight; nutrition-related problems such as swallowing difficulties or constipation. Results indicated that it was useful in assessing risk relating to nutritional adequacy and moderately good in assessing nutrition-related problems but unsuccessful at measuring weight-related risk.

It was used with additional methods of assessment to compare the nutritional status of people with learning disabilities moving from a long-stay hospital to community homes (Bryan et al, 2000). Whilst many changes are beneficial for clients being looked after in the community, there are nutritional implications for them in terms of access to foods,

meals being cooked in the home by carers and/or clients for example. Initial screening using the NST was carried out on 121 clients in the month prior to discharge from the long-stay hospital and repeated one year later on 118 clients. In terms of the nutritional adequacy of the diet, for all subjects there was a significant shift towards being at risk from the first to the second screening. For weight-related risk at the first screen, 70% of women and 55% of men were outside the normal weight ranges. This had increased to 82% of women and 60% of men by the second screen. Only 3 out of 44 normal weight clients did not experience any unintentional weight changes by the second screening. There were also changes in nutrition-related problems by the second screening and in addition men were more at risk across a range of indicators than women by the second screening. The authors noted that although there were adverse nutritional changes they also observed many examples of good practice, with clients choosing a meal, buying the ingredients and helping to cook the meal.

Grassick (2001) points out that although people with learning disabilities face the same nutrition-related problems as the general population and have greater health risks, they are unable to make reasoned decisions due to the inability to read the available literature on healthy eating, or difficulty in understanding the relevant concepts. After reviewing the literature and exploring experiences from practice, she makes some recommendations as regards improving the nutrition of people with learning disabilities, including the following two issues: they should be given easy to understand information on healthy eating and that nutritional information should be made up from a variety of resources including video tapes, photographs, pictures and symbols; there should be supported weekly menu-planning and shopping to raise awareness of healthy foods which may help clients to include a selection of these in their diet.

Across Europe it has been demonstrated that there are health inequalities and health disparities between people with learning disabilities and those of the general population (Walsh et al, 2003). It has been recognised that public health strategies have rarely targeted people with learning disabilities in national initiatives across Europe. As such, the POMONA project was established across Europe to monitor the health of Adults with Intellectual Disability in the Member States (Europa, 2004). The authors concluded that populations with intellectual disability are excluded from current public health monitoring, and appropriate interventions should be designed, implemented and evaluated to reduce

health inequalities.

Key Issues:

- Increased risk of underweight and obesity;
- Trend to move from institutional to community care has led to increased food choice but increased nutritional risk;
- Easy to understand nutritional information needed using e.g. pictures, videos;
- Need for supported menu planning and shopping.

1.4 Discussion and conclusions of literature review

A review of the government statistics on the various populations show that there is a considerable overlap in the categories specified for this study. Students increasingly come from all social classes (Scottish Executive 2004) and can include those leaving care. Half of those leaving care report experience of homelessness (SHS Trust 2003), and those leaving prison feature significantly in the homeless population (Morrison 2003). Prisoners often have multiple deprivation problems and may have been looked-after children, homeless and/or have learning difficulties.

There is limited published data on the specific dietary intakes of the populations catering for themselves for the first time. For looked-after children who predominantly come from areas of social deprivation it is possible to consult the National Diet and Nutrition Survey (NDNS) of young people aged 15-18 years. Similarly for the elderly widowed, relevant sections of the NDNS of people aged 65 were consulted as it is known that single pensioner households are more likely to experience poverty.

For the UK population common nutritional problems have been recorded as follows:

High alcohol intakes compromising nutrient intake

- Homeless (Morrison,2003)
- Students (Eves et al. 1995; Edwards and Meiselman,2003; Beasley et al 2004)

Low energy intakes

- Students (Eves et al. 1995, Edwards and Meiselman,2003)
- Elderly single (Finch et al, 1998)

High percent of energy from non milk extrinsic sugar intake

- Young people from lower socioeconomic status

- Homeless (Evans & Dowler 1999)

High percent of energy total and saturated fat intake

- Students (Liddell et al 1992)
- Homeless (Evans & Dowler 1999)

Low micronutrient intakes

- Young people from lower socioeconomic status (Smithers et al. 2000)
- Homeless (Evans & Dowler 1999)
- Prisoners (Eves & Gesch 2003)

Low fruit and vegetable consumption

- Young girls from lower socioeconomic status (Smithers et al. 2000)
- Homeless (Evans & Dowler 1999; Housing Justice 2004)
- Learning disabilities (Robertson et al 2000)

Convenience/ takeaways foods and snacks replace main meals

- Students (Beasley et al 2004)
- Homeless (Blake Stevenson 2004)

A key barrier to food provision in all groups is lack of money. Studies conducted in the UK from the early 1990s to the present day suggest that the homeless, those moving from institutions such as prison or from being 'looked-after' in care, and the elderly widowed are likely to have low knowledge and skills in relation to food preparation. However it is now becoming clear that initiatives are beginning to address this problem, at least for the homeless, children moving from care and prisoners approaching release. The aim of part 2 of this report is to assess the resources that might be helpful in meeting the needs of these first time self caterers.

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PART 2 REVIEW OF RESOURCES FOR FIRST-TIME SELF CATERERS

2.1.1. Method for collation of resources

A list of various organisations was compiled (Appendix A) and contacted by letter (Appendix B) requesting details or examples of any resources they used to assist first-time self-caterers. A total of 384 letters were sent to organisations including:

- Student Associations and Student Services departments in universities and colleges (both Higher and Further education);
- Local Authority Social Work departments and all key contacts listed in the Scottish Throughcare & Aftercare Forum members database:
<http://www.scottishthroughcare.org.uk/policy/contacts.htm>
- Local Authority Housing departments and all Supporting People lead officers listed in:
http://www.scotland.gov.uk/housing/supportingpeople/lead_officers_list.asp
- Organisations such as Shelter Scotland, the Salvation Army, Scottish Council for Single Homeless, NCH and Fairbridge;
- Housing Associations which deal with vulnerable groups;
- Prisons and prisoners' organisations;
- Organisations which support older people such as Age Concern;
- NHS Health Scotland and Local Health Promotion Departments;
- Organisations listed in the Scottish Community Diet Project directory, 2004, which provide support for the groups listed;
- Major retailers including Tesco, Sainsbury's, the Co-Op, Asda, Iceland.

A stamped, addressed envelope was included with the letter and also a reply sheet to return. A database was compiled of all the organisations replying. Follow-up telephone calls were made to organisations who had not replied by the given deadline.

A search was made on the Internet for organisations producing web-based resources, and library and book catalogues (eg. health promotion libraries) providing appropriate information. Key words used to search included the target group (eg. homeless) plus food, cooking, food hygiene, healthy eating.

2.1.2 Method of Desk Evaluation

A total of 88 different resources were catalogued by number and description (name, source and producer) (Appendix C – note that 2, 3, 76 and 77 were deleted due to duplication). Each resource was evaluated and scored independently by the researcher and either Dr. Wrieden or Professor Anderson using a checklist which summarised the type of resource, the group(s) or individuals it is suitable for, the topics covered (budgeting, food shopping, basic cooking skills, food hygiene, healthy eating) and a grading on the information provided on each topic (Appendix D). In addition resources with information on nutrition were evaluated using the twelve Department of Health's Guidelines on Educational materials concerned with Nutrition (D of H, 1998) (Appendix E). Based on this initial evaluation, resources were chosen to present to focus groups within the target groups to enable feedback on whether these potential consumers found them acceptable and useful.

2.1.3 Results of Desk Evaluation

Of the 384 letters sent out to organisations, replies were received from 122 with 36 sending resources. Duplicates were received from several organisations and the final number of resources evaluated was 88. Of those, 13 were web-based resources, 12 were teaching aids (of which 3 were available on the web) and the remainder a mixture of leaflets, brochures and booklets. No video or DVD/CDR resources were received. There were some differences in the scores between the two markers so the average scores are summarised at Appendix F.

Table 1 shows the four resources (numbers 13, 15, 51 and 58) which covered all topics included in the scoring system: budgeting, food shopping, basic cooking skills, food hygiene and practical tips on healthy eating. Three of these were for students and the other one was suitable for a range of self caterers. Two of the resources (13 and 51) were no longer available. Resources 51 and 58 were both considered somewhat dated and although the language was clear, the small text could make them difficult to read. None was specifically directed at first-time self-caterers.

Table 1 Scores for resources covering all topics

Resource No	Description	Type /group suitability	Average Scores					
			Budgeting	Food Shopping	Basic Cooking Skills	Food Hygiene	Healthy Eating Tips	Clarity
13	You Are what you eat: Glasgowstudent.net (web)	Web/ students	2	3	1	1.5	3	4
15	Food for thought in partnership with community dietitians: Oxford Brookes Uni (web)	Web/ students	4	3	4	2	3.5	5
51	Keep it pumpin: Grampian Health Promotions	Book/ students	2.5	3	3.5	2.5	2	4
58	Hassle Free Food booklet: A Guide to Cheap, Quick, Healthy Eating	Booklet/ all except learning disabilities	4	3.5	3.5	4	3.5	4

There were no general resources that were scored suitable for people with learning disabilities other than the two examples which had come directly from specialists working with them and one other set of hand-drawn pictorial recipe sheets (88 – *Ayrshire and Arran recipes*). Indeed it was said that due to the wide range of disabilities and capabilities, resources are created in-house on an individual basis to suit each client.

As Table 2 shows, the highest scoring was given to the two teaching packs which both scored highly in all the categories they contained. They were however aimed at facilitators rather than individuals. Table 2 also lists resources that were highest scoring

resources for individual components. No resource scored more than 4 for budgeting or shopping but there was a wide range of resource that was scored 5 by one of the assessors for basic cooking skills, food hygiene and healthy eating tips. All of these resources scored highly on clarity but sometimes notes were made commenting on small type script.

Table 2 Highest scoring resources overall (48 and 56) and for individual components

Resource No	Description	Type /group suitability	Average Scores					
			Budgeting	Food Shopping	Basic Cooking Skills	Food Hygiene	Healthy Eating Tips	Clarity
48	CPHNR: The Cookwell Book	Book/teaching aid /most		5	5	5		5
56	Good Food in Tackling Homelessness	Book/teaching aid / most		4	4.5	4.5	4.5	4.5
11	Eating tips for students	Web/students	4	3.5		1.5	3.5	4
31	Basic Skills for Life HMP Low Moss*	Teaching aid /most but learning disabilities	4	3.5	2			4
36	A-Z of Food Safety	Booklet /all				5		5
61	Keeping Food Cool and Safe	Booket/ all but learning disabl				5		4
17	Cool Food : A book about healthy eating	Book/teaching aid /most			3	3.5	4.5	5
18	Eating for Health: Health Education Board for Scotland	Leaflet/ all but learning disabilities				4	4.5	4
24	ASDA:5 a day	Booklet/ all but learning disabilities			3.5		4.5	5
25	ASDA: Great Grub Everyone will love	Booklet/ all but learning disabilities			3		4.5	4.5
49	NHS Health Scotland, Healthy living: Eat Well Stay Active, Healthy Eating for 60+	Book/ homeless, leaving prison, widowed		1	4	4.5	4.5	5
65	NHS Tayside The 5 Food Groups	Leaflet/ learning disabilities					4.5	4.5
75	Cut the saturated fat:BHF.	Leaflet/all learning disabilities					4.5	5
87	Get Cooking Project	Teaching Aid/most			4.5	4	4.5	5
88	Ayrshire & Arran Recipes	Teaching Aid /most			4.5			5
89	Food 4 Life (Edinburgh City Council)	Leaflet/most all but learning disabilities			3.5	4.5	3.5	4

*sample on web but not free.

2.2.1 Results of focus groups and qualitative evaluation

2.2.1.1 Overview of methods for qualitative work

Focus groups (4-7 people except the elderly widowed) were convened for the following potential self caterers:

- Students;
- Young people leaving care;
- Homeless;
- Prisoners approaching release;
- Elderly widowed (structured interview).

All participating individuals were given an information sheet (Appendix G), and asked to complete a consent form (Appendix H) before the session began. The information sheet was varied slightly to accommodate different groups. Groups were asked to consider the usefulness of 3-4 resources before discussion (Appendix I). The resources were chosen to represent a range of scores from the desk based evaluation but all had been considered suitable for the client group and included recipes and information on cooking skills. Each session was recorded (informed consent) and transcribed.

An additional session was organised for support workers of the following groups

- Students;
- Looked-after children moving into accommodation;
- Homeless people moving into accommodation;
- People leaving prison;
- People living in hostel accommodation;
- Adults with learning disabilities living in supported accommodation but catering for themselves.

Discussion within the focus groups was planned to centre around the following research points which aimed to:

- Identify and discuss good practice;
- Identify any barriers, perceived or actual, to the use of existing resources;

- Share experiences on any relevant information sources, access to these and usefulness;
- Identify whether retailer resources and potential links with retailers as programme providers would be useful.

2.2.1.2 Support Workers

A number of support workers working within Tayside were telephoned or invited by letter (Appendix J) to attend a focus group session at the West Park Conference Centre, Dundee. A total of 10 workers were present representing students, the homeless, the prison service, looked-after children and people with learning disabilities.

Because each support worker represented a different client group, it was not considered appropriate that they be shown the same resources, and indeed the earlier resource scoring had identified resources appropriate for different groups of first-time self-caterers. A questionnaire was therefore designed to gain feedback on the particular resources they had reviewed.

The programme was divided into 2 sessions to allow one group of workers (Group A: representing students and children leaving care) to review the resources and complete the questionnaire (Appendix K) whilst the other group of workers took part in a discussion (Group B: representing the homeless, prisoners and learning disabilities). After a coffee break the programme swapped to allow Group A to take part in a discussion and Group B to review the resources and complete the questionnaire.

Each support worker was presented with resources considered appropriate for the client group they represented and are detailed as follows: These were chosen on the basis of suitability for the client group and/or the fact that they scored 4 or above on at least one component. All support workers were given the opportunity to swap resources and to browse the range.

Students

Resource

No

- 11 Healthy Eating tips for students (web resources)
- 19 Healthy Living Pack: Scottish Executive
- 42 Foodfitness: web resources
- 70 Getting the Balance Right: British Meat

Looked-after children/leaving care

Resource

No

- 4 Smash n' Grub: Bridges Project
- 8 The Foodstore Easy Cookbook: 16+ Barnardo's
- 87 Get Cooking Project
- 89 Food 4 Life: Edinburgh City Council

Homeless

Resource

No

- 33 HEBS: Hassle Free Food (older version)
- 45 Keep it in your pocket: In Touch
- 56 Good Food in Tackling Homelessness: Edinburgh Cyrenians
- 90 More Bread without Dough: Healthy Castlemilk

Leaving Prison

Resource

No

- 36 Foodlink: A – Z of food safety
- 48 The Cookwell Book: FSA and Dundee University
- 58 HEBS: Hassle Free Food
- 69 Are you Getting Enough? Comic Company for NHS

Special Needs/learning difficulties

Resource

No

- 57 Small Changes, Big benefits
- 88 Recipe pack from Ayrshire & Arran Health Board

- 91 Are you Constipated: SNDRI
- 92 Making a cup of coffee

An information sheet was given with instructions on reviewing the resources and completing the questionnaire (Appendix L).

2.2.1.3 Students

A poster was pinned on notice boards throughout the Dundee University campus and an e-mail sent out to students via the university email system, Hermes, inviting them to participate in a focus group discussion on resources available for first-time self-caterers. In spite of receiving replies from several students, only 4 (female) students attended the appointed session. The first half of the session took place in the Centre for Public Health Nutrition Research kitchen situated in Ninewells Hospital and Medical School, where the students were invited to taste a selection of healthy options made using some of the recipes from the returned resources. Students were given copies of the recipes to take home. An informal discussion took place and the session moved to a seminar room where the focus group proper took place. The resources presented to the students were as follows:

Resource No

- 4 Smash n' Grub: Bridges Project
- 16 Student Survival kit: BBC web pages
- 19 Healthy Living Pack: Scottish Executive
- 50 Asda: Healthy Living for everyone: eating on a budget
- 58 HEBS: Hassle Free Food

The students were given approximately 30 minutes to look at the resources. They were given a sheet (Appendix I) to help them formulate their ideas for the discussion.

For each of the following focus groups, the same format was followed. First was a general discussion around the topic of cooking and catering for themselves. Secondly, the volunteers were shown a selection of resources which they were given time to read along with an information sheet to help them formulate their ideas (Appendix I). Help was given to those with poor reading skills, usually by the support workers present.

2.2.1.4 Looked-after children leaving care

A focus group of looked-after young people took place at an NCH youth housing support project in Dundee. This project provides intensive support to young people who require a high level of support for a long period of time and is tailored to individual need. There are two flats attached with other accommodation in close proximity to the centre with 24 hour staff support available if required by the young people. Drop-in facilities have now been developed for young people who have been involved in the project. There are also workshops run in conjunction with other professionals, and include topics such as managing a tenancy and healthy eating. The group comprised 5 females, some of whom were still at school, accompanied by a support worker.

The resources shown to the young people were as follows:

Resource

No

4	Smash n' Grub: Bridges Project
8	The Foodstore Easy Cookbook: 16+
73	Healthy Eating on a Budget: NHS Highland
89	Food 4 Life

In addition, the following two resources were taken along to provide additional material if required.

19	Healthy Living Pack: Scottish Executive
36	A to Z of food safety

2.2.1.5 Prisoners

Focus groups were convened at Noranside Prison, by Forfar on two separate occasions. HM Prison, Noranside, along with Castle Huntly is part of the open estate which houses low supervision adult male prisoners serving 18 months or over and includes prisoners serving life sentences. Both prisons focus on providing employment training and transitional/through-care for prisoners working towards a structured reintegration into society.

A recent initiative intended to aid the rehabilitation process, allows prisoners who are nearing release to be able to participate in cooking skills classes where they learn how to prepare basic meals, food hygiene, shopping and budgeting. They are housed within self-catering facilities where they are responsible for shopping (on an allowance of £20 per week) and cooking for themselves. They have access to shared kitchen facilities which are equipped like most domestic kitchens.

The first group consisted of 5 prisoners who had recently begun the cooking skills course and had done their first shopping assignment. Also present was the female prison officer who runs the cooking skills course and is an occupational health nurse. It was agreed that it would be useful to meet another group of prisoners who had yet to begin the cooking skills course, and that took place the following week with the same prison officer and 5 men.

The resources shown to the prisoners were as follows:

Resource No

- 24 Asda: 5 a day
- 35 Tayside Health Promotion: Healthy Eating on a budget
- 36 Foodlink: A – Z of food safety
- 90 More Bread without Dough: Healthy Castlemilk

In addition, the following two resources were taken along should additional material be required.

- 4 Smash n' Grub: Bridges Project
- 19 Healthy Living Pack: Scottish Executive

2.2.1.6 Homeless

A focus group was convened at Strathmore Lodge, a Salvation Army Hostel for the homeless in Dundee. This has been recently renovated and reopened on 16th April, 2005. Its modern facilities now offer single accommodation, and the Centre's philosophy is to rehabilitate and stop the recurring short length stays experienced by those with erratic lifestyles. Individuals are given help and support in many ways including support to develop skills needed for individuals to sustain their own tenancy in future. The group comprised 5 in total, 2 men and 3 women plus a support worker.

The resources shown to the hostel dwellers were as follows:

Resource

No

4	Smash n' Grub: Bridges Project
58	Hassle Free Food
86	What can we eat?
90	More Bread without Dough: Healthy Castlemilk

In addition, the following resource was taken along to provide additional material if required.

19	Healthy Living Pack: Scottish Executive
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2.2.1.7 Elderly, recently widowed

This was a particularly difficult group to identify, and only one widower was recruited, who had been recently widowed and was known to one of the researchers and was interviewed individually. He was questioned about his experiences of cooking and shopping etc both before and after his wife died and shown the following resources for discussion:

**Resource
No**

19	Healthy Living Pack
34	NAGE Staying Healthy
49	Eat Well, Stay Active
81	Men and Food

2.2.1.7 Focus Groups Analysis

All the focus groups were conducted by the researcher who asked questions and monitored the discussion with an assistant taking notes. The sessions were all recorded and transcribed. Analysis was carried out in a systematic fashion from the transcriptions as recommended in Krueger and Casey (2000), where main themes shared by the groups were pulled out of each discussion and grouped together. Comments considered useful or which give a flavour of the discussion are directly quoted in the results and discussion sections.

2.2.2 Results of focus groups and qualitative evaluation

2.2.2.1 Support Workers Questionnaire (see Appendix K)

In answer to **question 1**, which asked the workers if they felt there was a need to increase knowledge and awareness of diet/healthy eating, nutrition and/or cooking skills amongst their clients, all but one support worker thought there was a need to increase knowledge and awareness of all three issues amongst their client group. Only one support worker thought there was a need to increase only cooking skills knowledge and awareness amongst his clients (new tenants from homeless environments).

Question 2 was related to information already available on the following topics: budgeting, food shopping, basic cooking skills, food hygiene and healthy eating. Respondents' ratings are summarised in Table 3.

The scoring is on a scale of 1 to 5, with 1 having 'very poor information on this topic' to 5 having 'excellent information on this topic'.

Table 3: Rating of topics in existing resources by support workers

	PS1	PS2	LD1	LD2	HL	EHO	LC	PO*	SS1	SS2	Total Score
Budgeting	2	2	1	1	2	1	4		2	1	16
Food shopping	4	2	1	1	2	1	3		2	1	17
Basic cooking skills	2	3	2	2	4	2	4		2	3	24
Food hygiene	3	3	1	1	4	3	3		1	4	23
Healthy eating	4	3	2	2	4	2	3		4	4	28

Glossary: Support worker for Client Group

- PS1/2 New tenants from homeless environments
- LD1/2 People with learning disabilities
- HL Homeless living in Salvation Army Hostel
- EHO Environmental health officer educating vulnerable groups
- LC Children leaving care
- PO Prisoners
- SS1/2 Students

*The prison officer did not give a rating to any resources already available as he remarked that the opportunity to practise these skills was only available for a limited number of prisoners.

The results show that the majority of support workers felt that budgeting and food shopping are two topics which are poorly covered in existing resources for their client groups.

Question 3 asked the workers if there were any resources they have used or are using that they would recommend to others working with their client group. Only 3 workers answered 'yes', but none were actually able to name a resource. One of the Student Service workers thought that there were useful sections in various publications, but no one resource that covered all the issues in a concise booklet. She felt that a single booklet would encourage people in all aspects of food and suggested that people are unlikely to read several resources to access information.

Table 4 summarises the respondents' opinions on the usefulness of the different resources examined in the focus group for their particular client groups.

Table 4: Resources considered useful by support workers for food related issues for their clients

	Resource Number/s									
	PS1	PS2	LD1	LD2	HL	EHO	LC	PO	SS1	SS2
Budgeting	90	45,86	50,48	50,48	33,45		4		11	
Food Shopping	45		86,48	86,48	33,45	48			11,19	11
Basic Cooking Skills	56	90,56	56,48	92,48 4,86	33,45	48	4	48	19	19
Food Hygiene	56	56	56,48	36,48	45 (briefly)	48	4	48	19,70	
Healthy Eating	56	33,86	56,48	36,48	33,45	48	4		19,42,70	19

Glossary:Support Worker for Client Group

- PS1/2 New tenants from homeless environments
- LD1/2 People with learning disabilities
- HL Homeless living in Salvation Army Hostel
- EHO Environmental health officer educating vulnerable groups
- LC Children leaving care
- PO Prisoners
- SS1/2 Students

Resource Number

- 4 Smash "n" Grub: A Cook Book by Young People for Young People
- 11 Eating Tips for Students
- 19 Healthy Living Pack, Scottish Executive
- 33 Hassle Free Food:(~~HEBS~~)—(NHS Scotland) but is was HEBS when this was published.
- 36 A – Z of food safety
- 42 Foodfitness, healthy lifestyle tips:web resources
- 45 In Touch; Keep it in your pocket
- 48 CPHNR: The Cookwell Book
- 50 Healthy Living for Everyone Factsheet:
- 56 Good Food in Tackling Homelessness Handbook
- 70 Getting the Balance Right
- 86 BDA: Food Facts – a healthy breakfast
- 90 More Bread without Dough
- 92 Making a cup of coffee (sample)

The results showed that there were few individual resources which covered all the topics collectively for any of the client groups. Resource 48 (*The Cookwell Book*) was the only resource which was rated as covering all the topics and considered useful by both the learning disabled workers. They were presumably referring to its use as a teaching resource, rather than a resource which could be used by the clients themselves. EHO, working with vulnerable clients, also considered 48 a good resource for virtually all the categories. She commented that *Cookwell* covered the basics as part of an instructional system with trainers involved which meant there was good support for the clients. Another good teaching resource was judged to be resource number 56 (Edinburgh Cyrenian's *Good Food in Tackling Homelessness*) as PS1 commented that it was an excellent tool to be included in a teaching package and HL working with a similar client group said that it was an excellent resource for hostels to use. The same worker was highly impressed by resource 90 (*More Bread Without Dough*), and although she did not include it in the above scoring table she wrote,

"Number 90 – Wow! Where can I get 15 copies ASAP?"

For young people leaving care, LC stated that he would use resource number 4 (*Smash n' Grub*), as it was the only publication written in a way that would be easily understood by the majority of care leavers. He felt that publications 8, 87 and 89 had recipes which would be outwith the budget of most care leavers.

Both the Student Service workers rated the Scottish Executive's *Healthy Living* pack (number 19) as being useful for students in terms of cooking skills and healthy eating. SS1 also thought it would be useful for food hygiene and food shopping, whilst SS2 wrote

"19 is certainly a great resource. It would provide a good foundation for anything which was aimed purely at students."

SS1 did however remark that more in-depth information was required in all of the resources she picked out as useful for students and felt that there was a need to bring all the issues together in one booklet.

The final question was concerned with the layout/presentation, language and format of the resources and the workers responses are summarised in Table 5.

	Resource Number/s									
Resource Feature	PS1	PS2	LD1	LD2	HL	EHO	LC	PO	SS1	SS2
Layout/presentation (eg colour, text size, font, leaflet size etc)	56	56	48	71,92, 91,57, 36	90,33, 45	48	4	48	19	19
Language (eg informality, clarity, simplicity etc)	56,90	56,90	88,48	57	90,33, 45	48	4	48	19	11
Format (eg booklet, web-based, set of cards, etc)	58 *	56	48	57, 48		48	4	48 **	19, 70	19
No resource stands out										

* (simplicity) ** (booklet)

Glossary: Support Worker for Client Group

- PS1/2 New tenants from homeless environments
- LD1/2 People with learning disabilities
- HL Homeless living in Salvation Army Hostel
- EHO Environmental health officer educating vulnerable groups
- LC Children leaving care
- PO Prisoners
- SS1/2 Students

Resource Number

- 4 Smash “n” Grub: A Cook Book by Young People for Young People
- 11 Eating Tips for Students
- 19 Healthy Living Pack, Scottish Executive
- 33 Hassle Free Food: (HEBS) (NHS Scotland)
- 36 A -Z of food safety
- 45 In Touch:Keep it in your pocket
- 48 CPHNR: The Cookwell Book

56	Good Food in Tackling Homelessness Handbook
57	Small Changes, Big Benefits
58	Hassle Free Food booklet: A Guide to Cheap, Quick, Healthy Eating
70	Getting the Balance Right
71	Comic Company: Cards: Great Ways to Eat 5 a day!
88	Ayrshire & Arran Recipes
90	More Bread without dough
90	Are you constipated? (sample)
91	Making a cup of coffee (sample)

Resource 56, *Good Food in Tackling Homelessness* was considered particularly appropriate in layout/presentation, language and format by PS2, who considered it to be very informative, with the recipes well laid out, simple and easy to follow, whilst PS1 thought it appropriate in terms of a teaching resource in its layout/presentation and language. He also added that with the client group he is involved with, he feels that peer teaching and workshops are the best way to educate. Although the hostel worker (HL) thought that 90, *More Bread without Dough*, 33, *Hassle Free Food* and 45, *Keep it in your pocket* were all appropriate in all presentation features, she noted that it was specifically number 90 that she would be accessing and recommending to clients when they leave the Centre to go to their own accommodation.

Both EHO and PO rated the *Cookwell* book (number 48) highly in terms of presentation, language and format and EHO commented that resources 69, *Are you getting enough?* and 58 *Hassle Free Food* were difficult to read, because of the font size and for number 69 she also felt the pages were too busy. For number 36, *A – Z of Food Safety*, she felt that it was difficult to read as the cartoons don't show enough detail in relation to the text. Language was a problem for the clients of the learning disabled workers, who remarked that their client group is very varied, and coloured pictures with bold words are the most suitable format for them to use. For young people leaving care LC again rated *Smash n' Grub*, resource number 4 highly. He felt that the laminated cards of 87, *Get Cooking Project* were excellent but for his client group the language would have to be simpler with more explanation of the terminology.

Both the Student Services workers thought that the format and layout/presentation of 19 *Healthy Living Pack* were good for students, with SS2 remarking that she liked the concept of the book of cards due to its ease of reference and SS1 commenting that the food on the recipe cards looked appetising which should encourage people to cook. The

tone and use of language in resource number 11, *Eating Tips for Students* was considered to be extremely student friendly by SS2.

The following sections are an analysis of discussions from focus groups with the support workers and the client groups.

2.2.2.2 Skills and abilities of groups targeted as being first time self caterers

Although it was expected that participants would be individuals who would be self-catering for the first time, it became clear from the initial discussion which sought to determine if anybody was already confident in the kitchen, that there was a wide range of abilities within the different groups. The homeless group revealed a very wide range of abilities, from one reporting to be “useless” to another who had previously worked in kitchens as a chef and the others had had some experience of self-catering. Many also had completed health and hygiene certificates. The support worker who represented homeless moving into accommodation noted that some of their service users had been in the catering industry before, and they had used them to help with the cooking classes. This was the case within the prison groups, with one person having helped in the kitchen in a previous institution where he had cooked for the whole unit and only one saying he was not a good cook. The majority professed to be reasonably good to confident cooks (whether they had begun the cookery course offered by the prison or not). The prison officer who was present at the focus group for support workers felt however that the cooking skills of the majority of the men were very limited as most of them were “lifers”, some of whom had spent 15 years in prison from an early age where they received their meals three times a day and had limited opportunities for cooking themselves.

Of the young people leaving care only one professed to actually cook and enjoy cooking, with the majority professing not to cook or having had disasters in the kitchen and thus were the targeted “first-time self-caterers”. One seemed quite proud in saying,

“I dinna cook. I dinna touch a pan”.

This lack of cooking skills was confirmed by the support worker representing young people leaving care who remarked at the workers’ focus group that they had kitted out a kitchen at a flat within the city, which could be used as a place for practical work on an individual basis with the young people, as many of them had not had the opportunity to practice any cooking skills.

This can be contrasted with the students. Although the majority professed not to have good cooking skills initially, they felt that they learned from other flat-mates, helped each other and could at least follow cookbooks. Most felt that they could however improve their cooking skills. One of the student support workers felt that although cooking skills were not an issue they had yet covered in any information campaign, it was an area she thought should be covered.

The elderly widower who was interviewed individually stated that he can now cook with confidence and had not bought any convenience food at all. He did say that just after his wife had died he was slow to begin with and lacking in confidence, not knowing the time and temperature of recipes – especially for old favourites for which there were no recipes. He did however develop confidence in the kitchen with practice.

Participants were also questioned on their knowledge of nutrition and healthy eating and whether they felt they could put this into practise. For the majority of the homeless participants, their perception of healthy eating was seen in terms of trying to lose weight.

One of the student support workers talked about a report about a website that Edinburgh University had just recently launched, which she had a part in establishing, called “Health Matters”. *Health Matters* is predominantly an A to Z of health issues that the students have, and the report evaluated all the queries that have been put through the search engine. The result showed that the most popular topic was healthy eating, indicating that students are interested in finding out more about this issue. The other student support worker remarked that students are well aware that they eat badly, and noted that students themselves are seeking information on healthy eating and nutrition as these leaflets are always popular in various information campaigns they run for the students.

The support worker whose client group is looked-after children leaving care, remarked that many care leavers come from disadvantaged backgrounds and have negative experiences of education, and thus their knowledge of most issues relating to food is minimal. This was confirmed in the focus group as the young people felt they did not have the basic cooking skills never mind translating this into healthy eating.

The prison officer also agreed that minimal knowledge of food issues was a feature of long-stay prisoners on release due to the fact that they have had all meals supplied to them during their sentence. These issues are now being addressed with the availability of cooking classes which cover all issues to do with food and healthy eating. The prisoners themselves expressed a range of viewpoints: some were very confident they could cook a healthy meal; others felt they had the knowledge about healthy eating but were less able to translate that in a practical way.

From the point of view of discussing the resources that were presented to them, the fact that there were such a wide range of self-catering experiences within and across the different groups would imply that they would look at the resources from different viewpoints: some with an expert eye or at least of having had some experience cooking for themselves, and others having had little or no experience of self-catering. Others still had no interest in the topic at all. The interpretation of the results must take these considerations into account.

2.2.2.3 Good practice

Whilst there were differences in opinion in what was perceived as a good or useful resource, and indeed different resources were thought suitable for different groups, one resource was shown to several groups and received very favourable comments. This was the *Smash n' Grub* booklet, produced by the Bridges Project in Musselburgh, described by themselves as

“A cook book by young people for young people”.

Although *Smash n' Grub* was designed to help young people, surprisingly it was not liked by the young people leaving care although the leaving care support worker thought it was the only publication written in a way that would be easily understood by the majority of care leavers. The students, although they liked aspects of its design, didn't consider it a resource they would use themselves. It was however rated very highly by other groups of differing age groups including the homeless group and both prison groups, some of whom thought it was “brilliant”. It was considered very user-friendly with simple, clear, well laid out information and easy-to-follow recipes which were liked by the majority who said they would try them if given the opportunity. One commented that it did not appear threatening, with too much information and another commented that the print size made it easy to read. It was thought to be a book that they would like to have a copy of and it was felt the binder design made it easy to lay flat on a surface whilst following a recipe and the book would stay open.

Other details to emerge from *Smash n' Grub* which were liked by the participants were as follows: the glossary explaining cookery terms; the index accompanying each recipe which explained all the equipment that was needed to complete the recipe; the measures and conversion tables at the front; the shopping list with prices at the back.

Although *Smash n' Grub* proved to be the one resource which was liked by the majority, discussion around other resources confirmed several points in common in content and design in terms of good practice. It was felt that resources had to be clear and concise. Too much information was considered by many to be off-putting, boring or would cause

them to lose interest. Resources should be presented in a form which was easy to read in terms of text and language with clear steps showing any recipe in a stage by stage fashion. This is supported by comments by different support workers who stressed the importance of suitable or appropriate language for their client group with one stressing that it was important to

“weed out the jargon”.

In relation to looked-after children, the support worker thought that most of the resources he had looked at had language that was too sophisticated for the majority leaving care.

The binder format of the *Smash n’ Grub* was liked by many, and the students suggested that although they liked the Scottish Executive’s *Healthy Living Pack* in term of its content, they would have preferred it to be in a binder form. Other people from other groups commented that the cards in this publication could be easily lost.

Visually, the *Healthy Living Pack* was rated highly because of the photos included. These showed how the dish was supposed to look, which many thought would encourage people to want to try the recipes out. Other publications were thought to be visually appealing if they were colourful or had photographs, and the care leavers commented on other publications they had seen on other topics which were colourful with cartoons, which made them seem easy to read.

Recipes were rated highly if they seemed easy to follow in a step-by-step fashion, using familiar ingredients with quantities clearly stated and cooking times. Participants also liked guidelines on the likely cost of a recipe. Publications which had a good range of recipes were also liked. For many individuals, if the recipes were familiar and were meals they already liked, such as soups, pasta dishes, stews, spaghetti bolognese, then the participants considered the publication useful. For the students however, if the recipes were too basic such as those in *Smash n’ Grub*, they did not consider the publication one that they would use.

2.2.2.4 Barriers, perceived or actual to the use of resources

Many organisations work on a one-to-one basis with clients in terms of teaching them cooking skills, budgeting, healthy eating etc and do not use specific resources but will gather information where they can. For some, they prefer to lead by example rather than sourcing information whilst for others, money was a major problem in buying resources as they have limited budgets to do this.

The support worker of young people leaving care said that his team were on the lookout for resources all the time, but the information had to be pitched at different levels due to literacy problems, poor educational background and also the young person's understanding and past experience of what eating has been.

Literacy was a barrier reported by other support workers. One felt that although they did use a number of resources, there were few that were suitable for illiterate or poor reading ability.

Inevitably within people who have learning disabilities there are huge problems with literacy and getting the information across to the clients. There were no general resources that were scored suitable for people with learning disabilities other than the two examples which had come directly from specialists working with them. Indeed it was said that due to the wide range of disabilities and capabilities, resources are created in-house on an individual basis to suit each client. The support workers at the focus group explained that they create their own recipe cards using Widget[®] software which is specialised educational software focussing on improving communication and literacy. In this way recipes are broken down into pictures and symbols. Using pictures and symbols was also considered appropriate for some of the clients of the homeless support worker who felt that it might take the pressure off someone who had problems reading but could follow instructions by way of pictures.

It was felt that even the shopping experience itself was difficult for many clients who had literacy problems as everything has to be read and understood, from the signs directing you to specific shopping aisles to the instructions and descriptions on food packaging. It was remarked upon that the value brands in particular from various supermarkets did not have any pictorial clue as to the contents inside, and required the consumer to be able to

read what the contents were – and the fact that it was a value brand. It was only the more expensive brands which had photographs of the food inside.

The prison worker remarked that he had seen many of the men having difficulties in following cooking instructions on food items or perhaps in retaining the information, and that even if they are cooking the same food two days in a row, they are still puzzling over the cooking instructions the second day.

The young people in the group of care leavers did not seem particularly interested in the topic at all and it was doubtful that they would actually be motivated to pick up any resources. As one young person said,

“If I didna ken what it was I wouldna read it”.

The only resource which appealed to them was the Barnardo's 16+ *Foodstore Easy Cookbook* which the majority agreed had good recipes which didn't seem to be too long. It was doubtful however, if any of them would actually pick up a resource if it was simply “lying around” although they said they would use the Barnardo's book if they were given a copy.

It was felt by many support workers and many of the focus group participants that in life one is bombarded by paper, whether it is junk mail through the post or whatever and there is an overload of information. Some felt that many resources would end up in the bin. Indeed the homeless support worker felt that you cannot bombard the clients with too many leaflets or information or they will just “switch off”. This sentiment was expressed by the widower who felt that resources were only useful if you were receptive to them and the information they contained. If not, no amount of handouts would do any good.

Many expressed the feeling that practical instruction was of more use to them, whether by cooking classes or on a DVD or video and as reported earlier this is an approach taken by different organisations working with different clients. The leaving care support worker commented that as most of the young people have had little practical experience, presenting them with a lot of written resources was pretty meaningless, and they were better suited to practical instruction.

Participants from different groups felt that actual cookery classes or a cookery demonstration would be more useful to them, as one prisoner commented:

“there’s a big difference between seeing it getting done and just reading it out of a book”

Another felt that once one had the practical instruction one could then move on to getting information from a book or brochure. The students felt that although they would like to have seen a pack like the Scottish Executive *Healthy Eating* provided in the Halls of Residence (with more ethnic information included), they would have favoured practical cookery demonstrations perhaps at an event during Freshers’ Week. The Student Support worker felt that practical demonstrations would be very useful for first year students and that she was always trying to source resources, particularly as healthy eating was a popular topic with students. She felt however, that there was not one resource which was comprehensive in terms of people self-catering for the first time and that could stand alone in terms of budgeting, food shopping, cooking quickly, effectively and cheaply. They were also very restricted in what they could provide due to budget constraints.

Although opinions varied it is possible to highlight particular resources that were preferred by particular focus groups and two or more support workers (Table 6)

Table 6 Useful Resources

Students and student support workers: 19 Healthy Living Pack, Scottish Executive

Prisoners and Homeless and Support worker for children leaving care: 4 Smash ‘n Grub: A Cook Book by Young People for Young People, Bridges Project, Musselburgh

Young people leaving care: 8 The Foodstore Easy Cookbook: 16+ Barnardo’s, Barnardos Scotland

EHO working with vulnerable clients, Learning Disabilities support workers, Prisoners support worker:

48 The Cookwell Book. University of Dundee

Support workers for new tenants moving from homeless environments, and for the homeless:

56 Good Food in Tackling Homelessness Handbook

2.2.2.5 Relevant resources

Some organisations reported preparing their own written materials in-house and many reported gathering resources or recipes from various sources where they could. The social worker working with the Moving On, Throughcare & Aftercare Team who are involved with young people moving on from local authority care detailed some of the issues that they cover. He made the point that they work in a 'hands on' way with the young people and although they do not use any videos or teaching aids, they have collected and developed various written materials of their own but this is an area where further development would be welcome. He felt that a range of resources was required which could be pitched at different levels. He commented that his experience of working with care leavers has demonstrated that the majority have fairly well-entrenched habits of unhealthy eating which are difficult to challenge.

The Internet was used as a facility for finding recipes for clients by some support workers and also by students. The widower reported getting various resources from the hospital cardiovascular department after recovering from a heart attack and felt he had gleaned a lot of information from that source. He felt that health clinics and hospitals were particularly appropriate contacts in identifying widowers who would be having to start cooking and shopping for themselves and said,

"I would think that if you go back to the root of things, probably medical centres, because there's got to be a doctor, or at a hospital where someone dies, because there's a next of kin, you know a widow or a widower, and the process could start there."

As discussed earlier this particular group appears to be quite hidden, and the widower also suggested that as he got a bereavement visit the next day he thought that would be a good place to start for this group to access resources.

2.2.2.6 Retailer resources

Retailer resources were included in the initial scoring of resources and were also presented to different focus groups. Discussion was also encouraged around whether retailer resources and potential links with retailers as programme providers would be useful and two viewpoints emerged from these. On one hand some thought that as retailers were selling the food that everyone was buying, they would have a vested interest in passing on information to the public. One person commented that given their profit margins there was surely lots of scope for supermarkets to sponsor educational programmes, donate resources or goods and do workshops and there was definite potential to tap into the retailers. Others were however deeply suspicious of supermarkets, again possibly due to their profit margins and were mistrusting of the possibility of supermarkets increasing their hold over people, or distributing brochures which may be seen to be endorsing a particular supermarket's products.

Many felt that the whole shopping experience was confusing or even frightening for some people (and the problems for those who have reading difficulties have been reported earlier) with the homeless worker stating that some of her clients had actually had panic attacks whilst in supermarkets and another commenting that there was 100% sensory overload.

One prisoner commented:

"I don't think in any way, shape or form that supermarkets are geared for people self-catering"

The majority felt that the layout of supermarkets was confusing to people as logical items were not placed side by side, such as vegetables next to a ready meal and in this way people were not aided to make healthier choices and would just grab the nearest items.

Many felt that cost constraints made ready meals seem more appealing and that getting value for money and a healthy meal at the end of it were perhaps conflicting goals. Some of the support workers felt that information on how to make ready meals more healthy would be useful for many of their clients. Indeed the support worker of new tenants from homeless environments said:

“Ready meals are promoted heavily within the group due to cost, skill required and shopping convenience. Poorly motivated individuals who are hungry will choose the ‘easy’ option.”

Others spoke about some of the special offers not being geared towards single buyers, with many of the best buys coming in bulk.

In spite of these misgivings about the shopping experience itself, it was generally felt that supermarkets were the best place for the distribution of resources, especially as some questioned where is the best place to access them in the first place.

Many felt that retailers could be involved in a much more practical way to help vulnerable clients, some from both clients and support workers giving their approval of the FareShare scheme which donate goods approaching their sell-by date and some of the workers felt that the retailers who were already involved in this scheme could perhaps be involved in other programmes and this was particularly true for the smaller chains.

Some participants felt that in-store cookery demonstrations showing a quick recipe being made with instructions and someone on hand to answer questions would be a useful way of generating interest. Some felt that having a person there as an in-store advisor for people who are not confident in cooking and shopping would be a good idea and perhaps create a “comfort-zone” to buffer a confusing experience. The prison officer felt that with the numbers of prisoners they are sending to a particular supermarket each week spending at least £600 a time, he felt that any input into helping the men buy healthy meals for a week with the £20 they have to do it would be interesting. He said that when the men come back from their shopping they always check what they’ve got,

“and there’s always 8 pies for the price of 4 or whatever, and there’s just box upon box.....and every night you go in - “what are you having?” ‘pie’ - “what are you having?” – ‘pie and chips’, ‘pie and chips’.....and it’s the same because it’s so cheap”

Indeed, budgeting and food shopping were two topics which were commented on as being the most problematic and perhaps could have more input from the retailers. The results of the questionnaire showed that the majority of support workers felt that budgeting and food shopping are two topics which are poorly covered in existing resources for their client groups. The care leavers spoke about needing more help with budgeting and food shopping, but part of that problem may be due to the limited amount of money they have to spend which could prove difficult even for the most experienced cook. Their support worker spoke about budgeting and food shopping skills as being completely lacking within this client group. Many participants spoke about shopping being expensive and finding it difficult to buy enough food on their budgets to last the week. One homeless participant spoke about buying food which he thought would last him the week, but finding that it was actually only enough to last for three days. Another participant spoke about the confusion whilst shopping in comparing prices for different quantities to work out what was the cheapest item.

The prison officer who ran the cooking groups said that the biggest concern the prisoners had was for shopping:

“actually going out and buying the food – more than actually cooking it really, it’s getting the right food to start with”

3 Discussion

Difficulties were anticipated in accessing the vulnerable groups who were to form the focus groups necessary to provide the information around the research topic, and this did indeed prove to be the case, with numbers in most groups being less than expected despite incentives being offered. It was impossible to organise one for elderly widowed (and male), as individuals could not be identified by social services or voluntary agencies. One man, recently widowed and known personally by one of the researchers, was however interviewed individually. There was an imbalance in representation of the gender of participants of two groups, with both the student group and the young people leaving care group being all female. Of those who were questioned as a group, the most willing talkers were the student group and the prison group, whereas those who were least favourable towards a group discussion were the young people leaving care who did not appear to have much interest or enthusiasm for the topic. Perhaps had the focus group been led by one of their support workers whom they knew and trusted, this would have been more conducive to talk. The results presented are thus limited in that they represent the views of a small group of people,

As reported in the results section there were difficulties in evaluating the resources. It was clear as they began to come in from the organisations contacted, that the majority did not target first-time self-caterers and were very generalised. Although they were scored for budgeting, food shopping, cooking skills etc. according to the methodology, their appropriateness as regards people catering for themselves for the first time was not always clear. Many of the resources contained recipes, some of which were quite good, however the majority assumed prior knowledge of cooking and cookery terms. Some also required lots of ingredients or lots of equipment which for many of the first-time self-caterers could be outwith their budget or facilities.

There was an overlap between 'budgeting' and 'food shopping' in some cases, and it was not always clear as to how to score these particular resources. Many could not be scored using the Department of Health's Nutritional Guidelines (1998) as they had scant information on nutrition. Even if they could be scored according to this system, few

resources could be considered to comply with all 12 guidelines. It was often unclear as to whom the resources were actually intended for.

Despite these limitations the desk evaluation carried out by the researchers coupled with the wider discussion and evaluation by the target groups and their support workers has enabled a wide range of opinions to be gathered. In addition the project has benefited support worker and their clients as follows:

- Networking and contacts made between support workers;
- Support workers made aware of resources;
- Support workers provided with resources for clients, e.g. Barnardos Scotland were contacted for copies of the Food Store Easy Cookbook for the NCH Youth housing support project who convened the focus group for young people.

In terms of presentation there were some bright, colourful, clear and concise leaflets and resources, albeit containing information which may not be pertinent to people self-catering for the first time. Many resources required a good degree of literacy, and few were aimed at people with such difficulties. In addition there were many which were written with very small print.

Correspondence was received from various organisations dealing with the different client groups and has provided additional information for the discussion.

It could be surmised that from the results of the field work and from correspondence received, many organisations preferred to take the practical approach and did not use specific resources in facilitating these. One support worker working with young people wrote about a workshop on menu planning which took place for young people in supported accommodation. She said the workshop was very interactive using the *Balance of Good Health* floormat and replica foods and generated a great deal of discussion on many aspects of food and health, with the young people being very interested in learning about food groups and other topics. She remarked that there were literacy issues within the group and she felt that teaching aids and tried and tested activities were more useful for this particular group and queried the usefulness of leaflets. In addition she said that the young people themselves recognise that their diets are far from healthy but are limited by their cooking skills, equipment and of course, budget.

The manager of a different Leaving Care Service was more succinct and wrote:

“I cannot stress enough that what this client group needs is not another resource but access to cheap healthy food and sufficient income to both buy this and cook it”.

In addition she said that the young people are faced with extremely limited income in terms of cooking facilities, equipment, fuel and lack a family or adult role model to teach them basic skills. In addition they have limited life experiences of having enjoyed food. She remarked that many of the young people she works with moving from care to more independent living lack even the very basic knowledge of shopping for, budgeting for and preparing and cooking food, usually as a result of placement type and lack of opportunities to practise these food issues. This was echoed by a social worker of a Moving On, Throughcare & Aftercare Team who said that in terms of these food skills and the importance and enjoyment of food there is likely to be a difference between the group of young people whose experience of care is residential (residential schools and residential units) and those who have been placed in family placements (fostering).

For many young people leaving care it is evident that they face many problems and challenges. One major barrier in using resources for many of the other groups was also literacy problems or reading difficulties. Indeed the results of the scoring revealed that many resources required a good degree of literacy or were written in small print and could not be considered of any use to people with reading requirements.

Two of the participants in the homeless group had reading difficulties and were helped to read the resources by the support worker. One of them said that they would have been better able to read the resources had they been in much larger print. The other participant had other reading problems but would have liked to have audio information with the recipes and information on a tape. As reported earlier these literacy difficulties extended into the practicalities of shopping, in terms of both navigating a supermarket to reading the labels and cooking instructions on food products. This was particularly pertinent to shoppers on a low budget who would not be able to decipher what was on the value brand goods, with their lack of pictorial clues.

There were no general resources that were scored suitable for people with learning disabilities other than one set of hand-drawn pictorial recipe sheets and the two examples which had come directly from specialists working with them. They reported that due to the wide range of disabilities and capabilities, resources are created in-house on an individual basis to suit each client. These latter two resources had clear, pictorial information created with specialised software as described earlier. This format could be extended to preparing simple resources for people with literacy difficulties.

Correspondence also revealed that many organisations did not use resources for various reasons, from funding to procuring, some of which are detailed below.

One Supporting People Officer wrote that whilst Supporting People funds the provision of housing support services to help people remain in their own homes, and many of their clients do cook and are encouraged to cook for themselves, there are no resources provided for this. There is however practical help in the form of cookery classes funded through the Homeless Strategy funding which was echoed in other local authority regions.

A charitable organisation supporting young homeless people into their own tenancies wrote to say that they work closely with individuals to teach them skills such as cooking and budgeting. This support is not backed up with any particular resources, as because they are a charity, money is always an issue. They do however use any available leaflets and brochures they can access but commented that they would be interested in being made aware of anything that was discovered during the course of the research.

A few of the Student Support Agencies wrote to say that they do supply lots of leaflets and brochures on healthy eating, vegetarian diets, nutrition and disordered eating but do not provide specific information for their students self-catering for the first time. One university commented that they do not operate any formal training input for new students but are considering such initiatives and were very interested in being informed of any outcomes from the research. This was repeated at another two institutions, one of which said that although they do not have resources as such, there is an occasional 6-week course on Food Matters, at the Sports Centre which explores a lot of issues around food including nutrition and disordered eating. They are however very keen to know of any resources that do exist which would be suitable for students. Another Students'

Association is planning to distribute a book to students from the next academic year, which will contain information for those who are catering for themselves for the first time. They remarked that whilst they are planning to use recipes from a variety of sources, they had not planned to focus specifically on healthy eating, and as such would be interested to hear of any outcomes so that appropriate advice could be given.

A couple of comments were received from organisations, working with the elderly. One community worker is about to embark on a project with older people's groups of which newly widowed men have been identified as particularly vulnerable. They are hoping to develop appropriate and attractive material promoting good nutrition and culinary skills as she says:

“there is precious little out there which is relevant to older people, and depressingly little which is actually developed WITH and BY older people”.

Again in connection with widowers it was reported via correspondence from the Scottish Community Diet Project that an evaluation commissioned into an intervention with community cafés revealed the reliance of widowers on a particular community café for their cooked meals. The reasons for this are not clear, but indicate that this particular group is not self-catering.

4.1 Conclusions

This food and health area is one that many organisations have identified as problematic and a range of written material (leaflets, booklets etc) are currently used

- None of the written materials currently available cover the theoretical, practical, budgetary and safety aspects of food and diet in a comprehensive manner.
- Most resources were not appropriate for those with learning difficulties.
- A wide range of texts are used in an attempt to meet the needs of a very heterogenous population. There is clear evidence of overlap and duplication.
- A good range of publications were found that addressed healthy eating and food hygiene. Fewer resources were found with suitable cooking tips and recipes and there was a distinct lack of information on budgeting and shopping for food.
- The usefulness of a stand alone written education package was queried. Many first time caterers are unfamiliar with health education material and many organisations perceive the real needs of this group to be practical food skills work (e.g. Salvation Army, HMP Noranside, Scottish Throughcare and Aftercare Forum).

4.2 Recommendations

- A core pack could usefully be developed to assist first time caterers. This should take account of a range of food issues (e.g. nutrition, safety, costs, tastes, skills, preferences), meet the DH guidelines for written materials and literary abilities of the target groups.
- Two of the resources reviewed met many of the above requirements and could form a useful starting base for the development of a core pack.
- This publication should be adjusted (e.g. preface and conclusions) to meet different clients groups (e.g. students, widowers etc)
- It should be recognised that for most of these vulnerable groups a single educational resource will be of limited value and routes need to be identified on the best way to maximise the potential of such a resource.
- Results from organisational staff suggest that food skills classes are an appropriate route forward and many such interventions are already available. It would be useful to identify appropriate routes for different clients for:
 - a) motivating interest to read and use the core pack;

b) facilitating appropriate food choices by building on the pack through additional interventions e.g. guidance on cooking skills classes, shopping tours, food vouchers, equipment vouchers. The latter approaches could usefully be developed in partnership with multi agency groups e.g. Scottish community dietitians, major retailers, Scottish Community Diet Project.

5 References

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